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A Culturally-Sensitive Exploration of Adversity and Resilience Among Trinidadians

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Abstract

Research done by the Center for Disease Control (CDC) found that adverse childhood experiences (ACEs) such as abuse, household challenges, and neglect were linked to later health risks in life and overall well-being (CDC, 2019). Adverse experiences occur worldwide in a variety of culturally-specific ways. Research involving youth in Trinidad and Tobago outlines emerging concerns with violence in homes, communities, and schools (Baker-Henningham et al., 2009). Currently, however, there is limited data on adverse experiences and their long-term impact in Trinidad and Tobago. Trinidadians (n = 79), born and lived in Trinidad till 18 years was surveyed, ranging from ages of 18-65, 11 males and 68 females. Participants were given a demographic survey, an ACEs questionnaire (Felliti et al., 1998), and the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). Male participants reported more ACEs than female with half of the male sample reporting four or more. Using Independent-Samples Mann Whitney U no significant differences were found by gender groups for ACEs Total, Emotional Abuse, Sex Abuse, Physical Abuse, Neglect, Exposure to Violence, and Resilience

Total (CD-RISC). Whereas, using the Kruskal-Wallis Test significant differences were found between relationship status groups on physical abuse as well as differences between racial/ethnic groups on emotional abuse. Family SES history was moderately negatively corelated with Total ACEs, emotional abuse, neglect, physical abuse and being bullied. There was no significant relationship between total number of ACEs reported and Resilience, however, older individuals reported a higher level of resilience. These findings support the need for continued research exploring the adverse experiences in Trinidad and the role of resilience as a mediator.

Keywords: Trinidad, Adverse Childhood Experiences, Resilience, Culturally sensitive.

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Chapter 1

Introduction

Caribbean Cultural Heritage

The island of Trinidad, the southernmost island in the Caribbean Sea, is rich in cultural heritage, with multiple cultural influences. Similar to many Caribbean islands, Trinidadian culture has been shaped by the legacy of a violent and oppressive colonial history. Across the Caribbean, European colonization and the resulting assimilation to European cultural standards involved transplantation of individuals from other countries. People from Africa were bought, sold, and brought to the Caribbean islands involuntarily as slaves from the early 1500s until slavery was abolished in the mid-1800s. Marginalized and disempowered people from India (often single or impoverished individuals, sometimes those working in prostitution) came to Trinidad, Guyana, and Jamaica with hopes of a better life as indentured servants (Mohammed, 2010). However, similar to other colonized countries, diverse people that populated the Caribbean in the colonial period often experienced lives of violence and loss related to their disempowerment and social status as slaves or servants. These experiences shaped the expression or suppression of cultural heritages, and the diversity of cultural legacies has shaped current Caribbean culture with regard to social structures such as race, class, and color (Mohammed & Shepherd, 1999), and with regard to the development of family structure (Barrow, 1996).

National Development and Crime in Post-Colonial Trinidad

Indentured servitude was abolished in the Caribbean in the early 20th century, after which the islands continued to be under colonial rule until some gained independent in the mid-20th

century. As for Trinidad and Tobago, independence was gained in 1962. Developing into independence as an island nation has been a process fraught with hindrances including infrastructure decline, economic downturn, corruption, and increases in crime and violence (The Economist, 2008). Economic decline occurred in Trinidad into the 1970s, until the Arab-Israeli war drove oil prices upward, spurring an oil boom (Sookram, Basdeo, Sumesar-Rai, & Saridakis, 2009). With the oil boom, the economy improved, salaries and standard of living increased for those in the oil industry, and the divide between the upper and lower classes widened. During this period, corruption also increased, involving sometimes high levels of government, and eroding the trust of citizens. Overall, rates of violence and crime have increased greatly since the 1980s throughout the Caribbean (Imbusch, Misse, & Carrion, 2011).

Trafficking of drugs and arms. At the same time, arms became more readily available in another part of the Caribbean, with the two main political parties in Jamaica organizing and arming residents in urban slums, proliferating the development of gangs in exchange for marshaling voters at election time. By the 1980s, demand for illegal drugs increased in the United States. The location of the Caribbean offered a landing point for narcotics moving northward from the Andean region. The expansive coastlines of the islands made them difficult to police, particularly with infrastructure limitations of developing countries. In addition to the trafficking of narcotics northward, the trafficking of firearms southward from the United States to South America proliferated in the Caribbean. Jamaica and Trinidad and Tobago were the Caribbean countries that were the worst affected by trafficking, which brought escalated crime rates and corruption.

Gang proliferation. Though Trinidad and Tobago is a country with plenty of resources, a series of high-level corruption scandals has deteriorated the trust of its citizens. In addition, there is a sizable percentage of Trinidad and Tobago's population that haven't benefitted from the economic boom. These factors and others (e.g., the deportation of 30,000 criminals from the US and England to the Caribbean between 1990 and 2005) have worked to create a culture ripe for gang involvement (Trinidad Express Newspaper, 2010). With trafficking, gang involvement, and decreased trust in government leadership, crime rates have skyrocketed in the Caribbean countries, and in Jamaica and Trinidad and Tobago specifically (Seepersad, 2016).

Adversity

Definition. Adverse experiences such as abuse, exposure to domestic violence, and neglect have been widely identified as primary risk factors in development internationally, with general agreement that adverse experiences contribute to significantly poorer emotional and behavioral outcomes (Crouch, Strompolis, Radcliff, & Srivastav, 2018; Hunt, Slack, & Berger, 2017; Swopes, Simonet, Jaffe, Tett, & Davis, 2013), poorer overall well-being (Mersky & Topitzes, 2010), and an array of other health factors (Font & Macguire-Jack, 2016; Le-Scherban, Wang, Boyle-Steed & Pachter, 2018). The term, "Adverse Childhood Experiences" was used in a longitudinal study on health outcomes done by the Center for Disease Control – Kaiser Permanente (Center for Disease Control [CDC], 2019). ACEs is a term given to describe all types of abuse, neglect, and other traumatic experiences that occur in individuals under the age of 18 (Felitti et al., 1998). However, ACEs is also the name of a specific questionnaire that assess adverse childhood experiences. Thus, for the purposes of this paper, the term "adverse experiences" is used to describe abuse, neglect, and other traumatic experiences. Adverse

experiences span all demographics, though researchers of predictive factors have determined that families with a lower socioeconomic status and higher levels of parenting stress are more likely to experience adverse experiences.

Predictors of adverse experiences. Research on adverse experiences has yet to be completed in the Caribbean, though adverse experiences have been associated with systemic factors such as decreased income (and increased parent stress) and one's gender.

Socioeconomic status. American researchers have noted a negative correlation between socioeconomic status and adverse experiences, such that the lower the family income, the higher the percentage of individuals who report four or more (Steele et al., 2016). This study also found that 79% of those in poverty (< $30,000.00 annual income) reported four or more adverse experiences as well as higher levels of parental distress. Conversely, only 25% of the higher SES population (self-described as "higher" or "considerably higher" than the poverty threshold) reported four or more adverse experiences. Adverse experiences occur more frequently in those with lower socioeconomic status, but that those who had adverse experiences also achieved a lower socioeconomic status later in their lives (Font & Macguire-Jack, 2016; Sundel, Burton, Walls, Buenaver, & Campbell, 2018). Similar to the poverty sample, the number of adverse experiences in the higher income sample was related to parental distress. In this way, parental stress appeared to follow higher number of adverse experiences, regardless of socioeconomic status (Font & Macguire-Jack, 2016).

Gender. American research has also explored gender differences in endorsing adverse experiences. Prevalence differences by gender group has been found, for instance, Dube et al. (2005) found childhood sexual abuse to be slightly more prevalent among females than males, at

rates of 25% and 16%, respectively. Fang, Chuang, and Lee (2016) also found statistically significant differences between males and female prevalence rates, with females endorsing increased adverse experiences of living with someone who was mentally ill or suicidal, living with someone who abused substances, witnessing interpersonal violence, experiencing sexual abuse, and endorsing four or more ACEs. Still other research has suggested that males and females are similarly affected by childhood adversities, but females report significantly more ACEs and continued sexual abuse after the age of 16 as compared to males (Messina, Grella, Burdon, & Prendergast, 2007; Soares et al., 2016). ACEs were also associated with increased risk for addictive behaviors in males and females showing more difficulties with mental health problems than males (El Mhamdi et al., 2017). Finally, a study on juvenile justice and youth violence found that ACEs significantly increased the chances of male and female individuals entering a residential placement (Zettler, Wolff, Baglivio, Craig, & Epps, 2018).

Outcomes of adverse experiences. The Kaiser study (CDC, 2019) was among the first to find that adverse experiences such as abuse, household challenges, and neglect led to risk factors related to later health and overall well-being. In addition, ongoing data collection has indicated that higher numbers of adverse experiences reported are linked to lower educational attainment, risky health behaviors (substance abuse), increased incarceration rates, chronic health conditions (HIV), and depression. Specifically, a study in Chicago (Mersky & Topitzes, 2010) found that those with a history of abuse graduated high school or attended college at a significantly lower rate than those without an abuse history. Those with a history of abuse had higher rates of substance abuse and incarceration, with 20% being incarcerated by age 24 (Mersky & Topitzes, 2010). Fang et al. (2016), found that adverse experiences (particularly

childhood sexual abuse) contribute to HIV risk in males and females, with male risk being elevated after just one ACE, and female risk being elevated after three adverse experiences. Still other research has demonstrated direct impacts of adverse experiences on an individual's health when one has had three or more adverse experiences (Font & Macguire-Jack, 2016). Analyzing the Behavioral Risk Factor Surveillance System 2012 survey (N = 29,229), Font & Macquire-Jack (2016) found that adverse experiences related to abusive experiences, living with a person with mental illness, or living with someone who has an alcohol or drug problem were linked to later health risks including depression and tobacco use. Finally, one study from Barbados found links between childhood maltreatment and paranoid, schizoid, avoidant, and schizotypal personality disorders in middle adulthood (Hock et al., 2018).

Relational outcomes of ACEs. Relational outcomes and interactions with stress and adversity are also important to explore, and associations between these variables are likely complicated. Some individuals use social and emotional support to cope with stress, while others who have overcome trauma become more avoidant of social connection. Stress coping research highlights the health and psychosocial benefits of relationship, identifying interpersonal relationships as health enhancers and social isolation as a major health risk (Coan, Schaefer, & Davidson, 2006). Further, current relational health has been found to be the strongest predictor of functioning, and relationally-rich environments have been found to buffer the effects of ACEs (Hambrick et al., 2018). In fact, biological research has found that the hormone oxytocin is released during stress, which dampens the individual stress response (Kumsta & Heinrichs, 2013) while also motivating one to seek out attachment when faced with a threat (Coan et al., 2006).

However, trauma research has also indicated an association between adverse childhood experiences and differences in relational attachment later in life. Childhood abuse and neglect has been associated with lower romantic competence and more relational violence in adulthood (Labella et al., 2018). One specific study explored trauma and relationship quality in a sample of soldiers (Monk et al., 2014), finding that soldiers with higher trauma symptoms and their spouses both rated relationship quality to be lower. In a review article on trauma and relational outcomes, Zurbriggen, Gobin, and Kaehler (2012) explored of seven studies on trauma and relational variables such as partner preference, relational health, perceptions of partner respect, and relational closeness. Among the relationships between the variables studied, the review article summarized that relationships and attachment styles mediated the associations between trauma and psychological symptoms, describing that trauma can lead to poorer relationship quality, or preference for certain partner types, which in turn leads to poorer psychological outcomes. In addition, authors described how interpersonal trauma had a greater impact on relationship quality than non-interpersonal trauma, and high-betrayal trauma specifically led to even worse outcomes on relationship quality. In sum, associations between adversity and relationship are influenced differently when social connection serves a coping function, than when the trauma or adversity faced makes one avoidant of relationship, or more likely to engage in unhealthy relationship patterns.

Types of adversity. Trinidadians have been noted to face increased rates of exposure to violence and physical and sexual abuse (Halcon et al., 2003).

Violence. Children in the Caribbean have been found to experience higher levels of violence, with more than half experiencing moderate to high levels of violence through exposure

to aggression among peers at school, physical punishment at school, and exposure to community violence (Baker-Henningham, Meeks-Gardner, Chang, & Walker, 2009; Peters-St John, Thomas, & Rodrigo, 2016). Meeks-Gardner & Fernald (2003) found that the majority of Caribbean high school students were concerned about violence amongst their peer group, towards the teacher, and in their neighborhood. Halcon et al. (2003) found that 10% of Trinidadians reported that community violence was hard to avoid. With the number of gangs increasing in Trinidad, the influence of the gangs through their dominance, controlling of territory, and use of violence to intimidate, within communities has also increased (Adams, Morris, & Maguire, 2018). As reported by the Overseas Security Advisory Council (2018), the majority of violent crimes (homicides, kidnappings, assaults, robberies, sexual assaults) in Trinidad are gang/drug-related or domestic in nature. There is a significantly growing portion of crime which is attributed to the influence of gangs, illegal narcotics, and firearm.

While controversial, corporal punishment can be another form of violence children experience in Caribbean islands. Corporal punishment is legal in the Caribbean and is used by 80% of school teachers, a decreased percentage from years prior (Pottinger & Nelson, 2004). Further, UNICEF (2018) reported that 60% of children two to 14 years old had experienced violent punishment in Trinidad (UNICEF, 2018) and has been working to achieve full prohibition of corporal punishment within the homes (UNICEF, 2018).

Childhood sexual abuse. When asked about sexual intercourse, nearly half of Trinidadians reported that their first experience was at the age of ten years old or earlier, describing both abusive experiences and consensual experiences with same-aged peers (Halcon et al., 2003). Further, this research found that 34% of children in nine Caribbean countries were

sexually active, with 92% of these having their first sexual encounter before the age of 16 years. Sadly, 48% of females and 32% of males in that study reported their first sexual encounter as forced or somewhat coerced by a family member or friend of the family. In her dissertation, Marson (2013), described widespread child sexual abuse in Trinidad. The Trinidad and Tobago Police Service (TTPS) reported 642 cases of rape, incest, and sexual assault in 2010 and in 2011 the TTPS reported 512 cases. There is an increase in the number of rape, incest, and sexual assault cases since 1995 (Marson, 2013). Other studies the Eastern Caribbean found that female associates of men in domestic violence diversion program reported exposure to sexual abuse and neglect during childhood, with most abusers being trusted family or community members (Jeremiah, Quinn, & Alexis, 2017).

Resilience

Definition. The American Psychological Association (2014) defines resilience as a developmental trajectory, "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress (Para 4)." Other researchers who have described resilience as a developmental trajectory have defined resilience as the process of moving forward after experiencing a traumatic event and being able to grow and improve from it (Luthar, Cicchetti & Becker, 2000; Seery & Quinton, 2016; Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014).

Others have described resilience as a coping outcome that describes survival and even growth in the face of adversity (Southwick et al., 2014). As a coping outcome, resilience has been defined as a multidimensional characteristic that varies with context, time, age, gender, and

cultural origin (Connor & Davidson, 2003), describing some compilation of factors that facilitate one's adjustment in the face of adversity.

Third, resilience has been defined as a character trait that facilitates one's ability to overcome adversity, recover, and thrive thereafter (Southwick et al., 2014). This is also described using the term "trait resilience," including some combination of self-efficacy, self-esteem, positive emotions, hardiness, grit, etc. However, this definition is perhaps best used to describe the constellation of traits that facilitate one's overcoming adversity, though it would be reductionistic to infer that personality correlates alone are involved in the process (Liu, Reed, & Girard, 2017). Indeed, the development of resilience depends upon multiple individual factors including psychological, social, and cultural factors which interact and determine an individual response to stressful situations (Southwick et al., 2014).

Global look at resilience. Resilience has been found to impact the relationship between childhood adversity and outcomes. For instance, one study of Americans in primary care found resilience to be a protective factor, moderating the relationship between ACEs and depression (Poole, Dobson, & Pusch, 2017). Another study found that secure attachment to caregivers, individual traits (self-regulation, emotional expression, self-assertion), and protective communities foster resilience (Sciaraffa, Zeanah, & Zeanah, 2018). Current efforts are underway to explore resilience internationally, in developing countries, and in the Caribbean specifically. However, no peer-reviewed quantitative research has been published on resilience in Trinidad and Tobago. Thus, international research on resilience is summarized here.

Predictors of resilience may be different in non-Western versus Western countries. For instance, a study on Ethiopian children found that social competencies were more predictive of

resilience than individual traits like self-confidence (Camfield, 2012). A couple of studies found effects by gender, with men demonstrating higher levels of resilience than women in stressed populations in Pakistan and India (Akhtar, Sundas & Muhammad, 2018; Habibpour, Mahmoudi, Nir, & Areshtanab, 2019). In a study on parents of children with cancer in India, parent resilience was predicted by socioeconomic status and father employment status, and both parent and child gender (Habibpour et al., 2018). Resilience in Chinese nurses has been found to be predicted by self-efficacy, coping style, job stress, and education level (Ren et al., 2018). Beyond research on predictors, research on homeless youth in Ghana, resilience had a three-factor structure including personal competence and tenacity, optimism and achievement motivation (Assante & Meyer-Weitz, 2014).

Present Study

This study sought to weave together the many cultural strengths of Trinidadian families, their resilience, and the challenges they overcome. The goal of this study was to explore risk and resilience in the Trinidadian population. However, related to a history of oppression and disempowerment, externally-conducted psychological research risks reenacting patterns of colonization, applying externally-developed cultural concepts at the cost of native cultural components. Culturally-sensitive research aims to explore ideas that the culture itself is interested in, ideas that benefit the culture, and ideas that are born from a humble but clear understanding of the culture. It is hoped that this study yields a culturally-sensitive approach to understanding risk and protective factors in the Trinidadian population. We proposed the following hypotheses.

Hypotheses.

(1) Trinidadian of Afro-Trinidadian heritage, Indo-Trinidadian heritage, and Afro/Indo Mixed Trinidadian heritages would report both adverse experiences and resiliency factors they experienced in childhood at a rate similar to USA populations.

(2) Resiliency factors would be negatively correlated with adverse experiences.

(3) Consistent with prior research, Afro-Trinidadians would demonstrate a higher rate of adverse experiences.

Chapter 2

Methods

Participants

In this study, a total of 79 individuals who were born and lived in Trinidad for the first 18 years of their life were surveyed. Participants were between the ages of 18 and 65, with most of the participants distributed across three age ranges 26-33, 34-41, and 42-49 (see Table 1). There were 68 females and 11 males. 48.1% identified with African background, 12.7% East Indian, 1.3% Hispanic, and 36.7% identified as mixed race.

Table 1

Participant Age Demographic Distribution

Age Range	18-25	26-33	34-41	42-49	50-57	58-65
Percent	6.3%	25.3%	21.5%	24.1%	7.6%	13.9%

Notes. Age was collected by range.

Materials

Demographic form. All participants completed demographics form (see Appendix B). Information on the demographics form included variables such as age, gender, marital status, annual income, racial/ethnic background, family's SES, education level completed, and religious/faith background.

Adverse Childhood Experiences Scale (adapted). This measure is an adaptation of the Adverse Childhood Experiences Scale, with language and content tailored to a Trinidadian population. As such, this measure is specific to the purposes of this study (see Appendix C). The original ACEs measure by Felliti et al. (1998) had 25 items which assessed the simple presence or absence of 25 different types of adversities from birth to age 18. Items include types of abuse (e.g., verbal, physical, sexual); two types of neglect (e.g., physical, emotional); and manifestations of household dysfunction (e.g., household substance abuse, mental illness in the household, parental separation or divorce, battered mother, incarcerated household member). As a retrospective report of one's ACEs, assessing validity can be challenging (Steele et al., 2016). In the absence of the ability to validate maltreatment Steele et al. (2016) suggests the best psychometric property to use is a test-retest reliability. Dube et al. (2003) found that retrospective reports of ACEs had a good-to-excellent test-retest reliability.

Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). The CD-RISC is a 25-item scale that measures one's ability to cope with adversity (see Appendix D). Respondents rate items on a scale from 1 (*not true at all*) to 5 (*true nearly all the time*). Example items include: "I am able to adapt when changes occur", "I can deal with whatever comes my way" and "I tend to bounce back after illness, injury, or other hardships." Preliminary research (Connor & Davidson, 2003) involving the general population and patient samples provided support for the reliability (e.g., internal consistency, test-retest) and validity (e.g., convergent, divergent) of the five-factor model (personal competence, high standards, tenacity; trust in one's instincts, tolerance of negative affect, strengthening effects of stress; positive acceptance of change, secure relationships; control; spiritual influences). Internal consistency of the CD-RISC

for non-clinical group was good with Chronbach's alpha coefficient of 0.89. However, recent research involving college students (Campbell-Sills & Stein, 2007) and young adults (Burns & Anstey, 2010) supports a unidimensional structure.

Procedure

Participants were asked to sign an informed consent (see Appendix A) and complete the demographics survey, the ACEs questionnaire and the CD-RISC rating scale. Upon completion of the survey participants were prompted with option to submit their emails for the lottery for the incentive. Responses were de-identified and scored. Ethical guidelines were followed as outlined by the American Psychological Association. The study received full approval from George Fox University Human Subjects Research Committee. All participants were informed that their participation is completely voluntary. However, since their identity will remain unknown even to the researchers, participants will not be allowed to withdraw from the study once they submit their surveys.

Chapter 3

Results

Normality

The Statistical Package for Social Sciences (SPSS, Version 25.0) was used for all analyses. Differences found in all analyses were considered significant and reported, if reaching at least the 0.5 level of confidence. Descriptive statistics were run for each variable, including tests of normality, median (for non-normally distributed ACEs items and total and CD-RISC items), mean (CD-RISC total), standard deviation, and range. Results are presented in Tables 2 and 3.

Table 2

ACEs Descriptive Statistics for Non-Normal Distributions

Item	*N*	*Med.*	*SD*	Range	Test of Normality	
					Shapiro-Wilk	P-value
1- Humiliation/verbal insults	75	0	0.479	1	0.601	0.000
2- Hit/pushed/grabbed	75	0	0.445	1	0.552	0.000
3- Touched in sexual way	75	0	0.458	1	0.571	0.000
4- Adult intercourse	75	0	0.342	1	0.401	0.000
5- Not loved within family	75	0	0.445	1	0.552	0.000
6- Not close to family	75	0	0.475	1	0.595	0.000

7- Not enough to eat/dirty clothes	75	0	0.293	1	0.330	0.000
8- Parents drunk/high	75	0	0.115	1	0.093	0.000
9- Primary caregiver unavailable	75	0	0.273	1	0.301	0.000
10- Mother hit/pushed/grabbed	75	0	0.392	1	0.475	0.000
11- Mother kicked/bitten/punched	75	0	0.327	1	0.379	0.000
12- Lived with alcoholic/drug user	75	0	0.356	1	0.422	0.000
13- Mental illness at home	75	0	293	1	0.330	0.000
14- Adult went to prison	75	0	0	0		
15 -Bullied by peers	75	0	0.421	1	0.517	0.000
16- Discriminated	75	0	0.381	1	0.458	0.000
17- Gang-related violence	75	0	0.356	1	0.422	0.000
18- Boys' home or girls' home	75	0	0.115	1	0.093	0.000
Total	75	0	2.98	9	0.852	0.000

Table 3

CD-RISC Descriptive Statistics for Non-Normal Distribution

Item	N	Median (Except Total)	SD	Range	Test of Normality	
					Shapiro -Wilk	P-value
1 Able to adapt to change	74	3	0.691	3	0.850	0.000
2 Close and secure relationships	74	3	0.945	4	0.850	0.000

3 Sometimes fate or God can help	74	4	0.883	4	0.652	0.000
4 Can deal with whatever comes	74	3	0.706	3	0.909	0.000
5 Success gives confidence for challenges	74	3	0.794	3	0.839	0.000
6 See the humorous side of things	74	3	0.739	3	0.920	0.000
7 Coping with stress strengthens	74	3	0.694	4	0.890	0.000
8 Bounce back after illness or hardship	74	3	0.580	3	0.771	0.000
9 Things happen for a reason	74	4	0.918	4	0.707	0.000
10 Best effort no matter what	74	3	0.675	3	0.849	0.000
11 You can achieve your goals	74	3	0.692	4	0.774	0.000
12 Don’t give up when looking hopeless	74	3	0.673	3	0.874	0.000
13 Know where to turn for help	74	3	0.842	3	0.896	0.000
14 Under pressure, focus and think clearly	74	2	1.005	4	0.936	0.001
15 Takes the lead in problem solving	74	3	0.852	4	0.912	0.000
16 Not easily discouraged by failure	74	2	0.736	3	0.894	0.000
17 Think of self as strong person	74	3	0.909	4	0.855	0.000
18 Make unpopular or difficult decisions	74	3	0.852	4	0.825	0.000
19 Can handle unpleasant feelings	74	2	0.921	4	0.931	0.001
20 Have to act in a hunch	74	2	0.828	4	0.909	0.000
21 Strong sense of purpose	74	3	0.556	2	0.817	0.000
22 In control of your life	74	2	1.008	4	0.940	0.002

23 I like challenges	74	2	0.961	4	0.930	0.001
24 You work to attain your goals	74	3	0.913	4	0.879	0.000
25 Pride in your achievements	74	3	0.850	4	0.843	0.000
Total	74	67.008 (mean)	11.433	57.00	0.970	0.073

Hypothesis 1 - ACEs Rates and Resilience in Trinidad Versus US

In the United States of America (USA) the typical cutoff of four or more ACEs is used when identifying those at-risk. Table 4 represents data pulled from the Behavioral Risk Factor Surveillance System (BRFSS) 2011-2014(USA) sample compared with the data collected in this study. To compare population proportions between the two studies, two-sample *t*-test was used.

There were over twice as many individuals who reported four or more ACEs in the Trinidadian sample (34.7%) than in the BRFSS 2010 (USA) sample (14.3%) (z = -517.7, p < .001). Regarding prevalence rates by type of abuse, findings indicated that Trinidadians reported 1.5 times more emotional abuse (49.3% of Trinidadians versus 35% of Americans; z = -266.4, p < .001), 1.8 times more physical abuse (26.7% of Trinidadians versus 15.9% of Americans; z = -262.4, p < .001), and 3 times more sexual abuse (30.7% of Trinidadians versus 10.9% of Americans; z = -564.4, p < .001) than in the BRFSS 2010 (USA) sample (see Table 4).

Table 4

Comparison of ACEs Rates between Trinidad and USA Populations

ACEs	Population Proportion Trinidad (n = 79)	Population Proportion USA (n = 214,157)
0	30.7%	40.7%
1	13.3%	23.6%
2	9.3%	13.3%
3*	12.0%	8.1%
4 or more*	34.7%	14.3%
Emotional Abuse*	49.3%	35.0%
Physical Abuse*	26.7%	15.9%
Sexual Abuse*	30.7%	10.9%

Note. *significantly different, $p < .001$

The mean resilience for the overall sample was compared to mean resilience reported in a US sample (pulled from the CD-RISC manual, 2018). To compare means between the two studies, two-sample *t*-test was used. Results indicated that CD-RISC Total Scores were not significantly different between the two samples ($t = 103.9$, $p = 2.00$).

Table 5

Comparison of Mean Resilience

	n	Mean	*SD*
This study	79	67.008	11.433
USA general population (CD-RISC manual)	458	80.4	12.8

Hypothesis 2 - Relationship Between ACES and Resilience

Spearman's Rho correlation coefficient was computed to assess the relationship between ACEs Total and CD-RISC Total (r_s = -0.14, p < .01), indicating no linear relationship between the two variables.

Hypothesis 3 - Differences in ACEs Rates by Ethnic Subgroup

Using Independent-Samples Mann Whitney U and Kruskal-Wallis Test, differences among race/ethnicity groups were explored on ACEs Total, Emotional Abuse, Sex Abuse, Physical Abuse, Neglect, and Exposure to Violence. Significant differences were found between racial/ethnic groups on emotional abuse (H (3) = 10.77, p = .01) with a mean rank of 40.00 for African group, 51.15 for East Indian group, 22.50 for European group, and 33.00 for Mixed-Race group (see Table 6).

Table 6

Mean Differences Among Race/Ethnicity Groups

	Race/Ethnicity Groups	N	Mean Rank	Kruskal-Wallis H	df	p
ACEs Total	African	37	40.00	5.80	3	0.12
	East Indian	10	51.15			
	European	1	22.50			
	Mixed Race	28	33.00			
Emot. Abuse	African	37	40.30	9.70	3	0.02
	East Indian	10	54.00			
	European	1	17.00			
	Mixed Race	28	31.54			
Sex Abuse	African	37	40.00	1.31	3	0.73
	East Indian	10	43.10			
	European	1	25.00			
	Mixed Race	28	37.00			
Phys. Abuse	African	37	40.40	2.30	3	0.51
	East Indian	10	42.20			
	European	1	27.00			
	Mixed Race	28	35.14			
Exp. Violence	African	37	40.20	2.14	3	0.55
	East Indian	10	41.00			
	European	1	55.00			
	Mixed Race	28	35.00			
Neglect	African	37	39.00	1.12	3	0.80
	East Indian	10	43.00			
	European	1	32.00			
	Mixed Race	28	37.30			
CD-RISC	African	35	36.00	0.50	3	0.92
	East Indian	10	35.30			
	European	1	45.00			
	Mixed Race	27	39.00			

Other Findings

Number of ACEs by gender. Next, comparisons between demographic groups on ACEs were explored, with differences between males and females described first. As noted above, the data were negatively skewed, so that most people reported zero ACEs. An endorsement of four or more ACEs is typical when evaluating psychological concern using this measure, percentages of males and females who reported one, two, three, and four or more ACEs are found in Table 7. This data indicates that the male participants reported more ACEs than female with half of the male sample (54.5%) reporting four or more.

Table 7

Percentages of Males and Females Who Reported 1, 2, 3, and 4 or More ACEs

	1	2	3	4 or more
Female (n = 68)	14.9%	13.4%	11.9%	37.3%
Male (n = 11)	18.2%	0%	9.1%	54.5%

Correlation Analysis

Spearman's Rho correlation coefficients were computed to assess the relationships between ACEs Total, Family ACEs Total, and CD-RISC Total. Next, relationships were explored between ACEs Total, ACEs subcategories, gender, relationship status, annual income, family socioeconomic status in childhood, race/ethnicity, and level of education. Third, relationships were explored between CD-RISC Total, gender, relationship status, annual income, family socioeconomic status in childhood, race/ethnicity, and level of education. ACEs

subcategories were physical abuse (item 2), emotional abuse (items 1, 5, and 6), sexual abuse (items 3, 4), neglect (items 7, 8, 9), and exposure to violence (items 10, 11, 17).

Adverse childhood experiences (ACEs) and family ACEs. Spearman's Rho correlation coefficients were computed to assess the relationships between ACEs Total and Family ACEs Total (see Table 8). Individual ACEs Total score was moderately positively correlated with ACEs Total of a family member ($r = .50$, $p < .01$). This data suggests that another member of this individual's family experienced adverse experiences at the same rate as them.

Table 8

Comparison of ACEs Total with Family ACEs Total

	Family ACEs Total
ACEs Total	0.50

Adverse childhood experiences (ACEs) and socioeconomic status. Spearman's Rho correlation that were moderately sized or greater included the following, however all the correlations are listed in Table 9. Family SES history was moderately negatively correlated with Total ACEs ($r = -.33$, $p < .05$), emotional abuse ($r = -.32$, $p < .05$), neglect ($r = -.31$, $p < .05$), physical abuse ($r = -.31$, $p < .05$), and being bullied ($r = -.34$, $p < .05$). These data suggest that participants with lower SES backgrounds experienced a higher number of ACEs across subcategories.

Table 9

Demographic Comparisons for ACEs

	ACEs Total	Emotional Abuse	Sex Abuse	Neglect	Exposure to Violence	ACEs 2	ACEs 12	ACEs 13	ACEs 15	ACEs 16	ACEs 18
Income	0.11	0.04	0.10	-0.05	0.12	0.23	0.12	-0.01	-0.20	0.14	-0.12
Family SES History	-0.33	-0.32	-0.19	-0.31	-0.23	-0.31	-0.07	-0.06	-0.34	0.06	-0.09
Ed. Level	0.01	0.00	-0.15	-0.09	0.06	0.08	0.10	0.05	-0.05	0.04	0.15

Note. ACEs 2 = Physical Abuse, ACEs 12 = Lived with anyone who was an alcoholic or used illegal drugs, ACEs 13 = Was a household member mentally ill, or attempt suicide, ACEs 15 = Bullied by peers at school or in the community, ACEs 16 = Feel discriminated against based on ethnicity or religion, ACEs 18 = Lived in boys home or girls home.

Resilience and socioeconomic status. Spearman's Rho correlation that were moderately sized or greater included the following, however all the correlations are listed in Table 10. Age of participant was moderately positively correlated with Total Resilience ($r = .40$, $p < .01$; see Table 10). This data suggests that the older an individual the higher level of resilience.

Table 10

Demographic Comparisons for Resilience

	Resilience Total
Income	0.23
Family SES History	0.20
Ed. Level	0.20

Mean Differences

Using Independent-Samples Mann Whitney U and Kruskal-Wallis Test, differences among gender groups, and relationship status groups were explored on ACEs Total, Emotional Abuse, Sex Abuse, Physical Abuse, Neglect, Exposure to Violence, and Resilience Total (CD-RISC). No significant differences were found by gender groups using Mann-Whitney U Test (see Table 11). However, there were significant differences between relationship status groups on physical abuse ($H (6) = 14.40$, $p = .03$) with a mean rank of 46.20 for Married group, 28.00 for Widowed group, 37.5 for Divorced group, 28.00 for separated group, 28.00 for Civil Union, 67.00 for Cohabitating group, and 34.69 for Single group (see Table 12).

Table 11

Mean Differences Among Gender Groups

	Gender Groups	*N*	Mean Rank	Mann-Whitney U	*Z*	*p*
ACEs Total	Female	67	38.96	332.500	-0.52	0.60
	Male	11	42.77			
Emot. Abuse	Female	67	39.77	350.500	-0.30	0.80
	Male	11	37.86			
Sex Abuse	Female	67	39.99	335.500	.0.60	0.60
	Male	11	36.50			
Phys. Abuse	Female	67	39.64	359.00	-0.20	0.90
	Male	11	38.64			
Exp. Violence	Female	67	39.13	343.500	-0.41	0.70
	Male	11	41.77			
Neglect	Female	67	39.53	366.500	-0.04	1.00
	Male	11	39.32			
CD-RISC	Female	65	37.37	284.000	-0.64	0.52
	Male	10	42.10			

Table 12

Mean Differences Among Relationship Status Groups

	Relationship Status Groups	*N*	Mean Rank	Kruskal-Wallis H	*df*	*p*
ACEs Total	Married	30	44.60	7.33	6	0.30
	Widowed	1	23.50			
	Divorced	4	27.40			
	Separated	3	26.70			
	Civil Union	3	50.33			

	Cohabitating	2	59.50			
	Single	35	36.01			
Emot. Abuse	Married	30	44.70	11.10	6	0.087
	Widowed	1	43.00			
	Divorced	4	27.40			
	Separated	3	17.50			
	Civil Union	3	52.83			
	Cohabitating	2	63.75			
	Single	35	35.69			
Sex Abuse	Married	30	38.85	5.62	6	0.50
	Widowed	1	25.00			
	Divorced	4	33.13			
	Separated	3	25.00			
	Civil Union	3	51.50			
	Cohabitating	2	25.00			
	Single	35	42.24			
Phys. Abuse	Married	30	46.20	14.40	6	0.03
	Widowed	1	28.00			
	Divorced	4	37.75			
	Separated	3	28.00			
	Civil Union	3	28.00			
	Cohabitating	2	67.00			
	Single	35	34.69			
Exp. Violence	Married	30	42.93	2.34	6	1.00
	Widowed	1	24.50			
	Divorced	4	32.50			
	Separated	3	40.20			
	Civil Union	3	40.20			
	Cohabitating	2	40.50			

	Single	35	37.61			
Neglect	Married	30	41.50	8.40	6	0.21
	Widowed	1	32.50			
	Divorced	4	42.00			
	Separated	3	47.50			
	Civil Union	3	57.50			
	Cohabitating	2	32.50			
	Single	35	36.00			
CD-RISC	Married	29	44.34	7.30	6	0.30
	Widowed	1	24.50			
	Divorced	4	49.00			
	Separated	3	24.83			
	Civil Union	2	42.50			
	Cohabitating	2	25.25			
	Single	34	33.34			

Chapter 4

Discussion

After many year of colonization, slavery, indentured servitude, Trinidad along with other Caribbean islands endure years of violence and oppression (Gopaul-McNicol, 1993). There was a loss of indigenous people's culture to the islands and the start of a new culture when European colonizers moved into the islands, brought slaves from Africa and indentured servants from India (Barrow, 1996; Gopaul-McNicol, 1993). This colonial period saw a shift in culture where indigenous peoples, slaves, indentured laborers were disempowered and shaped the expression or suppression of cultural heritages as we see it today (Mohammed, 2010). The movement of slaves from Africa to the Trinidad impacted this loss of ancestral culture and required slaves to learn how to use little and adapt to impoverish and often violent circumstances (Mohammed & Shepherd, 1999). Similarly, indentured laborers from India taken from the lowest caste, left the caste system with hopes of bettering themselves and family through this opportunity (Roopnarine, Evan, & Pant, 2011). However, suffering at the hands of the colonizers also making the best of the little they had (Seesaran, 2002). Among this there were also freed slaves who pursued higher education and the desire to better themselves as well which informs the diversity of education level and socioeconomic status in the Trinidad to help make Trinidad a free nation from colonialism (Mohammed, 2010).

The process to becoming an independent nation saw a decline in infrastructure, economics, corruption and increase in crime and violence (The Economist, 2008). The loss of

indigenous peoples, movement of slaves and indentured laborers also deconstructed what the family system may look like for the new Caribbean (Arnold, 2012). While family has always remained important to the people of Trinidad, there are differences in the Indo-Caribbean family and the afro-Caribbean family (Roopnarine et al., 2011). The importance of father figures was lost through the movement of male slaves from one plantation to another (Barrow, 1996). Children were also valued within the Afro-Caribbean families which led to a desire for children with low economic ability to take care of them, children eventually became partakers in household tasks, taking care of younger siblings, and inability to complete school (Lange & Rodman, 1992).

The term Adverse experiences within Caribbean culture has not been examined, however international research defines adverse experiences as abuse, neglect, and other traumatic experiences (CDC, 2019). They also indicate that adverse experiences have been identified as primary risk factors in development (Font & Macguire-Jack, 2016). Therefore, this study sought to explore how Trinidadians relate to the adverse events they experienced while growing up in Trinidad, what circumstances may have led to more adverse events, and what has been Trinidadians level of ability to cope or display resilience in the face of adversity.

Comparison of ACEs

While the sample size of the current study limited the comparison, a few preliminary findings are worthy of discussion. When this sample was compared to USA's Behavioral Risk Factor Surveillance System (Merrick, Ford, Ports, & Guinn, A. S., In clearance, 2018), twice as many Trinidadian's reported experiencing 4 or more ACES. Additionally, more Trinidadians reported emotional abuse, physical abuse and sexual abuse. This finding is certainly expected given the historical context of the development of the nation. The coercion of a people through

violence, using mental and systemic manipulation to force persons to work. Though slavery is abolished, indentured servitude is over, there is still the remnants of family structure being broken, discipline in the form of corporal punishment (UNICEF, 2013). Within the Indo-Caribbean families we learned of the importance of honor and loyalty to family and this loyalty can be sought out by different means those being mental/emotional and physical abuse (Mohammed, 2010).

Next, correlation analysis suggested that the adverse experience of another member of a family was moderately correlated to the adverse experiences of the participant. This result speaks to the systemic nature of adversity and how it impacts the familial group overall and not based on an individual factor. There was also a moderately negative correlation between the SES of the family system the participant grew up and the total number of ACEs experienced. The lower the income of their family the more likely they were to experience emotional abuse, neglect, physical abuse, and being bullied. This finding is consistent with prior research which found that 79% of those in poverty reported four or more adverse experiences and only 25% of the higher SES population reported four or more adverse experiences (Steele et al., 2016). This further indicates the importance of access to resources within a community or the risk of ACEs in future families multiplies.

A comparison of reported ACEs between males and females found that a higher percentage of males endorsed 4 or more adverse events when compared to the female (54.5% vs. 37.3% respectively). Evidence from other studies indicate that more females endorse 4 or more adverse events than males (Fang et al., 2016; Soares et al., 2016; Messina et al., 2007). However, in this population sample, there were more females than males and this may not be representative of the population given the sample size. This finding draws attention to the fact that males

experience abuse at rates similar or higher to females, which is important to consider in future studies on abuse and gender. A look at the impact ACEs may have on future relationship status found that persons who reported a history of physical abuse were more likely to be married, cohabitating, or divorced. High levels of stress or adverse experiences has been found to be driving factor for seeking out attachment or a loved one (Coan et al., 2006). However, from the research we understand that exposure to these adverse events can lead to an anxious attachment (Zurbriggen et al., 2012) which may contribute to high intimate unions along with high divorce rates among individuals who reported a history of physical abuse. This speaks to the value Trinidadians place on family, as well as seeing this union from a spiritual perspective.

One hypothesis for this study stated in agreement to previous research that Afro-Trinidadians will report higher adverse experiences. However, significant findings indicate that Indo-Caribbean individuals reported more emotional abuse than mixed race individuals. According to Hutchinson et al. (1999), the Indo-Caribbean culture surrounding honor also brings some risk with it. The family structure being more insular brings on everyone a pressure to bring honor to the family socially, this pressure can present as an emotional/mental abuse.

Resilience Comparison

Preliminary evidence suggests that mean resilience of Trinidadians is similar to resilience studies done in China and Korea. The mean resilience was also found to be lower than a USA, Native American, and Portuguese samples. The sample size for this study was smaller than sample population from compared studies but this leaves room for further exploration in future research.

Limitations

There are several limitations of the current study that must be considered when interpreting these findings. First, the number of participants (n = 79) was a small in comparison to studies looking at overall representation of a group of people in a country. Therefore, these findings may not be an accurate representation of the population of Trinidad. Second, the linguistics of the measures used for this study. Although, Trinidad is an English-speaking nation, the language used to describe each adverse experience or resilience question may be misleading based on dialect and use of the English language within Trinidad and at different education levels. Future culturally specific studies will benefit from a qualitative study where participants can be interviewed, and their answers coded for adverse experiences and resilience. Which informs how the specific culture describes adversities and measure resilience. International comparison on resilience have found that the CD-RISC does not capture resilience cross-culturally (Yu et al., 2011).

Third, the sample used was not a targeted sample. Participants were gathered across different social media platforms, therefore, there was variation in response to questions or ability to complete the survey. In this study the sample also included more respondents who were female. A stratified sample based on gender to acquire equal numbers of each can help with a significance and comparison of genders as well as provide accurate representation of the overall population.

In conclusion, the current study provided a preliminary understanding of how resilience can act as a mediator between ACEs and the wellbeing of Trinidadians. However, given the previously discussed limitations of the current study, it is suggested that future research be conducted to further examine the connection of resilience and adverse experience. Continued

research can also bring focus to understanding the cultural implications of these factors among Trinidadians and their interactions with adversity and resilience.

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Appendix A

Informed Consent for Research Participants

A Culturally-Sensitive Exploration of Adversity and Resilience Among Trinidadians

Background Information

This study seeks to weave together the many cultural strengths of Trinidadian families, their resilience, and the challenges they overcome. The goal of this study is to explore risk and resilience in the Trinidadian population. Culturally-sensitive research aims to explore ideas that the culture itself is interested in, ideas that benefit the culture, and ideas that are born from a humble but clear understanding of the culture. It is hoped that this study yields a culturally-sensitive approach to understanding risk and protective factors in the Trinidadian population.

Participant process

Participants will be assigned a number with their name and contact information, and these data will be stored separately from the experimental data collected. Data will be collected in the form of paper files. Paper files will be identified by number in place of name, and will be scanned and uploaded into an encrypted and password-protected Google Drive file. Paper files will then be shredded on site, prior to leaving Trinidad. Until completion of the scan/upload/shred, paper files will be identified by number and stored in a locked filing cabinet in a locked office in the church in which the data is collected. Because individual data will be kept separate from any identifying information, you may not withdraw from the study after your surveys are submitted. Group results will be made available to anyone who is interested, in the form of a journal manuscript. If you have any questions or concerns about your participation in this research, you may contact Christabel Leonce (christs.beauty@gmail.com).

Consent:

I have read the description of this research regarding the relationship between adversity and resilience in Trinidad, and have voluntarily chosen to participate. I understand that the questionnaire information is to be received and maintained in confidence and used for research purposes only. I also understand that if I wish to discontinue participation at any time prior to the submission of the packet, I may do so without penalty. I will also receive a signed copy of this consent form.

_____ _____

Signature of Participant Date

Appendix B

Demographic Information Form

Instructions: Please provide a response for each of the following questions:

1. What is your age? _____

2. What is your sex?

Female □ Male □

3. What is your marital status?

Single ○ Married ○ Separated ○ Divorced ○ Widowed ○

4. What is your annual income (or combined annual income if you have a spouse) ($TT)?

Less than $24,000 □ $24,001 to $30,000 □ $30,001 to $36,000 □ $40,001 to $46,000 □

$46,001 to $50,000 □ $50,001 to $100,000 □ Greater than $100,000 □

5. What was your family's socioeconomic status in childhood to 18years?

Lower Class ○ Lower Middle Class ○ Middle Class ○ Upper Middle Class ○ Upper Class ○

6. With which racial or ethnic category do you identify?

African □ East Indian □ Hispanic □ Mixed Race (African & Indian) □

Other: _____

7. What is your highest level of education?

Some Secondary School □ Associate Degree□ Bachelor's Degree □

Master's Degree □ Doctoral Degree □

8. With what denomination or faith tradition do you most closely identify?

_____

Appendix C

Adverse Experiences Checklist

Which of these apply to you or a family member during the first 18 years of your life? Check all that apply.

	You	Family Member
1- Humiliation through verbal insults by a parent or another adult at home?	O	O
2- Hit, pushed, or grabbed so hard it left marks or injured you?	O	O
3- Touched in sexual way or were asked to touch an adult in a sexual way	O	O
4- An adult attempt or have oral, anal, or vaginal intercourse	O	O
5- Feeling of not being loved within your family	O	O
6- Did not feel close to members of your family or supported	O	O
7- Did not have enough to eat, wore dirty clothes, or no one to protect you	O	O
8- Parents were too drunk or high to take care of you	O	O
9- Someone you considered a primary caregiver become unavailable to care for you	O	O
10- Was your mother or stepmother hit, pushed, grabbed, or had things thrown at them	O	O
11- Was your mother or stepmother sometimes or often kicked, bitten, hit with fist or something else	O	O
12- Lived with anyone who was an alcoholic or used illegal drugs	O	O
13- Was a household member mentally ill, or any member attempt suicide	O	O
14- An adult at home went to prison	O	O
15 -Bullied by peers at school or in the community	O	O
16- Feel discriminated against based on ethnicity or religion	O	O
17- Lived in a neighbourhood which has gang-related violence	O	O
18- Lived in a boys' home or girls' home	O	O

Appendix D

Connor-Davidson Resilience Scale

Please indicate how much you agree with the following statements as they apply to you over the last **month.** If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not true at all [0]	Rarely true [1]	Sometimes true [2]	Often true [3]	True nearly all the time [4]
1 Able to adapt to change	O	O	O	O	O
2 Close and secure relationships	O	O	O	O	O
3 Sometimes fate or God can help	O	O	O	O	O
4 Can deal with whatever comes	O	O	O	O	O
5 Past success gives confidence for new challenges	O	O	O	O	O
6 See the humorous side of things	O	O	O	O	O
7 Coping with stress strengthens	O	O	O	O	O
8 Tend to bounce back after illness or hardship	O	O	O	O	O
9 Things happen for a reason	O	O	O	O	O
10 Best effort no matter what	O	O	O	O	O
11 You can achieve your goals	O	O	O	O	O
12 When things look hopeless, I don't give up	O	O	O	O	O
13 Know where to turn for help	O	O	O	O	O
14 Under pressure, focus and think clearly	O	O	O	O	O
15 Prefer to take the lead in problem solving	O	O	O	O	O
16 Not easily discouraged by failure	O	O	O	O	O
17 Think of self as strong person	O	O	O	O	O
18 Make unpopular or difficult decisions	O	O	O	O	O
19 Can handle unpleasant feelings	O	O	O	O	O
20 Have to act in a hunch	O	O	O	O	O
21 Strong sense of purpose	O	O	O	O	O
22 In control of your life	O	O	O	O	O
23 I like challenges	O	O	O	O	O
24 You work to attain your goals	O	O	O	O	O
25 Pride in your achievements	O	O	O	O	O

Appendix E

Curriculum Vitae

CHRISTABEL LÉONCE

19475 Northeast Herring Lane, Newberg, OR 97132
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ACADEMIC HISTORY

Doctor of Clinical Psychology (Anticipated May 2020)

- George Fox University, Newberg, Oregon
- Dissertation: "A Culturally-Sensitive Exploration of Adversity and Resilience Among Trinidadians"

Master of Arts in Clinical Psychology (April 2017)

- George Fox University, Newberg, Oregon

Bachelor of Science in Biology (May 2013)

- Northwest Nazarene University, Nampa, Idaho

CLINICAL EXPERIENCE

Oregon Health and Science University- Avel Gordly Center for Healing, (2018 -present)

- Primary Supervisor: Dr. Shea Lott
- Culturally-specific therapy with the African-American community
- Individual and group supervision

Rural Child & Adolescent Psychological Services, (2017-2018)

- Primary Supervisor: Dr. Elizabeth Hamilton (Elementary – High school setting)
- Conduct intellectual, academic, and psychological assessments, writing integrated reports
- Short-term, individual therapy
- Working alongside teachers and the school principal to develop programs for students

- Individual and group supervision

Rural Child & Adolescent Psychological Services, (2016-2017)

- Primary Supervisor: Dr. Elizabeth Hamilton (Elementary school setting)
- Short-term, individual and group therapy
- Working alongside teachers and the school principal to develop programs for students
- Conduct intellectual, academic, and psychological assessments, writing integrated reports
- Individual and group supervision

George Fox University, Newberg, Oregon (2015-2016)

- Primary Supervisor: Dr. Glena Andrews
- Therapy skill training with classmates and pseudo clients from undergrad Intro to Psychology class

The Children's Clinic, Newberg, (2017-2018)

- Primary Supervisor: Dr. Kristie Knows His Gun (Behavioral Health Setting)
- Short-term, individual consultation to help patients and parents integrate healthy behaviors into their lives
- Working alongside providers to ensure best care for patients with acute to severe mental health concerns, 0-18 years,
- Individual supervision

RESEARCH EXPERIENCE

- Ramirez, S., **Léonce, C.**, Johnson, A., & Campo, V. (2018, May). *Efficacy of a multidisciplinary response to treating chronic pain and depressive symptoms in a rural population.* Poster presentation at the 2018 Oregon Psychology Association Annual Conference, Portland, Oregon.

- Freeman, C., **Léonce, C.**, Karam, S., & Jones, C. (2017, May) *Outcomes of a pediatric family-based weight management group* Poster presentation at the 2017 Oregon Psychology Association Annual Conference, Eugene, Oregon.

- Andrews, G., Neal, D., **Léonce, C.**, & Seiders, J. (2016, August). *Cognition, memory, and behavior of sibling groups with FASD: Nature and Nurture.* Symposium presentation at the 2016 American Psychological Association Annual Convention, Denver, Colorado.

- **Northwest Nazarene University, Nampa, Idaho (2012-2013)**
  - Undergraduate Research Assistant to Dr. Glena Andrews
  - Administered WISC-IV and CMS to children who were prenatally exposed to alcohol
  - Analyzed data using SPSS

- **Northwest Nazarene University, Biology Department, Nampa, Idaho (Summer 2012)**
  - Undergraduate Research Fellow
  - Assisted Dr. Jennifer Chase (director of our project) by carrying out various tasks in the biology lab.
  - Attended a Biochemistry Conference where I co-presented my project on the Kinetics of alcohol dehydrogenase (γ_2ADH).

OTHER WORK EXPERIENCE

Trinidad and Tobago Ministry of Education, Trinidad (2015)

- Teaching Aid at Primary School (5-12yrs)
- Assisted with protocol testing and teaching classes when required.

The Lilypad, LLC, Nampa, Idaho (2013 – 2014)

- Habilitative Supports
- Providing support for children with mental disabilities as they work on general and social behaviors.

Northwest Children's Home, Syringa House, Nampa, Idaho (2013 - 2014)

- Residential Treatment Specialist
- Nurturing and caring for teenage girls as we guide them through the treatment program.

TEACHING AND ACADEMIC EXPERIENCE

Clinical Foundations to Treatment- Teaching Assistant (2018-2019)

- George Fox University Graduate School of Psychology
- Professor: Glena Andrews, PhD, MSCP, ABPP
- Supervision of 1st year graduate students as they learn skills in Person Centered Therapy through reviewing videos and giving feedback, grading papers and fostering their professional development.

Multicultural Psychotherapy- Teaching Assistant (2018)

- George Fox University Graduate School of Psychology

- Professor: Winston Seegobin, PsyD

Religious and Spiritual Diversity- Teaching Assistant (2018)
- George Fox University Graduate School of Psychology
- Professor: Winston Seegobin, PsyD

Multicultural Committee- Graduate Assistant (2016-Present)
- George Fox University Graduate School of Psychology
- Professor: Winston Seegobin, PsyD
- Weekly meetings to discuss issues on diversity in Clinical Psychology and working on impactful multicultural training
- Attend meetings with students of diversity in other cohorts

Theories of Personality and Psychotherapy- Teaching Assistant (2016-Present)
- George Fox University Graduate School of Psychology
- Professor: Joel Gregor, PsyD; Winston Seegobin, PsyD

AWARDS, GRANTS, AND SCHOLARSHIPS

- **Special Commendation Award- 2018**
  - George Fox Graduate School of Clinical Psychology
  - Awarded to 5% of students annually, for outstanding academic, clinical, and professional contributions to George Fox University's PsyD program (2018)
- **International Committee Travel Grant- 2016**
  - APA Division 56 (Trauma Division)
- **Diversity Scholarship (2015-2018)**
  - George Fox University Graduate School of Clinical Psychology

PROFESSIONAL DEVELOPMENT AND TRAININGS

- "Rorschach Intensive Training" - Dr. Peter Grove (October 2018)
- "Spiritual Formation and the Life of the Psychologist: Looking Closer at Soul Care – Drs. Mark and Lisa McMinn (Sept
- "Integration and Ecclesia" – Dr. Mike Vogel (March 2018)
- "The History and Application of Interpersonal Psychotherapy" – Dr. Carlos Taloyo (February 2018)
- "Tele Health" – Dr. Jeffery Sordahl (November 2017)

- "Using Community Based Participatory Research (CBPR) to Promote Mental Health in American Indian/Alaska Native (AI/AN) Children, Youth and Families" – Dr. Gil Kashiwabara (October 2017)
- "Black Psychoanalyst Speak. Screening and panel discussion" Oregon Psychoanalytic Center, Dr. Barbara Steif, Dr. Sandra Jenkins, and Adam Rodriguez (October 2017)
- "Leadership Training Workshop" – Dr. Deborah Dunn Professor of Communication Studies (September 2017)
- "Domestic Violence: A Coordinated Community Response" – Dr. Patricia Warford and Sgt. Todd Baltzell (March 2017)
- "Native Self Actualization: It's Assessment and Application in Therapy" – Dr. Sidney Brown (February, 2017)
- "When Divorce Hits the Family: Helping Parents and Children Navigate" – Dr. Wendy Bourg (November 2016)
- "Sacredness, Naming and Healing: Lanterns Along the Way" – Dr. Brooke Kuhnhausen (October, 2016)
- "Managing with Diverse Clients" – Dr. Sandra Jenkins (March, 2016)
- "Neuropsychology: What Do We Know 15 /years After the Decade of the Brain? And Okay, Enough Small Talk. Let's Get Down to Business" – Dr. Trevor Hall and Dr. Darren Janzen (February, 2016)
- CPR Training (November 2015)
- "Let's Talk About Sex: Sex and Sexuality with Clinical Applications" – Dr. Joy Mauldin (October, 2015)
- "Relational Psychoanalysis and Christian Faith: A Heuristic Faith" - Dr. Mary Hoffman (September 2015)

PROFESSIONAL ASSOCIATION

- American Psychological Association, Graduate Student Affiliate (2016-Present)
- APA Division 56 (Trauma Division) Member at Large (2016-Present)
- APA Division 52 (International Psychology Division) Member at Large (2016-Present)

ASSESSMENT COMPETENCIES

- **Personality**
  - MMPI-2
  - PAI
  - MACI

- **Cognitive**
  - WISC-V
  - WAIS-IV
  - Woodcock Johnson Test of Cognitive Abilities- 4th Edition
  - Wide Range Intelligence Test
  - Wechsler Non-Verbal
  - Comprehensive Test of Non-verbal Intelligence
- **Academic**
  - Gray Oral Reading Test (GORT-5),
  - Woodcock Johnson Test of Achievement – 4th Edition
  - Wechsler Individual Achievement Test – 3rd Edition
  - Wide Range Achievement Test – 5th Edition
- **Behavior and Adaptive Functioning**
  - BASC-3,
  - BRIEF – 2,
  - ABAS-3
  - Achenbach System of Empirically Based Assessment
  - Conners – 3rd Edition
  - Roberts Apperception Test – 2,
- **Other**
  - California Verbal Learning Test
  - Test of Memory Malingering
  - Booklet Category Test