WOMEN WHO ENDURED CHILDHOOD MALTREATMENT: HOW RESILIENCY LED TO LOWER MENTAL HEALTH ISSUES

by

Rebecca L. Hirshman

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

The purpose of this study was to have a better understanding of the positive impact that resiliency has on an individual that has endured childhood maltreatment. This qualitative study focused on the information gathered from seven women ranging in age from 18 to 60 years old. Each participant answered three questionnaires (the Adverse Childhood Experience, Brief Resilience Coping Scale, and a Survey Questionnaire) prior to participating in a Zoom interview. This study elaborated on the four types of childhood maltreatment, what prompted the need for programs and interventions, the detrimental effects it has on the development of children and their physical and mental health in adulthood, and the importance of resiliency to live a successful life with little to no mental health issues. Individuals that endured childhood maltreatment shared where they believe their resiliency stemmed from and whether or not it lowered their mental health issues. The major finding from this study was that all of the resilient women who participated in this study were impacted by a significant person in their lives.

Keywords: childhood maltreatment, resilience, abuse, mental health

Copyright Page

Dedication

This dissertation is dedicated to my wonderful husband Lee, my loving children, Hannah, Haven, and Hopey, my mom, and my sister. I cannot thank you all enough for your love, patience, and understanding during this process. I love you all so much more!

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I am beyond grateful for the opportunity to have this experience. There were a number of times when I honestly did not think I was going to be able to complete this journey. Dr. Suzie Johnson, I want to thank you for the advice, support, and encouragement you gave me. Dr. Tara Whitfield, words cannot possibly express how thankful I am that God placed you in my life when He did. You have been a constant source of encouragement. The days when I wanted to throw in the towel, you were there cheering me on. Thank you from the bottom of my heart!

Mom, thank you for your love. Thank you for always stepping in and helping out with the girls or with anything else I may have needed. Thank you for believing in me and giving me the courage to go after my dreams. You have always been my biggest fan! I love you so very much!

To my sister, I do not know where to begin. You are the reason for so many good things. Whenever I doubted myself, you always managed to build me up. Your love and support carried me through on many, many occasions, and for that, I am forever grateful. At my lowest of lows or my highest of highs, you are always there. Thank you for being the best big sister a girl could have.

Hannah, Haven, and Hopey, you are my absolute world. I know this journey of mine has been a bit hectic and crazy, but I hope it inspires you to always follow your dreams. You girls are three of the best gifts God has ever given to me, and I am blessed that He chose me to be your mother. I pray that each of you aspires to reach your goals, go after what you love, and always keep God first in everything you do. I love you all so much more!

To my Superman of a husband! Thank you for being you! I am certain that God opened the heavens and placed you here on earth specifically for me. You are the most supportive,

kindhearted, loving, and generous man. Thank you for picking up the slack and taking care of things when I was busy doing schoolwork. You are the best! Love you so much more!

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List of Abbreviations

Adverse Childhood Experience Questionnaire (ACE)

Brief Resiliency Coping Scale (BRCS)

Child Abuse Prevention and Treatment Act (CAPTA)

Computer Assisted Qualitative Data Analysis Software (CAQDAS)

Post-Traumatic Stress Disorder (PTSD)

CHAPTER ONE: INTRODUCTION

Overview

There are a number of women in the United States who have endured childhood maltreatment. For many of these women, they struggle with physical and/or mental health issues that are life altering. However, for some women, the outcome is different. These women manage to beat the odds and are living their lives with little to no mental health issues. In this study, research indicated that such women are considered more resilient than those that endured greater mental health issues. Clearly, some women are more resilient than others, and this study sought to determine why this is the case.

Many women who have endured childhood maltreatment and suffer from fewer mental health issues have indicated that there are certain forces that have provoked such resilience. Previous research indicates that an individual's resilience may stem from their genetic make-up, childhood support system, one particular trusted caregiver or significant person in their life, religious beliefs, and/or the support received from their community.

Research shows that childhood maltreatment has existed for all time, but research and awareness may be the very reason that women have developed into adulthood with little or no mental health issues. Developing research and awareness of the importance of a child's safety and well-being as well as helping to create a healthy stable environment is critical in helping women become more resilient and leads to a healthier adulthood.

Background

Historical Overview

For the historical overview, it is relevant to first discuss how, when, why, and what the process was for identifying the negative effects of childhood maltreatment. This is important

because it is necessary to know that it was determined that childhood maltreatment can and does lead to serious mental health issues in adulthood. Over the years, being able to identify the detrimental effects of childhood maltreatment has led to the acknowledgement that certain programs and interventions are beneficial in helping these children. Once a better understanding of how it was determined that childhood maltreatment leads to mental health issues has been established, it is important to recognize that there are a number of women who have overcome the odds of developing major mental health issues. More importantly, researchers have recognized that it is due to resiliency that such women have been able to enter adulthood and live their adult lives with little to no mental health issues. Recognizing the importance of how resiliency positively affects an individual has taken researchers a number of years.

Unfortunately, from very early on, childhood maltreatment has been an issue. It was not until more recent years that greater attention has been placed on the detrimental effects of childhood maltreatment occurring sometime between the ages of 0 to 17 years old. In ancient times, infants did not have rights and were considered the property of their fathers who had the right to kill their child if it seemed rational (e.g., deformity, illegitimacy, health reasons). If for any reason a child was considered a burden to the "general welfare of society" (Gosselin, 2014, p. 81), a child's life could be taken. The Stubborn Child Laws gave parents the authority to punish their children in a harsh manner and were allowed to "put their child to death" due to unacceptable behaviors (Gosselin, 2014). During colonial times, it is estimated that over two thirds of the children died before the age of 4 (Gosselin, 2014). Bringing recognition to the seriousness of child maltreatment was a slow process; however, attitudes and changes were beginning to take place. Specific movements started to take place.

Resiliency was recognized as an important factor in how individuals were able to "bounce back" from any particular trauma. Several researchers found an interest in studying the positive impact of resilience. Over the past 30 years, Garmezy, Rutter, and Werner have made resiliency research an area that has prompted other researchers to consider when implementing studies. These researchers introduced resilience into the psychological world, and it became quite an interest for a number of researchers, theorists, and practitioners (Bolton, Hall, Blundo, & Lehmann, 2017). Typically, researchers focused on the problem that existed and how it negatively affected an individual. It was in the 1980s that researchers became interested in why some individuals thrive despite the trauma they have endured (Bolton et al., 2017). It was during this era that a change took place, prompting an interest in positivity and strength, which may be what promoted resiliency.

Social Background

Childhood maltreatment does not only affect the child being abused but also affects a number of other individuals. Childhood maltreatment can have a significant impact on an individual's mental health in adulthood. It has been established over the years that childhood maltreatment may lead to depression, which is one of the most common mental illnesses (Merrick et al., 2017). Depression often leads to suicide. This has brought awareness to the seriousness of depression and has prompted different organizations to form in order to better help these individuals. Depression is not the only major mental health issue an individual may suffer from due to childhood maltreatment. Such mental health issues as alcohol and/or drug addiction, anxiety disorders, post-traumatic stress disorder (PTSD), panic disorders, eating disorders, self-harm, and suicidal ideation may be the result of childhood maltreatment (Norman et al., 2012).

The mental health issues suffered by these individuals can affect other family members, schools, communities, states, and the nation as a whole. As adults, it is necessary to be able to function in the work field and as a spouse, as a parent, or a friend. When individuals suffer from mental health issues, they quite often are unable to function in society. This leaves society caring for the needs of these individuals.

Theoretical Background

Resiliency theory is a theory implemented in the early 1980s. As mentioned previously in this study, individuals' becoming more aware of the detrimental impact of child abuse has played a significant role in better understanding why certain laws and acts needed to be put in place. Knowledge of the long-term negative effects that physical abuse, sexual abuse, psychological abuse, and neglect have on an individual really did not take place until the late 1990s (Boullier & Blair, 2018). Over the years, the impact of childhood maltreatment has been further researched, and studies show how traumatizing and life-altering such maltreatment is on the child and on an individual's adulthood. Many individuals were unaware of how detrimental childhood maltreatment was for the child. Research has indicated that evidence of how childhood trauma can permanently damage the developing brain, causing issues with the immune, neurobiological, and endocrine systems, which exposes an individual to being at a higher risk for chronic diseases and early death (Boullier & Blair, 2018).

It was evident that interventions needed to take place, not only to protect the child from further abuse but also to find ways to help these children overcome the issues caused by their abuse. Although many individuals suffer greatly from childhood maltreatment, there are a number of cases where individuals suffer very little to no mental health issues. Why this happened for some individuals and not others was rarely, if at all, researched. In the past 30

years, more emphasis has been placed on the importance of resiliency, what it means, where it come from, and how children can strengthen their resiliency. Resiliency theory is widely used when researchers want to have a better understanding of how an individual has succeeded in adulthood, beating the odds of the typical effects of trauma. Resiliency theory focuses on three aspects: risk factors, protective factors, and vulnerability factors (Bolton et al., 2017). To better understanding the concept of resilience and the positive impact it has on an individual, a number of researchers identified and defined four different waves used with resiliency theory (Bolton et al., 2017).

Situation to Self

The reason I have chosen this topic is because my three daughters have a father who has caused a significant amount of emotional trauma in their lives. My children are 20, 16, and 13 years old. Their father and I have been separated/divorced for over eight years. His lack of participation in their lives, such as not attending school events or extracurricular events brought great disappointment to the children. He would make promises to them that over 90% of the time were not followed through. When he was home, he spent most of his time lying in bed, unable to participate in normal, everyday life events. When the children would express their sadness or disappointment, he would resort to insulting them, making light of what was important to them. Rejection has been one of the greatest issues my children have experienced. The repetitiveness of his behaviors over the years has caused the children to experience anxiety, fears, and phobias. I decided to research my topic, determined to find ways that may help my children to not carry any mental health issues into adulthood. I wanted to find out how some women not only survived childhood maltreatment but were able to thrive with little to no adult mental health issues.

For the research I implemented, I had firsthand experience in being a part of a situation that I think will help support the findings of the importance of resiliency. With my three daughters, all three currently display different levels of resiliency. I am trying to understand why they each demonstrate such significant differences in how resilient they are, especially when it comes to having a relationship with their father and the impact it has on their normal, everyday life experiences. Of course, I feel as though I am raising each one in rather similar situations, but clearly one child is more resilient than the other two. In my researching adult women, I felt that it has given me insight into different approaches that may be helpful in establishing higher levels of resiliency.

I am also a kindergarten teacher and find it to be rather important to be knowledgeable on what promotes resiliency in the children I teach. I have taught a number of students who have endured childhood maltreatment, and I wanted to know what steps, interventions, or programs may be helpful in training resilience. Obviously, we are all created and wired differently, even if people are siblings, so it matters as to which outside sources are implemented in order to build on resiliency. I believe in my data research I was able to find information that will help not only my own children, but all children who have endured or are enduring childhood maltreatment.

Problem Statement

The study of how some women who have endured childhood maltreatment are able to have adulthoods with little to no mental health issues is not researched enough. There is evidence indicating that resiliency plays a significant role in the lessening of mental health issues, but this topic is not studied in abundance. It is clear that childhood maltreatment can and does cause significant mental health issues, but with little research being implemented on how to lessen these issues, communities, families, and schools are limited to helping abused individuals. There

are few articles on promotion of resiliency in order to help lower or eliminate mental health issues.

Research indicates that for individuals with higher levels of "resiliency characteristics, psychological distress scores were low regardless of the type or multiplicity of child maltreatment status" (Edwards, Probst, Rodenhizer-Stämpfli, Gidycz, & Tansill, 2014, p. 190). If more research were to be conducted focusing on women who have managed to successfully overcome childhood maltreatment with little to no mental health issues, understanding their sources of resilience may better help society as a whole. This current study, which examined where and how resiliency played a significant role in how and why the participating women were able to overcome childhood maltreatment, fills this gap in the literature.

Purpose Statement

The purpose of this qualitative study was to determine the importance of developing resiliency in childhood and/or adolescence in order to lessen the likelihood of developing significant mental health issues during adulthood. The participants consisted of women between the ages of 18–60 years old. This study was a qualitative study which consisted of seven participants engaging in a Zoom interview. For the interview process, seven women were interviewed. Each of these women had little to no mental health issues and suffered one or more forms of childhood maltreatment, which were brought on by a significant caregiver in their lives.

Significance of the Study

There is already a significant amount of research that has been conducted on the impact that childhood maltreatment has on an individual's mental health, but there has been far less research conducted on how some individuals have little to no resulting mental health issues. This study is the reverse of what has already been researched.

Researching and establishing reasons as to how and why such women have been able to avoid significant mental health issues may have the potential to help children who are currently enduring childhood maltreatment. Establishing childhood maltreatment prevention programs and specific interventions is quite effective. Having such programs available at the early stages of life may ultimately prevent future mental health issues, which promotes better psychological functioning, social functioning, life expectancy, and reduces the cost of health care (Mikton & Butchart, 2009).

Discovering ways to help build an individual's level of resiliency may be a key element of overcoming childhood maltreatment. Resiliency may be built through an individual's community, specific adult influence, and/or spiritual/religious aspects. Identifying why and how an individual may react to childhood maltreatment with higher levels of resiliency as opposed to those with lower levels of resiliency, whether stemming from genetics or outside forces, will give clearer indications on what society as a whole needs to do to help in the process of lowering mental health issues. In prior research, studies focused more on the individual and his/her resilience rather than resilience in the whole community (Fleming & Ledogar, 2008).

It is evident that childhood maltreatment can cause trauma for individuals in adulthood, but for some individuals this is not the case. Some people have high levels of resiliency, and for these individuals their mental health issues may be less severe or nonexistent. The researcher felt it was imperative to examine how and why some women have higher levels of resiliency. This particular research explored not only the topic of women with high resiliency but focused on the source of their resiliency and the impact it has had on their mental health.

Research Question

The question that was most relevant in obtaining the necessary findings for this study was as follows: In your opinion, what do you believe contributed to your high level of resiliency in the face of your childhood trauma?

Definitions

1. *Physical Abuse* – acts of physical assault brought on by parents or a caregiver which result in serious physical harm or death (Mathews, 2014).
2. *Child Sexual Abuse* – any sexual crime or offense against children up to the age of 17 (Finkelhor, 2009).
3. *Psychological Abuse* – pervasive or persistent acts or omissions, brought on by a parent or caregiver, that result in serious emotional harm (Mathews, 2014).
4. *Neglect* – when a parent or caregiver refuses or fails to provide adequate care (e.g., lack of food, water, clothing, shelter; Gosselin, 2014).
5. *Mental Health* – a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (Galderisi, Heinz, Kastrup, Beezhold, & Sartorius, 2015).
6. *Resilience* – positive adaptation despite adversity (Fleming & Ledogar, 2008).
7. *Prevention* – interventions that are put in place early on in a child's life to help prevent long term effects of childhood maltreatment (Mikton & Butchart, 2009).
8. *Risk Factors* – events of adversity or conditions of vulnerability (Bolton et al., 2017).
9. *Protective Factors* – refer to personality characteristics and environmental resources that aid in preventing maladjustment (Bolton et al., 2017)

10. *Vulnerable Factors* – refer to personality characteristics or environmental resources that lead to greater maladjustment among individuals when faced with adversity (Bolton et al., 2017).

Summary

Mental health issues affect a great number of women. Research indicates that many women who struggle with specific types of mental health issues endured childhood maltreatment; however, there are also a number of childhood trauma survivors who have been able to function in adult life with little to no mental health issues. Although many articles and studies examine how childhood trauma causes mental health issues, far less research examines how resiliency may play a key role in overcoming adult mental health issues related to childhood trauma.

In this study, after researching, surveying, and interviewing different women, the researcher gained a better understanding of how resiliency played a major role in lessening adult mental health issues for each of the participants. Such research indicated where and how higher levels of resiliency were achieved. In the findings after such research was implemented, the researcher is hopeful, for the sake of all children enduring childhood maltreatment, that specific prevention and intervention may occur immediately upon recognizing such maltreatment.

CHAPTER TWO: LITERATURE REVIEW

Overview

Resiliency may the key to lower mental health issues in women who have endured childhood maltreatment. Many children around the world suffer at the hands of a caregiver who abuses them. Childhood maltreatment is a major public health, human rights, legal and social issue (Meng, Fleury, Xiang, Li, & D'Arcy, 2017). Within the United States, there are a number of youth who endure child abuse. The U.S. Department of Health and Human Services, Administration for Children and Families indicates that there are over 702,000 children that have been reported as enduring childhood maltreatment (Ashy, Yu, Gutowski, Samkavitz, & Malley-Morrison, 2017).

There are four major types of abuse considered to be childhood maltreatment. These four types of abuse can have a major impact on the development of a woman. The four types of abuse are physical abuse, sexual abuse, emotional abuse, and neglect. Each form of abuse, whether happening alone or in conjunction with another form of abuse, has the potential to cause a number of different physical and/or mental health issues for an individual. Childhood maltreatment is a difficult and serious problem, and it has been linked to a number of different mental and physical health problems (Hahm, Lee, Ozonoff, & Van Wert, 2010).

For many individuals there are significant effects that occur due to childhood maltreatment; however, there are cases where these individuals may be able to lower the risk of mental health issues. There are several researchers that have made an enormous impact on the study of resilience over the past 25–30 years. Resiliency theory was developed more recently in working to develop a common understanding as to how some individuals are able to overcome adversity. Being resilient may promote lower levels of mental health issues. There are specific

concepts and terms used to help identify the process which leads to resiliency. The significance of resiliency was identified, and prompted a movement which has sparked different researchers to further study the concept.

Resilience is often difficult to define, making it difficult to measure. There are some people who are more resilient than others. Trying to figure out the source of that resilience can be a challenge. Resiliency may stem from genetic make-up, having the support of a trusted adult, faith/spirituality, or community support. There have been research and studies implemented to establish a better understanding of how and why some individuals press through their difficulties and others suffer drastically. In this study, the focus is not only on women who have thrived after childhood maltreatment but who have done so with little to no mental health issues.

Theoretical Framework

The Development of Resiliency Theory

The term resilience has popped up in many more articles in this day opposed to 20 plus years ago. There is a higher level of interest in how an individual copes after having dealt with childhood trauma rather than focusing on the significant issues that may stem from such adversity. There is more of an interest in how one overcomes rather than succumbs to risk factors (Ager, 2013). One particular theory that has been used when researching individuals who have endured trauma is resiliency theory. This theory helps give a better understanding as to why some children grow to be healthy adults regardless of their past childhood trauma (Zimmerman, 2013). A number of researchers found significant studies on the problems with enduring childhood maltreatment, but there was not research on why some children grew to have little negative effects. Researchers found an interest in focusing on the positive factors that existed in

these individuals' lives that took them from a path of potential mental destruction to a path of mental health.

There were three significant individuals with an interest in the important role of resiliency in the life of an individual who has suffered from childhood trauma. Dr. Norman Garmezy was a professor at the University of Minnesota and during the 1970s became engrossed in the topic of resiliency. Garmezy played a significant role in the study of individuals who were at risk for developing long-term developmental issues (Masten & Cicchetti, 2012). He was more interested in the qualitative research process due to his interest in an individual's personal experiences, what these individuals found most helpful, and how the findings may bring information that would establish a better way to help children experiencing adversity (Rutter, 2012). He was concerned about the well-being of those who endured adversity. Rutter (2012) claimed that the field of resilience research was shaped by Garmezy's vision.

Scientific and theoretical research has also been gathered with the use of four waves of inquiry (Bolton et al., 2017). These waves consist of the following: First Wave: trait/characteristic identification; Second Wave: Process identification; Third Wave: extension of process and boost of protective processes; and Fourth Wave: Multilevel analysis (inclusion of biological components and markers; Bolton et al., 2017).

A psychiatrist by the name of Michael Rutter is another individual who studied the importance of resilience. He also made it clear that a number of researchers put the fields of competence, positive psychology, risk and protection and resilience in the same group, and although they are all important, they should not be grouped together (Rutter, 2012).

It was during the late 1980s that an increased interest in resiliency took place. A psychologist by the name of Emmy Werner began extensive research on the positive impact that

resiliency was having on individuals who endured trauma; he began a movement which focused on strengths (Bolton et al., 2017). Dr. Werner and her colleague, Dr. Smith, conducted a study in which they discovered that although specific children endured "risk factors," a number of them demonstrated "positive adaptation" (Bolton et al., 2017).

There are three parts that make up resiliency theory: risk factors, protective factors, and vulnerability factors (Bolton et al., 2017). The risk factor for the individuals that were interviewed in this research was the childhood maltreatment they each endured. Bolton et al. (2017) stated that resilience is a process that takes place after an individual has experienced a risk factor. How an individual is classified as being more resilient may be identified by the path leading to their successful outcome. Bolton et al. (2017) stated that risk factors are conditions of adversity that show protective and vulnerability factors.

Each person in this interview process used some form of protective factor in order to overcome the trauma she endured as a child. Such terms as promotive or positive factors are also used when discussing or describing the means by which a healthy outcome was achieved. These factors may be divided into two types referred to as assets and resources (Zimmerman, 2013). An individual's assets are his or her self-esteem or self-efficacy, and resources refer to the outside involvement (parents, community programs, supportive adults).

When referring to vulnerability factors, researchers are looking for the aspects of an individual's life that may lead to greater negative effects in a person's life. Vulnerability factors may be referred to as vulnerability mechanisms or negative personality traits (Bolton et al., 2017). These findings help identify an individual's growth pattern leading to adulthood.

Resiliency theory provides a framework that may be used as a guide for researchers, allowing for there to be a common ground in defining and identifying the positive impact of

resilience. Using resiliency theory creates a common language which is not only helpful to researchers but also to the general public (Zimmerman, 2013). Resiliency theory demonstrates a process taken to get an individual from childhood to adulthood with little to no mental health issues regardless of the childhood trauma. Resiliency theory has a model typically used. This model is known as the Process Model of Resilience. There are four phases: confrontation with risk factors, activation of protective/vulnerability factors, interaction of protective/vulnerability factors, and possible outcomes (Bolton et al., 2017).

Resilience

The concept of resiliency refers to how individuals function and adapt to adversity. The word resilience comes from the Latin work *resilire* meaning "to leap back" (Hu, Zhang, & Wang, 2015). According to the *Oxford English Dictionary*, it means to be able to withstand or recover quickly from a difficult condition (as cited in Hu et al., 2015). From a psychology perspective, resilience means to bounce back from a negative emotional experience and to be able to adapt to a rather stressful experience (Hu et al., 2015).

The way in which an individual develops certain childhood tasks gives indication of his or her resilience (Dubowitz et al., 2016). Resilience is often difficult to specifically define. Researchers have come to the realization that how an individual adapts to adversity is important, but coming up with a suitable definition of resilience has been a challenge (Collishaw et al., 2007). Resilience may also be difficult to measure. The difficulty in defining and measuring resilience is due to the fact that it is a dynamic process in which there are a number of factors that may take place throughout the different stages of a person's life that may enable him or her to develop, maintain, or regain mental stability regardless of the adversity that he or she may have endured (Tonmyr, Wekerle, Zangeneh, & Fallon, 2011).

Having an understanding of the mechanisms that lead to an individual being resilient is important (Kim-Cohen & Turkewitz, 2012). Resiliency may stem from both the environment and/or another means of support. Approximately one third of those who endured childhood maltreatment developed into thriving adults, which demonstrates remarkable resiliency (Orbke & Smith, 2013). For those considered resilient, they most likely enjoyed good health, good interpersonal relationships, and avoided committing any form of crime (Collishaw et al., 2007).

Genetic Make-Up

Individuals' genetic makeup may help determine how well they adapt to a situation and/or how well they may be able to make use of the supportive resources they may find in their environment (Kim-Cohen & Turkewitz, 2012). Resiliency, for acute trauma, may be defined in three different categories. These categories consist of (a) resistance or maintenance of function, (b) decline in functioning followed by recovery, and (c) functioning that improves over baseline as a result of the stressful experience (Kim-Cohen & Turkewitz, 2012). A person's genetic make-up may be involved in determining a person's resilience ability. Kim-Cohen and Turkewitz (2012) shared that resilience is heritable, and that genetic variation may affect a person's psychological outcome.

Genetics may play a part in the outcome of mental health issues. Research has shown that many of the psychological disorders, which may develop in adults who were maltreated, may be hereditary (McCrory, De Brito, & Viding, 2010). This does not mean that there are genes that form mental health issues. What this means is that for each individual there is a gene variant that may contribute to whether or not an individual may develop a psychiatric disorder (McCrory et al., 2010).

Certain characteristics have been linked to resiliency. There are a number of characteristics that may help promote biopsychosocial well-being despite the fact that these individuals have faced child abuse (Edwards et al., 2014). Specific characteristics may include hardiness (ability to cope with change, unexpected events, and stress), persistence (ability to achieve goals regardless of setbacks), commitment (finding meaningful purpose), believing one can control surroundings and outcomes, and believing much can be learned from both positive and negative events that occur in life (Edwards et al., 2014). When a child displays the ability to positively function, he or she is upholding the expectations of society (Dubowitz et al., 2016).

Trusted Adult Support

Having a trusted adult in childhood has been associated with a better adult life outcome (reduction in alcohol use, smoking, poor diet, and lower mental health issues; Bellis et al., 2017). There are cases where those who have endured childhood maltreatment have been fortunate in having another adult in their life that is a positive means of support. For some children, school was a place where they had a positive encounter. School was at least a place where children could go for approximately seven or eight hours and not have to endure abuse.

Having a relationship with a supportive adult is possibly the most influential factor in developing a positive outcome for children of abuse (Orbke & Smith, 2013). The teacher sometimes fulfills a motherly role, providing basic necessities when needed. For some children, they formed a close bond with their siblings. Research indicates that having access to a trusted adult may lessen the effects of childhood maltreatment (Bellis et al., 2017). In some instances, a child may be placed outside of his or her home (foster care) if deemed necessary. If a child is placed outside of his or her home, it is necessary that he or she is placed with a caregiver that is providing adequate emotional support (Sattler & Font, 2018).

Research shows that for individuals who endure childhood maltreatment, having a supportive family member and/or friend may contribute to higher levels of resiliency. When support is displayed it has been shown to positively affect an individual's well-being in a couple of different ways: it acts as a promotive factor associated with a positive outcome and as a protective factor, buffering against negative outcomes (Folger & Wright, 2013). In childhood it seems that the most likely form of support will come from a family member, whereas in adulthood the support system is most likely to come from a friend.

Faith/Spirituality

Through a person's faith and spirituality, resilience may exist. Spirituality may be at the core of an individual's resilience. As a means of coping with childhood maltreatment, spirituality gives people the ability to put meaning to what they endured and is a positive coping mechanism that may help bring healing (Howell & Miller-Graff, 2014). Having faith allows hope in a situation that seems hopeless. For many individuals who were abused in their childhood, they relied on God to pull them through. Attending prayer groups allows some women to recognize their self-value as God became the turning point in their lives (Thomas & Hall, 2008). In a number of cases, women have shared that they find comfort in their faith and spiritual beliefs as well as feeling a sense of strengthened faith or spiritual beliefs because of the emotional difficulties endured in childhood (Sansone, Kelley, & Forbis, 2013).

For some, it is a matter of what promotes resiliency within him or her. LaMothe (2015) examined resilience through Christian social imaginaries, suggesting that one's resiliency may be directly linked to his or her social imaginaries of faith. These social imaginaries give meaning and purpose shaping emotions and identifications that enable individuals to overcome adversity.

Community Support

Genetics, personality, family interactions, and environments play a significant role in an individual's ability to be resilient, but there may be another aspect that is added to the developmental success of youth. Community resilience may play a significant role in developing resilience (Ungar, 2011). Research indicates that genetics may play a role in the development of mental health issues, but an individual's environment has been found to contribute to those findings. Resilience may be prompted more by the environment than individual factors (Ungar, 2011).

When organizations within a community come together for the sake and well-being of others, it shows to be beneficial in helping with resiliency. Different agencies are partnering up to help develop programs that will increase the health of the community. When community members are aware of the issues with childhood maltreatment within their area, the focus can be placed on setting goals to make specific programs accessible to individuals in order to help children overcome childhood maltreatment as well as preventing childhood maltreatment.

When organizations come together, they are able to look at the root causes of childhood maltreatment (social, economic, structural, and cultural determinants), and establish a community-wide plan focusing on childhood maltreatment and particular solutions to improve such issues (Hargreaves et al., 2017).

Resiliency Training

Many want to know if resilience is something that individuals can be trained to apply to their lives. In the case of a child, when an individual knows that this child has suffered from childhood maltreatment, there may be certain strategies and styles of interaction implemented to help teach the child resilience. Lowenthal (2001) stated that with the help of certain strategies

and interventions provided by mentors and/or teachers, resiliency may be learned in order for them to be able to meet life's challenges. For individuals working with maltreated children, it is important to demonstrate supportive and nurturing interaction to help promote coping mechanisms.

Mentors should establish structured environments and predictable schedules and routines in order to help promote safety and security (Lowenthal, 2001). Mentors must demonstrate the ability to control their emotions and demonstrate a level of organization that establishes comfort and trust for the child. In many situations, the child is coming from an environment that causes him or her to feel frightened. It is of utmost importance that mentors are stable and predictable (Lowenthal, 2001).

When working with adults, research has shown that there are several approaches that may be implemented to promote resiliency. In many cases, during therapy, symptoms may be the bulk of the focus. Flipping that around and choosing to focus on an individual's strengths, while integrating risk and protective factors, may enhance his or her ability to overcome the problem (Orbke & Smith, 2013). Creating a safe connection, helping make sense of the abuse, building self-efficacy, and recognizing opportunities of growth are all beneficial in building resiliency in adults (Orbke & Smith, 2013). Resiliency techniques that should have been displayed for individuals as children and adolescence will have to be adapted for adults.

Downfall to Resiliency Theory

The major downfall of resiliency theory is found in the inconsistencies of defining resilience as well as other terms. The variations in terms have made it challenging to gain the knowledge needed to accurately measure how one goes from a child who has endured childhood maltreatment to an adult with little to no mental health issues. There is also the issue due to the

fact that there are different cultures, schooling, communities, and so forth. Masten (2018) states that resilience at one level depends on the resilience of connected systems. The study of resilience poses challenges related to differences from person to person based on one's genetic make-up, and social and cultural factors that may determine how one responds to childhood maltreatment (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). Where an individual lives and goes to school may determine what types of programs and interventions are available to help promote resilience. When researching adversity and resilience, researchers may not be specific enough as to the outcomes they are referring to (van Breda, 2018).

Related Literature

Childhood Maltreatment

There are a number of children every day who are being abused by their caregivers. It is estimated that millions of children are being abused every year (Meng et al., 2017). Childhood maltreatment consists of physical abuse, sexual abuse, emotional/psychological abuse, and/or neglect. In the United States alone there were approximately 3.9 million children who were suspected of suffering abuse in their homes (Jaffee, 2017). Out of the 3.9 million children investigated, approximately 20% were indicated as suffering from abuse (Jaffee, 2017). Unfortunately, there are many other cases of childhood maltreatment that go completely undetected.

It is estimated that approximately two in every three American adults have endured at least one type of childhood maltreatment (Poole, Dobson, & Pusch, 2017). Research indicates that both boys and girls suffer equally (Jaffee, 2017). For those who have endured childhood maltreatment, the developmental process throughout childhood is at great risk of being hindered, directly affecting their adulthood.

Physical Abuse

Physical abuse is when physical acts are taken against a child by the caregiver which are non-accidental and cause injury to him or her. Injuries from physical abuse may be fractures, bruises, cuts, burns, skull fractures, and/or death (Briere & Jordan, 2009; Unger & De Luca, 2014). Physical abuse may involve striking, stabbing, kicking, burning, biting the child, or any action such as shaking or throwing the child, causing injury to the child (Gosselin, 2014). In approximately 38 states abuse is defined as an act that threatens the child with harm or creates a substantial risk of harm to the health or welfare of the child (Gosselin, 2014).

Sexual Abuse

Sexual abuse refers to a sexual act taken against the child by the caregiver. There are several forms of sexual abuse (both noncontact and contact). There are several different definitions related to child sexual abuse. Sexually assaulting or exploiting a child or permitting sexual assault or exploitation of a child that involves penile penetration, penile or vaginal fondling, penetration of fingers or an object, and/or acts where there was not actual intrusion or genital contact (e.g., inappropriate kissing, hugging, fondling of breasts, buttocks, or other nongenital areas, etc.; Stoltenborgh, van Ijzendoorn, & Euser, Bakermans-Kranenburg, 2011).

Emotional/Psychological Abuse

Emotional/psychological abuse refers to the ongoing use of criticism, rejection, devaluation, or humiliation by the caregiver towards the child (Briere & Jordan, 2009). Emotional abuse may occur in conjunction with other types of abuse/neglect, or it may occur on its own. Emotional abuse is psychological rather than physical or sexual and is used to control another person. Emotional abuse is often defined as injury to an individual’s psychological capacity or emotional stability (Gosselin, 2014).

Emotional abuse includes verbal abuse, intimidation, manipulation, and a refusal to be pleased (Gavin, 2011). Emotional abuse may impact the emotional development of a child. Emotional abuse has received the least amount of research and is often considered to be less severe than other forms of abuse (Johnson & James, 2016). There are a number of different symptoms that may be displayed by children who are suffering from emotional abuse. The signs and symptoms associated with emotional abuse may be anger, depression, risky sexual behavior, and mistrustfulness and may directly impact their sense of self-worth (Johnson & James, 2016).

Neglect

Neglect refers to the omission of support, emotional stimulation, and or attunement for the child (Briere & Jordan, 2009). Neglect may happen in isolated incidences or on a regular basis. Failing to provide for a child physically, emotionally, or both hinders the well-being of the child. There are situations where health, education, emotional development, nutrition, shelter, and/or safe living conditions are not provided for the child; such incidences are not necessarily due to parents being poor (Norman et al., 2012).

The Impact of Programs and Interventions

Over the years, it has been established that there are four primary categories of abuse: physical, sexual, emotional/psychological, and neglect. However, there are a number of subcategories that exist within these definitions. Each state is required to establish its own definition of abuse within the context, both civil and criminal, according to what is defined by the federal law (Gosselin, 2014). It was not until more recently that how children are treated in their home was and is a public matter. In 1962, C. Henry Kempe established the label *Battered Child Syndrome* (Gosselin, 2014). Battered Child Syndrome refers to a child that has been repeatedly beaten or mistreated, resulting in physical and psychological injuries (Gosselin,

2014). Establishing awareness and putting specific acts and agencies in place may be a major reason as to why some women are more resilient than others, which allows these particular women to experience little to no mental health issues. Prior to the 1900s, there was some involvement in child protection, but children were not protected by law as they are now (Myers, 2008). In many cases, children were seen as the property of their parents, and parents were trusted and expected to raise their children properly (Jalongo, 2006). Individuals began meeting to discuss how states would be able to more effectively respond to child abuse. In the United States, child protection laws may be best organized into three categories. The first category is the time prior to 1875, the second category is between 1875 and 1962, and the third category is from 1962 to the present time (Myers, 2008). Prior to 1875, there were no organized groups or laws in place in regard to child protection.

The first organized child protection case took place in 1874 with a young girl named Mary Ellen Wilson (Mallon, 2013). Her case was the "first successfully prosecuted case of child abuse in America" (Jalongo, 2006, p. 1). It took a number of professionals to help Mary Ellen Wilson escape the torment and abuse of her caregivers. Early on, there were laws that existed to help protect children, but they were rarely enforced, and parents were not prosecuted (Jalongo, 2006). Once this case was heard and Mary Ellen Wilson was placed in a safe environment, a man by the name of Henry Bergh helped establish the New York Society for the Prevention of Cruelty to Children (Jalongo, 2006).

During the next 50 years, there were a number of child protection groups formed throughout the United States (Myers, 2008). The juvenile courts were one of the societies established to help protect children. The groups formed early on were "nongovernmental"; however, governmental agencies slowly began to be established. Unfortunately, for the first 60

years of the 20th century, the protective services that existed were rather poor in assisting children and very likely did not exist at all (Myers, 2008). It was not until 1974 that the federal government formed the Child Abuse Prevention and Treatment Act (CAPTA; Myers, 2008). CAPTA was put in place to "improve the state response to physical abuse, neglect, and sexual abuse" (Myers, 2008, p. 457).

Each state has its own definitions and laws for child abuse and neglect; however, CAPTA established a "minimum definition" for child abuse, neglect, and sexual abuse (Gosselin, 2014). The definition of child abuse and neglect is geared towards the treatment displayed by either the caretaker or the parents. Physicians must be aware of their state's laws and understand that they are obligated to report any suspicion of child abuse. If a physician fails to report such abuse to the appropriate state agency, he or she may be held liable for exposing the child to further risk or harm (Fishe & Moffat, 2016). CAPTA has been amended a number of times since it was first put in place.

It was not until the 1960s that an interest in child maltreatment spiked. The interest in child abuse came about from physicians, particularly Henry Kemp (Myers, 2008). Between the 1960s and 1970s, not only did the medical professionals gain an interest in child abuse, the media gained an interest as well. Articles were being published and shared in regard to children who were badly hurt and/or dying from injuries sustained from abuse. Such research led to the interest of professionals and the public, which brought Congress to place emphasis on child protection through the Social Security Act of 1962 (Myers, 2008). This eventually led to the enacting of laws that made it mandatory for doctors to report suspected child abuse to the authorities, and by 1967, all states had "reporting laws" (Myers, 2008, p. 456). These laws made

a significant difference in the amount of child abuse cases being reported. The number of cases reported increased from 60,000 in 1974 to over one million in 1990 (Myers, 2008).

Another change that took place over the years was where children were placed when they were removed from their abusive homes. Children went from being placed in almshouses or orphanages to foster care homes. Individuals fought to have children removed from institutions and placed in foster care because it was considered a better solution (Myers, 2008). Eventually, more emphasis was placed on trying to find a way to allow children to safely return to their biological families because there was an overabundance of children in foster care. Consequently, the Adoption Assistance and Child Welfare Act of 1980 (AACWA) was enacted, requiring each state to make "reasonable efforts to avoid removing children from maltreating parents" (Myers, 2008, p. 459).

Effects of Childhood Maltreatment

Unfortunately, the effects of childhood maltreatment can cause many issues throughout an individual's life. These effects may be physical, mental, or both. Women who were abused as children suffered more from PTSD symptoms and suffered more adult rape than women who did not suffer from childhood maltreatment (Costa, Guimarães, Ferreira, & Pereira, 2016). Not only can childhood maltreatment affect the well-being of an individual's health, but these individuals may very well choose to be in future abusive relationships. Extensive research indicates that those who have dealt with child abuse and/or neglect will likely continue enduring such abuse in adulthood (Simmel, Postmus, & Lee, 2016). There is a small minority of individuals who have endure childhood maltreatment who reported no mental health issues in adulthood (Collishaw et al., 2007).

Physical Health Conditions

Those who have endured childhood maltreatment may suffer from medical conditions as an adult. There has been a number of physical health issues associated with childhood maltreatment such as bronchitis, ulcers, liver disease, poor self-rated health, inflammation, cardiovascular, chronic pain symptoms, and functional disability (Min, Minnes, Kim, & Singer, 2013). The reason for such health issues may be linked to individuals choosing harmful behaviors that are detrimental to their health. Those who have endured childhood maltreatment may turn to harmful behaviors as a coping mechanism. Overeating, drug use, alcohol use, and/or smoking are some of the behaviors chosen that may lead to poor health. Childhood maltreatment may be specifically linked to certain medical issues, such as cancer or heart disease, later in life (Coleman, Zawadzki, Heron, Vartanian, & Smyth, 2016).

Mental Health Conditions

Individuals who are exposed to childhood maltreatment are at risk for a number of different poor mental health outcomes. Some of the mental health issues that an individual may suffer from are depression, anxiety, personality disorder, substance dependence, suicidal ideation, and suicide attempts (Fergusson, Boden, & Horwood, 2008). According to the DSM-V, anxiety may include generalized anxiety disorder, panic disorder, agoraphobia, social phobia, and specific phobia. Substance dependent refers to those who were dependent on alcohol, cannabis, or another illicit drug (Fergusson et al., 2008).

PTSD is a mental health issue that may develop either in childhood or in adulthood. Those suffering from PTSD may experience episodes of flashbacks, nightmares, emotional numbing, sleep issues, irritability, autonomic hyperarousal, and in such cases may avoid people or places that trigger flashbacks (Briere & Jordan, 2009). For many women who have been

abused, they may try to justify the abuse, which can result in cognitive issues. Women may develop a negative self-image in adulthood. These women may suffer from low self-esteem, self-blame, hopelessness, and/or fear of rejection and abandonment (Briere & Jordan, 2009).

Of all the mental disorders or issues that may develop in women who have endured childhood maltreatment, anxiety and depression tend to be the most commonly experienced issues (Briere & Jordan, 2009). Anxiety, depression, and anger have been directly linked to child abuse. With different studies on childhood maltreatment, researchers discuss the development of anxiety disorders provoked by abuse (Poole et al., 2017). Anger may be an emotion that is developed later in life, as opposed to during childhood. Within the emotion of anger there are several different components that a woman may develop. Maladaptive anger, anger that is displayed either through outbursts or suppression, can lead to both psychiatric disorders as well as poor health. Women who do not have a healthy way to release anger may turn to alcohol or drug use and may become suicidal (Thomas, Bannister, & Hall, 2012).

Future Abuse

In studying women who are currently in abusive relationships there have been findings of childhood maltreatment. Involvement in chaotic relationships is highly likely (Thomas et al., 2012). Unfortunately, many victimized children enter adult relationships where abuse continues. These victims may go on to marry abusive partners. Individuals who are exposed to childhood maltreatment are more vulnerable to adult maltreatment due to the fact that there was insufficient intervention for them as children (Hetzel-Riggin & Meads, 2011). Specific treatment and preventive measures need to be in place to help promote positive coping mechanisms for victims of child abuse.

Adverse Childhood Experiences (ACE) Study

Physical abuse, sexual abuse, emotional abuse and neglect are all forms of childhood maltreatment that has the potential to cause numerous lifelong mental health issues as well as physical issues. Kaiser Permanente's Health Appraisal Clinic along with Centers for Disease Control and Prevention implemented a study on the detrimental impact of childhood maltreatment. This study took place from 1995 to 1997 and was one of the largest studies ever implemented (Leitch, 2017). For this study, a scale was developed to measure the impact of an individual's adverse childhood experience. The scale developed was referred to as the Adverse Childhood Experiences (ACE) scale, and it measured the individual's "negative experiences in childhood" (Felitti, Anda, Nordenberg, Williamson, & Spitz, as cited in Petruccelli, Davis, & Berman, 2019, p. 1).

The ACE study consisted of a questionnaire consisting of questions taken from published surveys (Leitch, 2017). This study surveyed 17,000 adults who were members of Kaiser's Health Maintenance Organization in California (Leitch, 2017). This study helped clarify that childhood maltreatment can and does negatively affect individuals throughout their lives.

Since this original study was composed, a number of other ACE studies have been implemented. These studies involve a large range of individuals who have experienced childhood adversity, and the studies have expanded on the limited population originally used for the first study. The original study consisted of White, middle and upper income employed individuals and focused on physical abuse, verbal abuse, and household dysfunction such as domestic violence, substance abuse, mental illness, and criminal activity (Petruccelli et al., 2019). As time went on, it was discovered that other areas needed to be added to the original ACE study. Eventually, the questionnaire included both physical and emotional neglect

(Petruccelli et al., 2019), as well as expanded to include children of alcoholics and children who have a parent who is incarcerated (Leitch, 2017).

With the numerous studies that have taken place, it has been demonstrated over and over that childhood maltreatment typically has a negative impact on an individual throughout childhood, into adulthood, and most likely until they die. The ACE study is important because it not only brings awareness to the devastation of childhood maltreatment, it also clarifies that something needs to be done in order to limit the negative impact it has on a person's life. With each study that takes place, it reiterates the fact that an individual's early life experiences have a huge impact on their mental and physical health in adulthood (Petruccelli et al., 2019).

The ACE study may indicate that childhood maltreatment negatively impacts an individual's life, but there are some individuals that beat the odds. It is of utmost importance to figure out why the mental health outcome for these individuals was positive. This study of participants with high ACE scores, medium to high resiliency levels, and little to no mental health issues offers insight into the necessary measures needed to help children who have endured childhood maltreatment.

The Gap

Childhood maltreatment affects children globally; however, the way in which resilience is measured may not be universal (Ungar & Liebenberg, 2011). When thinking about resilience in terms of definition, there may be some discrepancy culturally and socially speaking. Many studies of resiliency focus on ethnic and racial group differences using quantitative measures, whereas the use of the qualitative measures through the interviewing process may give a better understanding of the resilience process amongst different cultures (Ungar, 2012).

Resilience addresses how individuals, families, and communities are able to bounce back. How someone copes may stem from behaviors that are desired within their own culture and may be different from what is considered typical resiliency (Ungar, 2012). More research needs to take place in order to have a better understanding of resilience across cultures. Researchers are finding it necessary to explore resilience culturally (Ungar, 2012). It is imperative to have a better understanding whether or not resilience is universal, and being aware of one's own culture and that of another individual's (Arora-Jonsson, 2016).

Further research needs to take place on resilience in children and youth from a global perspective. There are certain perspectives that need to be considered. In some cultures there are certain rituals and beliefs that may contribute to resiliency and promote recovery in young people (Masten, 2014). The study of resiliency amongst different cultures has slowly developed over the years, and research was limited. For individuals of different cultures it is necessary to understand what practices they use to overcome childhood maltreatment.

Future research needs to take place over a longer period of time when researching resilience. Longitudinal studies are necessary in order to study resilience throughout a lifespan focusing on different turning points (Meng et al., 2017). The findings from longitudinal studies may assist in establishing the proper tools, organizations, interventions, and/or professional adults needed to help promote resiliency and lead to a healthy adulthood.

It is evident that childhood maltreatment can cause trauma for individuals in adulthood, but for some individuals this is not the case. Some people have high levels of resiliency, and for these individuals their mental health issues may be less severe or nonexistent. This study was necessary to help better understand how and why the women in this study have higher levels of

resiliency. This particular research explored not only women with high resiliency but the source of their resiliency and the impact it had on their mental health.

Research Question

There is a gap in research as to how some women are able to beat the odds of developing mental health issues. It was necessary to research how these women developed into adults with little to no mental health issues. There was one particular question that needed to be researched:

- In your opinion, what do you believe contributed to your high level of resiliency in the face of your childhood trauma?

Summary

Childhood maltreatment is a worldwide issue that affects millions of children. More and more research is taking place in order to bring awareness to the negative effects of childhood maltreatment and the detrimental impact it may have on the future well-being of each child. Research has determined that childhood maltreatment causes a number of serious mental health issues: anxiety, depression, PTSD, panic disorders, eating disorders, self-harm, and/or suicidal ideation, which not only impacts the individual but other family members, the community, society, and the world.

Childhood maltreatment specifically refers to four different types of abuse: physical abuse, sexual abuse, emotional abuse, and neglect. Such abuse may occur alone or along with other forms of abuse. Enduring childhood maltreatment may cause individuals to have issues with their physical health as well as their mental health. However there are situations where certain individuals are able to overcome negative health issues. Individuals who are able to bounce back from childhood maltreatment are said to be resilient.

Resiliency takes on a number of different definitions and may be difficult to measure. The term resiliency has been relatively difficult to define; however, more recently researchers have been able to establish a definition that brings unification when doing research. Researchers continue to work on defining and implementing specific terminology to better measure findings and to give better understanding to society as a whole.

A number of researchers helped bring greater awareness to the positive impact resiliency has on an individual who has endured adversity. These specific researchers have stayed faithful to their findings and continue to generate interest among other scientists. Researchers and psychologists, past and present, such as Garmezy, Rutter, and Werner, have dedicated a good part of their professional lives to identifying and promoting the benefits of resiliency.

Resiliency theory has helped identify resiliency as a process. There are specific terms used, such as risk factors, promotive factors, and vulnerable factors, that allow researchers to better explain how overcoming adversity happens. It is also through wave inquiry that scientists identified a more in-depth understanding of each particular factor related to the resiliency process.

There are a number of different factors that may impact an individual's ability to be resilient with little to no mental health issues. Adults who have overcome the effects of childhood maltreatment have displayed a certain level of resiliency, which they achieved through different means. Studies have shown that having trusted adult support, faith/spirituality, community support, and or resiliency training directly impacted their ability to avoid development of psychological issues.

Limitations exist in that there is still a need for longer studies implemented over the course of a lifetime as well as an examination of the duration of the maltreatment and when the

maltreatment began for the individual. It is also relevant to have an understanding as to when resiliency began for each individual. Cultural resilience needs to be studied further to have a better understanding of how individuals cope. Resiliency may not necessarily be universal, and future studies would help researchers determine how culture plays a role in resiliency.

CHAPTER THREE: METHODS

Overview

This study measured how resiliency led to lower mental health issues in women who endured childhood maltreatment. The study was conducted in a way that helped the researcher gain a better understanding of the women's type of maltreatment endured, her level of resiliency, the source of that resiliency, and how resiliency helped lower the level of mental health issues. There were several goals to be met with this research: to answer research questions, gain information that would be informative on what seems to be the most beneficial in promoting resiliency, establish interventions that promote resiliency to be implemented in a community, and identify where gaps lie within this research.

Design

This study is a qualitative methods design. Interview sessions took place with seven women ranging in age from 18–60 years old. The interviews were semi-structured and took place via conversation through a discovery process (Forman, Creswell, Damschroder, Kowalski, & Krein, 2008). The purpose of a qualitative design was to gather personal insight through the interview process.

A recruitment letter was placed on Facebook in order to recruit women for the interview process. In selecting participants, the goal was to select women of different races and ethnicities. The interviews took place once IRB approval was granted during the summer of 2020.

Research Question

- In your opinion, what do you believe contributed to your high level of resiliency in the face of your childhood trauma?

Participants and Setting

Participants for the interview process were women who had endured childhood maltreatment and reported little to no mental health issues. The participants chose the day and time for the interview to take place. Each participant had access to a device that allowed Zoom software to be used. A Zoom invitation was sent to the participant, and a reminder was sent a day prior to the interview.

For the face-to-face interview, the participants were informed that the interview may take between 45 minutes to an hour and that the interview was strictly confidential. Prior to the interview, interested participants answered questions on three different questionnaires. The participants were informed that a second, short interview may need to take place in order to finalize information gathered.

Prior to the interview session, three surveys were conducted. The Adverse Childhood Experience Questionnaire (ACE), The Brief Resilience Coping Scale, and three screening questions were used to confirm that these women had endured childhood maltreatment, had moderate to high resiliency levels, and had little to no mental health issues. The ACE Questionnaire consists of ten questions asking about events that took place in each woman's life prior to the age of 18 years old. The Brief Resilience Coping Scale is a short survey consisting of four items which measure resiliency from low to high. The use of NVivo was used in order to organize data.

The interviews were digitally recorded and took place with the use of Zoom. The researcher conducted the interviews in a private office, which provided confidentiality. Prior to beginning the interview, the participants signed the consent form and completed a demographic form. The participants were informed that they would be recorded, and their interviews would be

transcribed for research purposes. As a precaution and for the sake of each woman's mental well-being, the researcher communicated with a licensed therapist and discussed reaching out to their local licensed therapist, if necessary. The women in this study did not indicate needing to seek counseling from a licensed therapist and spoke positively about the opportunity to share their stories. There were seven women selected to participate in the interview process. The women's ages ranged from 18 to 60 years old.

Procedures

The study began with the researcher's interest in the mental health and stability of women who have endured childhood maltreatment. The interest was based on whether or not lower levels of mental health issues existed because of resiliency. The researcher recruited seven individuals to interview. The individuals were chosen from the responses given on the questionnaires. The goal was to recruit individuals who had endured childhood maltreatment in at least one defined area of abuse. In addition, each participant had experienced at least mid to high levels of resiliency stemming from one of each of the chosen areas of possible supportive areas (supportive adult, community, faith/spiritual beliefs) of resiliency, based on the interview process. These individuals had zero to low levels of mental health issues (anxiety, depression, PTSD).

Once the individuals were chosen for the interview, they were contacted via email. The questions were prepared ahead of time, and each individual was asked the same questions. Once the interview was over, a thematic analysis was developed. With the thematic analysis, an interpretation of the results was compiled in order to understand when and how the individual's resiliency started.

The Researcher's Role

The researcher was a major instrument in this study. With the use of her personal computer, the researcher set up the interviews with the use of Zoom. The researcher was responsible for digitally recording and transcribing the interviews. Once the interviews were transcribed, the researcher used the computer software NVivo to organize the data that she gathered. The researcher downloaded each transcribed interview, began pulling words, sentences, and phrases from each interview, and developed nodes. With this process, the researcher was able to identify themes and subthemes within the data, which created a node hierarchy.

Data Collection

For this study, interviews were conducted via Zoom. The interviews were digitally recorded and notes were taken by the researcher on a notepad. The interview sessions lasted approximately 20 minutes to an hour and consisted of six questions. The interview was six open-ended questions asking the interviewees about their childhood, when the maltreatment began, the duration of the maltreatment, and how their resiliency played a part in lower levels of mental health issues.

Interviews

The interview process took place using the computer program Zoom. Each interview was recorded using Zoom and then transcribed by the researcher. The researcher wanted to gather information directly from each participant regarding her opinion and perspective on why she believes she was so resilient and how it benefited her. There were six open-ended questions asked during the interview. With the use of open-ended questions, the interviews allowed the

researcher to collect details from each participant's own personal insight (Forman et al., 2008). The six questions were as follows:

1. Do you remember when the abuse began?
2. Did anyone know about the abuse?
3. What type of abuse did you endure?
4. In your opinion why do you believe you are resilient?
5. Why do you think that certain aspects of your life were causing you to better handle your childhood trauma?
6. In your opinion, what do you believe contributed to your high level of resiliency in the face of your childhood trauma?

Question 1 was asked to identify the age at which the abuse took place, and to discover whether each woman had knowledge of when the abuse started. Each participant was given the opportunity to discuss her first memory of when their childhood maltreatment began. This question also informed the researcher of how long the abuse took place. The researcher was interested in age and duration in order to determine if it impacted the end results.

Question 2 was important because the researcher wanted to know if anyone was aware of the childhood maltreatment. The researcher wanted to know if an intervention took place in order to stop the abuse. This question informed the researcher as to whether the participant was removed from the abusive situation and if anything was legally done to help prevent the abuse or to punish the individual responsible for the abuse. The researcher wanted to know if the findings to this question affected the outcome of each woman's resiliency.

Question 3 was asked to help determine if the type of abuse had an impact on the outcome of each woman's level of resiliency. This question informed the researcher as to

whether the participant endured one type of abuse or multiple forms of abuse. This enabled the researcher to compare outcomes between those who endured one type of abuse compared to those who endured multiple types of abuse.

Question 4 was asked in order for the researcher to gather each woman's opinion on why she believes she is resilient. This question allowed each participant to share her story and verbalize her perspective on why she thinks she is resilient. The participants were given uninterrupted time in order to express their thoughts and beliefs on the matter. This question allowed the researcher to listen quietly to each woman and reflect on the information given. Each participant was able to discuss her resiliency and how it played a part in how she overcame the childhood maltreatment she endured. The researcher wanted to be able to identify commonalities and themes from each woman's perspective.

Question 5 allowed each participant to share why certain aspects of her life caused her to better handle the childhood maltreatment she endured. This question allowed each woman to discuss each aspect and reflect on the impact it had on her. Question 5 allowed the women to discuss good memories that occurred in their childhood, giving a positive perspective to their unfortunate circumstances.

For Question 6, the research question, the researcher thought that having people who have personally dealt with childhood maltreatment and who are resilient express what they believe helped them during their childhood was beneficial in gaining a better understanding as to why they developed fewer mental health issues. This question allowed each participant to share not only what contributed to her high level of resiliency, but how it contributed.

Surveys/Questionnaires

For the purpose of recruiting participants, each interested person had to fill out three surveys/questionnaires prior to signing the consent form. The first questionnaire was the Adverse Childhood Experience Questionnaire (ACE). The ACE questionnaire used in this study was accessed from http://www.odmhsas.org/picis/ACE.pdf. Each participant had to score a 3 or higher in order to participant in the study. The second questionnaire that each interested participant completed was the Brief Resilient Coping Scale (BRCS). The participants had to score 14 or higher to qualify to participate. The BRCS survey may be used for research purposes as long as it is properly cited and the authors acknowledged (Sinclair & Wallston, 2004). The third survey was to confirm that each participant was between the ages of 18 and 60 years old, that she was not taking medication for a mental health issue, and that she did not have an issue with substance abuse.

Data Analysis

With the use of thematic analysis, the findings were organized using a computer-assisted qualitative data analysis software (CAQDAS) program. The CAQDAS program used for the purpose of this research is NVivo. This program is typically used with educational research (Leech & Onwuegbuzie, 2011). The researcher organized the data based on the findings carefully taken from the transcribed information. NVivo is a program used to help the researcher analyze the data; it does not analyze the data for the researcher (Leech & Onwuegbuzie, 2011). Both taxonomic analysis and componential analysis were part of this research process. Leech and Onwuegbuzie (2011) stated that taxonomic analysis focuses on how words can have different meanings and connotations according to that particular individual. Focusing on the componential analysis helps to gain insight on the similarities and differences in how someone perceives or

understands something, which for this particular research was what each woman identified as the source of her resiliency (Leech & Onwuegbuzie, 2011).

The data were gathered from the notes taken from the interview session, listening to the recordings, and reading the transcribed interviews. An interview was conducted in order to personally speak with each participant and to get her opinion as to the source of her resilience and the mental health issues she endured. The information from the interviews and the data collected helped determine what aspect of each woman's resilience led to lower levels of mental health issues.

Trustworthiness

The researcher was able to determine trustworthiness based off the time interviewing each participant, transcribing each recorded interview, as well as categorizing the words, sentences, and phrases of each interview. In this study, the researcher was able to analyze the information in such a way that connections were made with each participant, and the findings led to beneficial results.

Credibility

The researcher was able to transcribe the in-depth interviews and download them into NVivo. This program allowed the researcher to carefully dissect each interview, make nodes, and compile themes. A hierarchy was created which allowed the researcher to determine the results of the research questions. The process of sorting the words, sentences, and phrases from the interviews was a long process; however, having a well-drawn out chart made it easier for the researcher.

Dependability and Confirmability

The researcher believes that the way in which this study was conducted made it dependable and reliable. When the interviews took place, the researcher made certain to let the women know that there were six questions, and that they were free to share any information they wanted regarding their childhood maltreatment. Each participant knew if she felt the need to take a break from the questions, she was able to do so. The environment was created to help each participant feel comfortable, respected, and appreciated. The researcher believes that the participants were eager to participate in a study that not only allowed them to share their story, but also gave them the opportunity to give insight on what helped them in dealing with their childhood trauma.

Transferability

Over the past several decades, there have been several researchers who have found an interest in the importance of resiliency. The researcher chose this study to see if there were connections to prior studies, to reinforce what has been found previously, but also to elaborate on the importance of resilience based on real people's perspectives. The researcher did not find a study which incorporated interviews with individuals who endured childhood maltreatment, were highly resilient, and had low mental health issues. This study allowed the researcher to reflect on past findings and fill in the gap regarding how an individual's resiliency is built at a young age.

Ethical Consideration

The researcher took all precautions to assure confidentiality for each participant. Prior to the interviews taking place, each participant was informed that each document that she filled out would be stored on a computer where only the researcher has access. The digitally recorded interviews and transcripts are stored on the personal computer and will be kept for three years.

The participants received their transcripts, via email, for reviewing purposes. All documents and digital recordings were saved on a computer with the researcher being the only one able to access the information. The interviews were conducted in an area where the conversations were kept private and not heard by anyone else. Each participant chose her own pseudonym for the sake of this study and to allow for confidentiality.

Summary

The method that was used for this study allowed the researcher to investigate how women who endured childhood maltreatment developed a high level of resiliency, which led to a low level of mental health issues. The research used a narrative approach with the study and gained results based on thematic analysis that was created with the use of NVivo. Each interview was conducted in a very personal and private manner, allowing each participant to feel comfortable with sharing her story.

The researcher set goals to answer six specific interview questions, and those goals were met through this process. As information was gathered, the researcher was able to gather the findings, create nodes, themes and subthemes that created a hierarchy of the information provided by the participants. The hierarchy was a helpful visual for the researcher and provided clarity of the results. The software program NVivo was user friendly and made the organization of the data very straightforward for the researcher.

With this method, the researcher believes that the information that was discovered is beneficial for the sake of educating individuals within a community who are in direct contact with children on a regular basis. This study provides insight into how resiliency may be enhanced in a child's life, and the information gathered led the researcher to discover where gaps may lie within this study and where future research may be helpful.

CHAPTER FOUR: FINDINGS

Overview

This qualitative study explored the positive impact that resiliency has on women who endured childhood maltreatment to fill in the gap of understanding how, what, and why these women developed moderate to high levels of resiliency. This study highlighted how individuals are not only significantly impacted by the traumatic situations in their lives, but they can also be significantly impacted by the positive impacts that have occurred in their lives.

The women in this study took part in Zoom interviews, which were digitally recorded. Each interview was transcribed by the researcher and was the data base for this study. Seven transcripts were analyzed through thematic analysis using the qualitative software program NVivo. Nodes were created using a focused coding method. Specific areas of each transcript were highlighted and placed in nodes, which helped create codes and themes. The use of NVivo allowed the researcher to organize, research, and develop themes that were helpful in developing specific findings for the study. With this software program, a node hierarchy was created within each parent node (main theme) and subthemes. NVivo was a useful tool for the purpose of this study; however, the researcher was very much the main instrument utilized for developing the findings.

The results for this study are presented as the participants' opinions and beliefs were transcribed using six parent nodes: (a) age of abuse, (b) knowledge of abuse, (c) type of abuse, (d) belief of resiliency, (e) why aspects helped, (f) resiliency contributors. Within these areas, subthemes quickly developed, which created the hierarchy.

Interview Questions

The following interview questions were used to allow the women to express their thoughts and opinions of their resiliency and the benefits of it. Each of these questions allowed the researcher to find codes and themes that helped answer the research question: *In your opinion, what do you believe contributed to your high level of resiliency in the face of your childhood trauma?*

1. Do you remember when the abuse began?
2. Did anyone know about the abuse?
3. What type of abuse did you endure?
4. In your opinion why do you believe you are so resilient?
5. Why do you believe that certain aspects of your life were causing you to better handle your childhood trauma?
6. In your opinion, what do you believe contributed to your high level of resiliency in the face of your childhood trauma?

Participants' Profiles

The following gives the demographics about each participant utilized in this study. Seven interviews were used and transcribed; however, it was found that after only five transcribed interviews, information saturation was reached. For the sake of this study, the researcher decided to transcribe and analyze two more interviews to confirm saturation. The other two interviews confirmed and supported the results from the original five interviews. The participants' information will be shared in the order in which they were interviewed. For the purpose of this study, each woman chose a pseudonym.

Sarah

Sarah is a 41-year-old, married, African American woman who lives in Mississippi. Sarah holds a master's degree. Her mother died when she was only five months old. Sarah grew up in the foster care system and endured emotional, mental, and sexual abuse. She was a softball star and attended college on a softball scholarship. She was involved in the church. Sarah's score was 7 on the Adverse Childhood Experience Questionnaire (ACE). The range for this scale is 0 to 10. For this study, individuals had to score a 3 or higher. Sarah's resiliency score was 15 on the Brief Resiliency Coping Scale (BRCS). The range for this scale is from 4–20, with 4–13 points being low resilient copers, 14–16 points being medium resilient copers, and 17–20 points being high resilient copers. Participants had to score a 14 or higher in order to participate in this study.

Tammy

Tammy is a 43-year-old, married, Caucasian woman who lives in Alabama. She holds a master's degree. Tammy grew up in a divorced household, lived with her mother, and saw her father on the weekends. She endured physical and verbal abuse when staying with her mother. Tammy became a Christian and chose to work in the counseling field to help change the idea where she lives that counseling is frowned upon. She wants people to know that it is good to go to a counselor for help. Tammy's ACE score is 5. Tammy is a medium resilient coper with a BRCS score of 16.

Tracey

Tracey is a 48-year-old, single, African American woman who lives in Georgia. Tracey is a creative writer who holds a master's degree. Throughout her childhood she endured both physical and verbal abuse by her mother, and later suffered sexual abuse from a different family

member. Tracey helps others who have endured childhood trauma and shares her stories with them. Her ACE score is 10. Tracey is a high resilient coper with a score of 19.

DeAnna

DeAnna is a 53-year-old, married, Caucasian woman who lives in Tennessee. DeAnna earned her master's degree. Her parents divorced when she was 8 years old, and her mother remarried when she was 14 years old. DeAnna was sexually abused by her stepfather during her teenage years. She saw her biological father, occasionally, during holiday and summer breaks. She was successful in school and was salutatorian her senior year of high school. Her ACE score was 5. DeAnna is a medium resilient coper with a BRCS score of 16.

Sophia

Sophia is a 59-year-old, married, Caucasian woman who lives in Virginia. Sophia has earned her undergraduate degree and is currently working on her master's degree. Her parents divorced when she was 3 years old after which she lived with her mother and had visitation with her father. Her biological father physically and sexually abused her during her early years of life. Sophia expressed that she is a confident, strong woman who feels empowered. Her ACE score is 5. Sophia is a high resilient coper with a score of 19.

Marcy

Marcy is a 36-year-old, married, Caucasian woman who lives in Minnesota. Marcy has earned her master's degree. She grew up with two sisters and both parents in her household. Marcy endured sexual abuse from a family member and witnessed domestic abuse throughout her childhood. Both parents suffered from alcoholism. Her ACE score is 4. Marcy is a medium resilient coper with a score of 15.

Jane

Jane is a 43-year-old, married, Caucasian woman who lives in Virginia. She has earned her master's degree. Jane endured physical, mental, and verbal abuse throughout her childhood. She lived with both parents and her brother. There were many days that Jane did not know if she was going to come home and find her mother dead. Jane considers herself "outgoing" and "bubbly," an "extrovert." Her ACE score is 5. Jane is a high resilient coper with a score of 19.

Study Demographics

The women in this study were between the ages of 18 and 60 years old. The mean range was 46.1. Out of the seven women interviewed, six women were married, and one woman was single. All seven women had college degrees with six having master's degrees and one working towards her master's.

The participants live predominately in the southeastern part of the United States and one located in the upper Midwest. Five of the women were Caucasian and two were African American. The recruitment process took place using Facebook. The researcher chose this method to recruit women from different areas, ethnicities, cultures, and backgrounds. The researcher was uncertain as to the demographics because the women were recruited with the use of social media, specifically Facebook.

Each of these medium to high resilient women endured significant childhood maltreatment. For these women, there was an emotional piece that came along with all that they had endured during their childhood. There were five women who were sexually abused along with psychological abuse. Of these five women, one woman was also physically abused. The other two women both endured verbal abuse, and one of these women was physically abused as well. All seven women recognized that what they experienced during their childhoods was

inappropriate and abusive. These seven women all identified at least one person in their lives that contributed to their resiliency level.

As part of the recruitment process, there were two instruments used in order to determine the level of abuse endured and their level of resiliency: the Adverse Childhood Experience Questionnaire (ACE), and the Brief Resilient Coping Scale (BRCS). The ACE questionnaire consists of 10 questions regarding their childhood maltreatment. For the purpose of this study the participants had to have a score of 4 or higher. The mean Adverse Childhood Experience Questionnaire score among participants was 5.857. The BRCS survey consists of four statements which measures an individual's level of resiliency. The resilient copers are measured using a score range from 3 to 20. For the purpose of this study, the participants had to score 14 or higher. This score range indicated that the women were either moderate to high resilient copers. The participants' mean score for the Brief Resilient Coping Scale was 17.

Each interview question will be discussed and analyzed for the purpose of sharing the information which led to the findings for the research question: *In your opinion, what do you believe contributed to your high level of resiliency in the face of your childhood trauma?* The researcher found that when the women were given the opportunity to share additional information, the women expanded on their original answers, further confirming the findings.

Results

Findings for Interview Question 1

Do you remember when the abuse began?

Each of the women remember when the abuse began. The ages of the initial abuse varied amongst the participants. For three of the women, the abuse began between the ages of 0 to 5

years old. Two of the women were between the ages of 6 to 11 years old when the abuse took place, and the other two women were between the ages of 12 to 17 years old.

The participants discussed their first memory of when their childhood maltreatment began as well as the duration of the abuse. Marcy stated,

> Like verbalish kind of abuse and living in a alcoholic family that was ongoing. So I remember the sexual abuse pretty vividly when I was 4 years old and then intermittent memories of living with alcoholic family and the abuse surrounding all of that throughout my childhood.

Most of the participants have vivid memories of when their childhood maltreatment began: "Ever since I was little. Long as I could remember," Tammy shared. The researcher could tell from the tone of her voice that it was a painful memory. Jane does not remember life without abuse: "My dad is a Vietnam vet, you know, and so I mean, my earliest memories are of him being, you know, violent, always, yeah, so that I mean just from I was born into that."

The researcher determined from the findings with this question that the women were of different ages when the abuse occurred; however, the result of their resiliency level was similar regardless of the age of the initial childhood maltreatment.

Findings for Interview Question 2

Did anyone know about the abuse?

This answer varied for each of the women. Four of the women expressed that at least one person knew about the abuse, two women shared that no one knew about the abuse, and one woman stated that she was not sure if anyone knew about the abuse. DeAnna made sure her mother knew right away: "Yes, it was at the end of 8th grade and after it happened, I informed my mother, yes." She went on to share that her mother loved the boyfriend so much that she

denied the severity and impact it had on her daughter. For Tammy, as a young child, it seemed to be what was acceptable in her hometown. She said, “Everybody did that here in the South it’s considered normal. You know that’s parents the parents are responsible for disciplining your children, you don’t? You mind your own business? You know nobody gets involved with it.” It seemed as though in the participants’ minds, at a young age, they were not quite certain if anyone knew or not. Jane shared, “I would say that my mom’s family, her sister and family knew that my dad had a really bad temper. I don’t know in the beginning that they were aware of just how abusive he could be.” One woman had to think back and try to figure out if anyone may have known. Sarah stated, “No, not from no. I don’t think so.”

It became evident that these women were in situations where in most cases someone knew about the abuse they were enduring. There was one case where the woman was sexually abused by her caretaker, and the parents reported immediately after learning of the abuse. For another case, the mother tried to get her daughter help early on, but it took another year of visitation before she did not have to return to her father, the abuser, for visitation. For some of the women, someone knew about the abuse early on, and for others it was not until later in their lives. Unfortunately, even if someone knew that there was abuse going on, nothing was done about it. Most of these women lived in an abusive home their entire childhood. These findings did not seem to affect the outcome of each women’s resiliency, nor why they think they are so resilient.

Findings for Interview Question 3

What type of abuse did you endure?

Out of the seven women, four of the women endured a combination of childhood maltreatment. Six of the women lived in situations where they were afraid that they might be

physically hurt. Four of the women were hit so hard that they had visible marks, or they were injured. Five women in this study endured sexual abuse (touched or fondled, oral, anal, vaginal intercourse either attempted or actual). As these women spoke, the researcher noticed their empowerment of getting over what happened to them in their childhood. Some would pause and reflect on what they were saying and the impact it had on them. Marcy shared,

> It was sexual abuse by a cousin when he babysat me and my little sister so I, he inappropriately like kissing and touching, like our genital areas so I remember that vividly happening and seeing him doing that to my little sister.

Like Marcy, Sophia was very young when her sexual abuse took place. She remembers how uncomfortable she was when she had to visit her father. She said, "I have a memory of my biological father trying to force me to drink from his ***** like a straw." It took some time before others would become aware of what she was enduring.

Although there were individuals who experienced sexual abuse at a very young age, for DeAnna, it was during her teenage years. Her situation left her feeling very fearful in her home. She explained:

> He said, come here and lay down. And I did, which naively I look back and think how stupid was I. But I was a kid, and so I did. And when I laid down kind of in a spoon kind of position, he reached around and put his hand on my breast so he fondled me.

Five women often felt that their family did not look out for each other, feel close to each other, support each other ,or they felt that no one in their family loved them or thought they were important. Tracey shared, "Nobody was really babysitting us or anything and even if they did, they weren't that, they weren't that enmeshed into what was going on, you know?" Three women either did not have enough to eat, had to wear dirty clothes and no one to protect them, or

their parents were too drunk or high to take care of them or take them to the doctor if needed. Tammy stated, “Clothes wouldn’t fit right. She told me I was too fat to wear things. Just a lot of mental abuse from that.”

There were five women who had divorced or separated parents, while two women lived in a household where the parents remained married. Tammy was part of a divorced family: “I was with my mother during the week, Monday through Friday and then I got to go to my dad’s Friday, Saturday and Sunday.” Four women had a parent that was physically abused or hit (at least a few minutes) or threatened them with a gun or knife. Jane stated,

> It was terrifying, but for me, so for me it was more witnessing it always being fearful. You know, I didn't want to go to school because I was, you know, always terrified that I would come home, and my mom would be dead.

Three women lived with someone who was an alcoholic or used street drugs. All seven women lived with a household member who was depressed or mentally ill or attempted suicide. Sophia stated, “My stepfather’s a narcissist.” One woman had a household member that went to prison.

With each of these situations, the women endured psychological abuse, physical abuse, sexual abuse, and/or neglect. For several women, there was a combination of maltreatment that they endured. There were some similarities in their stories and experiences; however, each participant had specific situations that made each of their stories unique. Each person’s ACE score indicated that there was a higher risk that she would suffer from mental health problems. Studies show that individuals with a score of 4 or higher typically have low mental health; this is typical across all ages (Hughes, Lowey, Quigg, & Bellis, 2016).

Findings for Interview Question 4

In your opinion, why do you believe you are resilient?

For the interviewed women, there were a number things that were similar when they each discussed their resiliency and how it played a part in overcoming their childhood maltreatment. Codes and themes developed rather quickly since these women shared similar stories of how they believe they became resilient.

During the interview process, as each woman shared her story, the researcher recognized that there was one main similarity: there was a significant person or persons who were involved in their childhood that brought a sense of peace or positivity. This person in their lives helped them recognize that there was more to life than what they were enduring or had endured. Having certain words spoken to them or being with a person that they enjoyed being with, gave them a sense of hope that there was something more in life, and they were not going to live in this situation forever. Some of the significant people were their mothers, fathers, grandparents, teacher, friend, sibling, and/or acquaintance. Tracey shared, “I would meet people along the way who I call 'em lights, so we need people along the way.” Her face lit up as she shared this piece of information. Sarah wanted it to be known that she felt,

> This too is gonna pass, when it’s gonna pass, I have no idea, but I just believed in my heart that one day it will pass and I think that helped my mind in doing what it was that was happening because it’s gonna pass.

For two women, their mom was a significant person in their lives. Sophia shared that her mother contributed to her resiliency:

> My mother because she was in college and an educated person and all of these other things and she had been a nursing student so she was a surgical tech at the time, but my mother engaged a psychologist immediately.

Sophia was surprised at how quickly her mother was able to have the mandatory visitation with her father brought to an end. Jane made it clear that she attributes her resiliency to how her mother handled things in the home:

> I think it is my mom. She was always there. I knew that regardless of what happened, my mom is going to make it all OK. I knew I was always going to come home and like you know unless he killed her while I was at school.

These women endured abuse from their biological father. One woman was sexually abused by her father, and the other woman witnessed her father physically abuse her mother to the point that she thought her father was going to kill her. For the woman that was sexually abused, her mother and father divorced, and for the other woman, her parents are still married. The one woman had grandparents that impacted her life as well. Sophia shared,

> My grandfather was a pastor. My Grandmother, one of the most amazing godly women, and I grew up. In the church, probably from the day I was born. And praying regularly that was just a part of her life. And so I was 5, by the time I came to Christ.

For one woman (Tammy), her father was the person that helped her through the difficult times. Her parents were divorced, so she was able to stay with her father on the weekends. Once she turned 18 years old, she moved in with her father. Tammy said,

> Going to my dad's being able to have that weekend time with my dad. My mother, I was with my mother during the week, Monday through Friday and then I got to go to my dad's Friday, Saturday, and Sunday. But that was only if I got the house clean. If mom's

> house was not clean: vacuuming, dusting, sweeping had to be perfect, and if it was not perfect, I didn't go to dad's. So, I make sure that house is perfect for her when she got home from work, after school 'cause I wanna go see dad that's why, I just had to go to dad's. Besides, yeah, we would build things, we'd do things together and he knew what Mama was doing, but he couldn't fight her. He couldn't do nothing about it. He knew how she was, she's vicious!

For one woman it was a teacher, and for another it was various people such as a teacher, mentor, coach, friend, or acquaintance. Tracey commented,

> Oh 'cause I was one of those kids when my teacher said or when someone said you can be anything you wanna be and you can I like I believed 'cause I was looking at it and I was like OK yeah so I was accepting that.

Sarah made profound statements on the power of her teachers' words:

> But none of those things were the highlight of what push me to continue life other than teachers like they were like man, they were amazing. I had one teacher, sixth grade teacher. I don't necessarily believe that she knew what was going on. She just spent more time with me and another young girl that was in our class and that made the world different.

These individuals helped these women see that there was more to life than what they were enduring. These significant people gave them hope. Sarah went on to say,

> I was able to deal with a lot of things based on the people that were not necessarily in my family, but people who were in my community, in my tribe like school was a safe haven for me, mostly teachers, they were amazing.

For one woman (DeAnna), during her high school years when the sexual abuse took place, she relied heavily on spending time with her boyfriend and his family: “I went to my boyfriend's house. I spent a lot of time over there with his family. Well I kind of left the family.” This allowed an escape for her, giving her the opportunity to be away from her house. She had a late curfew, so she made sure she did not return home until the last minute. She also commented on how her parents were a part of helping her to realize that she was not to blame:

> I think it was because I was. I was raised with parents that were highly educated moral, you know. Even though mom allowed it to happen, you know, in younger years and all the way through till then you know I was raised with parents that were a good Christian family that you know raised us with morals that taught us what was right and wrong and taught us the things that you shouldn't do. And we were taught, you know that that's not something you do.

Marcy’s situation was a little different, however; she believes that the support of certain people in her life caused her to be resilient. Marcy grew up in a household with two parents who suffered from alcoholism. Her parents were highly intoxicated on many occasions and she witnessed domestic abuse throughout her childhood. Marcy was sexually abused by a family member who was watching her and her sister when she was 4 years old. Her parents believed her when she told them what happened to her and her sister, and they took the necessary measures to make sure this did not happen to her and her sister again:

> My mom believed me and so did my dad and he was about to go. He had a gun in his hand and he was going to go kill him like I had people behind me that believed what was going to happen or that it did happen that initial one, and that we talked about it and we kept talking about it. I never went to like therapy or anything like that, 'cause I pretty

> much had that with my mom and my not so much my dad, but he was aware and I knew he backed us up and he was really only just, they cut out the family and they were doing like what you would think are the right steps for when something like that initially happens with sexual abuse.

Her parents created a home environment which she always felt comfortable talking about what happened. Throughout her childhood she also leaned on her sisters for support, since the sexual abuse happened to one of her sisters as well:

> It was me and my sister. I have an even a younger sister where we were always we're so close we're very close and I think that bond has brought us together due to we've all experienced that and we're putting kind of those positions.

While dealing with the domestic abuse and her parents' alcoholism, her sisters were the ones who helped her most.

These seven women were very expressive in sharing one strong aspect of what contributed to their medium to high levels of resiliency. They each had differences in the childhood maltreatment they endured, but each one of them shared about a person or persons that contributed to their resiliency. These significant individuals helped to send these women down a path that created certain behaviors and beliefs that ultimately changed the outcome of their adulthood.

Findings for Interview Question 5

Why do you believe that certain aspects of your life were causing you to better handle your childhood trauma?

During this section of the interview the researcher carefully inputted the findings onto NVivo. As specific comments from the interviews took place, individual nodes were created,

which turned into themes. This section is based on why each woman believes that certain aspects in her life caused her to better handle the childhood trauma. The women shared during their interview that the aspects in their lives helped them to talk about what they had endured, built confidence, and/or created a positive attitude in them. Again, each woman shared her story, demonstrating similarities with specific aspects.

Three women expressed that certain aspects in their lives contributed to them being able to talk about their situations. Being able to communicate with people about their childhood maltreatment helped them to understand that what they had endured was not their fault. Marcy shared:

> Support of your primary caregivers supporting you and understanding and not hiding it and talking about it and processing it out loud and then even still processing it with my sister who experienced it with me and we still kind of talk intermittent about it now, even as adults of like what had happened and not necessarily in a way to like. Ruminate about it until that degree, but still, it's not a secret, and it's still a part of what our experiences are, and it's not normalized, but it's still part of our story.

Sophia expressed gratefulness that she was encouraged to share what she endured:

> My mother engaged a psychologist immediately, and the psychologist said she's got to be able to talk and you don't have to bring it up to her, but when she brings it up, you have to listen and you have to believe her, so I was never told don't talk about this. That's huge.

With a smile on her face, Tracey expressed, “I’ve been able to talk about my experience.” Being able to talk about it has also allowed some of the women, as adults, to reach out to others who have endured childhood maltreatment, helping these individuals build their own resiliency.

Two women spoke about having a positive attitude. They each spoke of how significant

people in their lives contributed to their positive attitude towards life even while in the middle of their childhood trauma. For example, Jane said,

> I knew my mom was always there, you know, and I saw that she handled things even though it was really hard for her. She always was very positive and I think that rubbed off on me like seeing my mom like OK. He's a jerk, you know. Yeah, you know, he's abusive and it's not OK.

Having an individual in their lives, speaking encouragement, instilling hope allowed certain women to have a strong sense of confidence. This level of confidence empowered them, letting them know they were not to blame for what happened to them. DeAnna explained,

> I didn't blame myself. I think a lot of people in situations like this they blame themselves and I feel like it was their fault and I never ever felt that way. I always looked at it like he had a sickness and I always felt like he was to blame. I always felt like that was not my fault.

Findings for Interview Question 6

In your opinion, what do you believe contributed to your high level of resiliency in the face of your childhood trauma?

In interviewing the participants, the researcher found that six out of the seven women believed that having an individual in their life that spoke about God contributed to their high level of resiliency in the face of their childhood trauma. With each woman there was an individual/individuals that pointed them to God, which allowed them to rely on faith in their traumatizing circumstances. Jane shared, "So I saw the really positive side of God with my mom because she's so committed in her faith . . . she knows the Bible like the back of her hand. I saw a true representation of Christ in my mom." She went on to say, "You know, knowing that even

though through all of the bad you know God had us." She continued, "I had to go back to growing up with my mom, having enough sharing that faith in me." Sarah reflected on her memory of an individual that crossed her path when she was a young child. She said, "I would get on the bus, she will always grab my hand and she would say young girl, God never puts more on you than you can bear." Comments like this made Sarah aware of God's presence: "I was aware of the Lord. The good Lord, without God, don't know where I would be."

Sophia clearly remembers the time she went home upset about a comment a student made to her in the classroom. When she went home and shared that information with her grandfather, she said,

> My grandfather was a pastor. My Grandmother, one of the most amazing godly women, and I grew up in the church, probably from the day I was born. And praying regularly that was just a part of her life. And so I was 5, by the time I came to Christ. My Grandfather sat me down and he said, "You do, you have a human Daddy who is a mess, but that's OK, because God is a perfect dad. Wow, Oh, When you know that, that's powerful." Everything that happens to you is filtered through God's hands.

A few of the women shared profound statements and information that was given to them growing up. Tracey shared, "You know all I had was I most of the time all I had was my Bible and a word and a promise." Tammy was empowered by her knowledge of the Lord. She said,

> Always lean on God and have that faith within me and even now going into Biblical studies that has made me a stronger person. You know, I know that that's the one person that I can always rely on. He doesn't judge me. He doesn't tell me I'm stupid. He doesn't tell me, Oh, you made a mistake.

DeAnna's strong will was brought on by her family upbringing. She states,

> I think it was because I was. I was raised with parents that were highly educated moral, you know. Even though mom allowed it to happen, you know, in younger years and all the way through till then you know I was raised with parents that were a good Christian family that you know raised us with morals that taught us what was right and wrong and taught us the things that you shouldn't do. And we were taught, you know that that's not something you do.

Summary of Findings

For this study, the researcher used the six interview questions to develop the parent nodes using NVivo. Once the interview transcripts were thoroughly read over, they were examined section by section, pulling key words, sentences, and phrases. Through this extensive process, subthemes were developed which created a node hierarchy. The researcher has included the hierarchy in order to give a better understanding of the organization of each parent node and the subthemes.

Nodes

Name	Files	References
AGE OF ABUSE	7	7
0 to 5 years old	3	3
12 to 17 years old	2	2
6 to 11 years old	2	2
BELIEF OF RESILIENCY	7	7
Significant Person	7	7
Dad	1	1
Friends and Acquaintances	1	2
Grandfather	2	2
Grandparents	1	1
Mom	2	9
Mom and Dad	2	3
Sibling	1	3
Teacher, Coach, Mentor	2	6
KNOWLEDGE OF ABUSE	7	7
no	2	2
not sure	1	1
yes	4	4
RESILIENCY CONTRIBUTORS	7	7
I was believed	1	1
Religion and Faith	6	14
TYPE OF ABUSE	7	7
Combination	4	4
Mental	4	5
Physical	3	4
Sexual	5	9
WHY ASPECTS HELPED	7	7
Built Confidence	3	3
Positive Attitude	2	6
Prompted Verbalization	3	6

Figure 1. Node hierarchy of themes and sub-themes.

As the researcher began developing each subtheme, it was quickly evident that there was one major similarity amongst each recorded interview: each woman had a person or persons throughout her childhood that made a significant impact on her life. These people were mothers,

fathers, sisters, grandparents, teachers, friends, and/or acquaintances. Some people may have only been in their lives for a moment, some for a major time in their lives, but regardless, the impact was clearly enough to make a difference.

Some of the significant individuals spoke in such a way that these women recognized that there was more to life than what they were experiencing and because of these words they believed they could achieve and be whoever they wanted to be. Some women were taught morals and what is right and wrong, which removed their burden of guilt and blame.

As these significant individuals gave support, even when they did not realize that is what they were doing, it was as though they were breathing life into these women. The significant people helped to build confidence, they allowed these women to speak about their unfortunate situations, and they helped create a positive attitude within them that carried on into their adulthood. Just as enduring negative situations can have a detrimental effect on an individual, it is evident that experiencing positivity can work in the opposite way, causing an individual to be resilient.

In several situations, the significant people were unaware of the impact that they had on some of these women. Some did not know that the person they gave that extra time to was going through something very traumatic. There were also women who had significant people in their lives who were aware of the abuse but were in situations where it was not only difficult but nearly impossible to fix the situation.

Six out of seven women spoke about God, faith, and praying. There were mothers who prayed with their daughters, grandfathers who spoke of God's role as Father, teachers speaking about God, and others sharing God's Word and their faith. Some women discussed how they

learned to love God early on in their lives and how they knew He was there. There was one woman who shared how “most of the time all I had was my Bible and a word” (Tracey).

These successful, resilient women who endured childhood maltreatment were able to talk about what they had gone through, build self-confidence, establish positivity, and rely on God, faith, and prayer due to the fact that they had a significant person/s in their lives. These women clung to the good, even if only temporary, that was brought into their lives in order to beat the odds and become well-adjusted, successful women with little to no mental health issues.

CHAPTER FIVE: CONCLUSION

Overview

In this final chapter, the researcher compares the results from this study with the results found in the literature review. Information and findings are shared, and each of the six questions asked during the interview process are used as the basis in determining if this study supported or contradicted previous research findings. The researcher discusses the implications of this study for counseling/ministry/marriage and family practice, and why it is relevant in the field of community care and counseling.

Limitations are discussed as well as their possible impact on this study, and what steps may be taken in future studies to limit the threat to internal and external validity. Finally, the researcher discusses the future recommendations that may be considered in order to expand on this field of study. The researcher for this study, a Native American Indian, 47-year-old mother of three daughters who have suffered from childhood maltreatment chose to research this topic using thematic analysis with the use of the software program, NVivo.

Discussion

In this study, six questions were asked during the interview process in order to have a better understanding as to what these women believe contributed to their high level of resiliency in the face of their childhood maltreatment. The researcher set out to discover why some women who have endured childhood maltreatment are more resilient, where these women believe their resiliency stemmed from, and how resiliency help them become adults with little to no mental health issues. Very early on in the research process of the study, the researcher discovered that there is significantly more research on the negative impact of childhood maltreatment and far

less research on the positive impact that resiliency has on an individual who has endured childhood maltreatment.

Although the topic of the positive impact of resiliency and childhood maltreatment has been researched more frequently in the past several decades, it is still a far less studied topic than research on the negative effects that childhood maltreatment have on an individual. Masten, Best, and Garmezy stated that "the child maltreatment field has only begun in the last few decades to pay as much attention to positive adaptation following maltreatment as historically has been paid to maladaptive outcomes" (as cited in Walsh, Dawson, & Mattingly, 2010, p. 27).

During this study, the researcher found that it is of great importance to have more research available on this topic in order to better explain the importance of why it is necessary to build resiliency during the childhood/adolescent years. The researcher also thinks that having people who have personally dealt with childhood maltreatment and who are resilient, express what they believe helped them during their childhood is beneficial in having a better understanding as to why they developed fewer mental health issues. Such research could possibly increase the likelihood of schools developing and implementing better programs in the school systems throughout the United States.

The research question for this study asked, In your opinion, what do you believe contributed to your high level of resiliency in the face of your childhood trauma? The six interview questions allowed the participants to express their opinions and beliefs as to what contributed to their high level of resiliency. The interview questions also made it possible for the researcher to recognize significant findings.

Each woman suffered from two or more types of childhood maltreatment at the hands of their caregiver. Although many cases of child abuse are reported each year, out of these seven

women there was only one case where it went to court and she did not have to return to her abusive setting. For the rest of these women, they endured their abuse until they were old enough to move out of their abusive environment. Hahm et al. (2010) shared that childhood maltreatment is an issue that brings on different mental health issues; however, these women have been able to beat these negative odds. These women are thriving in their work life and home life. They are highly educated, successful individuals who are not suffering from mental health issues.

Like Garmezy, the researcher was interested in interviewing individuals in order to get their personal feedback for the sake of helping other children (Rutter, 2012). As each woman shared her experiences, their accounts prompted the researcher to think of types of programs necessary to help children develop high levels of resiliency.

Rutter (2012) focused on the key role that positive psychology plays in developing resiliency, and the researcher found this useful for this study. These women have not only survived, but they have flourished in life. During the interviews it was evident that these women have chosen to focus on positive characteristics and aspects of their lives. Each shared how one or more significant person in their lives contributed to their resiliency and this helped build positivity, confidence, and/or the ability to speak up if needed.

After transcribing the interviews and using thematic analysis with NVivo, it was evident that these seven women all had a significant person or persons that they believe contributed to their high level of resiliency. Although Kim-Cohen and Turkewitz's (2012) study showed that resilience is heritable, these women did not contribute that as to why they were resilient. These women shared that their mothers, fathers, sisters, grandparents, friends, teachers, and/or acquaintances spoken words or actions were why they believed they had moderate to high resiliency coping skills.

There was also a study that shared that genetics may contribute to mental health issues and may be hereditary (McCrory et al., 2010). More specifically, McCrory et al. (2010) found that a "gene variant" may possibly contribute to whether or not an individual develops a mental health issue; however, in this study, all of the participants had at least one parent with a mental health issue, yet none of these women developed a psychiatric disorder. There was one individual that shared that her mother was "always very positive and I think that rubbed off on me" (Jane). In this situation, it does appear that maybe since her mother was a positive individual, that maybe genetically speaking, Jane was too. However, Jane identified it as more of mimicking behavior than being genetically linked.

The researcher found that this study was in agreement with Orbke and Smith's (2013) findings, that a relationship with a supportive adult may be the most significant factor leading up to a positive outcome for children who have endured childhood maltreatment. As previously discussed, the researcher found that each woman had at least one significant person in her life who heavily influenced her level of resiliency; therefore, 100% of the participants attribute their resiliency to a significant person or persons in their lives. The women expressed that these individuals taught morals, gave them hope, provided kind words, prayed, shared their faith, talked about God, and/or allowed her to talk about what she endured.

Folger and Wright (2013) cited both important and relevant information regarding promotive factors and protective factors contributing to higher levels of resiliency. The promotive and protective factors for the participants in this study were the significant individuals that these women encountered. For most of these women, the significant individual was a family member. These significant individuals helped act as a buffer against negative outcomes, mental health issues, and helped contribute to positive outcomes they have had in life.

Six out of the seven women shared that knowing about God, praying, and having faith contributed to where they are today. The researcher found that faith and spirituality seemed to be something that the women rely on more as adults than when they were children in the middle of childhood maltreatment. Most women shared that they knew about God when they were children, but they did not necessarily have a relationship with Him as children.

The significant person in their lives may have shared about God, His Word, a prayer, or their faith, but this study showed that it was basically the individual that helped them push through. Howell and Miller-Graff (2014) shared that faith allows individuals to better understand what they endured and helps with the healing process. The researcher found this information to be accurate, but not as a contributor to the resilience displayed during their childhood. As adults, the women rely heavily on God to help them through difficult situations.

Community support is another aspect that researchers have found to contribute to resiliency. Sarah specifically mentioned her community and church, but she made it clear that "none of those things were the highlight of what pushed me to continue life other than teachers." Ungar (2011) found in his research that the environment contributed more to resilience than individual factors; however, for this study, that was not the case. For these women, significant individuals communicating with them one on one seemed to be the biggest impact that each of them experienced.

One of the most important pieces of information the researcher attempted to discover was how resiliency can be developed or increased during childhood. There are so many cases of child abuse that go undetected. Not knowing about the abuse makes it challenging to help a child. The researcher thinks that it is most important that a means of building resiliency is established for children regardless of their situation. Among the participants in this study, it was essential to

have a significant person in one's life. It is imperative that those that come in closest contact with children and adolescents understand the role they may play in their lives. This study showed that those closest tended to be family members, friends, and teachers.

Implications

This study found it is imperative that the community be made aware of the significance of the findings. If the community comes together for the betterment of the child, ultimately the community benefits as well. When children suffer from childhood maltreatment it can lead to issues that are costly to them and to the community. It is evident, from many studies on how childhood maltreatment negatively affects an individually mentally and physically, that the community must get involved when tragedy happens. Such issues as drug and alcohol addiction, fatal car accidents, crimes and/or severe psychological impairment have led to the need of Alcoholics/Narcotics Anonymous, juvenile hall or imprisonment, and/or antidepressants or antianxiety medications.

This study will enlighten people in the communities around the country on the importance of intervening in a positive way in order to help prevent such tragedies from happening. Local churches, recreation centers, schools, and counseling centers could have positive programs available. Although some of these places currently exist, it is imperative that training exists for the adults educating them on the important role they may play in a child's life. It is not necessarily the activity that is impacting the child, but rather the positive influence of the person helping with the activity.

In the case of teachers, they regularly have in-school services and conferences on how to teach academics more affectively, but they are typically not required to attend conferences on

how to be more positive when teaching children. Having such courses, giving teachers strategies on how to help build resiliency may make a difference in the lives of many children.

It may also be beneficial to offer parenting courses in all schools around the country. The researcher researched her area to find parenting courses offered locally, and the only courses found were the ones that were required by the courts in a situation where parents were forced to take mandatory parenting classes. With the participants in this study, five were impacted by a parent. It is unclear from this study whether the parents realized how important they were in their child's life, but it seems that it would be beneficial to offer a parenting course as an additional resource for parents.

Although this study was not geared towards recruiting only Christian women, it ended up that all seven women were professing Christians. Six of the seven women spoke about God, and some mentioned that looking back, God was clearly watching over them. It was evident that having the Word of God spoken to them, being able to pray, and observing the faith of those closest to them impacted these women in the long run. They may not have had a close relationship with God when they were children, but that seed being planted at a young age greatly impacted them as adults.

Faith-based programs such as youth groups and camps would allow for individuals to not only speak positivity into the life of a child, but also to help plant a seed, which ultimately gives them the greatest life. It would be beneficial for the church to offer seminars which inform the workers and volunteers of the impact their role may have on a child and give them strategies to help increase resiliency. It is also important that the church offer information on how to better detect childhood maltreatment, what to do when volunteers suspect it, and how they might be able to help or get help for individuals in need.

God created humans to be in relationship with one another, not alone. Scripture says, "Then the Lord God said, It is not good that the man should be alone; I will make him a helper fit for him" (Genesis 2:18 ESV). Each of these women had someone in their life that helped build their resiliency during their childhood. God made it clear from the beginning that human beings need to be able to connect with one another, and the evidence in this study shows that to be true. Relationships exist and form throughout a person's life, and for the women in this study, the relationships they encountered during childhood ultimately guided them in such a way that each of them was able to avoid serious mental health issues.

Delimitations and Limitations

The researcher chose to only include women in this study because she has three daughters who have suffered from childhood maltreatment. Women ages 18 to 60 were chosen simply because the researcher wanted information based on an adult's perspective. The researcher chose to use only one form of social media, Facebook, for the recruitment process. Facebook was chosen because the researcher was most familiar with this form of social media, and it appeared to be an effective way to recruit women of all ages, races, and ethnicities. Facebook allowed for the researcher to put out the recruitment letter and then several individuals shared the post. Although the use of Facebook appeared to be a good means of recruiting individuals, it may have excluded a number of individuals who do not have Facebook or who were not able to see the researcher's post.

Women who scored specific scores on the ACE and the BRCS questionnaires and had little to no mental health issues were offered a $25 eGift card as an incentive to participate in the study. Offering an incentive may have prompted certain people to want to participate; however, the researcher does not think that was the case for any of the women who participated.

There were a few limitations that may be viewed as potential weaknesses for the study. The researcher capped the age at 60 years old; it may have been beneficial to interview women who were older. Women older than 60 years old may have had further information to share about resiliency and how it has helped them in the latter years of life. The researcher chose to only focus on women; however, it seems that getting the male perspective would be interesting and informative since there may be differences in where the men believe their resiliency stems from. For this study, only Caucasian and African American women participated. Being that this is the case, the information shared excludes many other races and ethnicities.

Recommendations for Future Research

Because the results for this study may not be representative of all resilient women who have endured childhood maltreatment, the researcher would recommend additional research, on the same topic, but finding a means to recruit a more diverse population. It may also be beneficial to conduct research with the male population to discover their perspectives on what contributed to their high level of resiliency in the face of childhood maltreatment. Although the researcher did not plan to recruit only Christian women, it may be beneficial to conduct the same study with resilient women who are not spiritual or faith driven. Conducting a study focusing on mothers who enabled their children to overcome childhood maltreatment to the point that their children developed moderate to high levels of resiliency may be beneficial as well. The researcher thinks that thematic analysis with the use of NVivo would be beneficial in obtaining the results of the future research.

Summary

The major finding from this study was that all of the resilient women who participated in this study were impacted by a significant person in their lives. The significant person or persons

may have been in their lives for most of their childhood or only for a short period of time, but their impact on the participants' lives was life-changing. The significant person may have provided hope or made them realize that there was more to life than what they were enduring. This significant person may have prayed with them or shared their faith. Regardless, it was this significant person who helped build confidence, positivity, and gave them the ability to speak up. It was the positive influence of a person that led to these women learning that they were not to blame, understanding they were not at fault, and being able to forgive.

Based on this finding, the researcher believes that further education for adults—whether they are teachers, coaches, parents, or grandparents—is most relevant in building resiliency in a child. Having programs where coaches are trained in positivity, seminars for teachers to learn how to positively interact with children, and parenting classes where parents feel encouraged and supported would be most beneficial in building higher levels of resiliency in children.

Figure 2. Word cloud of the 75 most frequently used words from participant interviews.

The word cloud in Figure 2 was created using NVivo. It is a creation of the 75 most frequently used words in the interviews. The researcher found this collection of words to be an accurate depiction of what the participants shared. The size of each of the words was determined by the number of times each word was spoken. This collection of words highlights key findings that gave the researcher significant evidence in what led to the participants being so resilient.

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APPENDICES

Appendix A: IRB Approval Letter

June 17, 2020

Rebecca Hirshman
Suzie Johnson

Re: IRB Approval - IRB-FY19-20-336 Women Who Endured Childhood Maltreatment: How Resiliency Led to Lower Mental Health Issues

Dear Rebecca Hirshman, Suzie Johnson:

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the date of the IRB meeting at which the protocol was approved: June 17, 2020. If data collection proceeds past one year, or if you make modifications in the methodology as it pertains to human subjects, you must submit an appropriate update submission to the IRB. These submissions can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s): 7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your stamped consent form can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B: Participant Recruitment Facebook Posts

Facebook Post 1

This post has been approved by Liberty University.

Dear Ladies,

As a graduate student in the Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to determine the importance of developing resiliency in children who have endured childhood maltreatment in order to lessen the likelihood of developing significant mental health issues in adulthood.

If you are between the ages of 18 and 60 years old, a woman who has endured childhood maltreatment, has a moderate to high level of resiliency, little to no mental health issues, has never taken medication for a mental health issue, has never suffered from a substance abuse issue and is willing to participate in this study, you will be asked to complete a demographic survey and participate in an audio-recorded Zoom interview. There are three questionnaires that must be filled out in order to determine eligibility for this study. The questionnaires are the Adverse Childhood Experience Survey, the Brief Resilient Coping Scale, and a Survey Questionnaire. For the purpose of this study, little to no mental health issues will be determined based on answering no to never having taken medication for a mental health issue and never having had a problem with substance issues.

Once eligibility has been determined you will complete the demographic survey which will take approximately 10 minutes to complete and will be sent to you via email. The interview will take approximately 1 hour to complete. Participants will be asked to review their interview transcripts for accuracy. The transcripts will be emailed to you within 3 weeks of the interview and the review will take approximately 30 minutes to complete.

In order to participate, please email me at rhirshman@liberty.edu to let me know that you are interested in being a part of this study. You may also contact me if you have any questions.

A consent form will be emailed to you, which will have to be signed and emailed back to me prior to the interview. The consent forms give additional information about my research. Participants will receive a $25 VISA eGift card for their time.
Sincerely,

Rebecca Hirshman

Doctoral Candidate

Facebook Post 2

Dear Ladies,

As a student in the Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for a doctoral degree. Last week a post went out inviting you to participate in a research study. This follow-up post is being sent to remind you to respond if you would like to participate and have not already done so.

Participants will answer several recruitment documents to determine eligibility. The documents are the Adverse Childhood Experience Survey, the Brief Resilient Coping Scale, and the Mental Health Screening Questionnaire. You must be women between the ages of 18 and 60 years old who have endured childhood maltreatment, have moderate to high levels of resiliency, and have little to no mental health issues. For the purpose of this study, little to no mental health issues is determined as the participant having never taken medication for a mental health issue as well as never having problems with substance issues.

If you choose to participate, you will be asked to complete a demographic survey, a one-hour audio-recorded Zoom interview and review your interview transcript for accuracy. The demographic survey should take 10 minutes to complete and the transcript review should take approximately 30 minutes to complete. Your name and other identifying information will be requested as part of your participation, but the information will remain confidential.

In order to participate, please email me at rhirshman@liberty.edu, letting me know that you are interested in being part of this study. You may also contact me if you have questions.
A consent form will be emailed to you, which will have to be signed and emailed back to me prior to the interview. The consent form gives additional information about my research.
If you choose to participate, you will receive a $25 VISA eGift card for your time.

Sincerely,
Rebecca Hirshman
Doctoral Candidate

Appendix C: Informed Consent

Consent

Title of the Project: Women Who Endured Childhood Maltreatment: How Resiliency Led to Lower Mental Health Issues

Principal Investigator: Rebecca Hirshman, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be a woman between the ages of 18 and 60 years old, have endured childhood maltreatment, have moderate to high resiliency, have never taken medication for a mental health issue, and have never suffered from a substance abuse issue. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to gain a better understanding of where some women believe their high levels of resiliency came from, and how they believe that played a part in why they have little to no mental health issues.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete a demographic survey. This will be provided to you via email and should take approximately 10 minutes to complete. When you are finished with the survey, please return it via email.
2. Participate in an interview that will be conducted using the software, Zoom. The interview will take approximately one hour to complete, and it will be audio recorded.
3. Review the audio recording, that will be transcribed by me, for accuracy. The transcripts will be sent via email to the participant. This will take approximately 30 minutes to complete.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include the possibility of school/community interventions or programs to better assist in building resiliency in young children who are enduring or have endured maltreatment. Information gathered may also help parents or caregivers better help with building their child's resiliency level by implementing certain provided strategies gained from this study.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

The risks involved in this study include discussing past childhood maltreatment; however, the researcher will be working closely with a licensed therapist during this process, and a list of local

licensed therapists, as well as the number for the local crisis center will be provided. This study is voluntary, therefore; the participant may choose to withdraw at any time.

How will personal information be protected?

The Records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential with the use of pseudonyms. Zoom interviews will be conducted where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed by the researcher. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. Each participant will receive a $25 VISA eGift Card by email for their time.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Rebecca Hirshman. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at 240-412-1397 or rhirshman@liberty.edu. You may also contact the researcher's faculty sponsor, Suzie Johnson, at sajohnson@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Appendix D: Adverse Childhood Experience Questionnaire

[Removed for publication. This Adverse Childhood Experience Questionnaire used in this study may be accessed at http://www.odmhsas.org/picis/ACE.pdf]

Appendix E: Brief Resilient Coping Scale

[Removed for copyright. The Brief Resilient Coping Scale (Sinclair & Wallston, 2004) used in this study may be accessed at http://emdrfoundation.org/toolkit/brcs.pdf]

Appendix F: Participant Screening Questions

1. Are you between the ages of 18 and 60 years old?

2. Have you ever taken medication for a mental health issue?

3. Have you ever suffered from a substance abuse issue?