Universidade do Minho
Escola de Psicologia

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Navigating Trauma Through Resilience: The Effects of Emotion Regulation, Purpose, Generativity and Posttraumatic Growth

junho de 2025

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UMinho | 2025

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Dissertação de Mestrado
Mestrado em Psicologia Clínica na Infância e Adolescência

Trabalho efetuado sob a orientação do
Professor Doutor José Ferreira Alves e da **Doutora Sherry Hamby**

junho de 2025

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Agradecimentos

Acredito que, mesmo nos desafios mais pessoais, é na partilha que se encontra a força e o apoio para seguir em frente. A realização desta dissertação não teria sido possível sem a presença de quem, mesmo nos silêncios, caminhou comigo. A cada um de vocês, deixo o meu mais profundo e sincero obrigada.

Agradeço, em primeiro lugar, ao meu orientador Professor Doutor José Ferreira Alves, pela sua orientação e apoio, mas sobretudo por ter acreditado na concretização desta dissertação. À Doutora Sherry Hamby, coorientadora, pela oportunidade de desenvolver este trabalho e pela forma como, mesmo à distância, fez sentir a sua presença e apoio ao longo de todo este caminho.

Agradeço ao grupo de investigação de Desenvolvimento do Adulto e do Envelhecimento, do qual tive o privilégio de fazer parte, pela troca de ideias e reflexões. Agradeço, em especial, ao Doutor João Fundinho, pela sua incansável ajuda e dedicação exemplar. Agradeço, também, à Adriana, à Marta e à Mar, pelas partilhas e desabafos, e por sermos o apoio umas das outras.

Agradeço à minha família por nunca deixarem de acreditar em mim, mesmo quando eu própria não conseguia. Nada disto teria sido possível sem o vosso amor e apoio constantes. Um agradecimento muito especial à minha irmã, por teres sido, desde sempre, a minha primeira amiga.

Ao Vitor, por teres chegado no tempo certo. Por seres abrigo nos dias difíceis, presença nos dias bons, e por, sem nunca soltar a minha mão, teres sido força mesmo quando a minha faltava. O futuro está apenas a começar, e é nele que continuo a escolher-te, todos os dias.

À Sofia, a minha melhor amiga, por todos estes anos de amizade e por me lembrares, dia após dia, que há ligações que o tempo nunca será capaz de apagar, apenas fortalecer.

Às minhas quatro modelos, por caminharem de mãos dadas comigo desde o primeiro até ao último dia. Foram o meu porto seguro em forma de abraço e tornaram este caminho muito mais bonito.

À minha afilhada Bea, obrigada por me acolheres. Espero continuar a ser alguém de quem te orgulhas, tal como eu me orgulho de ti.

À Filipa, à Rafa, à Renata e à Xana. Que bonita e inesperada é esta amizade que construímos. Obrigada por acreditarem em mim, mesmo quando eu hesitava. Levo-vos comigo, para sempre.

A todos os que, de alguma forma, fizeram parte deste caminho e contribuíram para que este trabalho fosse possível...

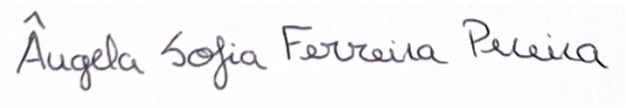
Por tudo e tanto, obrigada.

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I further declare that I have fully acknowledged the Code of Ethical Conduct of the University of Minho.

Universidade do Minho, 16 de junho de 2025



(Ângela Sofia Ferreira Pereira)

Navigating Trauma Through Resilience: The Effects of Emotional Regulation, Purpose, Generativity, and Posttraumatic Growth

Abstract

While early adversity is strongly linked to long-term emotional and psychological challenges, increasing attention has been given to the potential for individuals to experience meaningful growth and adaptation in its aftermath, especially when supported by internal resilience resources. This study explores the relationship between personal resilience resources and psychological outcomes in adulthood following childhood adversity, specifically posttraumatic growth and psychopathological symptoms, while also validating key measures of the Resilience Portfolio Model (Grych et al., 2015) in a Portuguese sample. A total of 206 participants, aged 25 to 64, completed an online questionnaire. Data were analyzed using confirmatory factor analysis, descriptive and correlational statistics, and regression models, following established procedures with SPSS and AMOS software. The results confirmed the validity of the Resilience Portfolio Model and revealed significant associations between resilience strengths and psychological outcomes. Hierarchical regression analyses showed that emotional regulation and purpose significantly predicted lower psychological distress, while purpose and generativity predicted higher posttraumatic growth. Emotional and sexual abuse and emotional neglect emerged as the most impactful trauma types across models. In conclusion, the findings highlight the importance of fostering internal strengths in clinical practice, supporting not only the reduction of distress but also meaningful growth and adaptation following adversity.

Keywords: Childhood trauma; mental health in adulthood; personal strengths; posttraumatic growth; resilience

Navegar pelo Trauma Através da Resiliência: Os Efeitos da Regulação Emocional, Propósito, Generatividade e Crescimento Pós-Traumático

Resumo

Embora a adversidade precoce esteja associada a desafios emocionais e psicológicos a longo prazo, tem-se dado crescente atenção ao potencial de crescimento e adaptação após essas experiências, sobretudo quando apoiadas por recursos internos de resiliência. Este estudo explora a relação entre recursos pessoais de resiliência e resultados psicológicos na idade adulta, nomeadamente o crescimento pós-traumático e a sintomatologia psicopatológica, no contexto de adversidade precoce, validando também medidas do Resilience Portfolio Model (Grych et al., 2015) numa amostra portuguesa. Participaram 206 adultos, entre os 25 e os 64 anos, via questionário online. Os dados foram analisados com recurso a análise fatorial confirmatória, estatísticas descritivas, correlações e regressões, seguindo os procedimentos do modelo original. Os resultados confirmaram a validade do modelo e revelaram associações significativas entre forças pessoais e os resultados psicológicos. A regulação emocional e o propósito de vida previram níveis mais baixos de sofrimento psicológico, enquanto o propósito e a generatividade previram maior crescimento pós-traumático. O abuso, emocional e sexual, e a negligência emocional destacaram-se como os tipos de trauma mais impactantes. Conclui-se que a promoção de forças internas na prática clínica pode apoiar não apenas a redução do sofrimento, mas também o crescimento pessoal após a adversidade.

Palavras-chave: Crescimento pós-traumático; forças pessoais; resiliência; saúde mental na idade adulta; trauma na infância

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List of Abbreviations and Acronyms

ACEs Adverse Childhood Experiences

BSI Brief Symptom Inventory

CTQ Childhood Trauma Questionnaire

PTG Posttraumatic Growth

Introduction

In recent years, examining adverse childhood experiences has garnered significant scholarly attention, given their identification as major predictors of psychosocial difficulties in adulthood (Silva & Maia, 2008). Within the literature, such adversity is commonly conceptualized as detrimental environmental conditions that disrupt normative developmental processes (Silva & Maia, 2008).

It is crucial to distinguish, however, that not all adverse events culminate in psychological trauma. According to the American Psychological Association (n.d.), trauma is not defined by the external event *per se*, but by the individual's subjective emotional response, especially when the experience surpasses their capacity to assimilate it effectively. Psychological trauma may emerge when a person is confronted with circumstances that elicit intense fear, helplessness, confusion, or dissociation. These reactions can negatively impact emotional regulation, cognitive processes, behavior, and overall psychological and social functioning (American Psychological Association, n.d.; Collins, 2023).

Traumatic experiences may impact individuals in both direct and indirect ways. Direct trauma involves personally experiencing a threatening or harmful event, while indirect trauma refers to witnessing such an event happening to someone else (Szogi & Sullivan, 2018). The duration of trauma symptoms can also vary, commonly classified as either acute or chronic. Chronic trauma often originates in childhood and tends to have a more profound and lasting impact on psychological well-being and functioning (Musazzi et al., 2017).

Adverse Childhood Experiences (ACEs) are now widely acknowledged as prevalent and strongly associated with long-term health and psychological difficulties (Collins, 2023). Tools developed to assess these experiences generally measure the cumulative impact of early-life adversity, with higher scores reflecting increased exposure and a corresponding elevation in the likelihood of developing emotional, behavioral, or physical health issues later in life (Petruccelli et al., 2019). These experiences are commonly grouped into three overarching domains, such as abuse (physical, emotional, and sexual), neglect (both physical and emotional), and household dysfunction, including factors such as substance misuse, mental illness, domestic violence, incarceration, and parental separation or divorce (Collins, 2023).

The organization and functioning of the human brain are significantly shaped by the dynamic interaction between developmental milestones and environmental influences, thereby modulating gene expression (Anda et al., 2006). This process can be disrupted when patterns of intense, prolonged, or atypical stress occur during critical periods of childhood brain development, potentially causing damage to systems involved in neurocognitive regulation (Beilharz et al., 2020). Such disruptions may lead to

long-term alterations in neurobehavioral responses. Both neurobiological and epidemiological studies indicate that early-life stress can compromise brain development, affecting health and psychological well-being across the lifespan (Anda et al., 2006). While much research has emphasized the negative effects of such experiences, recent perspectives from positive psychology highlight that individuals who have experienced trauma may also undergo meaningful psychological growth (Resende et al., 2008).

Posttraumatic Growth (PTG)

Posttraumatic Growth (PTG), as originally defined by Tedeschi and Calhoun (1996), refers to the positive psychological transformation that may arise after confronting highly adverse or traumatic experiences. Rather than a simple return to prior functioning, PTG reflects a qualitative shift in an individual's worldview, values, and life priorities, often manifesting in deeper relational engagement, increased personal strength, or a renewed sense of purpose (Resende et al., 2008).

Within the Resilience Portfolio Model (Grych et al., 2015; Hamby et al., 2018), resilience is understood not as a fixed trait or the mere absence of symptoms, but as a dynamic process involving the activation of multiple internal and external strengths. This strengths-based perspective recognizes that resilience may support a variety of adaptive outcomes, including, but not limited to, posttraumatic growth. Rather than viewing resilience and PTG as opposing constructs, this framework suggests they may be complementary: resilience facilitates coping and adaptation. At the same time, PTG reflects the deeper psychological transformation that may emerge from navigating adversity (Hamby et al., 2018).

Resilience Portfolio Model

The Resilience Portfolio Model, developed by Grych and colleagues (2015), offers a framework grounded in a strengths-based perspective to explain how individuals foster resilience when exposed to violence or other adverse conditions. The model proposes that people draw on a variety of protective assets, both personal and social, that support adaptive functioning. These assets are grouped into three primary domains: regulatory strengths, which refer to self-regulation capacities such as emotional control and impulse management; interpersonal strengths, which include the ability to build and maintain healthy relationships with support systems; and meaning-making strengths, which involves the ability to derive significance from life experiences while remaining aligned with one’s values (Grych et al., 2015).

Follow-up studies by the same research group (e.g., Hamby et al., 2018) revealed that the distinct strengths identified in the model are each positively associated with various indicators of well-being. Expanding on this framework, Hamby et al. (2020) demonstrated that regulatory, interpersonal, and meaning-making components such as emotion regulation (both positive and negative), purpose, and generativity play distinct roles in promoting personal flourishing.

Polystrengths

The concept of polystrengths builds on the understanding that each individual possesses a unique combination of strengths, and that a diverse set of personal resources is essential for coping effectively with adversity. Within the Resilience Portfolio Model, polystrengths refers to the full range of protective factors available to an individual to support adaptive functioning in the face of stress or trauma (Hamby et al., 2018). This construct parallels the concept of polyvictimization, which highlights the cumulative impact of experiencing multiple forms of victimization, rather than focusing solely on isolated incidents (Finkelhor et al., 2011). Research in this domain suggests that the accumulation of adverse experiences is a stronger predictor of negative psychological outcomes than any single traumatic event. Similarly, the polystrengths perspective emphasizes the cumulative presence of strengths as a key determinant of psychological well-being (Hamby et al., 2017). In the context of the present study, polystrengths not only predict individual functioning but also allow for the assessment of whether specific strengths exert unique effects on adaptation, even when controlling for the total strength count.

The Present Study

In this context, the present dissertation adopts the Resilience Portfolio Model as its theoretical framework to examine how resilience-related resources are associated with childhood trauma, and how these associations influence two psychological outcomes in adulthood. The study sets out to achieve the following objectives: (a) to describe the levels of childhood trauma reported by a sample of Portuguese adults; (b) to validate the Positive Emotion Regulation (Hamby et al., 2024), Emotion Regulation, Purpose, and Generativity measures (Hamby et al., 2015); and (c) to examine the role of resilience resources concerning posttraumatic growth and current psychopathological symptoms, considering the presence of childhood trauma. Based on the literature reviewed, the following hypotheses are proposed:

H1: Childhood adversity will be negatively associated with resilience-related strengths and positively related to psychopathological symptoms in adulthood.

H2: Childhood trauma will positively predict adult psychopathological symptoms, such that greater exposure to early adversity is associated with higher symptom levels.

H3: Higher levels of resilience strengths will predict greater posttraumatic growth in adulthood.

Methodology

Participants

This study involved 206 Portuguese adults aged between 25 and 64 (M = 40.65, SD = 11.60). Of these, 80.1% identified as female (n = 165), 18.9% as male (n = 39), 0.5% as non-binary (n = 1), and

0.5% as other (n = 1). All participants included in the analysis reported Portuguese nationality and had lived in Portugal until at least age 15, regardless of their country of birth.

Instruments

The full set of measures included a general sociodemographic questionnaire, three scales from the Resilience Portfolio Measurement Packet, specifically, Emotion Regulation, Purpose, and Generativity (Hamby et al., 2015), and Positive Emotion Regulation (Hamby et al., 2024), used to assess psychological strengths. Psychological distress was screened using the Brief Symptom Inventory-18 (BSI-18; Canavarro & Pereira, 2017). Exposure to childhood trauma was assessed with the Childhood Trauma Questionnaire-Short Form (CTQ-SF; Dias et al., 2014), and posttraumatic growth was evaluated using the Posttraumatic Growth Inventory-Short Form (PTGI-SF; Lamela et al., 2014).

Brief Symptom Inventory-18 (BSI-18) (Derogratis, 2001a, 2001b; Portuguese version adapted by Canavarro & Pereira, 2017). This is a self-report screening instrument for psychological distress that evaluates the presence of psychopathological symptoms over the past seven days. It comprises three equally weighted subscales, such as Somatization, Depression, and Anxiety, each with six items. The sum of the 18 items produces a Global Severity Index (GSI), which reflects the overall level of psychological distress. Participants rate the frequency of each symptom on a 5-point Likert scale ranging from 0 ("not at all") to 4 ("extremely"), with higher scores indicating greater symptom severity. Regarding validation for the Portuguese population, studies have confirmed that the instrument demonstrates strong psychometric properties, with high internal consistency for the overall scale (α = .92), as well as for the Somatization (α = .80), Anxiety (α = .80), and depression (α = .86) subscales.

Childhood Trauma Questionnaire-Short Form (CTQ-SF) (Bernstein & Frink, 1998; Portuguese version adapted by Dias et al., 2014). This questionnaire is one of the most widely used instruments for assessing exposure to childhood maltreatment. The original version, developed by Bernstein et al. (1997), included 70 items, and the short form consists of 28 items rated on a 5-point Likert scale ranging from 1 ("never") to 5 ("always"). Higher scores indicate more frequent exposure to adverse experiences, with reverse scoring applied to items reflecting positive childhood experiences (items 2, 5, 7, 13, 19, 26, and 28). The CTQ-SF assesses five dimensions of maltreatment, such as emotional abuse, physical abuse, sexual abuse, physical neglect, and emotional neglect. The total score reflects overall exposure to childhood trauma, while a minimization/denial scale flags overly positive responses (e.g., answering "always" to items 10, 16, and 22). The Portuguese validation study reported acceptable internal consistency for the total scale (α = .84) and for most subscales, including physical abuse (α =

.77), sexual abuse (α = .71), emotional abuse (α = .71), and emotional neglect (α = .79). However, as observed in other non-clinical samples, the physical neglect subscale showed low reliability (α = .47). Additionally, in the present study, to calculate prevalence, the data were dichotomized into two categories: 0 indicating absence of abuse and 1 indicating presence of abuse, with the presence of abuse (value = 1) defined as any response from 2 to 5 on the rating scale (i.e., from 'rarely true' to 'very often true').

Resilience Portfolio Measurement Packet (Hamby et al., 2015). The following scales were used to assess the presence of specific psychological strengths. From the broader set of strengths identified by the authors of the Resilience Portfolio Model, those most strongly associated with positive adjustment following adversity were selected (Hamby et al., 2018). These fall within the model's three core dimensions, previously identified. Response options were presented on a 4-point Likert scale, ranging from 1 ("not true") to 4 ("mostly true"), with higher scores indicating greater levels of each strength. As no Portuguese versions of these scales were available, a translation and cultural adaptation process was conducted, including forward and back-translation (English-Portuguese-English), to ensure semantic and cultural equivalence. Exploratory and confirmatory factor analyses were performed to assess the psychometric properties of each subscale in this Portuguese sample.

Regulatory Strengths.

Emotion Regulation (Hamby et al., 2015). This 4-item scale assesses maintaining emotional stability and managing distressing emotions. Items are negatively worded and reverse-scored. The scale demonstrated good internal consistency (α = .82).

Positive Emotion Regulation **(Hamby et al., 2024).** This 6-item scale evaluates the capacity to sustain positive emotions during or after stressful situations. It measures the use of humor to cope, the ability to gain perspective on problems, and strategies that help reframe challenges positively. The internal consistency for this scale was also acceptable (α = .81).

Interpersonal Strengths.

Generativity (Hamby et al., 2015). This 5-item scale, drawn from the abbreviated version of the Loyola Generativity Scale (LGS), assesses the desire to care for younger generations and contribute to the well-being of future others. The internal consistency was excellent (α = .88).

Meaning-Making Strengths.

Purpose (Hamby et al., 2015). Comprising 6 items, this scale measures the extent to which individuals perceive their lives as meaningful and feel they have a reason to live. It demonstrated good internal consistency (α = .82).

Posttraumatic Growth Inventory Short Form (Cann et al., 2010a, 2010b; Portuguese version adapted by Lamela et al., 2014). Comprising 10 items, this scale measures the five core dimensions of posttraumatic growth: relationship with others, new possibilities, personal strengths, spiritual change, and appreciation of life. Responses are rated on a 6-point Likert scale ranging from 0 ("I did not experience this as a result of my crisis") to 5 ("I experienced this change to a very great degree as a result of my crisis"). In the original version, PTGI-SF scores range from 0 to 50, with higher scores indicating greater posttraumatic growth. The Portuguese validation study reported acceptable internal consistency for the overall scale (α = .88) and for four of its subscales, such as relationships with others (α = .70), personal strengths (α = .79), spiritual change (α = .71), and appreciation of life (α = .74). The new possibilities subscale showed slightly lower reliability (α = .66).

Procedures

Authorization was first obtained from the authors of the Resilience Portfolio Measurement Packet (Hamby et al., 2015) to translate and validate the relevant measures for the Portuguese population. A back-translation procedure (English-Portuguese-English) was conducted for all items and instructions, with attention to cultural and linguistic equivalence.

Before data collection, ethical approval was granted by the Ethics Committee for Research in Social and Human Sciences (CEICSH) of the University of Minho. Following this approval, a single online questionnaire was created using the Qualtrics platform, incorporating all study instruments. Participation was voluntary and unpaid. Confidentiality and anonymity were guaranteed, and informed consent was obtained at the beginning of the questionnaire.

Data collection was conducted through a snowball sampling method, using a link shared on social media platforms (Instagram and Facebook) and via the institutional email system of the University of Minho, between December 2024 and February 2025. Participants first completed the sociodemographic questionnaire, followed by the BSI-18, CTQ-SF, resilience-related scales, and finally the PTGI-SF. The estimated completion time was approximately 15 minutes per participant.

Data Analysis Strategies

The data analysis strategy followed procedures established in previous studies using the Resilience Portfolio Model (Hamby et al., 2018; Hamby et al., 2020). To confirm the model's proposed three-factor structure and evaluate the internal consistency of the instruments from the Life Paths Measurement Packet, a confirmatory factor analysis was conducted to assess their psychometric adequacy. Additionally, to test the study's hypotheses, descriptive statistics, tests for mean differences (e.g., t-tests), correlational analyses, and linear regression models were performed. Confirmatory factor

analyses were conducted using IBM AMOS version 27, while the remaining Statistical analyses were carried out with IBM SPSS Statistics for macOS, version 28.

Results

The analyses began with a characterization of the sample based on different types of childhood victimization, followed by descriptive statistics for the variables under study. Next, exploratory and confirmatory factor analyses were conducted to evaluate the structure of the Resilience Portfolio Model measures. Finally, bivariate correlations and hierarchical multiple regression analyses were performed to examine the relationships among the variables.

Prevalence of Victimization

The prevalence of different forms of childhood trauma reported by the participants (N = 206) was analysed to describe the distribution of these experiences within the sample (see Table 1). Emotional abuse emerged as the most frequently reported type (74.3%), followed by physical abuse (28.6%), physical neglect (28.2%), and sexual abuse (19.4%). Emotional neglect was the least reported form of trauma, with a prevalence of 10.2%.

Table 1

Prevalence Of Different Types Of Childhood Trauma

Childhood Trauma	Prevalence (%)
Emotional Abuse	74,3%
Emotional Neglect	10,2%
Physical Abuse	28,6%
Physical Neglect	28,2%
Sexual Abuse	19,4%

Note. N = 206

Exploratory and Confirmatory Factor Analysis: Resilience Portfolio Model

The data were initially screened for missing values, outliers, and normality of distributions. Rescored items were recoded to ensure consistency in interpretation across the scales. To evaluate the model's fit in the Confirmatory Factor Analysis (CFA) guidelines recommended by Brown (2006) were followed. The following fit índices were calculated: Standardized Root Mean Square Residual (SRMR), Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), and the chi-square to degrees of freedom ratio (χ^2/df).

Although the Resilience Portfolio Model is theoretically structured around three domains, specifically regulatory, interpersonal, and meaning-making strengths, a four-factor model was tested in the present analysis, with each factor corresponding to one of the independently developed measurement scales: Emotion Regulation, Positive Emotion Regulation, Purpose, and Generativity. As shown in Table 2, the first factor included 4 items, the second and third included 6 items each, and the fourth consisted of 5 items.

Table 2

Fit Indices For The Tested Four-Factor Model (n=206)

	$\chi 2$	*df*	$\chi 2/df$	CFI	RMSEA	SRMR
	324.481	182	1.783	.929	.062***	.063***

***p <.001.

As shown in Table 3, the items demonstrated adequate loadings on their respective factors, as well as good internal consistency indicators (Cronbach's alpha for the total scale was .899).

Table 3

Confirmatory Factor Analysis Results For The Tested Model

Construct		Standardized regression weight	*Critical Ratio*	Cronbach's Alpha
Emotion Regulation	Item 1	0.627	8.031***	0.777
	Item 2	0.686	8.702***	
	Item 3	0.641	8.196***	
	Item 4	0.777	-	
Positive Emotion Regulation	Item 1	0.732	11.006***	0.812
	Item 2	0.607	8.817***	
	Item 3	0.647	9.510***	
	Item 4	0.562	8.062***	
	Item 5	0.462	6.468***	
	Item 6	0.850	-	
Purpose	Item 1	0.758	11.101***	0.878
	Item 2	0.730	10.610***	
	Item 3	0.601	8.559***	
	Item 4	0.786	-	

Construct		Standardized regression weight	*Critical Ratio*	Cronbach's Alpha
Generativity	Item 5	0.751	11.028***	0.872
	Item 6	0.757	11.114***	
	Item 1	0.754	12.532***	
	Item 2	0.771	12.959***	
	Item 3	0.864	-	
	Item 4	0.831	14.506***	
	Item 5	0.584	8.893***	

***p <.001.

Descriptive Statistics

Descriptive statistics were calculated for all study variables, including theoretical minimum and maximum values, means, standard deviations, skewness, and kurtosis (see Table 4). Normality was assessed based on skewness and kurtosis values, following the criteria proposed by George and Mallery (2010). Most variables displayed approximately normal distributions; however, substantial deviations from normality were observed for the subscales of physical abuse, physical neglect, and sexual abuse. These distributions were, as expected, positively skewed and leptokurtic, indicating that most participants reported low levels of these forms of victimization, with a few isolated cases of high scores.

It is important to note that, following the original scoring guidelines of each instrument, descriptive statistics for the subscales were computed using the mean of the items within each subscale. This approach ensures comparability across subscales with varying numbers os items. For total scale scores, item responses were summed, meaning that the reported total reflects participants' overall scale scores, rather than an average per item.

Despite the presence of some variables with values outside conventional thresholds for normality, the sample size (N = 206) allows for an approximation to normality under the Central Limit Theorem. In samples of 200 or more participants, the effect of moderate non-normality is generally reduced, particularly in analyses involving means or linear relationships. Therefore, parametric tests were applied, including Student's t-tests, Pearson correlations, and linear regression analyses, as these methods are typically robust to moderate deviations from normality in large samples.

Table 4

Descriptive Statistics

	Min	Max	Mean (*SD*)	Asymmetry	Kurtosis
Psychopathological Symptoms	18	68	34.20 (11.66)	0.90	0.30
Anxiety	1	4.17	2.06 (0.72)	0.66	-0.56
Depression	1	4.50	1.95 (0.83)	1.09	0.41
Somatization	1	3.83	1.68 (0.70)	1.08	0.57
Childhood Trauma	36	115	47.38 (9.48)	2.89	13.85
Emotional Abuse	1	4.40	1.64 (0.70)	1.47	2.06
Emotional Neglect	1	5.00	1.89 (0.78)	1.15	1.34
Physical Abuse	1	4.75	1.20 (0.46)	3.86	20.15
Physical Neglect	1	3.75	1.18 (0.37)	2.97	12.33
Sexual Abuse	1	4.20	1.13 (0.45)	5.17	28.90
Resilience	6.12	16	11.92 (2.05)	-0.29	-0.28
Emotional Regulation	1	4	2.85 (0.69)	-0.58	-0.24
Positive Emotional Regulation	1.17	4	2.80 (0.66)	-0.07	-0.65
Purpose	1	4	3.17 (0.72)	-0.83	-0.00
Generativity	1.20	4	3.10 (0.70)	-0.71	-0.19
Posttraumatic Growth	10	60	39.10 (11.24)	-0.59	-0.11
Relationship with Others	1	6	3.74 (1.29)	-0.44	-0.45
New Possibilities	1	6	4.00 (1.32)	-0.58	-0.33
Personal Strength	1	6	4.36 (1.32)	-0.92	-0.21
Spiritual Change	1	6	3.33 (1.54)	-0.34	-1.13
Appreciation for Life	1	6	4.11 (1.31)	-0.57	0.17

Difference test for the development variables

Independent samples Student's t-tests were conducted to examine potential differences in levels of psychopathological symptoms, childhood trauma, resilience, and posttraumatic growth as a function of gender and age (see Tables 5 and 6). Regarding gender, a dichotomous variable was created, with the higher value corresponding to "female". The analysis revealed no statistically significant differences between women and participants of other genders for any of the variables assessed. These results suggest that, in this sample, gender did not have a significant impact on the variable under investigation (see Table 5).

Table 5

Mean Differences Between Genders on Key Variables

	Women (N = 165)		Others (N = 41)		t (206)
	Mean	*SD*	Mean	*SD*	
BSI	34.70	11.44	32.17	12.46	-1.246
Trauma	47.52	9.46	46.85	9.63	0.399
Resilience	11.84	2.04	12.27	2.05	1.403
PTG	39.65	11.20	36.90	11.28	-1.205

Concerning age (see Table 6), participants were divided into two groups: 25 to 40 years and over 41 years. The results indicated a statistically significant difference only for PTG, with participants over 41 reporting higher levels (M = 40.33, SD = 11.60) than younger participants (M = 38.09, SD = 10.89), $t(206) = -3.98$, $p < .001$. No significant differences were found for the remaining variable. These findings suggest that age was a differentiating factor exclusively for posttraumatic growth, with older participants tending to report higher PTG levels.

Table 6

Mean Differences Between Age Groups on Key Variables

	25 – 40 (N = 113)		> 41 (N = 93)		t (206)
	Mean	SD	Mean	SD	
BSI	35.50	11.48	32.62	11.75	1.769

	25 – 40 (*N* = 113)		> 41 (*N* = 93)		*t* (206)
	Mean	SD	Mean	SD	
Trauma	47.50	9.92	47.25	8.96	0.187
Resilience	11.43	2.02	12.53	1.92	-1.430
PTG	38.09	10.89	40.33	11.60	-3.979***

*** $p < .001$.

Bivariate Analysis

Pearson's correlation analyses revealed significant associations consistent with the expected theoretical relationships among psychological distress, adverse childhood experiences, resilience, and PTG (see Table 7). Overall, the results indicated significant associations between childhood trauma and indicators of psychological distress in adulthood. Among the various forms of victimization, emotional abuse and, particularly, neglect demonstrated the most consistent and negative correlations. In contrast, physical abuse showed more limited associations, while physical neglect and sexual abuse were generally weakly or non-significantly correlated with psychological outcomes. Significant negative correlations were also observed between psychological distress and dimensions of resilience, particularly emotional regulation and purpose.

Additionally, the resilience measures were positively associated with the domains of PTG, with purpose and generativity exhibiting the strongest correlations, especially with the domains of relating to others, new possibilities, and personal strength. These findings suggest that internal resilience resources may foster more positive perceptions of growth and recovery following adverse childhood experiences.

Age was positively associated with personal strengths, suggesting that the passage of time may contribute to the development of more robust internal resources, such as coping strategies and perceived personal competence. In contrast, gender showed no statistically significant relationship with the variable under study, indicating that the observed patterns were consistent across different gender identities (see Table 8).

Psychopathological symptomatology was positively associated with both childhood trauma and internal strengths, indicating that exposure to early adverse experiences and the absence of personal resources are related to increased psychological distress. Interestingly, PTG was not directly associated with symptomatology, suggesting that perceiving growth after adversity does not necessarily imply the absence of psychological suffering. However, PTG was positively correlated with internal strengths,

indicating that individuals with greater personal resources tend to report higher levels of growth or transformation following adverse experiences (see Table 8).

Table 7

Correlations Among Total Scores of The Main Scales

Variable	1.	2.	3.	4.	5.	6.
1. Age	-	.04	-.12	-.01	.21**	.10
2. Gender		-	-.09	-.03	.13	-.10
3. Psychopathological Symptoms			-	.27**	-.31**	.02
4. Childhood Trauma					-.35**	.01
5. Polystrengths					-	.31**
6. Posttraumatic Growth						-

** $p < .01$.

Multivariate Predictive Analysis

To better understand how sociodemographic factors, childhood trauma, and internal resilience resources relate to psychological symptoms, a hierarchical multiple regression analysis was conducted (see Table 9). In the first model, only age and gender were included as predictors, but neither showed a significant effect, $R^2 = .022$, $F(2, 203) = 2.274$, $p > .05$. The second model introduced childhood trauma variables, increasing the explanatory power to $R^2 = .117$, $F(7, 198) = 3.766$, $p < .05$. Among the trauma types, only sexual abuse emerged as a significant predictor of psychological symptoms ($B = 5.051$, $SE = 1.948$, $p < .05$), while other trauma variables did not show significant effects. In the third and final model, resilience factors were added. The model further improved in explanatory power, $R^2 = .293$, $F(12, 193) = 6.652$, $p < .001$. Among the personal strengths, emotional regulation ($B = -7.263$, $SE = 1.384$, $p < .001$) and purpose ($B = -3.001$, $SE = 1.504$, $p < .05$) were significant negative predictors, indicating that individuals with higher levels of these strengths tend to report fewer psychological symptoms.

Table 8

Correlations Among All Variable Subscales

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
1. Anxiety	-	.68**	.66**	.25**	.18**	.07	.02	.19**	-40**	-.18*	-.28**	-.16*	-.08	-.02	-.02	.13	.08
2. Depression		-	.53**	.31**	.24**	.18**	.07	.23**	-.46**	-.21**	-.41**	-.28**	-.19**	-.12	-.10	.04	.00
3. Somatization			-	.14*	.17*	.13	.08	.25**	-.34**	-.18**	-.18**	.08	.12	.12	.11	.13	.11
4. Emotional Abuse				-	.66**	.55**	.28**	.40**	-.36**	-.11	-.30**	-.17*	-.15*	.06	-.01	.01	.05
5. Emotional Neglect					-	.50**	.35**	.50**	-.39**	-.19**	-.39**	-.23**	-.20**	-.01	-.11	-.05	-.02
6. Physical Abyse						-	.51**	.41**	-.27**	.03	-.19**	-.09	-.09	.07	-.07	-.03	.62
7. Physical Neglect							-	.35**	-.14*	-.07	-.06	-.02	.03	.06	.01	.01	.08
8. Sexual Abuse								-	-.14*	-.02	-.28**	-.09	-.05	.02	.03	-.02	.11
9. Emotional Regulation									-	.47**	.35**	.22**	.02**	.04	.10	-.04	.04
10. Positive Emotional Rgeulation										-	.38**	.31**	.25**	.18**	.21**	.07	.17*
11. Purpose											-	.63**	.42**	.33**	.33**	.32**	.24**
12. Generativity												-	.48**	.33**	.41**	.30**	.25**
13. Relationship with Others													-	.71**	.68**	.59**	.61**
14. New Possibilities														-	.72**	.57**	.71**
15. Personal Strength															-	.47**	.63**
16. Spiritual Change																-	.49**
17. Appreciation for Life																	-

* $p < .05$., ** $p < .01$.

Table 9

Hierarchical Multiple Linear Regression Predicting Psychopathological Symptoms

	Psychological Symptomatology		
	Model 1	Model 2	Model 3
Age	-2.802 (2.509)	-2.437 (1.620)	0.520 (1.542)
Gender	-2.405 (2.023)	-1.169 (2.030)	-1.039 (1.888)
Trauma			
Emotional Neglect	-	0.900 (1.448)	-2.005 (1.397)
Emotional Abuse	-	2.655 (1.666)	2.040 (1.518)
Sexual Abuse	-	5.121 (2.085)	5.051 (1.948)*
Physical Abuse	-	-0.685 (2.329)	-1.619 (2.161)
Physical Neglect	-	-1.466 (2.486)	-0.762 (2.295)
Resilience			
Emotion Regulation	-	-	-7.263 (1.384)***
Positive Emotion Regulation	-	-	0.621 (1.467)
Purpose	-	-	-3.001 (1.504)*
Generativity	-	-	-0.412 (1.439)
Polystrengths	-	-	0.262 (0.986)
R^2	0.022	0.117	0.293
F	2.274	3.766*	6.652***

Note. Model 1 (Age and Gender); Model 2 (Age, Gender and Childhood Trauma); Model 3 (Age, Gender, Childhood Trauma and Resilience)

* $p < .05$., *** $p < .001$.

A second hierarchical regression analysis was conducted to examine which variables best predict PTG (see Table 10). In the first model, age and gender were included as predictors, but no significant effects were observed, $R^2 = .022$, $F(2, 203) = 2.274$, $p > .05$, suggesting that these sociodemographic factors alone do not significantly account for individuals' perceptions of growth following adversity. In the second model, the addition of childhood trauma variables did not lead to a significant increase in explanatory power, $R^2 = .049$, $F(7, 198) = 1.459$, $p > .05$. Among the trauma dimensions, only emotional neglect emerged as a significant predictor ($B = -3.060$, $SE = 1.450$, $p < .05$), showing a negative association with PTG. This suggests that emotional neglect may hinder perceptions of growth after trauma. In the third and final model, resilience-related factors were added, resulting in a substantial increase in explanatory power, $R^2 = .247$, $F(12, 193) = 5.285$, $p < .001$. Within this model, purpose ($B = 3.742$, $SE = 1.496$, $p < .01$) and generativity ($B = 4.524$, $SE = 1.432$, $p < .01$) emerged as significant positive predictors, indicating that these personal strengths are associated with greater perceived growth following adversity. No other predictors were statistically significant in this final model.

Table 10

Hierarchical Multiple Linear Regression Predicting Posttraumatic Growth

	Posttraumatic Growth		
	Model 1	Model 2	Model 3
Age	2.328 (1.567)	2.578 (1.622)	0.520 (1.542)
Gender	-2.852 (1.953)	-2.707 (2.032)	-1.039 (1.888)
Trauma			
Emotional Neglect	-	-3.060 (1.450)*	-0.882 (1.390)
Emotional Abuse	-	1.663 (1.668)	1.485 (1.510)
Sexual Abuse	-	0.993 (2.087)	2.059 (1.938)
Physical Abuse	-	-0.651 (2.332)	-1.568 (2.149)
Physical Neglect	-	3.540 (2.488)	2.699 (2.283)
Resilience			
Emotion Regulation	-	-	-1.438 (1.376)
Positive Emotion Regulation	-	-	1.847 (1.459)
Purpose	-	-	3.742 (1.496)*
Generativity	-	-	4.524 (1.432)**
Polystrengths	-	-	-0.217 (0.980)
R^2	0.022	0.049	0.247
F	2.274	1.459	5.285***

Note. Model 1 (Age and Gender); Model 2 (Age, Gender and Childhood Trauma); Model 3 (Age, Gender, Childhood Trauma and Resilience)

* $p < .05$., ** $p < .01$., *** $p < .001$.

Discussion

The main objective of this study, grounded in the Resilience Portfolio Model, was to examine how personal resilience resources (Grych et al., 2015; Hamby et al., 2018) relate to childhood traumatic experiences and how these associations influence posttraumatic growth and the manifestation of psychopathological symptoms in adulthood. This section presents and discusses the key findings in light of theory, current literature, and implications for future research and clinical practice.

The Appropriateness of the Resilience Portfolio Measures in the Portuguese Context

One of the objectives of this study was to adapt and validate selected measures from the Resilience Portfolio Model for the Portuguese population aged 25 to 64. Following the model, a set of instruments was chosen to assess personal resilience resources across three core domains: regulatory strengths (Emotion and Positive Emotion Regulation), interpersonal strengths (Generativity), and meaning-making strengths (Purpose).

The analyses supported the proposed theoretical structure, demonstrating good overall model fit and adequate internal consistency across all scales. These findings align with the model's prior research, indicating sound psychometric properties in both cultural and cross-cultural applications (Hamby et al., 2018; Gonzalez-Mendez et al., 2021). Furthermore, studies in adversity contexts, such as those by Kelmendi and Hamby (2024) and Hamby et al. (2020), have highlighted the relevance of these strengths in promoting psychological well-being, supported by robust factor structures and consistent findings.

These results not only validate the theoretical assumptions of the Resilience Portfolio Model but also provide empirical evidence for its applicability within the Portuguese context. Beyond statistical validity, this validation contributes to a deeper understanding of how key personal resources, such as self-regulation, purpose, and generativity, operate in practice to support positive adaptation and recovery in the face of adversity.

Childhood Trauma, Internal Strengths, and Psychological Outcomes

The first hypothesis was supported: childhood trauma was negatively associated with personal resilience resources and positively related to psychological distress in adulthood. Emotional neglect and emotional abuse were the most impactful, consistently linked to lower emotional regulation and purpose. These results reflect a well-established pattern in trauma research: early emotional maltreatment can undermine the development of core self-regulatory skills and disrupt identity formation (Caetano & Pereira, 2024; McLaughlin, 2016). Notably, other trauma types (e.g., physical abuse, sexual abuse) showed weaker or inconsistent associations. This heterogeneity points to the complex interplay between trauma subtype, individual sensitivity, and contextual factors such as relational support (Danese & Widom, 2020). In this context, personal strengths appear especially relevant, as highlighted in previous studies emphasizing their protective role in mitigating the negative outcomes of early adversity (Hamby et al., 2018; González-Méndez et al., 2021).

While Hypothesis 1 did not explicitly include posttraumatic growth (PTG), its discussion here provides a broader understanding of how internal strengths affected by trauma also shape adaptive outcomes beyond psychopathology. Importantly, resilience resources such as emotion regulation and purpose were strongly linked to PTG, suggesting their foundational role in adaptive responses. This relationship becomes even more relevant when considering the construct of PTG, which reflects positive psychological changes following adversity. Therefore, the extent to which PTG coexists with or diverges from distress warrants closer examination.

Interestingly, no significant association was found between PTG and psychological distress, suggesting that these two processes may coexist rather than be mutually exclusive. This lends support to

the perspective that PTG reflects a subjective reinterpretation of adversity, not necessarily the elimination of suffering (Tedeschi & Calhoun, 2004; Zoellner & Maercker, 2006). These findings underscore an important consideration: perceived growth may not always reflect actual psychological change, but could at times be shaped by coping illusions or cultural narratives (Lahav et al., 2017). Clarifying this distinction is essential to understanding whether posttraumatic growth reflects genuine psychological transformation or functions as an adaptive narrative strategy in the aftermath of trauma.

Childhood Trauma and Adult Psychopathology: The Role of Internal Resilience

Considering the first three models of the hierarchical regression, the findings provide support for Hypothesis 2. The third model, which incorporated both childhood trauma and internal resilience resources, was statistically significant. However, among the different trauma types, only sexual abuse emerged as a significant individual predictor of psychological symptoms in adulthood, showing a positive association. This finding underscores the distinct and lasting impact that sexual victimization can have on psychological functioning, as emphasized in previous literature (Danese & Widom, 2020). In contrast, the lack of statistically significant associations for other trauma types should not be interpreted as evidence of no psychological impact. Rather, it reflects the complex and multifactorial nature of trauma, which is influenced by severity, chronicity, relational dynamics, and access to protective factors such as social support and coping mechanisms (McLaughlin, 2016; Danese & Widom, 2020). These results also point to the limitations of retrospective self-report instruments, which may not fully capture the subjective and contextual nuances of traumatic experiences.

Importantly, even when controlling for the effects of trauma, internal resilience resources, particularly emotional regulation and purpose, remained significant predictors of psychological distress. This suggests that personal strengths contribute independently to mental health outcomes and may serve as protective mechanisms that buffer, or even override, the effects of certain adversities. These findings are consistent with the theoretical assumptions of the Resilience Portfolio Model (Grych et al., 2015), which emphasizes the central role of internal assets in fostering psychological adjustment across risk contexts (Hamby et al., 2018; Caetano & Pereira, 2024).

Such insights reinforce the idea that childhood adversity should not be viewed solely as a risk factor, but rather within a broader framework that considers the personal and contextual resources individuals mobilize to resist and recover from adversity (Kalmakis & Chandler, 2015). This perspective is essential for advancing resilience-informed approaches in both research and clinical practice, particularly in contexts where trauma alone does not fully explain psychological outcomes.

Resilience Strengths as Predictors of Posttraumatic Growth

Supporting Hypothesis 3, resilience resources, especially purpose and generativity, were significantly associated with higher levels of PTG. Adults who saw their lives as meaningful and felt a sense of responsibility toward future generations were more likely to report growth following adversity. These findings are consistent with theoretical and empirical literature suggesting that resilience-related strengths contribute not only to psychological protection but also to the reconstruction of meaning and identity after trauma (González-Méndez et al., 2021; Brooks et al., 2023). Purpose, in particular, appears to facilitate the reorganization of personal narratives, helping individuals integrate adversity into a coherent life story (Tedeschi & Calhoun, 2004; McLaughlin, 2016).

Although less frequently studied in trauma contexts, generativity emerged as a key predictor. It reflects a developmental capacity to contribute to the well-being of others and is often expressed through caregiving, mentorship, or community involvement. This process may serve as a behavioral expression of posttraumatic growth, enabling individuals to transform personal suffering into prosocial engagement (Landes et al., 2014; Brooks et al., 2023). As Erikson (1982) proposed, generativity represents a key milestone in adult development, allowing individuals to transcend personal adversity by investing in future generations. Within this framework, PTG may reflect not only personal resilience but also the fulfilment of broader psychosocial goals.

In contrast, and in line with the findings of the second regression analysis, the inclusion of trauma variables in Model 5, before the addition of resilience resources, led to a decrease in explanatory power compared to the final model. Among the trauma subtypes, only emotional neglect was a significant predictor, negatively associated with PTG. This suggests that the early absence of emotional support may impair the ability to reconstruct meaning in adulthood, particularly when internal resources are not sufficiently developed. Nonetheless, the predictive value of resilience resources remained strong, even in the presence of past adversity (Hamby et al., 2018; Hamby et al., 2015). Taken together, these findings reinforce that posttraumatic growth does not require the absence of psychological distress, but rather the presence of internal strengths that support meaning-making, identity rebuilding, and the capacity to move forward despite adversity (Grych et al., 2015).

Strengths and Limitations

The results of this study should be interpreted in light of its key strengths and limitations to adequately contextualize its scientific contribution and the validity of its conclusions. Notably, this was the first study conducted in Portugal to apply instruments from the Resilience Portfolio Model, marking an important step toward expanding the model's empirical validation and application in new cultural settings.

Nevertheless, certain limitations must be acknowledged. The sample was predominantly composed of female participants, which constrained the examination of gender-based differences and may limit the generalizability of the findings. Furthermore, all participants had resided in Portugal until at least the age of 15, which restricts the applicability of the results to other sociocultural contexts. Despite these constraints, the study offers valuable insights and lays the groundwork for future research with more diverse and representative samples.

While not necessarily a limitation in itself, it is worth noting that the emotional neglect subscale of the CTQ is composed exclusively of reverse-coded and indirectly phrased items. Although this is a common and generally accepted practice in psychometric instruments, it may introduce some interpretive difficulty for participants. This increased complexity could have influenced how some individuals responded, though such effects are likely to be limited. Nonetheless, it remains important to consider how item formulation might subtly affect the sensitivity of the subscale in capturing certain forms of adversity.

Finally, one of the major strengths of this study lies in its theoretical foundation in the Resilience Portfolio Model (Grych et al., 2015), which provided a structured framework for examining the role of internal resources in psychological outcomes. However, due to practical constraints, such as the length of the questionnaire, the sensitivity of its content, and limited available resources, it was not feasible to include all components of the resilience framework. This limitation has also been noted in previous studies, which emphasize the challenge of capturing the full complexity of personal strengths within a single research design (Hamby et al., 2018). Further investigations are therefore warranted to advance the integration of this model into broader resilience research and to extend the validation of its constructs in varied populations.

Implications and Conclusion

The data underscore the crucial role of internal resources in shaping how individuals navigate adversity across the lifespan. Constructs such as emotion regulation, purpose, and generativity emerged as central, not only for understanding the psychological consequences of trauma but also for illuminating the processes of adaptation and personal reconstruction. These findings reinforce the view that such strengths should not be conceptualized as isolated traits but rather as dynamic capacities embedded within each individual's life narrative, forming the core of resilient functioning.

By applying the Resilience Portfolio Model measures for the first time in the Portuguese context, this study contributes to expanding the empirical and cultural applicability of the model, underscoring its value in understanding mental health within adversity-related contexts. The results offer significant

implications not only for scientific inquiry but also for clinical practice, where interventions may benefit from a dual focus, specifically, alleviating psychological distress while actively cultivating personal strengths that foster growth and adaptation. Importantly, the finding that individuals may experience personal development alongside ongoing distress invites a more nuanced understanding of resilience, not as the absence of suffering, but as the capacity to meaningfully integrate adverse experiences in ways that promote psychological well-being and long-term adaptation.

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