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PSYCHOLOGICAL IMPACT OF THE LOS ANGELES RIOTS ON KOREAN-AMERICAN VICTIMS: Implications for Treatment

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The psychological impact of the 1992 Los Angeles riots on 202 Korean-American victims who sustained financial loss or physical injury was investigated. Results indicate that the majority of these riot victims underwent severe distressed and experienced symptoms of post-traumatic stress disorder. Related research on trauma survivors is reviewed and implications for treatment are discussed.

The literature on the psychosocial effects of disasters suggests that such events can result in stress reactions, including post-traumatic stress disorder (PTSD) *(Baum, Gatchel, & Schaeffer, 1983; Bravo, Rubio-Stipec, Canino, Woodbury, & Ribera, 1990; Burke, Moccia, Borus, & Burns, 1986; Steinglass & Gerrity, 1990)*. A recent review of reports on the mental health effects of disasters revealed that the impact of human-made disasters tends to persist longer than the impact of natural disasters *(Solomon & Green, 1992)*. Most stress reactions from natural disasters appear to abate by about 16 months *(Bravo et al., 1990; Krause, 1987; Shore, Tatum, & Vollmer, 1986; Steinglass & Gerrity, 1990)*, whereas negative effects from human-made disasters often persist for years *(Baum et al., 1983; Green et al., 1990; Green, Grace, & Gleser, 1985)*.

Human-made disasters have also been associated with non-PTSD problems such as depression, alcohol abuse, anxiety, and somatization *(Baum et al., 1983; Green, Grace, & Gleser, 1985; Green et al., 1990; Wilkinson, 1983)*. The literature on traumatic stress has increased dramatically since PTSD was formally recognized in the *DSM-III (American Psychiatric Association, 1980; Blake, Albano, & Keane, 1992; Saigh, 1992)*. However, research on the phenomenology of human-induced PTSD has been limited primarily to Vietnam veterans *(Birkhimer, DeVane, & Muniz, 1985; Laufer, Brett, & Gallops, 1984; Lindy, Grace, & Green, 1984)* and rape victims *(Burgess & Holmstrom, 1974; Kilpatrick, 1983)*. In fact, despite the widespread and cross-cultural scope of civil disturbances, only a handful of studies have examined the psychological effects of riots using the

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diagnostic framework of PTSD.

Research that predated the official recognition of PTSD suggested that rioting does not lead to enduring psychological distress *(Fraser, 1971; Greenley, Gillespie, & Jacob, 1975; Klee & Gorwitz, 1970; Lyons, 1971; Tan & Simons, 1973)*. Greenley and colleagues *(1975)* compared symptom levels of 938 adults living in New Haven, Connecticut, where racial rioting occurred. While proximity or demographics produced no significant differences in distress, a decrease in distress was associated with the occasion of riot. It was posited that the decreased symptom levels were due to an increase in social cohesion. More recently, Fishbain, Aldrich, Goldberg, and Duncan *(1991)* found no significant increase in requests for psychiatric emergency services after the riots in Miami in 1980.

The above findings may be partially due to a sampling bias, because people who were personally affected (e.g., sustaining financial loss or physical injury) were not differentiated from those who were indirectly affected by virtue of living in the riot-affected community. Considered in relation to a dose-response traumatization pattern, in which individual post-disaster psychiatric morbidity will be proportional to the amount of stress experienced as a result of the disaster *(McFarlane, 1986)*, it is reasonable to assume that victims who were directly affected will be more likely to experience severe psychiatric morbidity than will members of the general community sample. Moreover, without PTSD as a diagnosis and thus limited to a general construct of distress or psychiatric morbidity, the early riot studies *(Greenley et al., 1975; Fraser, 1971; Klee & Gorwitz, 1970; Lyons, 1971; Tan & Simon, 1973)* did not measure symptoms reflective of traumatic stress (e.g., reexperiencing, avoidance/psychic numbing, or hyperarousal).

In April 1992, Los Angeles experienced the worst urban disturbance in modern U.S. history. During the first five days of the riots, 53 people were killed and 2,383 people sustained bodily injury *("Understanding the Riots," 1992)*.

While many ethnic groups suffered losses, Korean-American merchants were affected out of all proportion to their numbers in the general population. Although Korean Americans comprise less than 2% of the total population of Los Angeles County *(U.S. Bureau of the Census, 1990)*, more than 2,000 Korean-American–owned businesses were destroyed and approximately $360 million worth of damage, almost 40% of total damages from the rioting, was incurred by this group alone *(Ong & Hee, 1993)*. This disproportionate loss can be attributed to the fact that, as newly arrived immigrants, a large number of Koreans were operating small businesses in the riot-affected area. The "special niche" occupied by Korean-American entrepreneurs in the Los Angeles economy *(Ong & Hee, 1993)* and tensions between Korean-American shopkeepers and other ethnic customers *(Cheng & Espiritu, 1989)* have also been noted as possible reasons for their disproportionate loss. In the aftermath of the disaster, many Korean Americans developed severe post-traumatic stress reactions. For example, during the four months following the riots, Asian Pacific Counseling and Treatment Center in Los Angeles treated over 300 Korean-American victims for severe anxiety and depression, somatic complaints, and psychotic symptoms *(Suh, 1992)*.

The the present study was intended to explore psychiatric problems among Korean-American victims of the riots. Since every participant in the study was directly affected by the riots, it was hypothesized that they would manifest severe psychiatric disturbances.

METHOD

Subjects

Subjects were 202 Korean Americans from Greater Los Angeles who incurred financial loss or physical injury as a result of the 1992 riots. The subjects were a subset

of a larger pool of Korean-American victims who sought help from the three major Korean victim-assistance sites: the Korean American Victims Association, the Korean American Riot Relief Fund, and the Oriental Mission Church. Data were collected from these sites in August, four months after the rioting. Potential subjects were informed that the project was a scientific study concerned with the psychological impact of the Los Angeles riots, and that study results would not affect the outcome regarding their application for government or insurance compensation. Nearly 80% of those given the opportunity to participate agreed to do so.

Instruments

Participants completed a questionnaire assessing a range of areas, including age, gender, education level, occupation, income, estimated financial loss, mental health services received, and alcohol and tobacco use before and after the riots. Participants also completed two self-report measures of psychological distress, the Symptom Checklist-90-Revised (SCL-90-R) *(Derogatis, 1983; Derogatis, Lipman, & Covi, 1973)* and the PTSD Symptom Checklist-Civilian Version (PCL-C) *(Weathers, Huska, & Keane, 1991a)*. The questionnaire and both psychometric measures were reviewed and translated into Korean to facilitate completion by the largely Korean-speaking sample and to minimize potential cultural bias.

The SCL-90-R is a 90-item multidimensional inventory developed for assessing a wide range of psychiatric disturbances. Each item is rated on a scale of 0–4 (0=not at all; 1=a little; 2=moderately; 3=quite a bit; 4=extremely) and subscale scores on nine problem areas are obtained. To ensure greater participation and to enhance questionnaire completion rates, 26 items that did not appear to provide a unique contribution to the particular construct being measured were eliminated, thus producing a rationally-derived subset of 64 SCL-90-R items. This subset included all the items from the Anxiety, Hostility, Phobic-Anxiety, Somatization, and Depression subscales, six of ten Obsessive-Compulsive subscale items, three of six Paranoid Ideation items, and two of nine Interpersonal Sensitivity items. None of the items from the Psychoticism subscale was used because of potential confusion or misinterpretation by subjects.

The PCL-C is a 17-item inventory for assessing *DSM-III-R (American Psychiatric Association, 1987)* PTSD symptoms. Similar to SCL-90-R, all symptoms are rated on a 5-point scale of 0–4, and the total score on the PCL-C can range from 0 to 68. Although internal consistency data for the civilian version of the checklist are not available, the military version (PCL-M) *(Weathers, Huska, & Keane, 1991b)* shows an excellent internal consistency, with an alpha coefficient of .92. Test-retest correlation for the total scale was high (.96) and other analyses revealed the instrument to have very good convergent and discriminant validity.

One notable feature of the PCL-C is that it is easily reducible into the three symptom clusters that are within the 17 core symptoms of *DSM-III-R* PTSD. Four PCL-C items correspond to the reexperiencing symptoms of PTSD (Criterion Group B), seven items correspond to the affective numbing/avoidance symptoms (Criterion Group C), and six items correspond to the hyperarousal symptoms (Criterion Group D). The internal consistency estimates for these three symptom clusters of the military version of the checklist is high (.93, .92, and .92, respectively). Like the *DSM-III-R*, the PCL-C time frame for rating symptoms is one month. A diagnosis of PTSD was assigned if at least one response in the reexperiencing, three responses in the numbing/avoidance, and two responses in the hyperarousal symptom cluster were at the "moderate" or higher level. PTSD was considered severe if above responses for the three symptom clusters were at the "quite a bit" or "extremely" level.

RESULTS

The demographic characteristics of the sample are presented in TABLE 1. Participants were predominantly male (62%) with a mean age of 45, ranging from 25 to 67 years (*SD*=9.9). Ninety-seven percent were Korean-born; average length of U.S. residence was 12.1 years, ranging from 2 to 35 years (*SD*=5.9); average length of education was 13.7 years, ranging from 0 to 20 years (*SD*=3.3). Most participants (92%) were not fluent in English. Nearly 80% (79.7%) were self-employed, and the majority (67.5%) operated businesses in South-Central Los Angeles, the area most affected by the riots. Looting and arson were experienced by most participants (62.4% and 57.9%, respectively), although only a small proportion (2%) endured physical injury. The average financial loss was $179,045 (*SD*=257,025), ranging from $2,000 to $1,750,000.

Riot victims' mean item scores and their standard deviations for the SCL-90-R subscales, along with scores of a normative psychiatric outpatient sample and nonpatient normal sample from a previous study *(Derogatis, 1983)*, are listed in TABLE 2. For all subscales, the mean scores and standard deviations of riot victims were higher than those of the outpatient or nonpatient normal sample.

When the *DSM-III-R* criteria for PTSD were applied to PCL-C responses, 151 (75%) participants qualified for a diagnosis of PTSD, and 112 (55%) had a severe form. However, only 14 participants (7%) had actually sought professional psychiatric help. The mean ratings for all three PTSD symptom clusters fell between the "moderate" and "quite a bit" levels: reexperiencing symptoms (*M*=2.54; *SD*=1.07), hyperarousal (*M*=2.54; *SD*=1.13), and numbing/avoidance (*M*=2.33; *SD*=1.06). As presented in TABLE 3, recurrent dreams were the most frequent symptom (96.5%), followed by recurrent and intrusive recollections (96%), sense of foreshortened future (94.9%), concentration difficulty (94.9%), and irritability or outbursts of anger (94%).

The subscales for both distress measures were analyzed using analysis of variance according to age and gender. Age analyses revealed significant main effects on all subscales for both measures. Participants over the age of 51 had higher scores of PCL-C subscales measuring PTSD reexpe-

Table 1

DEMOGRAPHIC CHARACTERISTICS

CHARACTERISTIC	*N*	%	CHARACTERISTIC	*N*	%
Sex			Length of U.S. residence		
Male	124	62	<7 years	36	19
Female	75	38	7–11 years	62	32
Marital status			12–15 years	51	26
Single/never married	8	9	>15 years	46	24
Married	166	85	Education		
Separated/widowed/divorced	12	6	<High school	17	9
Occupation			High school graduate	46	24
Self-employed	159	80	Partial college	100	52
Clerical/sales	14	7	College graduate or more	28	15
Professional	6	3	Family income(past year)		
Skilled labor	6	3	<$25,000	37	21
Other	15	8	$25,000-36,000	49	28
Age			$36,001-50,000	36	21
<38	48	25	>$50,000	51	30
38–44	46	24	Financial loss		
45–51	49	25	<$50,000	45	25
>51	51	26	$50,000–80,000	44	24
			$80,001–166,000	48	26
			>$166,000	46	25

Note. All percentages adjusted to account for missing values on certain cases

Table 2

SCL-90-R SUBSCORE MEANS AND STANDARD DEVIATIONS FOR KOREAN-AMERICAN RIOT VICTIMS AND TWO NORMATIVE SAMPLES

	KOREAN-AMERICAN SAMPLE (*N*=202)		OUTPATIENTS (*N*=1002)[a]		NONPATIENTS (*N*=974)[a]	
SUBSCALE	*M*	*SD*	*M*	*SD*	*M*	*SD*
Somatization	1.99	1.21	0.87	0.75	0.36	0.42
Obsessive-Compulsive	2.42	1.21	1.47	0.91	0.39	0.45
Interpersonal Sensitivity	2.28	1.19	1.41	0.89	0.29	0.39
Depression	2.15	1.16	1.79	0.94	0.36	0.44
Anxiety	2.27	1.23	1.47	0.88	0.30	0.37
Hostility	2.06	1.21	1.10	0.93	0.30	0.40
Phobic Anxiety	1.92	1.27	.74	0.80	0.13	0.31
Paranoid Anxiety	2.13	1.22	1.16	0.92	0.34	0.44
Psychoticism[b]	—	—	0.94	0.70	0.14	0.25

[a]From Derogatis *(1983)*.
[b]Not assessed in riot sample.

riencing symptoms (*df*=3, 187; *F*=2.2; *p*<.09), numbing/avoidance (*df*=3, 175; *F*=5.7; *p*<.001), and hyperarousal (*df*=3, 180; *F*=4.0; *p*<.000) than did younger participants. They also had higher ratings on SCL-90-R subscales measuring Somatization (*df*=3, 172; *F*=6.7; *p*<.000), Obsessive-Compulsive (*df*=3, 176; *F*=7.2; *p*<.000), Depression (*df*=3, 173; *F*=7.2; *p*<.000), Interpersonal Sensitivity (*df*=3, 181; *F*=7.3; *p*<.000), Paranoid Anxiety (*df*=3, 181; *F*=5.5; *p*<.001), Hostility (*df*=3, 174; *F*=6.5; *p*<.000), and Phobic Anxiety (*df*=3, 172; *F*=6.5; *p*<.000). Although women had significantly higher scores on Somatization (*df*=1, 175; *F*=6.2; *p*<.01), no other significant differences were found between genders on the PCL and the SCL-90-R subscales.

When the distress measures were analyzed by past year's income, years of U.S. residence, and total loss, with age and gender as covariates, only total loss had a significant effect on reexperiencing symptoms (*df*=3, 127; *F*=3.3; *p*<.02). No differences for either measure were found for income variable or for years of U.S. residence. According to an analysis of alcohol and tobacco consumption since the riot, a significantly greater proportion of men reported increased usage of both substances (alcohol *df*=1, 128; *t*=5.2; *p*<.001; tobacco *df*=1, 128; *t*=2.9; *p*=.01). Finally, as a way of coping with the impact of the riots, participants were most likely to have joined a riot victims' organization (38%), engaged in religious activities (28%), or talked with family members (24%).

DISCUSSION

The results of the present investigation indicate that Korean-American victims of the 1992 rioting in Los Angeles not only incurred substantial financial loss but also sustained severe emotional trauma. Four months after the event, the riot victims seemed to be suffering from symptoms consistent with PTSD. Riot victims also scored higher on the subscales of the SCL-90-R than did the normative psychiatric outpatients sample *(Derogatis, 1983)*, indicating the severity of psychiatric disturbances. Older subjects, regardless of income or length of time spent in this country, evidenced more severe psychological reactions than did younger ones, as has been noted in other disaster studies *(Greenley et al., 1975; Madakasira & O'Brien, 1987)*.

Male and female participants tended to have different reactions to stressful events. High rates of somatization among Asian women have been previously documented *(Lin, 1983; Min, 1989; Pang, 1990; Prince, 1989; Tseng, 1975)*. Research has also suggested that Asian victims report physical symptoms in reaction to psychologically traumatic events *(Kleinman, 1980; Nguyen, 1985)*. The analysis of alcohol and to-

bacco consumption since the riots showed that a significantly greater proportion of males reported increased usage of both substances. This finding is congruent with that of Lee and colleague *(1990a, 1990b)*, who reported an exceptionally high rate of alcoholism among Korean males. Somatization and substance abuse may be socially and culturally reinforced forms of coping behavior that are widely used among Koreans and Korean Americans to deal with stressful events.

Results of the present study seem to counter other research findings of little or no adverse effect from exposure to riots. However, the finding of Fishbain and colleagues *(1991)* that "the riot did not have a significant psychiatric morbidity effect" *(p. 162)* may be attributable to the fact that disaster victims with traumatic reactions and psychiatric symptoms rarely seek psychiatric emergency services *(Lindy, Grace, & Green, 1981; McFarlane, 1986)*. The victims are likely to be more concerned with physical survival than with their emotional reactions to the disaster. The reluctance of Korean immigrants to seek help from traditional mental health service providers has been well documented *(Leong, 1986; Sue & McKinney, 1975)*. Major reasons for such reluctance include the higher perceived stigma attached to mental illness in Korean culture as well as difficulty gaining access to existing services because of language or cultural barriers. Indeed, only 7% of the participants in the present study sought treatment, although a majority of them were suffering from post-traumatic stress reactions. Therefore, utilization of psychiatric emergency services may not be an accurate measure of level of psychological distress among disaster victims in general and Korean-American victims in particular.

It is important to note that neither of the psychometric scales employed in this study had been standardized with the Korean population. For this reason, the SCL-90-R comparison samples depicted in TABLE 2, presumably consisting of non-Korean Americans, is not optimal. For instance, the items on the questionnaire and the two self-report measures may not have had the same meaning for the Korean group that they did for the larger (European-American) cultural norm, even though all instruments were translated into Korean to limit potential cultural bias. Similarly, lacking a Korean control (non-riot-affected) group, caution is needed when interpreting TABLE 3. Differences found between Los Angeles riot victims and the comparison samples in

Table 3

PCL-C RATINGS FOR KOREAN-AMERICAN RIOT VICTIMS

	TOTAL	NOT PRESENT		MODERATE		SEVERE	
SYMPTOM (*DSM-III-R* CLUSTER)	*N*	*N*	%	*N*	%	*N*	%
Recurrent distressing dreams of event (B4)	200	7	3.5	41	20.5	153	76.0
Irritability or outbursts of anger (D2)	199	12	6.0	56	28.2	131	65.8
Sense of foreshortened future (C7)	198	10	5.1	58	29.2	130	65.6
Difficulty concentrating (D3)	195	10	5.1	62	31.7	123	63.1
Recurrent and intrusive recollections (B1)	200	8	4.0	71	35.5	121	60.5
Hypervigilance (D4)	196	13	6.6	71	36.2	112	57.1
Exaggerated startle response (D5)	198	22	11.1	66	33.4	110	55.5
Difficulty falling or staying asleep (D1)	198	22	11.1	70	35.4	106	53.5
Avoid activities or situations (C2)	198	21	10.6	75	37.9	102	51.5
Markedly diminished interest (C4)	199	30	15.1	70	35.2	99	49.7
Interpersonal detachment or estrangement (C5)	197	32	16.2	71	36.1	94	47.7
Avoid thoughts or feelings (C1)	199	19	9.5	86	43.2	94	47.2
Acting or feeling as if event recurring (B3)	199	17	8.5	89	44.7	93	46.7
Physiological reactivity (D6)	197	28	14.2	82	41.6	87	44.2
Distress when exposed to events (B2)	200	35	17.5	84	42.0	81	40.5
Inability to recall trauma aspects (C3)	192	42	21.9	82	42.7	68	35.5
Restricted range of affect (C6)	198	37	18.7	81	40.9	80	40.4

TABLE 2 and the rating elevations apparent in TABLE 3 may have been influenced by socioeconomic or cultural factors, rather than actual elevated distress. Being mostly recent immigrants, Korean Americans in general have experienced great stress in the process of adjusting to a culturally divergent society and learning new languages and customs *(Hurh & Kim, 1984)*. Such difficulties were reflected in the results of Kuo's *(1984)* study, in which Korean Americans scored the highest on the depression scale among major Asian groups, and scored higher than other Americans. Moreover, the majority of subjects were operating small businesses in crime-ridden, unsafe neighborhoods even before the riots, which may have contributed to the elevated level of distress.

A number of treatment implications are apparent from the present study's findings and from the authors' work with Korean-American riot victims. First, it is crucial to empower victims by helping them regain a sense of control over their lives. Toward this end, mental health workers must be sensitive to the immediate, concrete needs of victims (i.e., food, clothing, shelter, and jobs) in addition to the emotional impact of the riot and losses. Knowledge of private as well as governmental resources for disaster victims is essential in order to make appropriate referrals. Mental health program development must include indigenous agencies that victims already utilize. Mobilizing ethnic community agencies and leaders (e.g., clergy and community advocates) is an important strategy for providing culturally sensitive services to this vulnerable population. In fact, intensive, nontraditional community outreach efforts by indigenous crisis workers, i.e., on-site crisis counseling at the damaged business sites or the victim's community organization, were viewed as most effective in reaching reluctant disaster victims *(Suh, 1992)*.

Second, as with other victims of trauma, restoring a sense of trust among riot victims is an important issue. Victims tend to share feelings of betrayal, abandonment, and helplessness that must be acknowledged in order for the healing process to begin. Ultimately, the mental health work will involve instilling a sense of hope and possibility in victims who are in a state of despair and hopelessness by helping them reassess their life priorities, and, if necessary, guiding them to develop new values that will give alternative meanings to their experience *(Gusman et al., in press)*.

The cultural and social environments prior to a traumatic event—whether supportive or neglectful, benign or hostile—have been found to influence the course of recovery from stress response syndromes *(Green, Wilson, & Lindy, 1985; Lazarus & Folkman, 1984)*. Most Korean-American victims had been doing business in a hostile environment prior to the riots. Some reportedly wore bullet-proof vests every day while working in their stores. Hence, their course of recovery from traumatic riots is expected to be a complicated and slow process. The human-induced nature of the event (as distinct from natural disaster) and the various social stressors impinging upon the victims—continuing risk of potential violence, strained interethnic relationships, distrust of government authority, etc.—are some of the larger social structural issues that will continue to challenge mental health workers in the process of providing treatment to Korean-American riot victims.

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