



# THE ROLE OF RELIGIOUS INVOLVEMENT IN REDUCING THE NEGATIVE IMPACT OF EARLY TRAUMATIC STRESS ON THE MENTAL AND PHYSICAL HEALTH OF ADULT SURVIVORS



**KATIA REINERT, PhD, MSN, RN, FNP-BC**  
**REINERTK@GC.ADVENTIST.ORG**

# Summary of ACE study findings

- Adverse Childhood Experiences (ACEs) are common, threatening, & often denied.
- ACEs have a profound effect on **later addiction, health risks, disease, and death.**
- This combination makes ACEs the **leading determinant of the health and social well-being** of our nation, and the **major factor underlying the addictions.**

Felitti & Nanda



# BACKGROUND: CHILD ABUSE

## ➤ Major Public health problem

6 million cases/yr of child abuse<sup>1</sup>

Lifetime cost/survivor \$210,012<sup>2</sup>

## ➤ Adverse Childhood Experiences (ACE)

Child abuse and other family dysfunction (10 categories)<sup>3</sup>

Negative Mental/Physical Health Outcomes in adult survivors<sup>3</sup>

## ➤ Mental Health

- Depression/anxiety/ PTSD
- Suicide risk
- Substance abuse

## ➤ Physical Health

- Premature mortality <sup>3</sup>
- Top 10 killers <sup>3</sup>

1. Institute of Medicine and National Research Council. (2014). *New Directions in Child Abuse and Neglect Research*. Washington, DC: The National Academies Press.
2. National Child Abuse and Neglect Data System (NCANDS) of the Children's Bureau report. [www.acf.hhs.gov/programs/cb/stats\\_research/index.htm#can](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can), retrieved on February 12, 2012.
3. Felitti VJ., Anda RF., Nordenberg D., Williamson, DF., Spitz, AM., Koss, MP. & Marks, JS. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine* 14(4,) 245-58.



# PROTECTIVE FACTORS AND RESILIENCE

➤ **Not all victims of ETS suffer negative health consequences** <sup>1,2</sup>

**Resilience:** A combination of abilities and characteristics that interact dynamically to allow an individual to **successfully cope and function above the norm** in spite of significant stress and adversity.<sup>3</sup>

➤ Results in efficient termination of the stress response. <sup>3</sup>

➤ **Few studies on faith-based protective factors**

➤ **Religious Involvement (RI)**

*RI:* Institutional affiliation, beliefs, practices, or adopted behaviors which are guided by a religious denomination or community of faith.<sup>4</sup>

Intrinsic religiosity (IR)<sup>4</sup>

Religious Coping (RC)<sup>5</sup>

➤ **Linked to positive mental and physical health**<sup>4</sup>

1. Ai, AL. & Park, CL. (2005) Possibilities of the positive following violence and trauma: Informing the coming decade of research. *Journal of Interpersonal Violence* 20(2), 242-50.
2. Feder, A., Nestler, E., & Charney, D. (2009). Psychobiology and molecular genetics of resilience. *Nature Reviews Neuroscience*. 10(6): 446–457.
3. Tusaie, K. & Dyer, J. (2004). Resilience: A Historical Review of the Construct. *Holistic Nursing Practice*, 18(1), 3-8.
4. Koenig, H. & Carson, V. (2013). *Handbook of Religion and Health*. New York: Oxford University Press.
5. Pargament, KI., Smith, BW., Koenig, HG. & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37(4), 710-24.



# STUDY DESIGN

- Predictive | cross-sectional design
- Secondary analysis of data from the Biopsychosocial Religion and Health Study (BRHS) – an epidemiological study of **Seventh-day Adventists (N=10283)** BRHS-1R01AG02634 <sup>1</sup>
- The study draws from the society-to-cell model

1. Reinert, K. Campbell, J., Bandeen-Roche, K., Sharps, P., & Lee, J. (July 15, 2015), Gender and Race Variations of the Intersection between Religious Involvement, Early Trauma and Adult Health. *Journal of Nursing Scholarship*, 47(4), 318-327. Epub June 28, 2015. doi: 10.1111/jnu.12144.

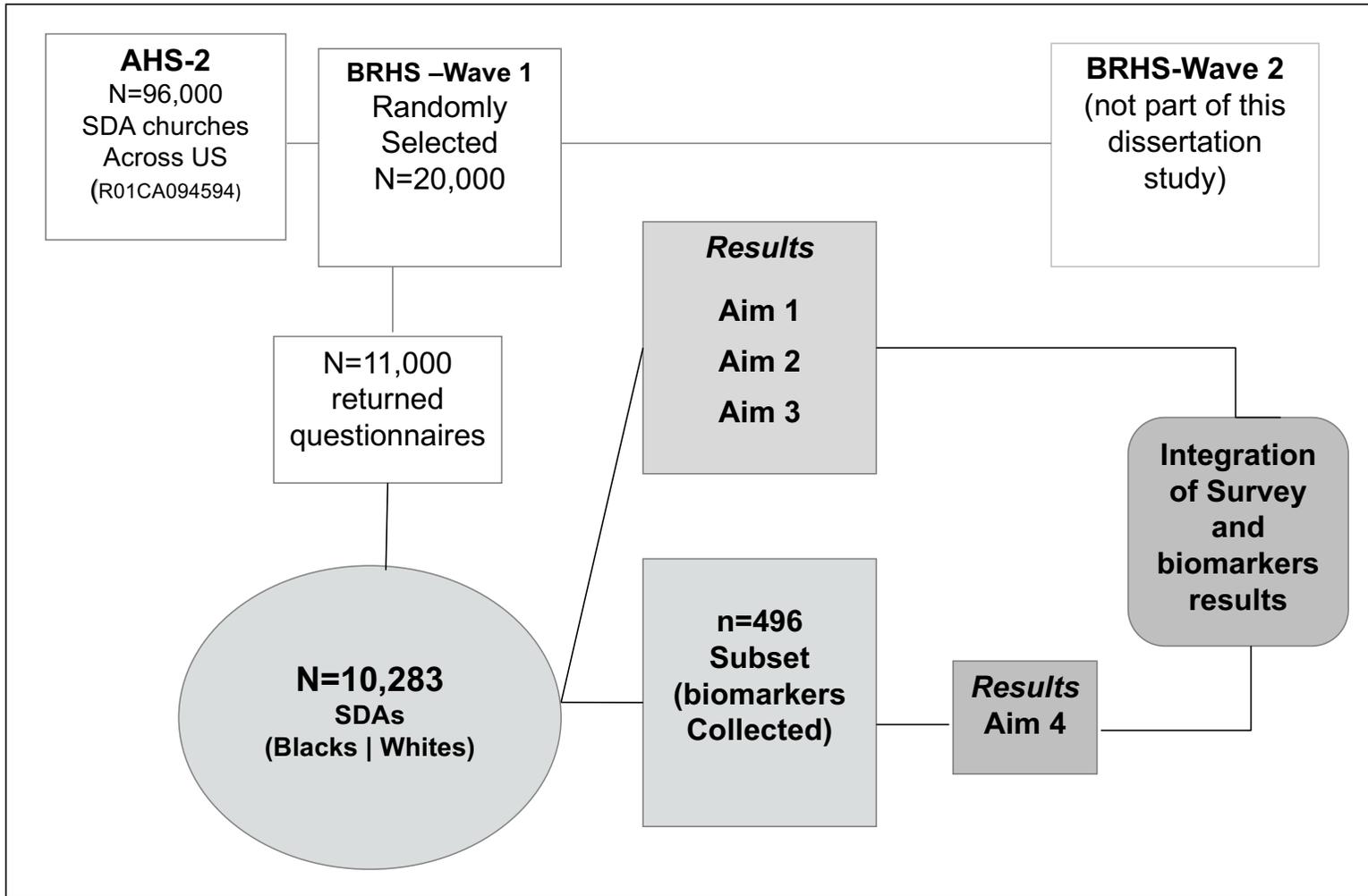


# SEVENTH-DAY ADVENTISTS



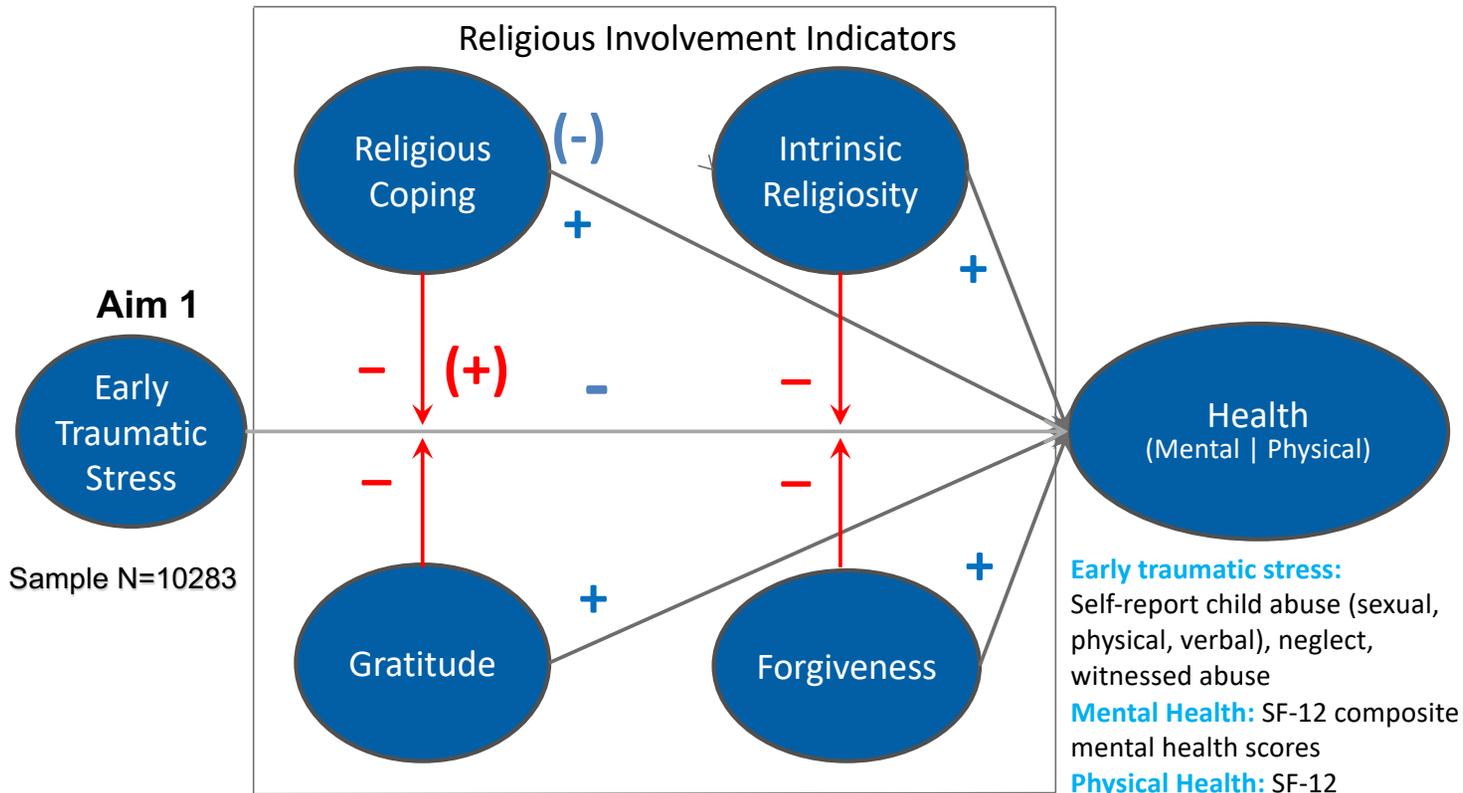
- Religious doctrine that promotes disease prevention<sup>1</sup>
- Shared religious tradition (less differences of belief)
- Oversampling of Blacks (36%)
- Less confounding by SES (Education/Income)

1. Lee, JW., Stacey, GE., & Fraser, GE. (2003). Social support, religiosity, other psychological factors, and health. In GE. Fraser (Ed.), Diet, life expectancy, and chronic disease: Studies of Seventh-Day Adventists and other vegetarians (pp. 149-176). New York: Oxford University Press.



# ETS-RI-Health Model

## Aim 2 & 3



**Blue Lines:** Direct effect of variables on health. Early trauma has negative effect on health. Religious involvement indicators have a positive effect on health (except negative religious coping depicted as (-) has a negative effect on health).

**Red lines:** Decrease the strength of early traumatic stress to health link by moderation through an interaction of early traumatic stress and each religious involvement indicator (except for negative religious coping depicted (+) which accentuates this effect).

**Early traumatic stress:** Self-report child abuse (sexual, physical, verbal), neglect, witnessed abuse

**Mental Health:** SF-12 composite mental health scores

**Physical Health:** SF-12 composite physical health and diabetes risk factors

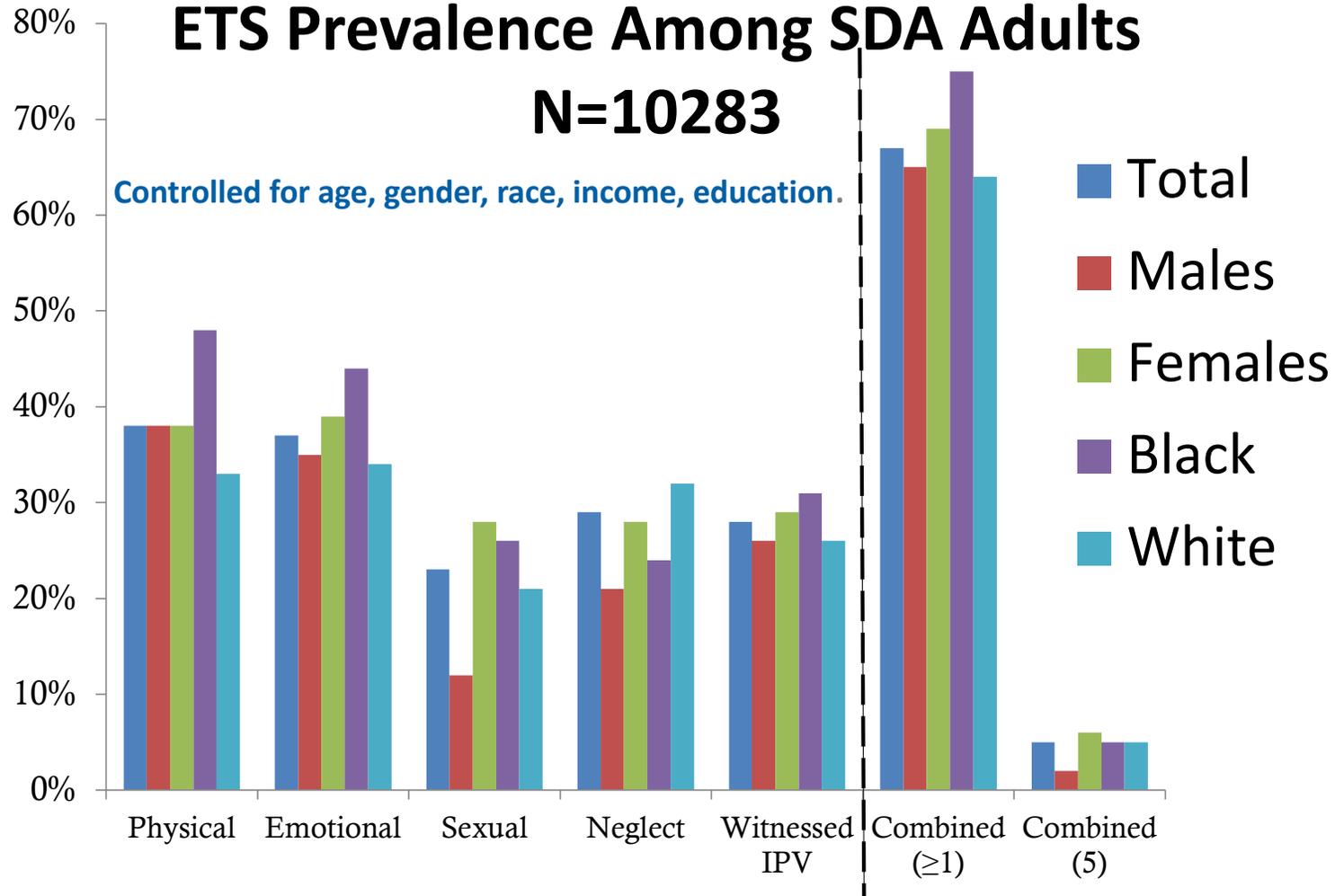
**Religious involvement:** Religious coping (positive and negative), intrinsic religiosity, gratitude and forgiveness.



# ETS Prevalence Among SDA Adults

**N=10283**

Controlled for age, gender, race, income, education.

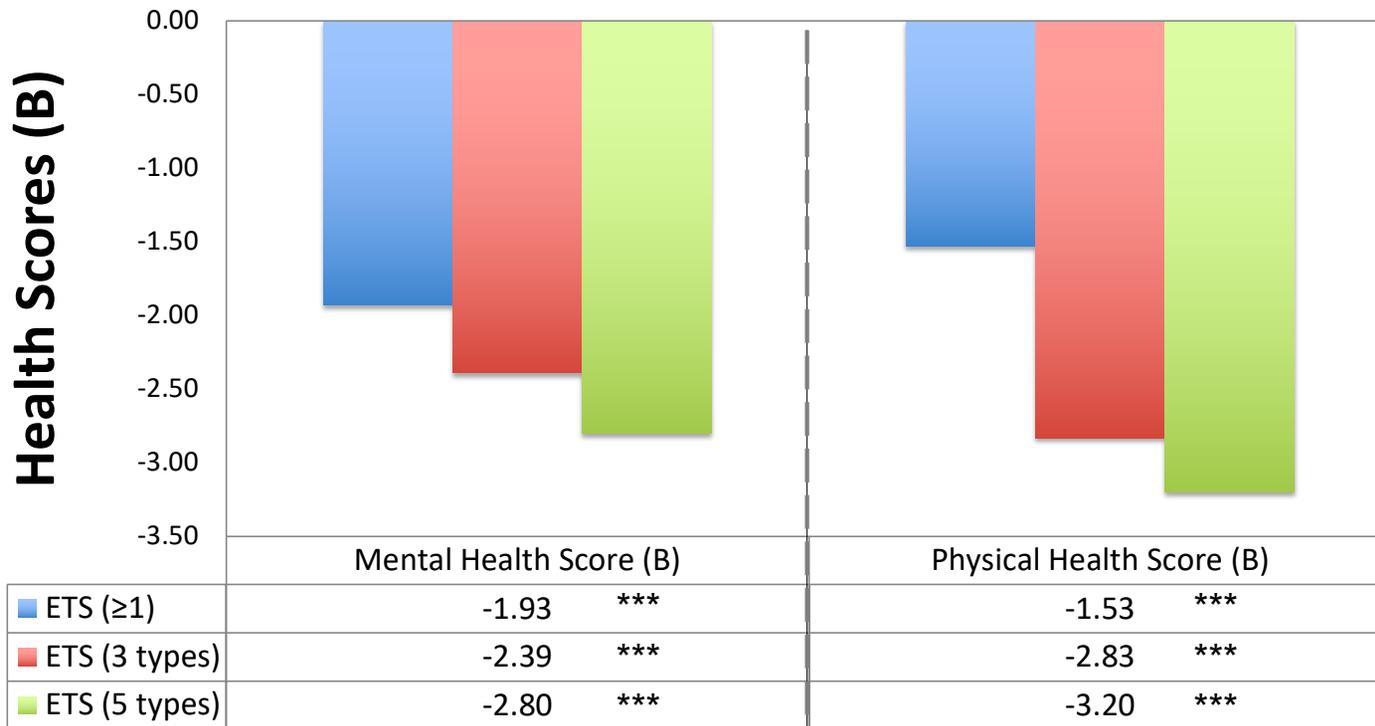


Reinert, K. Campbell, J., Bandeen-Roche, K., Szanton, S., & Lee, J (September, 2016) The role of religious involvement in the relationships between early trauma and health outcomes among adult survivors. *Journal of Child and Adolescent Trauma*, 9, 231-241. doi:10.1007/s40653-015-0067-7. First online on November 23, 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4969318/>



# RESULTS

## Early Traumatic Stress Effects on Health



N=10,283 \*\*\*p<.0001 Note. ETS (3 and 5 types = secondary findings). Controlled for age, gender, race, income, education

Reinert, K. Campbell, J., Bandeen-Roche, K., Szanton, S., & Lee, J (September, 2016) The role of religious involvement in the relationships between early trauma and health outcomes among adult survivors. *Journal of Child and Adolescent Trauma*, 9, 231-241. doi:10.1007/s40653-015-0067-7. First online on November 23, 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4969318/>



# Religious Involvement effects on Health

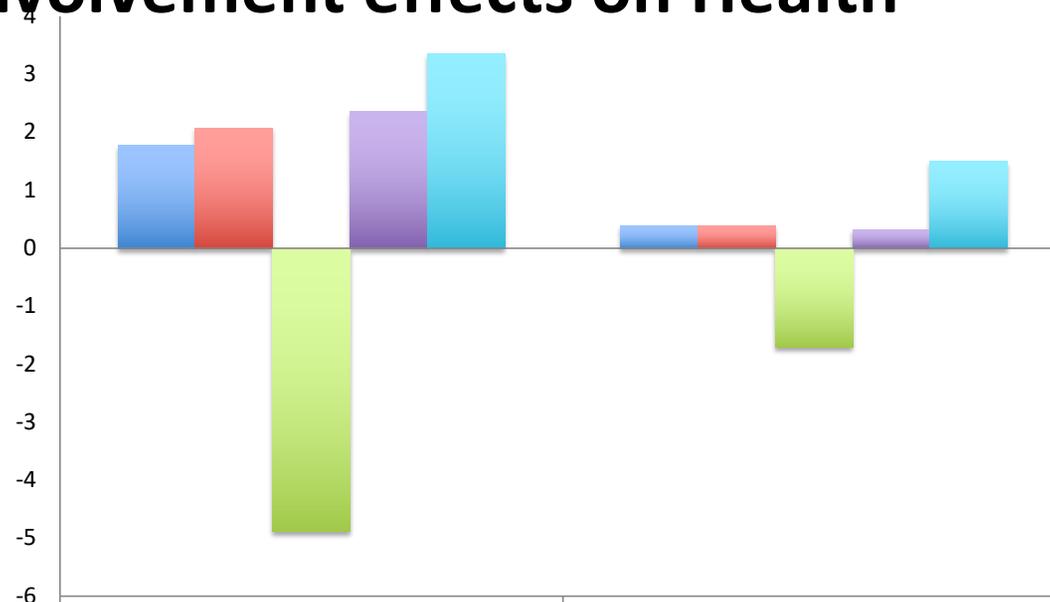
N=10,283

\*\* p<.01

\*\*p<.0001

Note. Controlling for age, gender, race, income, Education.

HEALTH SCORES (B)

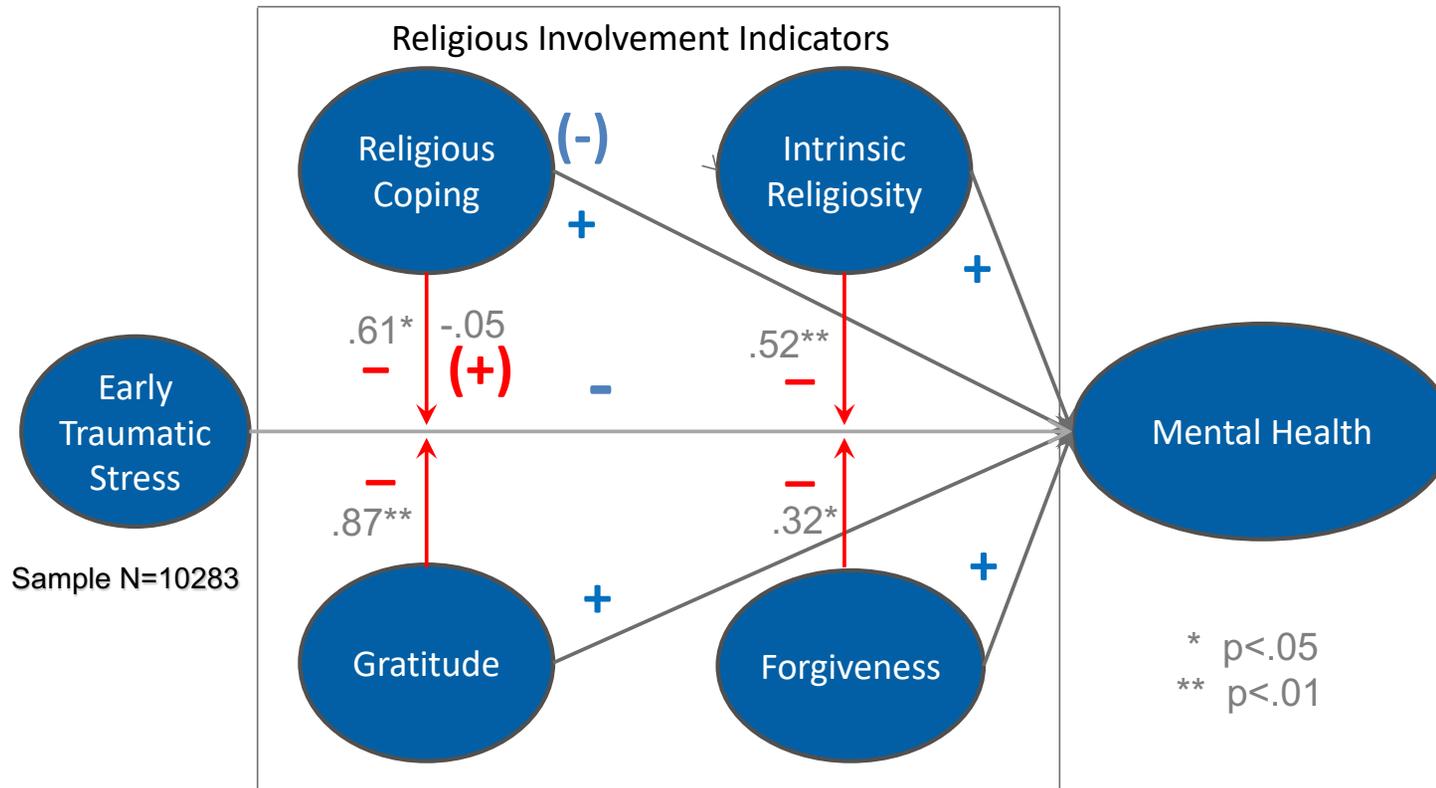


	Mental Health Score (B)		Physical Health Score (B)	
■ Intrinsic Religiosity	1.78	***	0.39	***
■ Positive Religious Coping	2.08	***	0.4	**
■ Negative Religious Coping	-4.89	***	-1.7	***
■ Forgiveness	2.36	**	0.34	**
■ Gratitude	3.36	***	1.5	***

Reinert, K. Campbell, J., Bandeen-Roche, K., Sharps, P., & Lee, J. (July 15, 2015), Gender and Race Variations of the Intersection between Religious Involvement, Early Trauma and Adult Health. *Journal of Nursing Scholarship*, 47(4), 318-327. Epub June 28, 2015. doi: 10.1111/jnu.12144.



## DATA SUPPORTED: ETS-RI-Mental Health Model



Reinert, K. Campbell, J., Bandeen-Roche, K., Szanton, S., & Lee, J (September, 2016) The role of religious involvement in the relationships between early trauma and health outcomes among adult survivors. *Journal of Child and Adolescent Trauma*, 9, 231-241. doi:10.1007/s40653-015-0067-7. First online on November 23, 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4969318/>



## The Role of Faith Communities

1. Promote awareness, prevention and **resilience factors**
2. Foster accountability and the forgiveness process
3. Provide love, support, community and healing environment
4. Develop training/resources, referrals, and ongoing research
5. Ensure Comprehensive health ministry includes trauma care



# REFERENCES

- **Reinert, K.** Campbell, J., Bandeen-Roche, K., Szanton, S., & Lee, J (December, 2015). The role of religious involvement in the relationships between early trauma and health outcomes among adult survivors. *Journal of Child and Adolescent Trauma*, 8(4).
- **Reinert, K.** Campbell, J., Bandeen-Roche, K., Sharps, P., & Lee, J. (July 15, 2015), Gender and Race Variations of the Intersection between Religious Involvement, Early Trauma and Adult Health. *Journal of Nursing Scholarship*, 47(4), 318-327. Epub June 28, 2015. doi: 10.1111/jnu.12144.
- **Reinert, K.** & Koenig, H. (Dec, 2013). Re-examining definitions of spirituality in nursing research. *Journal of Advanced Nursing*, 69(12), 2622-2634. Epub Apr 18, 2013. doi 10.1111/jan.12152.

