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From tragedy to triumph: Developing resiliency from childhood trauma

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FROM TRAGEDY TO TRIUMPH: DEVELOPING

RESILIENCY FROM CHILDHOOD TRAUMA

_____

A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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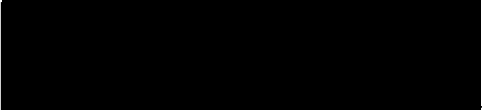
by

Carla Bea Goodemote

June 2000

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Approved by:

Jette Warka, Project Advisor
Social Work

Dr. Rosemary McCaslin,
Chair of Research Sequence,
Social Work

6/13/00
Date

ABSTRACT

This study examines resiliency, the ability for one to bounce back or recover from trauma and the presence of relationships and spirituality in promoting resiliency. Additionally, this study explores gender differences regarding resiliency among men and women. Twenty-seven members of Adults Molested as Children (AMAC) groups were used in this study due to their endurance of various types of abuse as a child. Due to the small sample size, there was no significance found. However, further research could prove valuable in designing treatment plans that will utilize and enhance protective factors that promote resiliency for adult survivors of various types of abuse.

ACKNOWLEDGMENTS

Thanks to my Lord and Savior Jesus Christ for providing the grace to complete this thesis and the Master of Social Work program. I would like to offer a special thanks to my friends and family for their love and support through my graduate experience.

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INTRODUCTION

Child abuse: A Societal Problem

In a survey of the state child protective agencies the

National Center on Child Abuse Prevention Research found

that in 1993, there were nearly three million cases of

abuse reported nationwide. Child abuse and neglect affects

45 in every 1000 reported children in this country based on

child abuse reporting data (National Center on Child Abuse

Prevention Research, 1994). Children who experience child

abuse and neglect suffer greater incidence of poor self

esteem, substance abuse, eating disorders, delinquency,

suicidal ideation and behavior, involvement in

prostitution, sexual confusion and sexualized behaviors

(Chandy & Blum, 1996); PTSD symptoms (Carlson & Furby,

1997); and somatic complaints, aggression, depression,

sleep disturbances (Crosson~Towers, 1996) compared to those

who have not experienced chills abuse and neglect.

According to the U.S. Department of Health and Human

Services, 1998, the national rate of children who are

victimized by abuse or neglect was 15 victims per 1,000

children in the population. This figure represents an

increase over previous years.

Child abuse in any form is a traumatic experience. It is suggested that a person's cognitive appraisal of the event strongly influences his/her response (Rutter, 1981) to the trauma. This seems to suggest that a person's perception of the event is relatively strong. This is a particularly important point regarding children and trauma. Children have limited knowledge and understanding and, subsequently, may have inaccurate perception of a traumatic event that may be positive or negative. Furthermore, children who have been sexually abused are likely to attribute traumatic experiences negatively to their self worth (Anderson, 1997).

Trauma has been defined to include a painful emotional experience or shock that creates substantial, lasting damage to an individual's psychological development (Webster's College Dictionary, 1996). For the victim trauma can be an overwhelming, uncontrollable experience that psychologically impacts victims by creating feelings of helplessness, vulnerability, loss of safety, and loss of control (James, 1989). Carlson and Furby (1997) suggest that there are three elements to trauma. First is the inability of the individual to control the event, including the inability to control for the individual's own personal

safety.   Second is the perception of the event as a having a highly negative valence.   Finally, there is the sudden nature of the event.

In recent years the incidences of violence and abuse have risen (Barnett, Miller-Perrin, Perrin, 1997).   With this in mind, and the incidence of child abuse, it seems increasingly more important to focus on factors that contribute to developing resiliency in individuals. According to Werner (1992):

> "Resilience and protective factors are positive counterparts to vulnerability, which denotes an individual's susceptibility to a disorder, and risk factors which are biological or psychological hazards that increase the likelihood of a negative developmental outcome in a group of people."

With this definition the author seems to suggest that all the people are born with certain protective factors that can make a difference in how they respond to the adversity in their lives.

Despite the traumas of childhood abuse and neglect, some children able to negotiate childhood developmental stages and emerge through adulthood without enduring negative psychological experiences.   These individuals have

been able to experience great pain and or travails, and yet have the ability to bounce back from such experiences. This phenomenon, identified as resiliency in the literature, is key to understanding the factors that contribute to a more adaptive lifestyle.

It is particularly important to note that some children will develop certain protective factors, including competence, problem-solving skills, creativity, and relationships to manage the negative experience. This ability to develop resiliency has been documented by Bernard (1996), Anderson (1997), Shapiro & Friedman (1996), Chandy & Blum (1996), Jusay (1999). In fact, some of these protective factors have been known to contribute to the formation of resiliency. Howard & Dryden (1999) cite Rutter (1990) who warns that it is not the presence of protective factors, but rather how the person negotiates the negative or risk situation.

The different ways in which children respond to trauma are key to understanding the importance of the child's perspective. Katz (1997) reports that children are not as logical as adults in making sense of trauma. They are more likely to blame themselves for any misfortune that befalls them. Hence they are more likely to act out their pain

behaviorally and emotionally. He suggests that this creates a paradox for the child. Children, who are in situations of overwhelming and inescapable stress that they can't control, often do not talk to adults about it.   In certain situations, such as an abusive home, this can bring about more pain for the child. The child's behavior is often misinterpreted as disruption or opposition and likely punished.

Thus, resiliency needs to be considered in relation to stress, (Anthony & Cohen, 1987). It is understandable how stress can reduce one's functioning and coping abilities. This stress can be caused by various reasons including, poor economic status, and illness, minimal or absent support systems. Anthony and Cohen (1987) also make a point regarding stress that seems particularly relevant to children. Adults have a considerable measure of control over their world in that they have a greater freedom of choice in their lives regarding where to live, spouse, friends. Children, on the other hand, have limited control that may create feelings of anger, helplessness or both. Depending on how children choose to deal with this fact in their lives will affect the way they negotiate situations in their life. Thus, in order to become resilient, it is

very important for children who are in abusive situations to learn to utilize their strengths, as this will allow them to feel as if they have more control in the situation.

Children each respond to and recover from trauma in their own ways. The ability to recover from a traumatic event has been defined as resiliency (Taylor (1983), Rutter (1987), Anderson (1997), Bernard (1983). A review of the literature on resiliency indicates that particular attention has been paid to abuse that is perpetrated on children at the hands of parents, caretakers and teachers alike.

PROBLEM STATEMENT

In recent years, much attention in the literature has been focused on the plight of children and their vulnerability (Wolin & Wolin, 1993, Anthony & Cohen, 1987, Fraser, 1997). Children represent the most vulnerable sectors of the population. For many, the development of resiliency is a life skill (Jusay, 1999), as many children and teens are faced with the breakdown of family systems, unstable economic conditions, homelessness, increased mobilization, loss of a parent through divorce or death, and the upsurge of violence and crime on the streets. In spite of the adversities that children face it is possible for children to adapt.

In 1989, Werner conducted a longitudinal study on high-risk and resilient children of Kauai, Hawaii. One of the findings of this study was that certain protective factors seem to have a more general effect on adaptation than do specific risk factors. Hence, it seems that children can develop certain factors that can aid them in overcoming adverse conditions. Children who experience adversity find benefits as a result and are able to navigate through difficult circumstances as they reach adulthood. McMIllen & Fisher (1998) suggest that there are

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benefits to be gained from enduring adverse situations. They list some of the benefits as: increased coping skills, greater sense of personal confidence and enhanced sense of self-sufficiency. Though there are few people who may dispute this concept of benefiting from adversity, it is still an interesting phenomenon that this ability to endure difficult situations occurs in some people and not in others. This ability to recover from tragedy or trauma is known as resiliency and is complex and not fully understood.

LITREATURE REVIEW

A review of the literature on resiliency has indicated
there are many factors that can contribute to resiliency,
including, but not limited to: 1.) Internal protective
factors, such as, temperament or self-esteem (Fergusson &
Lynskey, 1996), 2.) Familial protective factors, such as, a
warm nurturing parent or the presence of sibling as a
caretaker or confidant (Rak & Patterson, 1996), and 3.)
Social or environmental protective factors, such as, a
mentor or role model (Rak & Patterson, 1996). These are
only a few of the possible and important protective factors
that can contribute towards resiliency.

Researchers have indicated there are two concepts that
are central to understanding the concepts that are
associated with resiliency. The first concept is Risk
factors, which involve the experience of a stressful or
traumatic event. The second concept is Protective factors
that might be defined as skills, personality factors and
environmental resources that foster resiliency (Mangham,
McGrath, Reid, Stewart, 1995). These factors may be
enduring or transient.

Protective factors have been directly related with
fostering resiliency. These are variables that serve to

modify any adverse psychological effects resulting from trauma. Rutter (1985) states there are crucial aspects of protective factors: 1.) They are defined in terms of effect not in terms of the pleasurable qualities. 2.) They modify the response to a stressor to foster normal development. 3.) The person's individual qualities.

Researchers suggest (Rutter (1985), Rutter (1987), Werner & Smith (1992), Howard & Dryden (1999) that protective factors may be more narrowly defined. These protective factors modify (ameliorate or buffer) a person's reaction to a situation that would normally lead to a maladaptive outcome. Thus, it is not certain if these protective factors have no effect on low-risk populations or, if the effect of these factors is magnified in the presence of a situation that has some risk factors involved.

Risk factors can diminish an individual's ability to thrive. In the maltreatment of children the degree of psychological distress is significant. According to Thomlison, as cited in Fraser (19970, noted that risk factors can intensify based on parental affective disturbances, such as, depression, low self-esteem, withdrawal, anger and aggression, rigid or unrealistic

expectations. Parents who are highly critical and display little warmth and nurturance can damage the child's sense of self and arrest development. Thus, without adequate protective factors in adverse situations, the likelihood of a child developing maladaptive behavior increases. Maladaptive behaviors may be manifested as: alcohol and/or drug abuse, inappropriate use of anger, and/or the perpetration of emotional, physical or sexual abuse.

Blum (1998) believes there are seven steps which contribute to resiliency: the belief in his/herself and the ability to make changes right away, faith in the future or God, ability to recruit others, ability to set goals, belief in self, ability to strategize. Angell, Dennis, and Dumain (1998) indicate that there is a blending of biopsychosocial factors that affects the ability to cope with adversity and work toward change.

Resiliency is not the same as competence. Competence implies there is lack of anxiety or pain, which is not the case. Rather, it is the risk factors in combination with positive forces that contribute to adaptive outcomes (Fraser, 1997). However, Luthar and Zigler (1991), suggest that this point should not be misconstrued. Resilience is not simply mastering coping skills. They suggest that

resilient children may not manifest maladaptive behavior but may in fact, manifest some other reaction such as depression or anxiety. Hence they suggest looking at internal and external dimensions of the child's coping skills. Children may be able to develop good coping skills to manage situations but it is important to look at the psychological framework of the child. Rutter (1987) purports that resiliency may not be present in all children. Other researchers of resiliency posit that protective factors may or may not be present in all people (Shapiro & Dorian, 1996). However, according to Bernard (1991), everyone is born with an innate sense of resiliency. The capacity to develop the traits commonly found in resilient survivors include: social competence (responsiveness, cultural flexibility, empathy, caring, communication skills, and a sense of humor); problem solving (planning, help seeking, critical and creative thinking); autonomy (a sense of identity, self-efficacy, self-awareness, task mastery, and adaptive distancing from negative messages and conditioning); and a sense of purpose and belief in a bright future (goal direction, educational aspirations, optimism, faith and spiritual connectedness).

Bernard further states:

"The fostering of resilience operates in a deep

structural, systemic, human level: at the level of

relationships, beliefs, and opportunities for

participation and power that are a part of every

interaction, no matter what the focus is. (pg. 4)

With this in mind, it seems crucial to attempt to

cultivate these traits in children in an effort to increase

the child's potential to become a productive member of

society.

In 1997, Carlson and Furby conducted a study on the

psychological effects of abuse, in which they made

reference to the concept of resiliency. The authors found

that a person's biological and psychological strengths and

weaknesses contribute to a person's response to trauma. The

literature indicates that there are varying ideas as to the

way that resiliency is to be conceptualized and

operationalized.

Valentine and Feinauer (1993) studied twenty-two women

to identify variables of resilience in women who endured

sexual abuse. This study identified several themes in

women who have history of childhood sexual abuse: the

ability to find supportive relationships outside of the

family; self-regard or the ability to think well of oneself; religion or spirituality; external attributions for the blame and cognitive style; and an inner locus of control which seemed to emanate from internal values rather than from expectations and direction from others. The authors found that the participants in their research indicated that the presence of support from others was crucial to helping them overcome their experience of sexual abuse.

In Risk and Resilience in Childhood: An Ecological Perspective, (1997), Fraser separates resilience into three categories. The most common is *overcoming the odds*, which is defined by the attainment of positive outcomes despite the presence of high-risk variables. To illustrate this, Fraser cites the example of a child with some learning disability who was able to attend mainstream school with minimal compilations. The second category of resilience, from literature based on stress and coping, refers to *sustained competence under stress*. This may be evident in families characterizes by highly conflictual communication styles and the children are able to restore or maintain internal or external equilibrium. The final category, *recovery from trauma*, is manifested in children who are

able to function well after exposure to an intensely stressful event or circumstances such as domestic violence or sexual abuse. The emphasis is on the ability to adapt successfully in spite of the adversity that was endured. This is the subject of interest in this paper, recovering from the trauma of abuse endured as a child.

The overall concept of this paper encapsulates the paradigm present in The Resilient Self: How Survivors of Troubled Families Rise Above Adversity (1993), by Steven and Sybil Wolin, who purports that resiliency, can be developed in all people. They suggest that insight, independence, relationships, initiative, creativity, humor, and morality are themes that are present in each of us and can be developed in children who have endured trauma in their lives. They recognize seven themes of reliance, which they believed could be developed within people. These areas of strength occur in various combinations among survivors, thought they could be developed in all people. It is the interaction among these areas of resilient factors, which help people to triumph over adverse situations.

Webster's College Dictionary as an awareness of one's own mental attitudes and behavior defines insight. This definition implies that individuals can trust their own

feelings when there is a sense of danger. There is sensitivity to the changes of adults' behavior, tone of voice and other mannerisms that alert the resilient child to be on guard. Beardslee (1989) demonstrated that self-understanding, or insight, was a common element in a significant number of highly adaptive and resilient youngsters.

Independence can be used to establish boundaries and safety in an effort to meet the individual's needs. Perhaps this distance helps the resilient child to mitigate some of the emotional pull of the family dynamics, whereby the child can then develop his or her own values. Werner & Smith (1992) and Rak & Patterson (1996) support the notion of age appropriate autonomy in promoting resiliency.

Imitative is the determination to assert yourself and master your environment. As pieces of the world bend to their will, successful survivors build competence and a sense of power. This should not be confused with locus of control, which has also been cited as a protective factor promoting resiliency (Werner, 1989 and Valentine & Feinauer, 1993). Locus of control refers to the concept that one has control over the events in his or her life (Baron & Eisman, 1996), or a sense of personal power

(Valentine & Feinauer, 1993). Initiative is seen initially when resilient children turn away from the frustration of their troubled parents and follow the call of their curiosity and go exploring (Wolin & Wolin, 1993).

Creativity and humor can provide a safe harbor of the imagination where refuge can be found to rearrange the details of life. In contrast to the resilience that keeps the wheels of reality rolling, creativity and humor turn reality inside out (Wolin & Wolin, 1993). Perhaps another way to reframe the reality or to escape, the playful spirit of a child can facilitate a coping mechanism utilizing fantasy, this can bring some levity into an otherwise somber existence and channel creativity into problem solving. Luthar & Zigler (1991) underscore the presence of humor in the advent of resiliency. They suggest that more competent children will utilize humor to deal with stress.

Morality is a sense of right and wrong that is the activity of an informed conscience. The seeds of morality are sown early when strong children in troubled families feel hurt, want to know why, and being judging the rights and wrongs of their daily lot (Wolin & Wolin, 1993). Resilient children are aware of the injustice of the way

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they are being questioned by their parents, and they question the injustice.

The seven protective factors listed above are believe to be present in all people, in varying degrees, and have the potential to be developed. The utilization of all or any combination of these factors is purported to increase the likelihood of appropriate, functional behavior, and decrease the probability of maladaptive behaviors. In other words, these protective factors can be identified and developed to promote resilience.

Hypothesis

While there seem to be many factors associated with fostering resilience, there seems to be at least two aspects that run through the research: the need for human support and someone to believe in the individual's worth as a person. Werner (1989), Bernard (1996), Rutter (1989 & 1995), Luthar & Zigler (1991), Brooks (1994), Katz (1997), Shapiro & Friedman (1996), and Reed-Victor & Pelco (1999) all underscored how the presence of at least one other person who could offer support, guidance, and reflected a sense of value to the individual were all instrumental in helping to engender resilience, even in high risk or adverse situations.

Relationships play an important part in the development of resiliency. The existence of nurturing, fulfilling, and intimate ties to other people is proof to survivors of trauma that is it possible to love and be loved. For many, relationships are a direct compensation for the affirmation that troubled families deny their children. Blum (1988) reported that everyone in the field of resilience emphasizes the value of the presence of another person to provide faith in the individual's ability to get through adversity. She believes that parents are the best relationship from which children can develop self-esteem; however, this may not be possible for children in most abusive situations. Relationships represent an important and powerful protective factor that brings support and assistance to increases the chances of developing resiliency (Valentine & Feinauer (1993), Beardslee (189), Shapiro & Dorian (1996), Holaday & McPhearson (1997), Bowman (1999), Rak & Patterson (1996), Neighbors, Forehand & McVicar (1993). Werner (1993) found that resilient boys and girls were able to find emotional support from outside their families.

It is the human interaction that is vital to every person's existence. Brooks 91994) found that the quality

of the relationship protective factor, supportive and

nurturing, is an important element and not just the

availability of friends. Bernard (1998) suggests that

caring and loving support of people like teachers who can

make a difference in the lives of students who are

struggling. These relationships are important because they

are unconditional, without judgment, unlike the parent-

child relationship. Rutter (1985) states, " One good

relationship does much to mitigate the effects of other bad

relationships." Other researchers have shown that the

presence of a positive relationship can increase the

likelihood of resilience (Katz (1997), Werner & Smith

(1992) Bowman (1999).

Spirituality is another protective factor that can

promote resiliency. Angell, Dennis & Dumain (1998) have

cited spirituality as a basic need for meaning and purpose

in life. They posit that spirituality defines the

parameters for which people make choices based on what they

choose to place their faith in. They go further to state a

definition of spirituality by Siporin (1992):

> "*The inherent need for spiritual meaning,*
> *experience and growth is also met by principled*
> *relations between people and ultimate reality, which*
> *some people call God.*"

This suggests an innate human desire for meaning can be met through a connection with other people as well as a higher power. It has been said we can find meaning and purpose in the lives of others. Other authors have found spirituality to influence protective qualities in abuse survivors. In their study of 57 adult women who endured sexual abuse as a child, Valentine and Feinauer (1993) found that women reported that they gained an important supportive network that helped them develop meaning and liberate them from guilt and blame of the abuse. Chandy and Blum (1996) and Baron and Eisman (1996) found the same to be true in their studies.

According to Werner (1989), gender does seem to influence the ability to recover from trauma. Studies suggest that males are more vulnerable than females when exposed to biological insults and care-giving deficits in the first decade of life. He further reports that this trend is reversed when the females reach adolescence and

become more vulnerable especially related to the onset of early childbearing. Luthar and Zigler (1991) report that boys, in comparison to girls, are more vulnerable to stressful family circumstances and react with greater emotional and behavioral disturbances. Howard and Dryden (1999) found similar results in their study.

The Research Questions

This research will look at three areas of interest in regards to resiliency: relationships, spirituality and gender. This study will attempt to answer three questions:

1.) Is there a positive correlation between the existence of a relationship and the type of trauma experienced as a child? There is a great deal of research that supports the power of the presence of relationships used as a protective factor that promotes resiliency. Whiffen and Judd (1999) report that women who have been sexually abused have difficulty forming relationships with men. Sexual abuse may be the deepest violation of all forms of abuse making it difficult to formulate relationships.

2.) Is there a positive relationship between spirituality/religion and resiliency? Religion and spirituality can add meaning and purpose into our lives.

When abuse occurs, as a child, there is a tendency for the child to assume the blame or the guilt for the abuse. Spirituality and Religion can offer support, a new perspective and meaning (Valentine & Feinauer, 1993).

 3.) Is there a positive correlation between gender and resiliency? Boys and girls are created differently and subsequently deal with trauma in different manners. While sexual abuse is very shameful experience this is especially so for boys who have experienced sexual abuse. Thus they are less likely to report any incidence of abuse. If they do they may minimize the effects.

METHODS

Demographics of Sample

The analyses reported are based on twenty-seven active members of Adults Molested as Children (AMAC) groups in San Bernardino County. There were six males and twenty-one females who participated in the study. The mean age of the sample was 41 with the largest portion of the sample ranged between thirty-five (35) to fifty (50)(Appendix E).

The occupational breakdown (Appendix F) of the sample was forty-one percent (41%) professional, twenty-five percent (25%) business, sixteen percent (16%) student, eight percent (8%) Human service sector, and four percent (4%) each in the vocational and other categories.

The religious breakdown (Appendix G) revealed that the majority of the sample identified themselves as Christian (46%), followed by twenty-six percent (26%) who identified themselves as Catholic. The Baptist, Protestant and other categories displayed seven percent (7%) in each category. Three Percent (3%) of the sample had no religious preference.

The ethnic breakdown of the study is nineteen (19) Caucasian, two (2) African and two (2) Hispanic, one (1) Asian, one (1) American Indian and one (1) other that was

unspecified. The majority of the sample had at least some

college and above, almost 78% of the sample. Twenty-two

percent (22%) of the sample had high school or vocational

degree. Table 2 shows the incidence of trauma reported in

the sample. The most commonly reported type of abuse

reported was emotional with a 92.6% occurrence rate,

followed by a 70.4% occurrence rate of sexual abuse.

Physical trauma occurred at a rate of 51.9%.

Design

This is a positivist design that used a retrospective

look at childhood abuse in an effort to identify the

protective factors that have facilitated survival in adults

who endured childhood abuse. This positivist design was

chosen in that it favors methods that convey a positive

correlation. The quantitative design evaluated protective

factors are most prevalent among the participants. It is

believed that all people have protective factors that can

be identified and developed in an effort to promote

resiliency.

The research was done utilizing a sample of twenty-

seven (27) members of local Adults Molested as Children

(AMAC) groups from the local San Bernardino area. AMAC

groups were chosen; as the members were known to have

endured some kind of abuse as a child and had the potential to utilize protective factors to attain a certain degree of resiliency.

Procedure

All surveys were distributed and voluntarily completed. Participants signed an Informed Consent (Appendix A) that had been reviewed and approved by the Institutional Review Board of California State University San Bernardino. Writing the date on the consent form indicated participation in the study. The surveys were delivered through facilitator of the groups to maintain the participants' anonymity. Each participant was informed of the purpose of the research: that participation was voluntary and could be withdrawn without penalty at any time. A Debriefing Statement (Appendix D) was presented to each participant. Sixty surveys were handed out and twenty-seven were completed.

The Instruments

Resiliency Attitude Scale (RAS) (Appendix I) used in the study was designed to address areas cited in the literature as protective factors contributing to resiliency. The variables studied were morality, intelligence, creativity and humor, initiative, insight,

and relationships. The Childhood Maltreatment Interview
Schedule-Short Form (CMIS-SF) (Appendix B) was modified for
the purpose of this study, to determine the presence of
childhood abuse. There was no scoring guide available so
the data was openly coded and used to determine how it
related to the resiliency data.

RESULTS

Frequency and descriptive statistics were run to obtain mean, standard deviations and percentages on the data. Pearson correlations were run on relationship variable of the Resiliency Attitude Scale (RAS) and the types of Trauma experienced. No significance was found (Table 1). Pearson correlations were also run on the types of trauma variable and the gender variable. No significance was found. There were twenty-one females and six males. However, meaningful analysis on the gender variable and resiliency variables was compromised due to small sample size.

DISCUSSION

The purpose of this study was to identify if there is a positive correlation in resiliency and the presence of relationships and spirituality. The study examined resiliency in the differences between males and females. There was a desire to see if the presence of relationships was significant in promoting resiliency. Secondly it was desired to see if identifying some religious or spiritual source for the survivor of trauma would have a significant impact in promoting resiliency. Finally, is there a difference in the resiliency development between males and females, as the literature suggests. Due to the small sample size no significance was found.

Limitation to the Study

A limitation to the study is the small sample size that did not allow for any significance to be demonstrated in the results. The sample was derived from several Adults Molested as Children groups in the area that was indicated in the larger proportion of sexual abuse presented in the sample. The majority of the sample was female. It was surprising to find a small portion of males in the sample as it tends to be much more difficult for men to seek help for molest issues. A larger more diverse sample would

allow for research to be done on other types of trauma to see if there are any differences among the types of abuse and resiliency development.

<u>Implications for Social Work</u>

The implications for social work practice are encouraging. The concept of resiliency fits quite well with the strengths perspective so often used by social workers. The findings of this study would be important to social workers in the devising the best treatment of children and adult survivors of trauma. Furthermore, helping clients to identify and develop their own areas of resiliency can be empowering for survivors of trauma, as well as, other clients who are struggling.

Further research needs to be done in the area of the development of resiliency between males and females. This sample may be indicative of the predominance of female survivors due to the difficulty males have with seeking help for this type of an issue. Male resiliency from childhood sexual trauma is an area that is in need of further research.

APPENDIX A: INFORMED CONSENT

This questionnaire is designed to assess various forms early childhood problems that you may have encountered as a child and examine the way people adjust to those problems. The purpose is to identify the most prevalent internal protective factors that may promote resiliency. Please take about thirty minutes to complete the survey.

Carla Goodemote, a graduate Social Work Student at California State University San Bernardino, is conducting this survey, under the guidance of Jette Warka with the supervision of Dr. Rosemary McCaslin, 909.880.5507. The Human Participants Review Board of California State University, San Bernardino, has reviewed and approved this project. All information will be treated anonymously. All data will be reported in group form. The results of this study are expected to be available by June 2000. Any questions regarding this study should be directed to Dr. Rosemary McCaslin 909.880.5507.

If at any point in the survey you have thoughts or emotions that are uncomfortable for you, please feel free to stop. Your participation is completely voluntary and you are free to withdraw at anytime during the survey without any consequences to you.
Thank you for your time.

I acknowledge that I am at least eighteen years old, that I have been informed of, and understand, the nature and purpose of this study. I understand my participation is confidential and completely voluntary.
Give your consent by indicating the date here_____.

***** Please leave this attached to the survey. *******

APPENDIX B: Childhood Maltreatment Interview Schedule –
Short Form (CMIS - SF)

1. Gender: Male_____ Female_____

2. Age:_____

3. Ethnicity:
    Caucasian____
    African American_____
    Asian_____
    Hispanic____
    Latino_____
    American Indian_____
    Eastern Indian_____
    Chinese_____
    Japanese_____
    Other_____

4. Education Level:
    Less than High School_____
    High School_____
    Vocational Degree_____
    Some College_____
    Associates Degree_____
    Bachelors Degree_____
    Masters Degree_____
    Doctoral Degree_____

5. Occupation if you work in addition to
   going to school:
    Student_____
    Business_____
    Professional_____
    Human Services_____
    Vocational_____

6. Religious Preference:
    Christian_____
    Baptist_____
    Protestant_____
    Catholic_____
    Buddhist_____
    Hindu_____
    Atheist_____
    Agnostic_____
    Other_____
    No Preference_____

7. Type of Trauma endured by the age
   of seventeen:
    Emotional Abuse_____
    Physical Abuse_____
    Sexual Abuse_____
    Other_____

The following survey asks about things that may have happened to you in the past. Please answer all of the questions that you can, as honestly as possible.

1) Before age 17, did any parent, step-parent, or foster-parent ever have problems with drugs or alcohol that lead to medical problems, divorce or separation, being fired from work, or being arrested for intoxication in public or while driving?

Yes__ No__ If yes, who*? (No Names, relationship only*) _____

About how old were you when it started? ____ years old

About how old were you when it stopped? ____ years old

2) Before age 17, did you ever see one of your parents hit or beat up your other parent?

Yes ___ No ___

If yes, how many time can you recall this happening?

_____ times

Did your father ever hit your mother? Yes ___ No ___

Did your mother ever hit your father? Yes ___ No ___

Did one or more of these times result in someone needing medical care or the police being called?

Yes ___ No ___

3) On average, before age 8, how much did you feel that your father/step-father/foster-father loved and cared about you?

Not at all   Very much

    1   2   3   4

4) On average, before age 8, how much did you feel that your mother/step-mother/foster-mother loved and cared about you?

Not at all   Very much

    1   2   3   4

5) On average, from age 8 through age 16, how much did you feel that your father/step-father/foster-father loved and cared about you?

Not at all   Very much

    1   2   3   4

6) On average, from age 8 through age 16, how much did you feel that your mother/step-mother/foster-mother loved and cared about you?

Not at all   Very much

    1   2   3   4

7) When you were 17 or younger, how often did the following happen to you in the average year? Answer for your parents or stepparents or foster parents or other adult in charge of you as a child:

	once a year	twice a year	3-5 times a year	6-10 times a year	11-20 times a year	over 20 times a year	
never							
0	1	2	3	4	5	6	
A) Yell at you			0	1	2	3	4 5 6
B) Insult you			0	1	2	3	4 5 6
C) Criticize you			0	1	2	3	4 5 6
D) Try to make you feel guilty			0	1	2	3	4 5 6
E) Ridicule or humiliate you		0	1	2	3	4	5 6
F) Embarrass you in front of others		0	1	2	3	4	5 6

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G) Make you feel   0   1   2   3   4   5   6
like you were
a bad person

8.) To the best of your knowledge, before age 17, were you ever abused by a family member?

Sexually abused? Yes__ No__

Physically abused? Yes__ No__

9.) To the best of your knowledge, were you ever abused by someone outside of your

family?   Yes_____   No_____

R.A.S.

We are interested in how you view yourself. Please be as honest as possible when rating each of the statements below. There are no right or wrong answers. In the blank to the left of each statement below, write in the number that best describes how you feel about that statement. Please read each item carefully and rate how strongly you agree or disagree with it using the following scale:

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

_____ 1. I usually can't predict what other people will do.

_____ 2. I avoid accepting responsibility for other people's problems.

_____ 3. When others think badly of me, there's probably a good reason for it.

_____ 4. I try to notice signals from other people that spell trouble.

_____ 5. It doesn't do any good to try and figure out why things happen.

_____ 6. Often I find myself taking responsibility for other people's problems.

_____ 7. I am willing to ask myself tough questions and answer them honestly.

_____ 8. I have a hard time telling what someone new is like until I get to know the person well.

_____ 9. I can fix hurts from my past that could keep me from letting people get close to me.

_____ 10. I try to figure out why people act the way they do.

_____ 11. I will often stay with someone, even though I know that person is bad for me.

_____ 12. I am able to step back from troubled family members and see myself as OK.

_____ 13. If you care about someone, you should try to do what the person wants, even if it seems unreasonable.

_____ 14. I can't help acting like a child around my parents.

_____ 15. I am able to recognize when I'm in a bad relationship and end it.

_____ 16. I can stay calm around troubled people because I understand why they act the way they do.

_____ 17. I realize that I can't change other people; they have to change for themselves.

_____ 18. It's hard for me to stay calm when someone I care about is being unreasonable.

_____ 19. If I love someone, I can put up with that person hurting me.

_____ 20. I often find myself around people who aren't well adjusted.

_____ 21. There are few people who I can really count on.

_____ 22. I am good at sizing up people.

_____ 23. I try to figure out why a relationship was not healthy and avoid repeating it.

_____ 24. I am good at starting relationships with other people.

_____ 25. I can't do anything about whether people like me or not.

26. It's hard for me to believe that I'll ever find a good relationship.
27. I'm shy around people I don't know.
28. I can't really tell if a relationship is going to be good until I try it.
29. I am good at keeping relationships going.
30. I am able to love others and be loved by them.
31. It's beyond me how most things work.
32. I often talk myself through a problem.
33. I can learn from the past and use that information to make the future better.
34. I have hobbies or other activities that I take seriously.
35. I often get really frustrated when dealing with problems and can't figure out what to do.
36. I am successful in taking care of my physical and emotional needs.
37. I don't like to try to find out how things work.
38. There are few things that I am good at doing.
39. I do enough to get by, but not much more.
40. I enjoy getting involved in constructive activities.
41. Sometimes I forget my problems when I'm pursuing creative activities.
42. I don't think that I'm creative.
43. I'm good at finding new ways to look at things.
44. One way I express my feelings is through my art work, dance, music or writing.
45. The positive feelings I get from creating help make up for the pain of my past.
46. Using my imagination doesn't help to solve problems.
47. It's hard for me to see the humor in a bad situation.
48. One has to take life very seriously to get by.

49. I am good at using humor to reduce tension between myself and others.
50. Most problems have only one solution.
51. I find it easy to choose between right and wrong.
52. It's a dog eat dog world where one has to do what it takes to get by.
53. I can't help repeating the mistakes that my parents made.
54. I like to help other people.
55. There's no way I could make a difference in other people's lives.
56. I don't always do what I know is right.
57. I stand up to people when I see them being dishonest, petty or cruel.
58. I am willing to take risks for the sake of doing what I think is right.
59. Sometimes I feel like I'm just drifting along with no purpose in life.
60. I almost always stand up for underdogs.
61. I like to help others even if they are not willing to help themselves.
62. I am involved in things that will make people's lives better.
63. No matter what happens, if I keep trying I'll get through it.
64. There are things that I can do to make my life better.
65. Sometimes it's hard, but I don't let things keep me down.
66. Even if bad things happen, I can deal with them.
67. It's not the hand you are dealt, but how you play it.
68. No matter how hard I try, I can't make things right.
69. I am willing to go with any approach that will work.
70. I'm good at making the most of a bad situation.
71. When life gives me lemons, I make lemonade.
72. Failure is something you learn from rather than feel guilty about.

APPENDIX D: DEBRIEFING STATEMENT

Carla Goodemote, an MSW student at California State University at San Bernardino, conducted the study you have just participated in. The purpose of this study was to identify certain internal protective factors that foster resiliency from various early life problems. It is believed that these internal factors can be developed in children and adults in an effort to promote resiliency. If you have any questions or comments on any part of the questionnaire, please let me know.

The results of the study are expected to be available by June of 2000. You may receive a copy in summary form by request. If you have any questions about the study you can contact Dr. Rosemary McCaslin, at California State University San Bernardino, 909.880.5507.

In the event that this survey has raised some emotions or thoughts that you are having difficulty with please call one of the numbers listed below for further assistance. Thank you again for your time.

Carla Goodemote, MSW Intern

Crisis Hotline-24 hours~(San Bernardino & Riverside counties)
1.800.255.6111 or 909.370.4889
Caritas Counseling Services~ 909.370.1293

Adults Molested as Children~ AMAC~ 909.788.6800

California State University, San Bernardino Counseling Center~909.880.5040
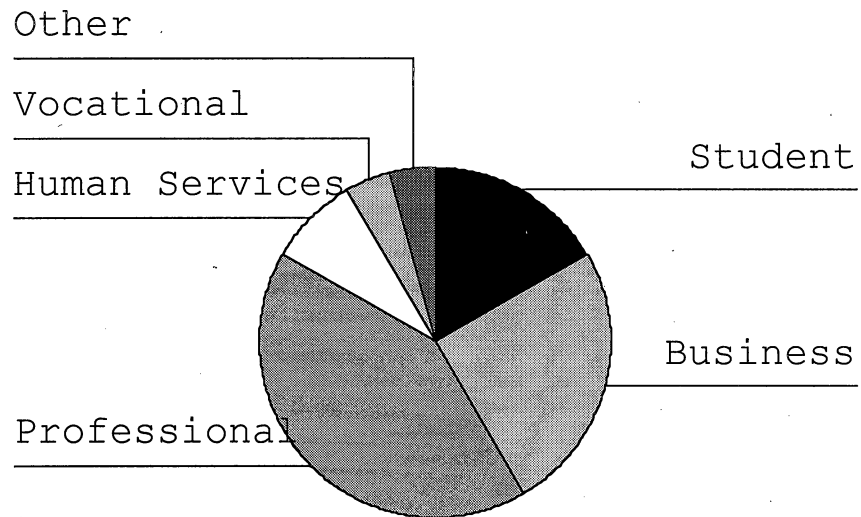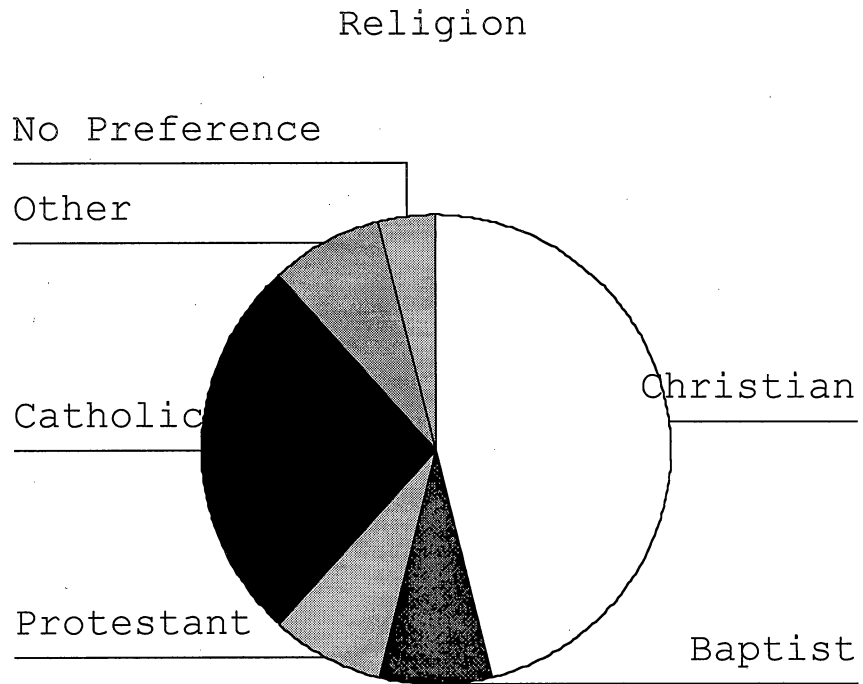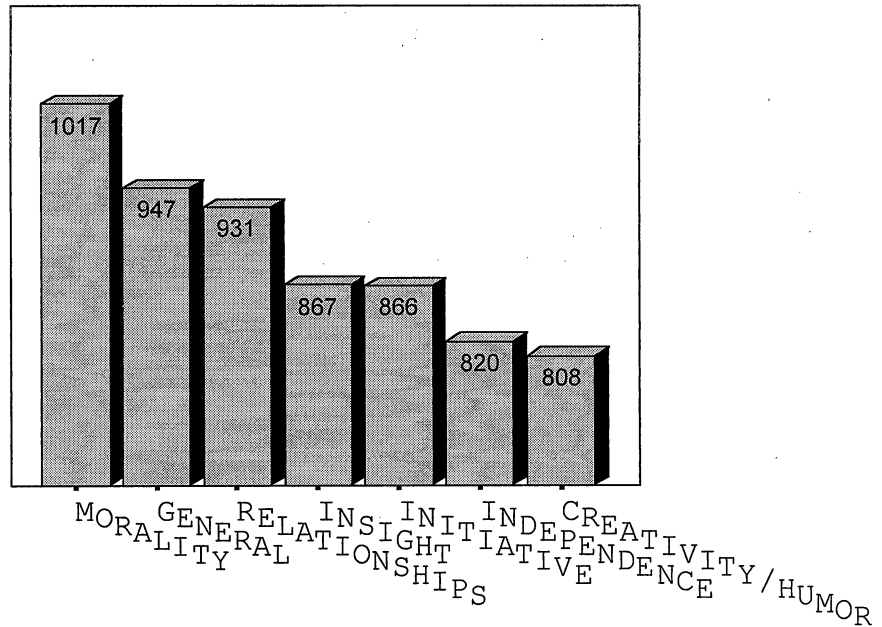
~~~~~*Please Keep this for your reference.*~~~~~~

APPENDIX E: AGE STEM AND LEAF

```
Frequency Stem & Leaf
          2.          Extremes          (=,23)
          2.              3.                24
          6.              3.                567779
          9.              4.                022233444
          5.              4.                56889
          1.              5.                0
          1.              5.                7
          1.          Extremes          (>=60      )
     Stem width: 10.00        Each leaf: 1 case(s)
```

This is a stem and leaf of the age breakdown for the sample.

OCCUPATION

Other

Vocational

Human Services

Student

Professional

Business

Religion

No Preference

Other

Catholic

Protestant

Christian

Baptist

RESILIENCY ATTITUDE SCORES

This shows how all the participants scored on the Resiliency Attitude Scale survey. Each portion of the scale had ten questions for each of the seven themes/variables, except for the morality section, which had twelve questions.

TABLE 1. PEARSON CORRELATION OF RELATIONSHIP AND TYPE OF TRAUMA

	Emotional Trauma	Physical Trauma	Sexual Trauma	Other Trauma
Physical Trauma				
Pearson Corr.	.394			
Sig.(2-tailed)	.095			
N	19			
Sexual Trauma				
Pearson Corr.	-.056	.443		
Sig.(2-tailed)	.821	.098		
N	19	15		
Other Trauma				
Pearson Corr.	.a	.612	-.200	
Sig.(2-tailed)	.	.272		
N	6	5		
Relationship				
Pearson Corr.	-.020	-.299	-.273	-.221
Sig.(2-tailed)	.923	.214	.243	.673
N	26	19	20	6

Gender breakdown of the sample

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	6	22.2	22.2	22.2
	Female	21	77.8	77.8	100.0
	Total	27	100.0	100.0	

TABLE 2. FREQUENCY CHART OF TYPE OF TRAUMA EXPERIENCED

Emotional Trauma	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	25	92.6	96.2	92.6
No	1	3.7	3.8	100.0
Total	26	96.3	100.0	
Missing System	1	3.7		
Total	27	100.0		

Sexual Trauma	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	19	70.4	95.0	95.0
No	1	3.7	5.0	100.0
Total	20	74.1	100.0	
Missing System	70	25.9		
Total	27	100.0		

Physical Trauma	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	14	51.9	73.7	73.7
No	5	18.5	26.3	100.0
Total	19	70.4	100.	
Missing System	8	29.6		
Total	27	100.0		

Other Trauma	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	5	18.5	83.3	83.3
No	1	3.7	16.7	100.0
Total	6	22.2	100.0	
Missing System	21	77.8		
Total	27	100.0		

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