

Trauma Is Everywhere But So Is Resilience

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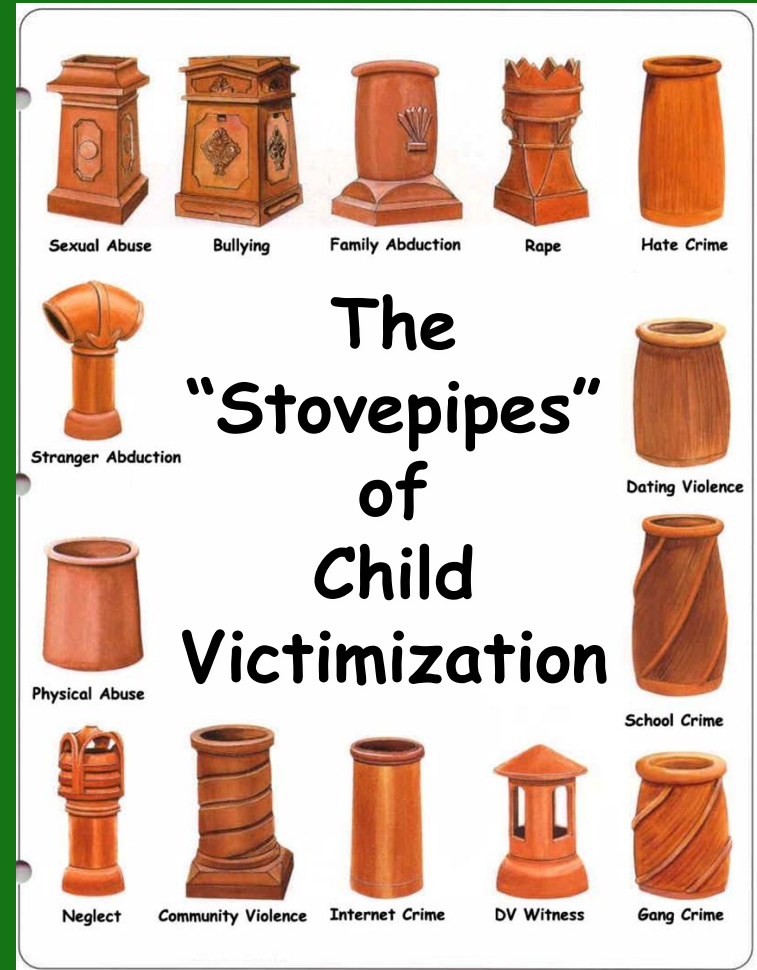


What We Will Cover Today

- The pervasiveness of trauma and the impact of the cumulative lifetime “dose” of trauma
- Understanding resilience—dose revisited from a strengths-based perspective
- Promoting resilience

The 20th Century Lens on Trauma & Victimization

- We knew violence and trauma were bad for you.
- For 1st time, created a significant and steady societal effort to prevent and heal trauma.
- But most of these efforts were in disciplinary siloes (aka stovepipes, as in image).



The Dose Revolution: The ACEs Angle

- Felitti et al.s' ACEs studies (1998+) were the 1st big shift.
 - Large, mature sample (avg age 56, up to 92). Largely people of privilege—mostly White, college-educated insured.
 - And yet....childhood adversity strongly associated with health decades later
- To date, ACEs research shows association with more than 40 health conditions, including the leading causes of morbidity and mortality. Including:
 - Ischemic heart disease
 - Cancer
 - Chronic bronchitis
 - Emphysema
- Also socioeconomic outcomes, such as lower school achievement and adult unemployment.

ACEs can have lasting effects on...



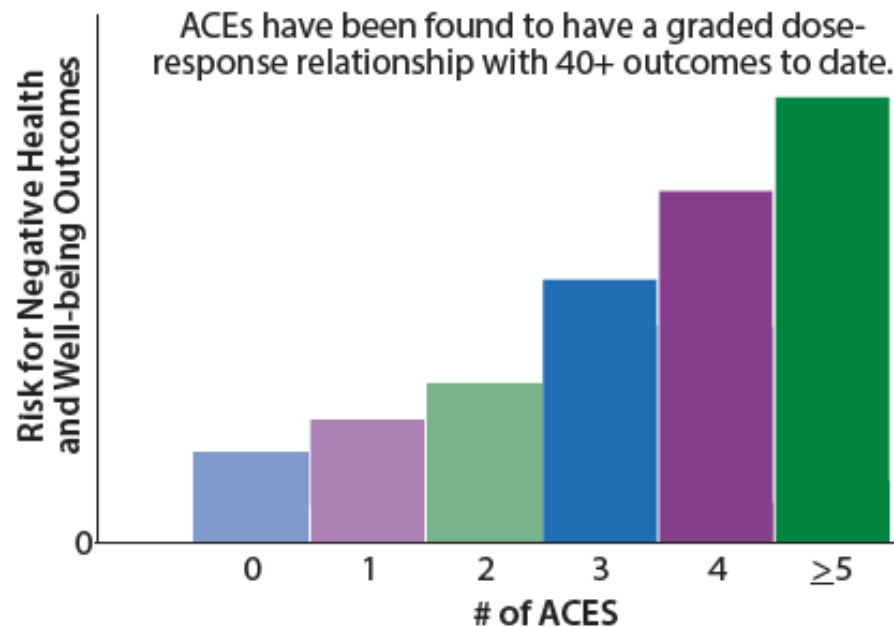
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)

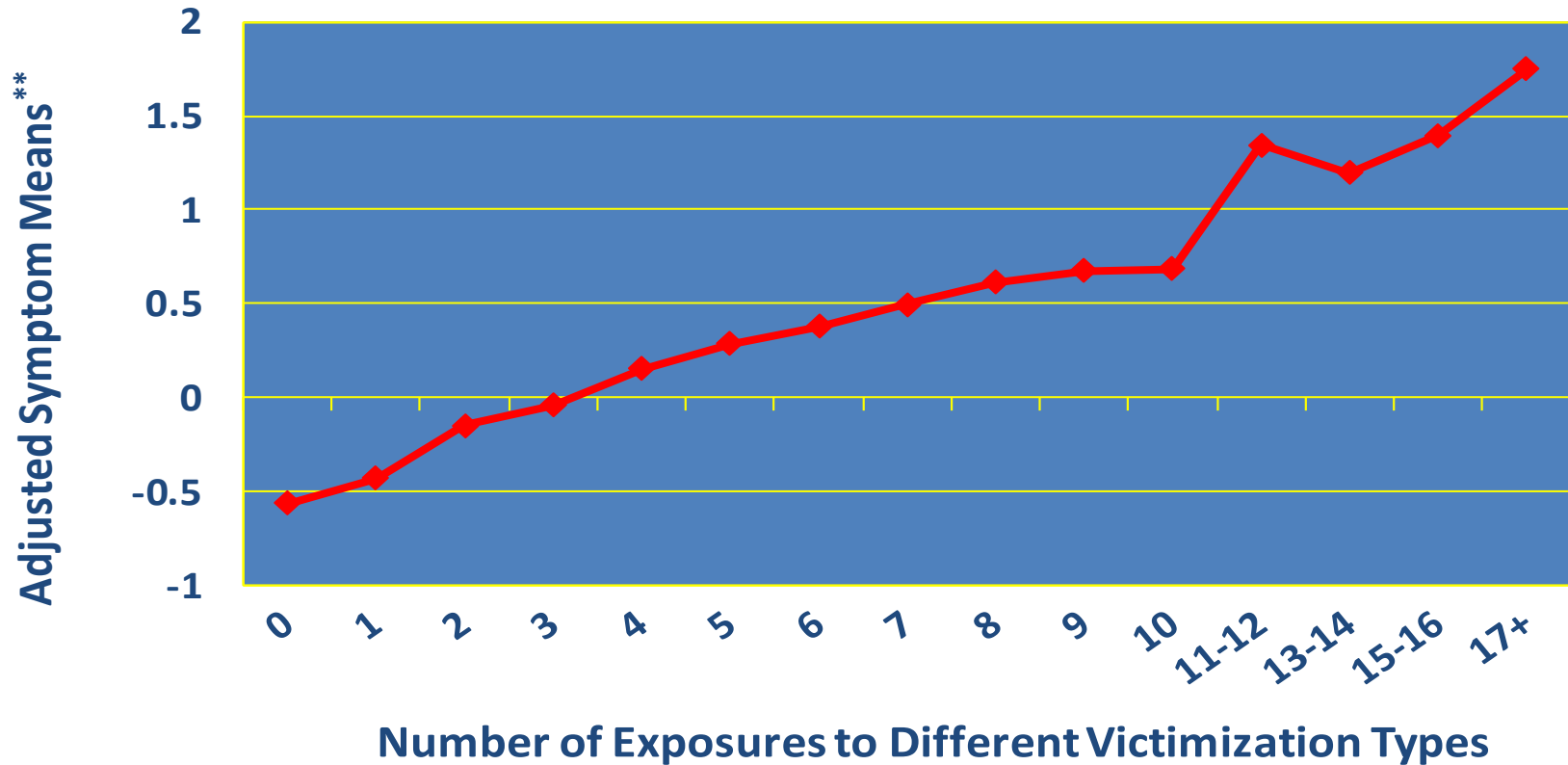


Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Trauma Symptom Levels by Poly-Victimization (Total Number of Victimization Types)



Notes. N=4549 from nationally representative sample covering experiences of youth 1 month to 17 years; Finkelhor, Turner, Ormrod, & Hamby, 2009 (replicated twice with new national samples).

Cases with 11+ victimizations aggregated due to smaller Ns.

Mean standardized symptoms scores at different numbers of victimization types, controlling for demographic variables

When We Ask About Whether Someone Has Experienced Trauma

- We must ask about:
 - Child physical abuse
 - Child sexual abuse
 - Child emotional abuse
 - Child neglect
 - Other traumatic events in the home or family (parents with addiction or severe mental health problems, loss of a parent, etc)

We Must Also Ask About....

- Bullying
 - Cyberbullying
 - Peer relational aggression
 - Other peer victimization
-
- Street crime
 - Workplace harassment, police brutality, and other forms of institutional injustice
 - Other community violence
-
- Sexual assault
 - Sexual harassment
 - Statutory rape and other sexual contact with minors

...AND

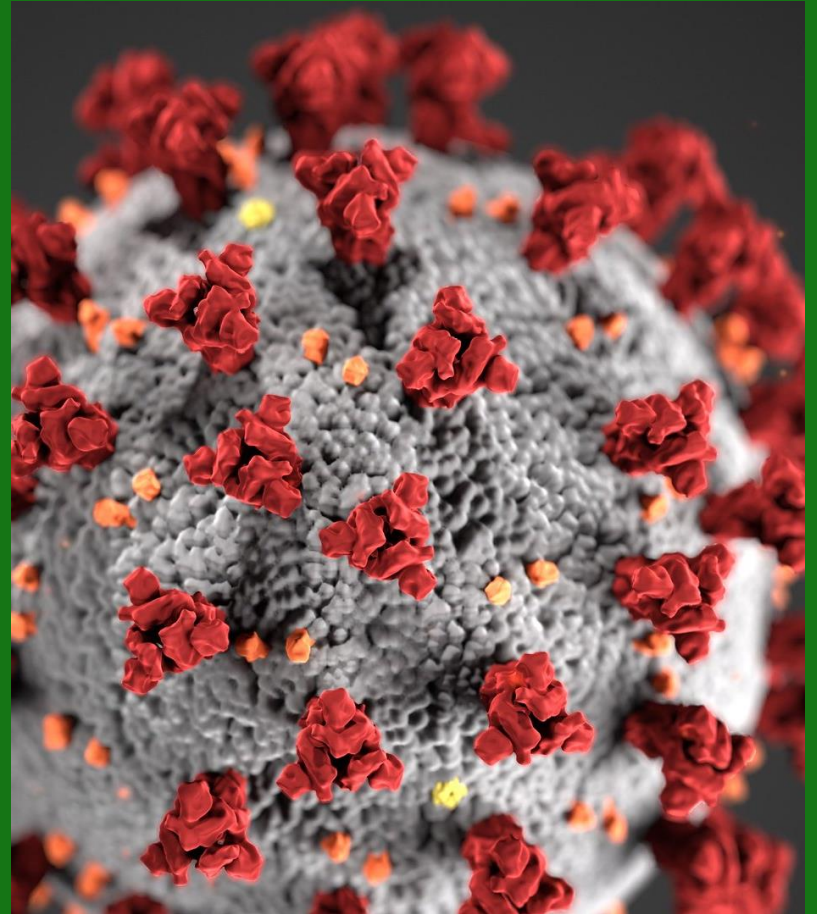
- Societal forms of oppression and victimization
 - Racism
 - Homophobia
 - Transphobia
 - Sexism
 - Ableism
 - Islamophobia
- And other prejudices, which can manifest as many forms of “microaggressions” (asking where people are “really” from, touching someone’s hair without permission, etc) and “macro” aggressions, such as openly bigoted verbal and physical attacks.
- Also, historical trauma

...which brings us to

- Witnessing, seeing the aftermath, and otherwise getting indirectly exposed to trauma.
 - Examples:
 - Children exposed to domestic violence
 - Descendants of Holocaust survivors
 - Frontline providers who work with victims of violence (vicarious trauma)
- Has a child, parent, sibling, or other family member ever experienced a victimization or other trauma? Do you know a friend from college or elsewhere who has been sexually assaulted? Do you work in a setting where you hear a lot of stories of crime and trauma, and witness the aftermath?
- These things take a toll on us too—perhaps in some cases even greater than the toll of direct violence (for example, some of my research shows kids are more fearful when watching a parent assaulted even compared to getting assaulted themselves).

And let's not leave out...

- The pandemic!!

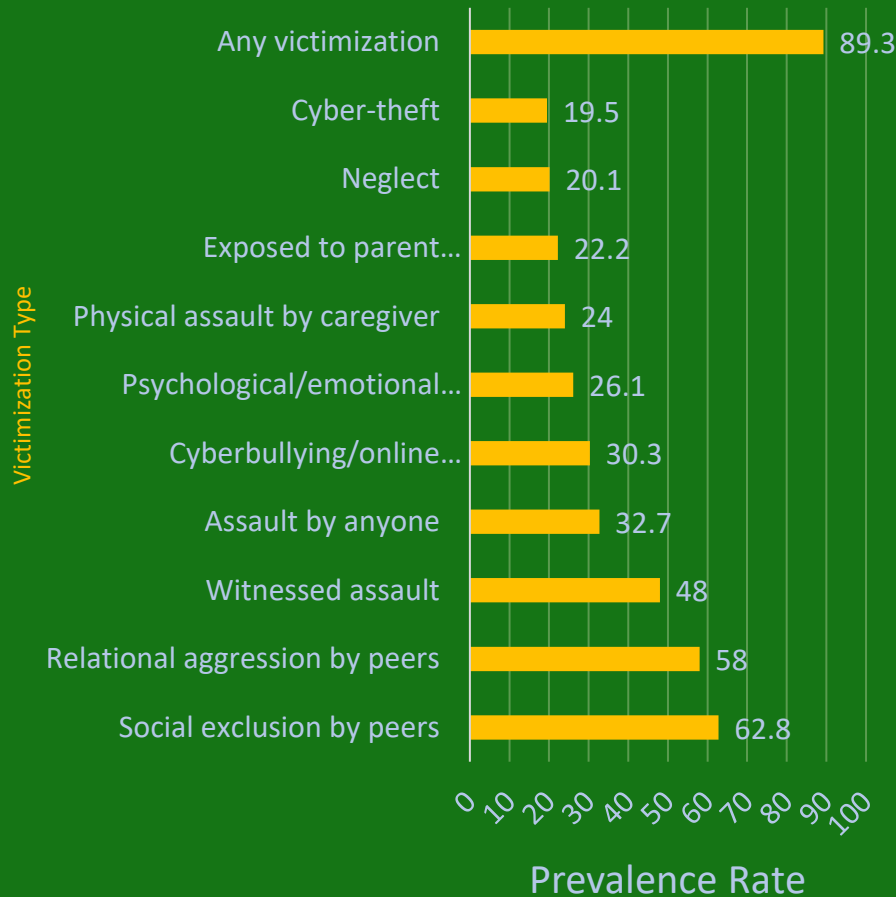


From <https://www.flickr.com/photos/alachuacounty/49609520633/>;
in the public domain.

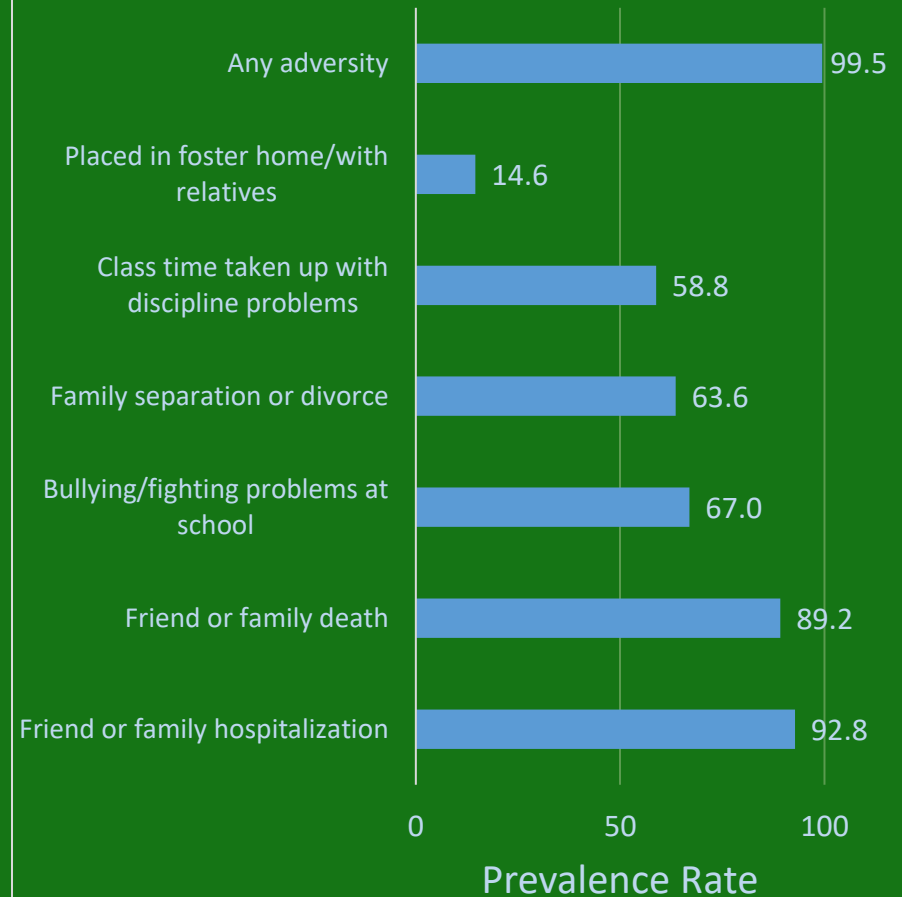
**Most people's
trauma dose is
not zero**

The pervasiveness of adversity: 99.5% at least one, in sample with average age of 16 (pre-pandemic)

Victimization



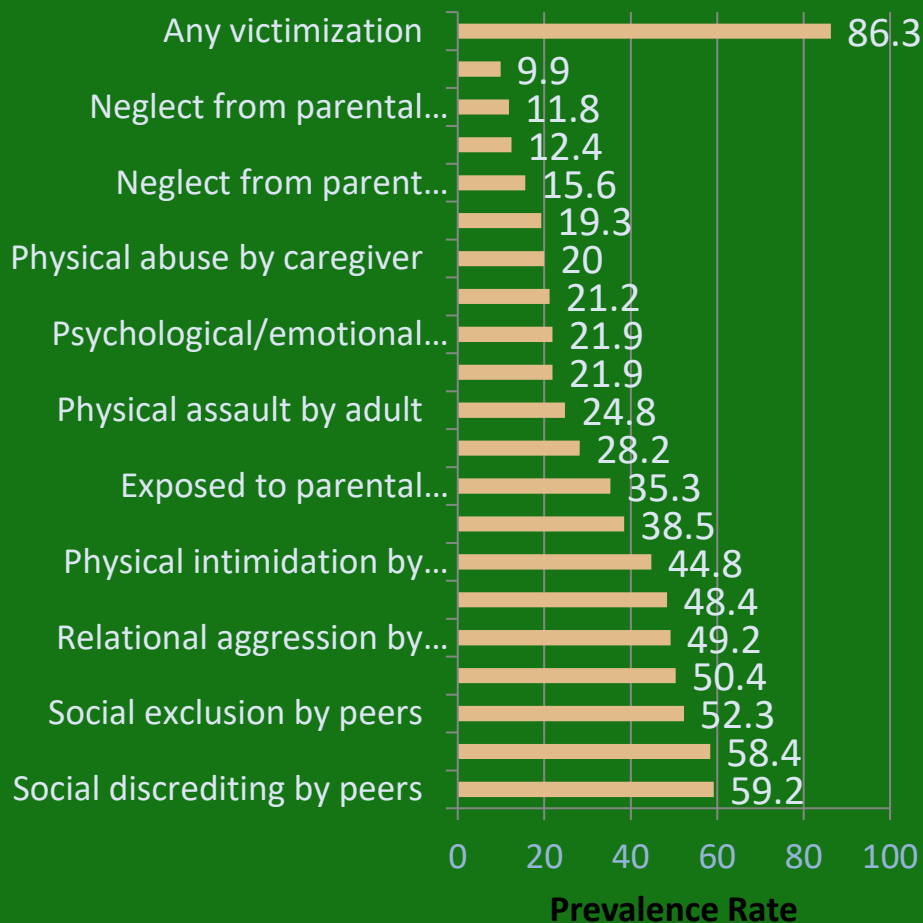
Adversity



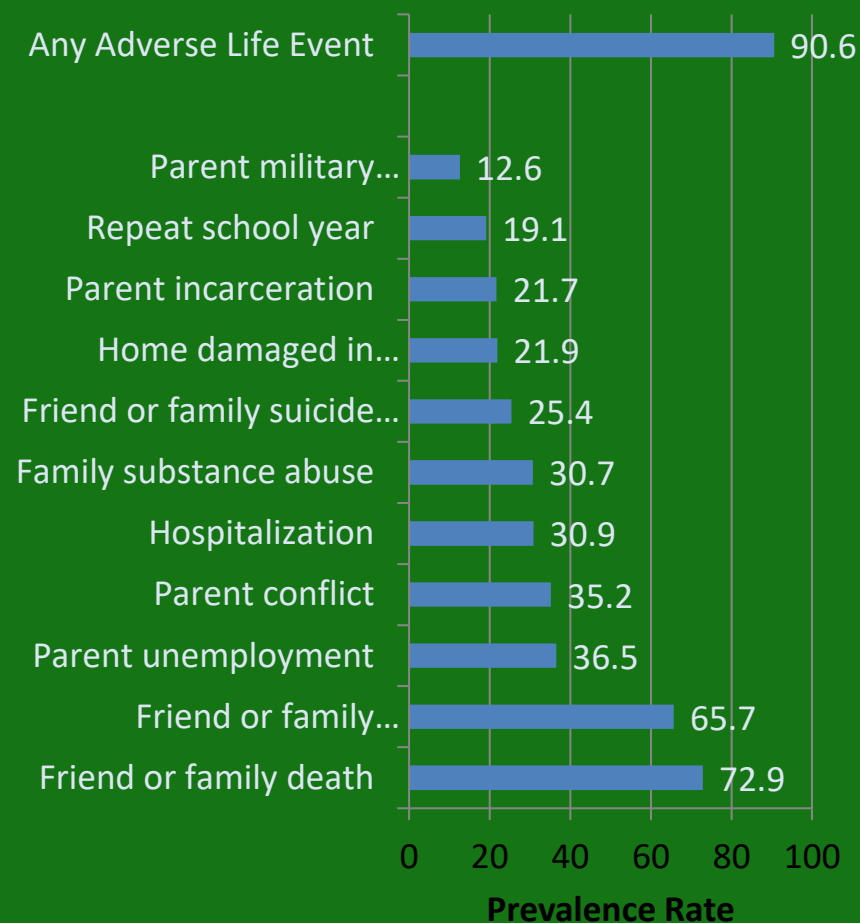
Hamby, Taylor, Mitchell, Jones, & Newlin, 2020. 440 youth ages 10-21 (avg age approx. 16 years) from mostly rural areas of TN, AL, GA, MS

The pervasiveness of adversity, & by extension, resilience—over 98% total in a larger sample inc adults

Victimization



Adverse Life Events



From Hamby et al., 2018

Resilience is “ordinary magic”—Anne Masten

Victimization Is Pervasive Around the World (Other Traumas Would Shift These Even Higher)

Country	Victimization Rate
Canada (Cyr et al., 2013)	76%
China (Chan, 2013)	71%
Mexico (Méndez-Lopéz & Pereda, 2019)	86%
Saudi Arabia (Almuneef et al., 2014)	82%
Spain (Pereda et al, 2014)	83%
Spain (Canary Islands) (Gonzalez-Mendez et al, 2018)	79.6%
Sweden (Aho et al, 2016)	84%
Vietnam (8 universities; Tran et al., 2015)	76%

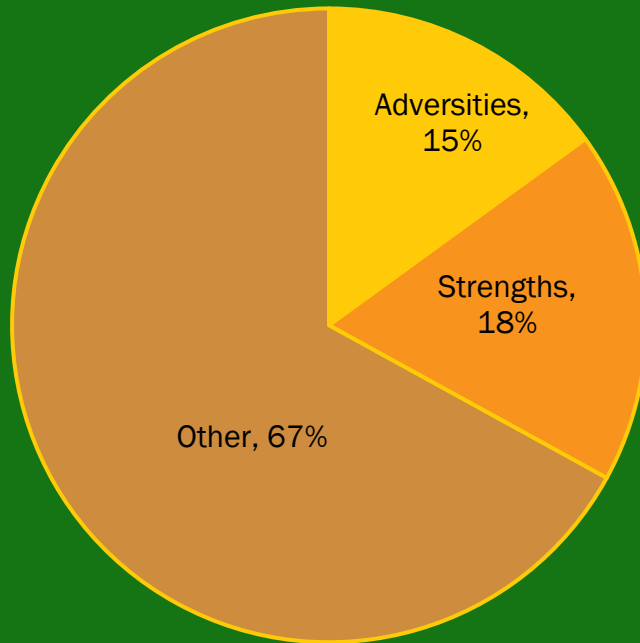
Why Dose Matters

- A lot of the effects of trauma on our body are physiological. As Bessel van der Kolk says, “the body keeps the score.”
- Trauma dose affects “wear and tear” on the body, as can be seen in allostatic load, usually assessed by biomarkers of chronic stress (cortisol reactivity, inflammation, etc).
- A lot of these physiological effects are pretty much the same across trauma types, and they add up.
- Overworking physiology because of stressor exposure, especially during childhood, affects neuroendocrine, immune, metabolic, and stress response systems.
- These interact with psychosocial impacts to often create vicious cycles (e.g., allostatic load can lead to depression, depression can lead to self-medication with substances, which can aggravate inflammation, contribute to depressive symptoms, and harm interpersonal networks needed for recovery and thriving; Hamby et al., 2021)

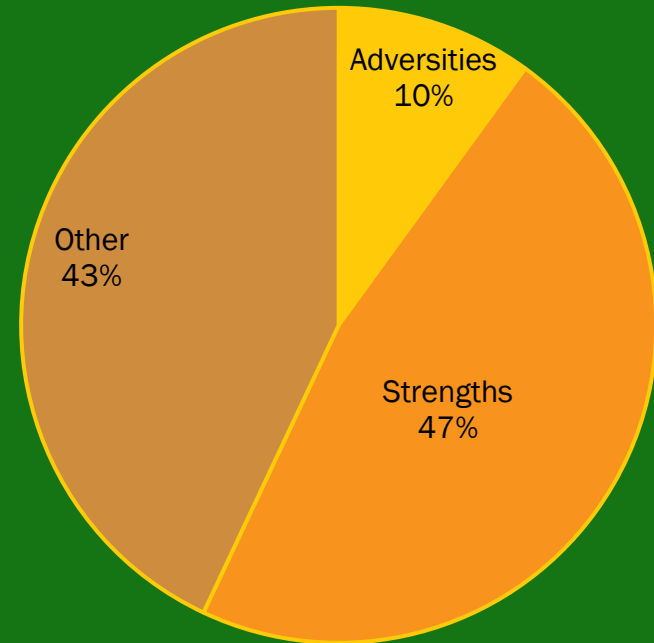
The Next Frontier: The Importance of Dose for Resilience

Good Stuff is More Important Than Bad Stuff

Trauma Symptoms



Subjective Well-being



“Other” are things such as daily ups and downs and impact of therapy.

From Hamby et al., 440 youth, ages 10-21.

Positive Childhood Experiences

- (1) felt able to talk to their family about feelings;
- (2) felt their family stood by them during difficult times;
- (3) enjoyed participating in community traditions;
- (4) felt a sense of belonging in high school (not including those who did not attend school or were home schooled);
- (5) felt supported by friends;
- (6) had at least 2 nonparent adults who took genuine interest in them; and
- (7) felt safe and protected by an adult in their home.

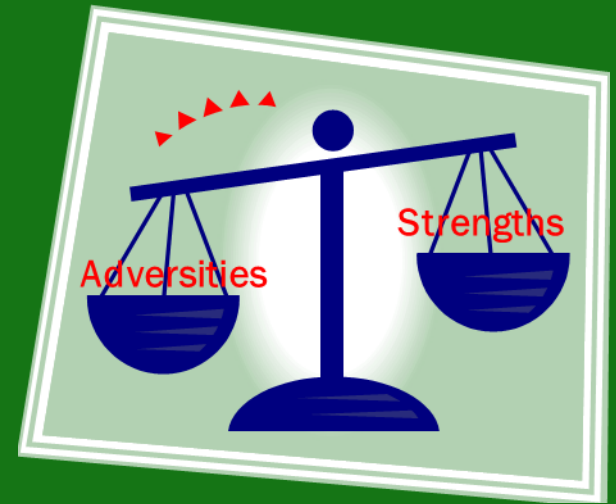
(from Bethell et al., 2019;
doi: [10.1001/jamapediatrics.2019.3007](https://doi.org/10.1001/jamapediatrics.2019.3007))

These Also Appear to Function in Dose-Response Relationship to Outcomes (Wellbeing, better mental & physical health)

[similar studies appear under names “beneficent childhood experiences” or “positive and compensatory experiences” (PACEs)]

Another Conception of Dose: Poly-Strengths

- The resilience portfolio model (Grych et al., 2015; Hamby et al., 2018) offers another conception of dose.
- Poly-strengths is a sum score of how many strengths someone has (we use a cut-off of .5 standard deviations above the mean).
- Poly-strengths assesses strengths in 3 domains: regulation (emotional and behavioral), meaning making, and interpersonal (only the latter is represented in the PCE model).
- Key benefit is that it focuses on malleable strengths—factors that can still be changed, even for older adolescents and adults recovering for trauma.
- Also includes individual strengths (not just help from adults) for younger children.



Which Strengths Are Most Important?

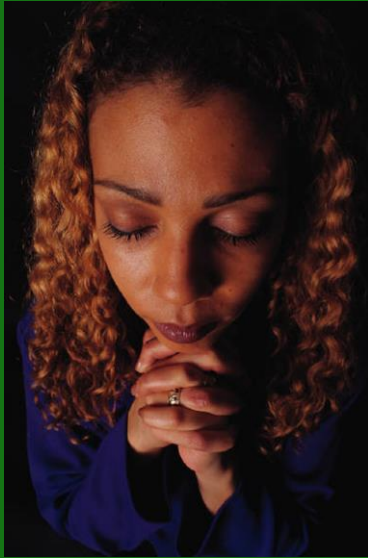
- Anger management
- Emotional awareness
- Emotional regulation
- Endurance
- Honesty and humility
- Coping
- Impulse control
- Self reliance
- Recovering positive affect
- School diligence
- Purpose
- Mattering
- Optimism
- Religious meaning making
- Future orientation
- Relational accountability
- Family-focused meaning making
- Moral-based meaning making
- Self-oriented meaning making
- Relationship-oriented meaning making
- Social support received
- Social support seeking
- Social support—family
- Social support—friends
- Community support
- School climate
- Teacher support
- Teacher engagement
- Generativity
- Generative roles
- Generous behaviors
- Compassion
- Forgiveness
- Attachment
- Group connectedness

Far too many studies still include only one protective factor.

For Meaning Making

- ***PURPOSE
- Mattering
- Honorable mention:
 - Optimism
 - Relational motivation
 - Future orientation

Sources of Meaning



Religion & spirituality



Dedication to a cause

(Photo ID 544390, 08/03/2013, United Nations, New York. UN Photo/Mark Garten, https://www.flickr.com/photos/un_photo/8539554951)



Commitment to a role

(such as teacher or parent)

(Photo from USDA, <https://www.flickr.com/photos/usdagov/16762770039>)



Belief in a better future

(RobbieRoss123, https://commons.wikimedia.org/wiki/File:Plant_a_Sapling_for_Better_Future.jpg)



Adhering to a code of values or ethics

(Photo from U.S. Marines)

For Self-Regulation:

- *** RECOVERING POSITIVE AFFECT
- Emotional regulation (of distress)
- Endurances

- Honorable mention:
 - Self-reliance
 - Emotional awareness

For Interpersonal Strengths

- *** SOCIAL SUPPORT RECEIVED

- Honorable mention:
 - Community support
 - Social support seeking
 - For youth: Teacher engagement and school climate

.....despite more measures in this domain than in others, has been hardest to find significance



Dose: The Next Frontier

- I believe research on strengths dose is going to transform prevention, intervention, and basic resilience research.
- We need to find the key combinations of variables and how people can pile up and add on the good stuff—not just as individuals, but thinking in terms of families, communities, cultures, and socioterritorial spaces.
- We already know from the many squirrels out there that higher doses of strengths can counter even large doses of trauma.
- Now we just need to figure out the best ways to engineer and facilitate those outcomes.

Evidence-Based Interventions That Promote Strengths & Support Thriving



Mindfulness:

- Compassion
- Emotion regulation



Narrative:

- Sense of purpose
- Emotion regulation
- Perspective taking



Spirituality improves:

- Purpose
- Social Support



Volunteering improves:
Purpose
Community support



- Regular exercise (actually most routines, even sleep!):
 - Endurance
 - Optimism
 - Reduces depression, anxiety

Forest bathing:

- Well-being
- Immune system



Also yoga, gardening, activism.

There are a range of choices that can be tailored to clients' interests and needs and incorporated into a wide variety of service settings.

Narratives for Resilience

The Results For Narrative Interventions Are Remarkable

Writing about a traumatic event for just an hour, spread over 3 days



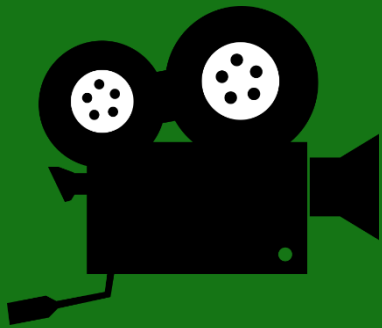
Writing about study skills for the same amount of time



Based on James Pennebaker's work

Expressive Writing Has Been Called the “2-Minute Miracle”

(Burton & King, 2008)



NARRATIVE
COHERENCE



SENSE OF
PURPOSE



POST-TRAUMATIC
GROWTH



EMOTION
REGULATION



WELL-BEING



How to Do Strengths-based Narratives

- Easy to incorporate into a range of settings, either during sessions or as homework.
- Often people will take the opportunity—the invitation, the safe space—to process traumatic experiences.

- Sample writing prompts:

- "I would like you to write about an experience that helped shape you into the person you are today. It could be a positive experience, or a difficult experience you had to overcome. Try to imagine yourself in that moment and explore your deepest feelings and thoughts. Don't worry about grammar or spelling."
- "I am thankful for all the experiences in my life. However, what shaped me into who I am today was..."
- "I will never forget the lesson that person taught me that day..."
- "Have you ever experienced a life-changing event (either for good or for bad)? What happened and how did you overcome the challenge? What would you tell others dealing with this issue?"

Exercise!

- Exercise has been called a “miracle cure” by the Academy of Medical Sciences (Goodlee, 2019).
- Exercise alleviates depression & anxiety and improves subjective and physical well-being about as well as (or better than) psychotherapy and psychopharmacology. Exercise is also more accessible, less expensive, has fewer side effects than medication, and offers many physical benefits.
- Goal: Approx 30 min of moderate exercise 3 to 4 days/week.



Improve Outcomes By Tending to the Whole Child

- Think about ways that physical activity can be promoted in your work:
 - Include an evaluation of regular physical activity into your intakes and assessments.
 - Create paths or labyrinths on the grounds of your facilities that clients can use
 - Incorporate exercise into the daily routine of domestic violence shelters, homeless shelters, or other residential treatment centers
 - Make sure foster parents know the importance of regular exercise (don't count on schools to provide it).
 - Incorporate exercise into therapeutic day camps, after school programs, etc, for kids.
 - Consider walking sessions with clients.



Image by Lorraine Cormier via Pixabay



Thank You!

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