

OVERCOMING TRAUMA:  
A PHENOMENOLOGICAL STUDY OF ADULTS WHO OVERCAME CHILDHOOD  
TRAUMA

by

Mary Ann P. Crowder

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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APPROVED BY:

Susan K. Stanley, Ed.D., Committee Chair

Lucinda S. Spaulding, Ph.D., Committee Member

## ABSTRACT

This transcendental phenomenological study examined the lived experiences of individuals who overcame childhood trauma to become resilient adults. For this study, a resilient adult was defined by successful academic and career outcomes. Successful academic outcomes were operationalized as post-secondary educational attainment and successful career outcomes were demonstrated by steady employment of a professional career pathway. Terr's (1991) theory of childhood trauma and Garmezy and Rutter's (1983) resilience theory guided the study designed to answer the following central research question: What are the lived experiences of individuals who have overcome adverse childhood experiences to become resilient adults? The study involved thirteen adults living in the South, Northeast, and Midwest regions of the United States, who experienced the phenomenon. Data was collected over one month, using participant journals, interviews, and questionnaires. Data was analyzed using Moustakas' transcendental phenomenological approach, including Epoché, phenomenological reduction, imaginative variation, and synthesis. From data analysis, the following common themes were identified: experiences in childhood that fostered resilience, experiences in adulthood that contributed to resilience, and long-term impacts of trauma, their lived experiences. Finally, implications for practice and suggestions for future research were discussed, with the most salient being that the individual's reaction to the trauma is a major determinant of one's resilience, especially when it leads to a greater strength and determination.

*Keywords:* trauma, adverse childhood experiences (ACEs), resilience, acute (type I trauma, chronic (complex or type II) trauma

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### **Dedication**

This dissertation is dedicated to my mother, who encouraged me to take this journey. I only wish she were here to see its culmination.

And to Summer, whose strength and determination first proved to me that resilience and success can be achieved despite trauma. You were my inspiration.

## **Acknowledgments**

*Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up. (Galatians 6:9, NIV)*

To God, who showed me my purpose and carried me through this journey.

To my family, who supported me in this six year endeavor. Thank you for believing in me.

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To the thirteen individuals who took part in my study. I am honored to have been given the opportunity to learn and retell your stories. Thank you for your dedication to helping others who have suffered childhood trauma.

## Table of Contents

ABSTRACT.....	3
Copyright Page.....	4
Dedication .....	5
Acknowledgments.....	6
List of Tables .....	13
List of Abbreviations .....	14
CHAPTER ONE: INTRODUCTION.....	15
Overview.....	15
Background.....	15
Historical Context.....	16
Social Context.....	17
Theoretical Context.....	18
Situation to Self.....	19
Problem Statement.....	20
Purpose Statement.....	21
Significance of the Study .....	22
Empirical Significance.....	22
Theoretical Significance .....	23
Practical Significance.....	23
Research Questions .....	24
Research Question 1 .....	24

Sub-question 1 .....	25
Sub-question 2 .....	25
Definitions.....	25
Summary .....	26
CHAPTER TWO: LITERATURE REVIEW .....	27
Overview .....	27
Theoretical Framework .....	27
Childhood Trauma Theory.....	27
Resilience Theory .....	31
Related Literature.....	35
Adverse Childhood Experiences .....	35
Possible Long-Term Effects of ACEs.....	38
Role of Resilience in Overcoming Trauma .....	51
Development of Resilience .....	52
Summary .....	55
CHAPTER THREE: METHODS .....	60
Overview .....	60
Design .....	60
Research Questions .....	63
Research Question 1 .....	63
Sub-question 1 .....	63
Sub-question 2 .....	63
Setting .....	63



Participants.....	65
Table 1 .....	66
Procedures.....	67
The Researcher's Role.....	68
Data Collection .....	69
Surveys.....	69
Interviews.....	71
Participant Journal Analysis .....	74
Data Analysis .....	74
Trustworthiness.....	77
Credibility .....	77
Reliability and Validity of CD-RISC-10 .....	77
Dependability and Confirmability .....	78
Transferability.....	78
Ethical Considerations .....	79
Summary .....	79
CHAPTER FOUR: FINDINGS .....	81
Overview.....	81
Participants.....	81
Sarah .....	82
Jen .....	84
Sidney .....	85
Allison.....	87

Kate .....	89
Riley .....	90
David .....	92
Ana .....	93
Sandy .....	95
Grace .....	97
Megan .....	99
Janelle .....	101
Kirsten .....	103
Results .....	105
Theme Development .....	105
Experiences in Childhood (SQ 1) .....	107
Experiences in Adulthood (SQ 2) .....	114
Lived Experiences (RQ 1) .....	126
Summary .....	137
CHAPTER FIVE: CONCLUSION .....	141
Overview .....	141
Summary of Findings .....	141
Discussion .....	143
Theoretical Literature Discussion .....	143
Empirical Literature Discussion .....	145
Implications .....	147
Theoretical Implications .....	147

Practical Implications.....	152
Delimitations and Limitations.....	153
Delimitations.....	153
Limitations .....	154
Recommendations for Future Research .....	155
Summary .....	155
References .....	158
APPENDIX A: IRB Consent .....	176
APPENDIX B: Recruitment Letter.....	177
APPENDIX C: Social Media Recruitment Post .....	178
APPENDIX D: Consent Form .....	179
APPENDIX E: Survey .....	182
APPENDIX F: CD-RISC 10 Inventory .....	183
APPENDIX G: Interview Questions .....	184
APPENDIX H: Journal Prompts.....	185
Appendix I: Sample Interview Transcript.....	186
Appendix J: Sample Journal Response .....	191
Appendix K: Sample Researcher Journal Entries .....	193
Appendix L: CD-RISC 10 Data.....	194
Appendix M: Sample Individual Analysis.....	195
Appendix N:Thematic Coding Sheets .....	196
Impacts of Trauma .....	196
Experiences in Childhood .....	197

Experiences in Adulthood.....	198
Appendix O: Contact Log.....	199

**List of Tables**

Table 1. Participant Demographics.....	65
Table 2. Research Questions and Themes for all Data Sources.....	102

### **List of Abbreviations**

Adverse Childhood Experiences (ACEs)

American Psychiatric Association (APA)

Connor-Davidson Resilience Scale (CD-RISC)

Connor-Davidson Resilience Scale 10 (CD-RISC-10)

Diagnostic and Statistical Manual of Mental Disorders (DSM-III)

Institutional Review Board (IRB)

Major Depressive Disorder (MDD)

Post-traumatic Stress Disorder (PTSD)

United States (US)

## **CHAPTER ONE: INTRODUCTION**

### **Overview**

Since the landmark Adverse Childhood Experiences (ACEs) study conducted by Anda and Felitti in 1998, there has been a growing movement to create trauma-sensitive schools. Educating teachers and school staff about the prevalence of trauma in school-aged children, the impact of trauma on a student, and ways to deal with the impact of trauma in the classroom has become a priority in the past few years. As a career educator who has spent an entire career in rural schools where the poverty level is significant, this researcher has witnessed the impact of trauma on a fair number of students. The problem is that, while some students overcome childhood trauma to be successful adults, others fall into academic failure, drug abuse, risky lifestyles, mental health issues, and incarceration. This research study investigated the lived experiences of individuals who were able to overcome childhood trauma, in order to gain an understanding of the factors that enabled those individuals to develop resilience. This research is significant, because educators can use these insights to create opportunities for future students to overcome their own ACEs, thus improving the outcomes for future students with childhood trauma. This chapter discusses the historical, social, and theoretical background of the study, defining the relationship of the study to the researcher, in addition to introducing the problem and purpose statements, and explaining the significance of the study. Key research questions and terms will be identified later in this chapter, and the chapter will conclude with a summary.

### **Background**

Understanding the historical, social, and theoretical contexts of this study is central to realizing its value and current importance. Each context is examined. Consideration will be given as to how the study adds to the current body of knowledge.

## Historical Context

Though the word *trauma* has a long history, it has gained more attention since the 1980s when post-traumatic stress disorder (PTSD) was added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (Souers & Hall, 2016). In the DSM-III, a traumatic event was considered to be something catastrophic, outside most human experience, such as war, torture, rape, natural disasters, or manmade disasters such as automobile accidents (Friedman, 2019). The DSM-V adjusted the definition, delineating trauma, or a traumatic event, as “exposure to actual or threatened death, serious injury, or sexual violence” (APA, 2013, p. 271). Initially, traumas listed as causing PTSD were limited to rape, combat, natural disasters, serious accidents, or deliberate disasters, such as bombings or torture (APA, 1987). When the DSM-V was published in 2013, the causes of PTSD had been expanded to include any encounter with actual or threatened death, serious injury, or sexual violation, experienced either directly by witnessing such an event, or by learning of an event happening to a close friend or family member (APA, 2013). Additionally, in the 2013 edition, separate criteria for PTSD, including loss of a caregiver and placement in foster care, were added for children ages six and under (SAMHSA, 2016).

The issue of childhood trauma, and its long-term effects, was first explored by Norman Garmezy and Michael Rutter (1983), psychologists who studied stress and coping skills in children. While Garmezy and Rutter (1983) did not focus on the trauma aspect of stress and coping skills, they did consider the effect of certain factors, such as divorce, poverty, and loss on children. Childhood trauma gained further attention in the 1990s, with a study conducted by Dr. Robert Anda and Dr. Vincent Felitti (1998), who determined that there was a strong correlation between ACEs and adult mental and physical health. For their study, also known as the Kaiser-Permanente study, data were collected from over 17,000 adults to compute the number of ACEs



from the list that each participant had experienced. Anda and Felitti (1998) considered the following events as ACEs for this study: domestic violence, divorce or separation, substance abuse, mental illness, death of a loved one, incarceration of a parent, and abuse/neglect. The data from this study showed that around 25% had experienced more than one ACE, and more than 90% had experienced at least one ACE. The study further showed that, the higher a person's ACE score, the more likely he or she would present with health issues (Souers & Hall, 2016).

After this study was released, research exploded on the topic of trauma as it concerns children and adults. Studies assessing the impact of trauma on a child's school performance, attendance, and overall readiness to learn were conducted (Bethell et al., 2014; Blodgett, 2018; Ryan et al., 2018). In addition, studies exploring what works to combat the effects of trauma were done (Bellis et al., 2018; Moses & Villodas, 2017; Woods-Jaeger et al., 2018). Currently, however, there are few, if any, qualitative studies giving voice to individuals who have shown resilience in overcoming the effects of trauma.

### **Social Context**

The social implications of childhood trauma are concerning. Research completed since the Anda and Felitti study has documented the long-range effect of trauma for children who have experienced it: an increased risk for mental and physical health problems, substance abuse, involvement in crime, and adolescent pregnancy (McInerney & McKlindon, 2014; Martin et al., 2017). Anda and Felitti (1998) found these health issues were related to ACEs: chronic obstructive pulmonary disease, hepatitis, sexually transmitted disease, intravenous drug use, depression, obesity, attempted suicide, or early death. In addition, low self-esteem and an inability to cope can also be long-term effects of trauma (Bell et al., 2013).

The statistics on the presence of trauma in the lives of young people are shocking. Nearly two-thirds of young people in the United States (U.S.) have experienced trauma by the age of 16, while 68% who acknowledge having emotional or behavioral issues have suffered trauma (SAMSHA, 2017; Yule, 2001). Several studies have shown that students who live in poverty and ethnic minorities are more likely to have experienced an adverse childhood experience (Ijadi-Maghsoodi et al., 2017). According to the National Task Force on Children Exposed to Violence, nearly 66% of children in the U.S. are exposed to violence, crime, or abuse, whether it be family violence, physical attacks, sexual assault, community violence, or property damage (2012). Abuse in the form of verbal attacks, physical violence, or sexual acts is also common (Bynum et al., 2010). A large portion of society has suffered from adverse childhood experiences, making this issue significant today.

### **Theoretical Context**

Two theories served as the basis for this study: Terr's (1991) childhood trauma theory and Garmezy and Rutter's (1983) resilience theory. Childhood trauma theory was the basis for the first research question, which asked participants to describe their experiences in overcoming adverse childhood experiences. Resilience theory guided sub-question 1, which asked how participants describe experiences that contributed to their resilience in childhood, and sub-question 2, which asked how participants describe experiences in adulthood they view as central to their development of resilience.

Terr's (1991) childhood trauma theory served as a foundation for understanding childhood trauma and its effects. Terr (1991) provided a definition of childhood trauma as the mental state resulting from one or more external events that cause the victim to lose his or her ability to cope and make him or her helpless. In addition, she identified two types of trauma and

posited that there are four significant characteristics found in victims of childhood trauma. Most significant to this study is the sense of a limited future that will bring more trauma. This feeling could play a major role in keeping some individuals from overcoming childhood trauma, while the individuals in this study have worked through that sense of future limitations (Terr, 1991).

Garmezy and Rutter's (1983) resilience theory was also significant to this study. Resilience deals with a person's ability to adapt to challenges, and resilience theory examines factors that positively impact a person's response to risk or challenge (Masten, 2018). The individuals in the study, who had overcome childhood trauma and found success, were resilient; their stories gave insight into factors that contributed to their development of resilience.

The theoretical context for this study, then, involved both childhood trauma theory (Terr, 1991) and resilience theory (Garmezy & Rutter, 1983). Childhood trauma theory (Terr, 1991) lends insight into why many victims of early trauma are often unable to successfully cope with that trauma. In addition, resilience theory (Garmezy & Rutter, 1983) provides an explanation as to why some individuals can cope with their traumatic childhood experiences.

### **Situation to Self**

As a career educator in rural public schools, I have seen a good number of students come through the educational system, some with great success and some with sad results. In my 25 years as an educator, some of my students overcame tremendous odds to lead successful lives, while others have become mired in their trauma, repeating generational patterns of crime, unemployment, substance abuse, and overall poor choices. A desire to change the outcome for more of these students fueled my interest for this study.

The philosophical assumptions that led to my choice to study this topic with a phenomenological approach are ontological, which deals with the nature of reality and

acknowledges that reality varies according to one's view; epistemological, which admits the subjective nature of knowledge and calls for the researcher to draw close to the phenomenon being studied; and methodological, which uses inductive reasoning and is shaped by the experience of the researcher during data collection and analysis (Cresswell & Poth, 2018). I looked for themes in the findings, used quotes from participants as evidence, examined the details to determine generalizations, and revised questions as experiences called for them to be revised (Creswell & Poth, 2018). Social constructivism was the paradigm that guided the study, as my objective was to find an "understanding of the world in which [one] lives and works" (Creswell & Poth, 2018, p. 24). In this study, I sought to understand the lived experiences of survivors of ACEs who have shown resilience. Further, I identified common themes in the data collected from these survivors to define the essence of the phenomenon.

### **Problem Statement**

For this study, the problem was that many individuals who suffer childhood trauma are unable to transcend that trauma and show resilience as adults (Blodgett & Lanigan, 2018; Borja et al., 2019; Crosby, 2015; Fry et al., 2018; Hardcastle et al., 2018; Larson, et al., 2017; Metzler, et al., 2017; Ryan et al., 2018; Sciaraffa et al., 2018). Educators work with students each day who are victims of adverse childhood experiences (ACEs). Data from the 2017/18 National Survey of Children's Health (NSCH) estimated that one in three children has experienced at least one of eight specified ACEs: divorce or separation of parents, death of parent/guardian, incarceration of parent/guardian, family domestic abuse, violence in neighborhood (victim or witness of), depression of household member, addiction of household member, and racism (HRSA, 2019; HRSA, 2020).

A 2016 study of data from the 2010 Behavioral Risk Factor Surveillance System found that people with three ACEs were 1.53 times more likely to not graduate high school and 2.4 times more likely to not be employed, than people with no ACEs. Those with four ACEs or more were 2.34 times more likely to not graduate high school, 2.3 times more likely to be unemployed, and 1.6 times more likely to be living in poverty (Metzler et al., 2017). Knowing that the presence of ACEs leads to an increased risk of school failure and difficulty in adulthood, educators must consider what enables some individuals to overcome trauma so that those influences can be replicated for more students.

Since the original ACE study in 1998 (Anda & Felitti), numerous studies, mostly quantitative in nature, have looked at issues dealing with ACEs, such as the prevalence of childhood trauma, the impact of ACEs on physical and mental health, academic success, and behavior, and how schools can work to build resilience and mitigate the long-term effects of ACEs (Bethell et al., 2014; Bethell et al., 2016 Blodgett & Lanigan, 2018; Fry et al., 2018; Hardcastle et al., 2018; Hunt et al., 2017; Ryan et al., 2018; Sciaraffa et al., 2018).

While the literature published on the issue of ACEs until now provides data to support the impact of ACEs on a person's life in numerous areas, no identified studies have collected qualitative data from adults who have overcome trauma to discover common themes in their stories. The rich details of data collected in such a study provides valuable insight for those who work with children who suffer chronic trauma and may lead to more effective ways for educators and social workers to help such students overcome trauma.

### **Purpose Statement**

The purpose of this transcendental phenomenological study was to examine the lived experiences of individuals who have overcome chronic trauma to become resilient adults. For

this study, a resilient adult was defined by successful academic and career outcomes. Successful academic outcomes were operationalized as post-secondary educational attainment; successful career outcomes were demonstrated by steady employment of a professional career pathway. The theories guiding this study were childhood trauma theory (Terr, 1991), which examines the impact of childhood trauma, and resilience theory, which examines how individuals develop resilience, the quality needed to overcome traumatic experiences (Garmezy & Rutter, 1983).

### **Significance of the Study**

This study is significant from empirical, theoretical, and practical perspectives. The data gained from the study adds qualitative support missing from the current studies. Additionally, data gathered both builds on the support for childhood trauma and resilience theories and has practical implications in the fields of education and social work.

### **Empirical Significance**

Several studies related to ACEs have been conducted since the Anda and Felitti (1998) study. The scope of these studies ranges from the effect of ACEs on physical and/or mental health, relationships, academic performance, and career outcomes, to the link between ACEs and alcohol and drug abuse. Other studies examine resilience and its role in overcoming trauma, as well as how resilience can be promoted in our youth. While there is no shortage of studies on childhood trauma, this researcher was unable to find any qualitative studies of individuals who have overcome such trauma. In the 2014 study “Adverse Childhood Experiences: Assessing the Impact on Health and School Engagement and the Mitigating Role of Resilience,” researchers note,

Qualitative studies that examine cases in which adverse childhood experiences are prevalent but hypothesized negative outcomes are not observed may . . . be beneficial in

developing understanding of and methods to prevent negative impacts of adverse childhood experiences across life. (Bethell et al., 2014, p. 2113)

This study adds to the body of knowledge about the impact of childhood trauma on individuals, providing first person accounts of childhood trauma, its impact, and how it was overcome.

### **Theoretical Significance**

The study explored the impact of childhood trauma on the participants. The data gathered from this study, specifically from the central research question regarding how individuals who have overcome ACEs describe their lived experiences of childhood trauma, is significant to childhood trauma theory. The participants' descriptions of these experiences and their effects serve to reinforce Terr's (1991) theory regarding the four common characteristics resulting from childhood trauma: (1) repeated memories of the traumatic event(s); (2) repetitive behaviors related to those evoked by the trauma; (3) continuing fears related to the trauma; and (4) altered feelings regarding people, various parts of life, and the future.

In addition, the study provided for the identification of common themes among the participants, who went on to be successful adults despite having ACEs. This identification of themes is theoretically significant in that it adds qualitative support, outlining certain factors that play a role in the life of a person overcoming childhood trauma. The presence of resilience and its roots (a positive sense of self, supportive family members, and/or a source of external support) in/for those who have overcome ACEs are reinforced by the themes drawn from the data collected in this study (Garmezy & Rutter, 1983; Rutter, 1990).

### **Practical Significance**

Data from the Administration on Children, Youth, and Families in 2014 showed that an estimated 702,000 children in the United States were victims of ACEs. Considering that research

has proven ACEs result in increased chances of chronic diseases, mental health issues, substance abuse, domestic violence, and participation in illegal activities, this number is cause for concern (Hunt et al., 2016). This study of adults who have overcome ACEs to achieve academic and career success is significant, because it provides an opportunity for educators to see common themes among those in the study, factors which allowed these students to become successful despite the odds. Insights gained from this research broaden the understanding of what is different in the lives of those who have overcome childhood trauma. Since what has made the difference has been identified through common themes in this study, educators and social workers can implement what has been learned to change the futures of ACE victims.

### **Research Questions**

Research questions for phenomenological studies must have meaning for the greater society, as well as for the researcher personally (Moustakas, 1994). To that end, the research questions for this study follow.

#### **Research Question 1**

*What are the lived experiences of individuals who have overcome adverse childhood experiences to become resilient adults?*

Each participant was invited to share his/her experiences as a person who has been successful in life despite childhood trauma. Because studies have shown that adverse childhood experiences often result in a loss of hope and a sense of limits concerning the future (Terr, 1991), it was important to explore the experiences in both youth and adulthood that contribute to a person's ability to overcome that sense of a limited future in order to develop resilience and achieve academic and career success. According to resilience theory, an individual develops resilience as a result of a number of factors, including positive relationships, social skills, the



steeling effect of adversity, and certain individual traits (Garmezy & Rutter, 1983; Lipsitt & Demick, 2012; Masten, 2018; Rutter, 1990; Rutter, 2012; Southwick et al., 2014; van Breda, 2018). Common themes drawn from the experiences of these individuals allowed the researcher to identify common influences in their lives (Garmezy & Rutter, 1983; Rutter, 1990; Terr, 1991).

### **Sub-question 1**

*What experiences in childhood (birth – 18) do adults who have overcome adverse childhood experiences attribute to their resilience?*

Participants were requested to reflect on the childhood experiences that they felt contributed to their resilience. Through horizontalization, common themes emerged, providing important data regarding resilience (Garmezy & Rutter, 1983; Lipsitt & Demick, 2012; Masten, 2018; Rutter, 1990; Rutter, 2012; Southwick et al., 2014; van Breda, 2018).

### **Sub-question 2**

*What experiences in adulthood (18+) do individuals who have overcome adverse childhood experiences ascribe as central to their resilience?*

Participants were asked to examine experiences over the course of their adult lives thus far and describe which experiences were key in their success. Common themes identified by the researcher provided valuable data for the study (Garmezy & Rutter, 1983; Lipsitt & Demick, 2012; Masten, 2018; Rutter, 1990; Rutter, 2012; Southwick et al., 2014; van Breda, 2018).

## **Definitions**

A number of specialized terms are essential to this study. The definitions are provided below to provide clarification for further reading.

1. *Acute or type I trauma*— These terms refer to events that are short-lived and occur once (Bell et al., 2013; Terr, 1991)

2. *Adverse Childhood Experiences (ACEs)*—This term references events or experiences occurring in childhood that have long-term adverse effects (Souers & Hall, 2016)
3. *Chronic, complex, or type II trauma*—These terms denote the result of ongoing events, like physical, sexual, or emotional abuse (Bell et al., 2013; Ringell & Brandell, 2012; Terr, 1991)
4. *Resilience*— According to Bethell et al. (2014), resilience is “staying calm and in control when faced with a challenge” (p. 2106).
5. *Trauma* – Trauma has been defined as “experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being” (SAMHSA, 2017a, p. 7).

### **Summary**

The problem addressed in this study was that a significant number of individuals who suffered childhood trauma are unable to transcend that trauma to lead successful lives. Yet, many individuals do overcome the adverse effects of childhood trauma and experience success in adulthood. The purpose of this transcendental phenomenological study was to examine the lived experiences of adults who overcame chronic childhood trauma to achieve success. While a growing amount of research has been done on the topic of ACEs, qualitative studies on this subject were not located. As the number of individuals who have been affected by chronic childhood trauma grows, the urgency to find ways to ameliorate its long-term effects also grows. Data gained through this study provides valuable insight for those wishing to help victims of childhood trauma to succeed.

## **CHAPTER TWO: LITERATURE REVIEW**

### **Overview**

A systematic review of the literature was conducted to explore the problem of long-term negative effects of adverse childhood experiences, in addition to factors that promote an ability to overcome childhood trauma. In the first section, the theories used to guide and frame this study, childhood trauma theory and resilience theory, will be discussed. Next, a review of recent literature regarding the long-term effects of adverse childhood experiences, as well as the role of resilience in mitigating the impact of childhood trauma, will be given. Finally, literature identifying factors that influence the development of resilience will be reviewed. In the end, a gap in the literature will be identified, presenting the need for this study.

### **Theoretical Framework**

Identifying the theoretical framework of a research study is essential. According to Grant and Osanloo (2014), the theoretical framework serves as the “foundation from which all knowledge is constructed (metaphorically and literally) for a research study” (p. 12). Furthermore, the theoretical framework provides the basis for “understanding, analyzing, and designing ways to investigate a problem” (p. 16). Terr’s (1991) childhood trauma theory provided the foundation for understanding childhood trauma and how type II, or chronic, childhood trauma impacts its victims psychologically. In addition, resilience theory served as the theoretical basis for understanding how some individuals are able to overcome trauma, while others are not.

### **Childhood Trauma Theory**

Childhood trauma theory (Terr, 1991) served as a guide for this study. Important to understanding childhood trauma theory and its origins is an overview of the history of trauma

theory. Trauma theory preceded childhood trauma theory, which was developed in 1991 (Terr, 1991).

### ***History of Trauma Theory***

Trauma theory dates back to the late 19<sup>th</sup> century, when French neurologist Jean Martin Charcot studied women who were suffering from hysteria and realized that their symptoms were caused by traumatic experiences, not by physiological traits (Ringell & Brandell, 2012). In the following decades, trauma was recognized as an issue that required treatment, as the world endured World War I, World War II, the Holocaust, and the Vietnam War (Ringell & Brandell, 2012). However, PTSD was not included in the *DSM* until the publication of the *DSM-III* in 1980, and its diagnosis there does not examine causes resulting from childhood trauma (Ringell & Brandell, 2012). In 1992, *complex PTSD* was identified as a new diagnosis that would cover “multiple origins of trauma, and their impact on every part of a person’s life” (Ringell & Brandell, 2012, p. 6). In 2009, “complex trauma” was identified as resulting from “multiple traumatic stressors and exposure experiences, along with severe disturbances in primary care giving relationships” (Ringell & Brandell, 2012, p. 6). Possible outcomes of complex trauma include drug or alcohol abuse, unemployment, and homelessness (Ringell & Brandell, 2012). In 2005, van der Kolk (2005) recommended a new diagnosis for the DSM: developmental trauma disorder, which deals with the impact of trauma from early experiences of abuse or neglect (Ringell & Brandell, 2012). Children who suffer developmental trauma disorder must deal with issues resulting from the impact of trauma on early neurological development: difficulty processing information, controlling emotions, and relating to others, a tendency toward aggression, an inability to control impulses, and difficulties with school performance (Ringell & Brandell, 2012; van der Kolk, 2005).

While all these developments in trauma theory worked toward an understanding of trauma as it concerns children who suffer early trauma, Lenore Terr (1991) posited a theory of childhood trauma that specifically relates to this study. Terr's (1991) theory set forth characteristics common to children who have suffered trauma that can help explain why so many victims of ACEs cannot find success as adults.

### ***Childhood Trauma Theory***

Lenore Terr's (1991) theory of childhood trauma offered a foundation for a study on the experiences of individuals who have overcome childhood trauma. Terr (1979) began her work on childhood trauma theory when she conducted a study of the children who were taken in the Chowchilla bus kidnapping of 1976. According to Terr (1990), the psychological effects of trauma in childhood can be present both immediately after the trauma occurs, and later in life. In fact, she stated that, "Externally generated terror, or trauma, often continues to exert a specific, ongoing influence on attitudes and behaviors—sometimes for the remainder of the person's life" (Terr, 1990, pp. 35-36).

Terr (1991) defined childhood trauma as "the mental result of one sudden, external blow or a series of blows, rendering the young person temporarily helpless and breaking past ordinary coping and defensive operations" (p. 11). In addition, Terr (1991) distinguished between two types of trauma, which she called type I trauma (the result of one traumatic event, also termed acute) and type II trauma (the result of multiple events, also termed chronic or complex). The current study deals with individuals who have suffered type II trauma in childhood and have shown resilience through positive academic and career outcomes as adults.

Furthermore, Terr (1991) proposed that four common characteristics were found in children who had suffered trauma of either type: (1) repeated memories of the traumatic event(s);

(2) repetitive behaviors related to those evoked by the trauma; (3) continuing fears related to the trauma; and (4) altered feelings regarding people, various parts of life, and the future.

Particularly relevant to this study was the fourth characteristic, especially as it regarded perceptions of the future. About this characteristic, Terr (1991) stated,

The sense of a severely limited future, along with changed attitudes about people and life, appears to be important in the trauma and extreme stress disorders originating in childhood. The limitation of future perspective is particularly striking in traumatized children because ordinary youngsters exhibit almost limitless ideas about the future.

(p. 13)

Individuals who have a sense of limited hope for the future may not see any reason to plan or work for their dreams. Terr (1991) asserted that this characteristic denotes a belief that more traumas will occur, a feeling of vulnerability that victims of childhood trauma cannot shake. For the individuals in this study, ones who have made successful lives, something was different.

In studying the experiences of adults who have overcome childhood trauma, Terr's (1991) theory provided a guide for understanding trauma, differentiating between the two types of trauma, and recognizing common effects of trauma in these individuals. Having a knowledge base rooted in the psychology of trauma enabled this researcher to better recognize common themes in the data gathered from these participants and see where these individuals differ from those who cannot overcome their experiences to find success. The second theoretical influence on this study, resilience theory, provided a basis for identifying the factors that made a difference for these individuals.

## **Resilience Theory**

Resilience theory was introduced by Norman Garmezy and Michael Rutter (1983), psychologists who studied stress and coping in children. Considering widespread difficulties in the first half of the 20<sup>th</sup> century, such as the Great Depression and World Wars I and II, a good deal of research was conducted in the 1950s, 60s, and 70s regarding outcomes in high-risk populations, children's temperaments, and the importance of how people met challenges (Masten, 2018; Rutter, 1990). Such studies were central to the beginnings of research on resilience, as examining the variety of ways in which people respond to stress was key to the theory of resilience (Rutter, 1990).

Resilience is defined as the ability of a person, family, or system to adapt in response to risk factors (Masten, 2018). Since individuals have varied responses to stress, resilience theory seeks to understand factors that promote positive responses to risk or diminish the effects of risk (Masten, 2018). Researchers have identified three particular variables that help to determine one's resilience: an individual's sense of autonomy and self-esteem, positive family relationships, and the presence of external support systems that encourage coping (Rutter, 1990).

Coping is an important construct of resilience theory, as Garmezy and Rutter (1983) cite Lazarus and Launier (1978), who found that, how people cope with stress could be “even more important to overall morale, social functioning and health/illness than the frequency and severity of episodes of stress themselves” (p 17). Coping is defined as “realistic and flexible thoughts and acts that solve problems and thereby reduce stress” (Lazarus & Folkman, 1984, p.119). According to Garmezy and Rutter (1983), coping has two functions: to solve the problem and to regulate emotional reactions.

In determining one's ability to cope or show resilience, Garmezy and Rutter (1983) considered protective mechanisms, which are those factors in a person's life which serve to protect him or her from damage due to risk factors. Protective mechanisms that promote resilience include a positive disposition and/or sense of self, a supportive family and home environment, and some sort of external support system (Garmezy & Rutter, 1983; Rutter, 1990). Several studies have examined these factors which mitigate the effects of adversity for those who suffer trauma at a young age (Bellis et al., 2017; Bellis et al., 2018; Bethell et al., 2016; Brogden & Gregory, 2019; Heard-Garris et al., 2018; Moses & Villoda, 2017; Sciaraffa et al., 2018).

Though protective mechanisms serve to promote resilience, risk mechanisms and vulnerability are constructs that work against resilience (Rutter, 1990). Risk mechanisms are those factors in a person's life that place a person at risk for negative psychological outcomes, while vulnerability refers to an intensified reaction to a risk factor, which will likely lead to a negative outcome (Rutter, 1990). Rutter (1990) asserted that the number of risk factors a person is faced with can have an impact on the level of resilience, particularly if there are many risk mechanisms and few or no protective mechanisms. In addition, heightened vulnerability to risk factors functions in direct opposition to protective mechanisms (Rutter, 1990).

Interaction effects are also an important construct to consider in the study of resilience. Such effects are factors beyond autonomy, self-esteem, family relationships, and external support systems that may impact the trajectory of one's life (Rutter, 1990). Rutter (1990) identified several interaction effects that have been studied in terms of their impact on resilience. Any researcher examining the role of resilience, as well as the factors that influence the development of resilience, should be aware of these interaction effects: (1) gender, referring to studies that show boys are more susceptible to adverse emotional effects due to family discord;



(2) temperament, referring to evidence that children with negative attributes were more likely to elicit critical reactions from parents; (3) at least one good parent-child relationship, which lowered the risk of psychiatric problems; (4) marital planning and support, which refers to mothers marrying a person out of choice, and partners providing daily support for their wives, thus creating a more positive home environment; (5) positive school experiences, which lend to a sense of self-esteem; (6) neutralizing events, which counteract earlier negative events; (7) early loss of a parent(s) and poor parent-child relationships, which create a greater risk for psychological illness; and (8) life turning points, which could have a positive effect, such as moving away from family discord, or a negative effect, such as marrying due to premarital pregnancy (Rutter, 1990).

More recent resilience theorists agree that despite the presence or absence of protective and risk mechanisms, an individual's level of resilience has more to do with how that individual reacts to adversity (Rutter, 2012; Southwick et al., 2014). According to Rutter (2012),

the focus is on individual differences in response to adversity rather than an assumption that outcomes can be accounted for in terms of the balance between positive and negative influences, with the assumption that they will affect most people in the same way and to the same degree. (p. 341)

Southwick et al. (2014) noted that resilience has a specific meaning for each individual, family, or culture impacted by adversity, pointing out that “individuals may be more resilient in some domains of their life than others, and during some phases of their life compared with other phases . . .” (p. 11).

Still, theorists admit the importance of positive family and community relationships to a child's capacity to develop resilience (Southwick et al., 2014). Van Breda (2018) pointed out that

in order to have positive relationships, individuals have to have social skills which will prompt others to respond to them positively. In addition, those central adult figures for these individuals, such as family members and teachers, must be willing to understand what the individual is going through and be supportive of them (van Breda, 2018). Southwick et al. (2014) posited that “a healthy attachment relationship and good caregiving, emotion regulation skills, self-awareness and the capacity to visualize the future, and a mastery motivation system that drives the individual to learn, grow, and adapt to their environment” are all traits central to a child’s development of resilience (p. 11). Thus, while protective factors are important to the development of resilience, what is most important is how an individual responds to those protective factors.

The relationship between resilience and risk mechanisms is not so simple, either. Rutter (2012) mentioned that, for some individuals, exposure to risk and stress have a “steeling effect,” making those individuals more resilient as a result of living through those adversities (p. 337). Conversely, van Breda (2018) argued that, for some who suffer chronic adversity, resilience may exist early on, but the ability to show resilience is worn down, as each traumatic experience draws from their “well of resources” (p. 7).

Resilience theory shows that an individual’s path in life is not only affected by risk factors and trauma, but also by his or her own response to these factors. While the presence of protective factors may provide a better environment for the development of resilience, it is the individual’s response to those protective factors that determines whether or not he or she will be resilient. As Lipsitt & Demick (2012) asserted, it is important to examine the role of both individual traits and general processes in resilience studies. Resilience theory provided a strong

basis for this researcher to understand and recognize resilience, coping, and vulnerability in participants, as well as the positive factors or interaction effects present in their lives.

### **Related Literature**

It is important to establish a strong base of knowledge regarding the issues at hand for individuals who can cope successfully with the effects of childhood trauma. Therefore, a comprehensive review of recent literature dealing with adverse childhood experiences, their prevalence, and the long-term negative effects for those who suffer these experiences was necessary. An examination of the research on resilience, its role in overcoming trauma, and how it is developed was also critical to the study.

### **Adverse Childhood Experiences**

Adverse childhood experiences refer to “types of abuse, neglect, and other traumatic childhood experiences that impact later health and well-being” (Sciaraffa et al., 2018, p. 343). Often the term is considered synonymous with childhood trauma or maltreatment (Petrucelli et al., 2019). The phenomenon first gained attention in the 1990s when the Centers for Disease Control (CDC) and Kaiser Permanente worked together to develop and study the ACE scale to measure negative events in participants’ childhoods (Petrucelli et al., 2019; Souers & Hall, 2016).

### ***The ACE Study***

In 1998, a team of doctors led by Robert Anda and Vincent Felitti (1998) conducted a landmark study to explore the connection between children’s emotional experiences and their physical and mental health as adults (Felitti et al., 1998; Souers & Hall, 2016). This study, the Adverse Childhood Experiences (ACE) Study, examined data gathered by questionnaires from over 9000 adults regarding their experiences with childhood trauma and adult risk behavior,

health, and disease (Felitti et al., 1998). Adverse childhood experiences included in this study were physical, psychological, or sexual abuse; violence against the mother; living with family members who were substance abusers, mentally ill, or suicidal, or ever imprisoned; death of a parent or loved one; or parental separation or divorce (Afifi, 2020; Felitti et al., 1998; Souers & Hall, 2016). It is important to note that participants in the CDC-Kaiser Permanente Study were primarily white, well-educated individuals who had access to good healthcare (Dube, 2020; Ports et al., 2020). The findings showed that ACEs happen to people from all demographics, not just those who grow up in homes where poverty is a factor.

Findings showed that almost two-thirds of those who responded had experienced one ACE, while a quarter had experienced two or more ACEs (Felitti et al., 1998). In addition, results showed that those adults who had experienced four or more types of ACEs were twelve times more likely to suffer alcoholism, drug abuse, depression, and attempted suicide; two to four times more likely to smoke, rate themselves as poor in health, have fifty or more sexual partners, and have sexually transmitted diseases; as well as one and a half times more likely to be severely obese (Felitti et al., 1998). The researchers also found the number of ACEs a person experienced was proportional to the presence of health issues in adulthood, such as heart disease, lung disease, cancer, skeletal fractures, and liver disease (Felitti et al., 1998). The individuals in the study also gave themselves a poor rating on general health (Felitti et al., 1998). The clear message from this study was, “ACEs are a central determinant of the health and social well-being of the nation” (Waite & Ryan, 2019, p. 8).

### ***Detailed List of ACEs***

Since the 1998 ACEs study, which only examined individuals with Kaiser Permanente Insurance in Southern California, a number of additional studies have been done. Most recently,

Crouch et al. (2019) conducted a study of the data from the 2016 National Survey of Children's Health (NSCH) to determine the prevalence of ACEs based on parent reports. This survey expanded the list of ACEs to nine: parental separation or divorce; parental death; exposure to violence, mental illness, incarceration, or substance abuse within the home environment; exposure to violence within the neighborhood; racial mistreatment; and poverty (Crouch et al., 2019). Other studies conducted added physical and emotional neglect to the list of ACEs (Petrucelli et al., 2019). Experiencing bullying and living in foster care have also been added to the list of expanded ACEs (Waite & Ryan, 2019). To date, homelessness has not been identified as an ACE, but it is closely associated with other ACEs and will likely be added to the list in the future (Radcliff, et al., 2019).

### ***Prevalence***

Data from the 2015-2017 Behavior Risk Factor Surveillance System showed that 60.9% of adults had suffered at least one ACE, while 15.6% had suffered four or more ACEs (Merrick et.al, 2019). Having one ACE lends to an 87% probability that an individual will report at least one more ACE (Ports et al., 2020; Waite & Ryan, 2019). Several studies have shown that students who live in poverty are more likely to have experienced an adverse childhood experience, as are ethnic minorities (Ijadi-Maghsoodi et al., 2017; Larson et al., 2017; Ports et al., 2020; Walsh et al., 2019). The National Task Force on Children Exposed to Violence offered further statistics: nearly 66% of children in the U.S. have been exposed to a form of violence, crime, or abuse, whether it be family violence, physical attacks, sexual assault, community violence, or property damage (Martin et al., 2017). Abuse in the form of verbal attacks, physical violence, or sexual acts is also prevalent among youth, according to a study conducted by the Behavioral Risk Factor Surveillance System (Martin et al., 2017). Data collected in 2018 showed

that nearly 4 million children in the United States were part of Child Protective Services investigations, showing the prevalence of child maltreatment in this country (Baglivio et al., 2020). Additionally, the 2016 NSCH data showed that economic hardship was the most prevalent adversity, with 22.5% of the participants experiencing it; meanwhile, parental divorce or separation was experienced by 21.9% of the children (Crouch et al., 2019). In addition, a recent study showed that the likelihood of having four or more ACEs is higher among women, and the likelihood of having any ACEs is higher among individuals between the ages of 18 and 34 (Merrick et al., 2019; Waite & Ryan, 2019). The prevalence of ACEs, especially in younger generations, affirms the need to determine how some individuals can overcome childhood trauma, so that we can help others to overcome and avoid the risks associated with childhood trauma.

### **Possible Long-Term Effects of ACEs**

The original ACE study established the fact that adverse childhood experiences threaten the futures of those who experience them (Felitti et al., 1998). Subsequent studies in numerous fields have discussed specific negative adulthood outcomes that can be traced to ACEs (Baglivio et al., 2020; Borja et al., 2019; Brunzell et al., 2016; Crouch et al., 2018; Doyle & Cichetti, 2017; Hardcastle et al., 2018; Hughes et al., 2017; Larson, et al., 2017; Liu, 2017; Loudermilk et al., 2018; McLaughlin & Sheridan, 2016; Merrick et al., 2017; Messman-Moore & Bhuptani, 2017; Metzler et al., 2017; Petrucelli et al., 2019; Statman-Well, 2015; Walsh, et al., 2019; Widom, 2017).

### ***Toxic Stress and the Brain***

At the core of negative health effects originating from ACEs is toxic stress. Toxic stress is “the body’s sustained exposure to extremely high levels of stress hormones that become

damaging, especially during child and adolescent development” (Waite & Ryan, 2019, p. 14).

This response is sometimes known as the fight/flight/freeze response (Souers & Hall, 2016; van der Kolk, 2014; Waite & Ryan, 2019). Because this type of stress response endures over a long period of time because of prolonged exposure to trauma, its impact is greater. Toxic stress interferes with brain operations, as well as with other organs and systems, leading to future learning and behavior deficits, as well as physical and mental health issues (Crouch, et al., 2019; Dube, 2020; Ports et al., 2020; Waite & Ryan, 2019).

Brain development has been shown to be more sensitive to trauma in the time between birth and 5 years of age, and between 15 and 25 years of age (Waite & Ryan, 2019). For those diagnosed with posttraumatic stress disorder (PTSD), large amounts of stress hormones continue to be secreted after the threat or danger has subsided, and those hormones never return to normal amounts once the threat is over. Prolonged elevation of stress hormones leads to issues with memory, attention, mood, and sleep (van der Kolk, 2014; Waite & Ryan, 2019). In addition, the ability to self-regulate, cope, and respond to triggers is impacted negatively by sustained exposure to these stress hormones (Waite & Ryan, 2019). According to Bessel van der Kolk (2014), this stress impacts the area of the brain that makes an individual feel alive, often causing victims of chronic trauma to mentally disengage from their lives. This disengagement threatens chances of future academic and career success. All of these areas have effects on a person’s development, functioning, emotional well-being, and academic performance, having also been shown to lead to difficulty in social relationships, including delinquent behavior (Waite & Ryan, 2019).

### ***Physical Health***

Since the original ACE study, a significant amount of research has considered the impact of ACEs on physical health. Studies have continued to confirm that adverse childhood experiences are associated with the top causes of morbidity and mortality (Hughes et al., 2017; Merrick et al., 2019; Metzler et al., 2016; Petrucelli et al., 2019). The activation of toxic stress that comes with adverse childhood experiences, and is much more severe with frequent or prolonged ACEs, is at the root of future health problems (Crouch et al., 2018; Harris, 2018; Hughes et al., 2017; Souers & Hall, 2016). According to Merrick et al. (2019), ACEs can “derail optimal health and development by altering gene expression, brain connectivity and function, immune system function, and organ function” (p. 1000). Individuals who have suffered childhood trauma are more likely to have chronic health conditions, such as heart disease, lung disease, cancer, diabetes, and obesity (Harris, 2018; Hughes et al., 2017; Merrick et al., 2017; Petrucelli et al., 2019). Increased inflammation and autoimmune diseases have also been associated with a dysregulated stress response; in fact, persons with two or more ACEs were found to be twice as likely to have been hospitalized due to an autoimmune disorder as those with no ACEs (Harris, 2018). Other health issues commonly found in those who have suffered chronic trauma include chronic pain, migraines, digestive issues, irritable bowel syndrome, and chronic fatigue (van der Kolk, 2014). Traumatized children are fifty times more likely to have asthma than their peers who have not suffered trauma (van der Kolk, 2014). Furthermore, the chance for premature death has been shown to increase by 57 to 80% for those experiencing multiple ACEs (Vig et al., 2020). Additionally, a study by Crouch et al. (2018) found that participants who grew up with household dysfunction, alongside emotional and physical abuse, were the mostly likely to report poor health.



In addition, those who have suffered adverse childhood experiences were found to be at a greater risk for eating disorders, smoking, alcohol and drug abuse, and sexual risk-taking (Hughes et al., 2017; Merrick et al., 2019; Vig et al., 2020). Teens who have been exposed to childhood trauma are more likely to deal with obesity, teen pregnancy, or paternity (Harris, 2018; Wekerle et al., 2020). Additionally, young adults with ACEs are more prone to have issues with reproductive health, specifically genitourinary health problems, and sexually transmitted diseases (Wekerle et al., 2020). A 2015 study found that children exposed to neglect were more apt to have sex before the age of 13, and the likelihood increased significantly for victims of childhood sexual assault (Wekerle et al., 2020). Of significance is the fact that having sex at a younger age has been correlated with

psychological maladjustment, delinquency, reduced chances of participation in postsecondary education, increased number of sexual partners, increased rate of STIs [sexually transmitted illnesses], early pregnancy, having sex under the influence of drugs or alcohol, forcing a partner to have sex, sexual risk-taking, single parenthood, decreased stability in marriage, poverty, and depression in women. (Wekerle et al., 2020, p. 99)

Moreover, a higher ACE score has been linked to more problems with physical health (Crouch et al., 2018; Hughes et al., 2017; Merrick et al., 2017; Merrick et al., 2019; Petrucelli et al., 2019). Crouch, Strompolis, Radcliff, and Srivastav (2018) found that individuals who had experienced physical, emotional, and sexual abuse were much more likely to report health problems. In women who have suffered ACEs, the likelihood of problems such as miscarriage, low birth weight, and premature birth has been shown to be greater (Harris, 2018). It is important to realize that, “most health impacts of adversities are due to the total cumulative burden, versus the impact of any one incident” (Hamby et al., 2020, p. 377). For many individuals suffering from complex

trauma, ACEs lead to a host of physical and mental issues that can negatively impact the quality of their lives for years to come.

### ***Mental Health and Behavior***

Just as a connection has been established between ACEs and poor physical health, there is a connection between ACEs and mental health issues and behavior. According to Merrick, Ports, Ford, Afifi, Gershoff, and Grogan-Kaylor (2017), “exposure to early adversity and other forms of toxic stress is linked to impaired physiological responses, including impaired stress response, which can in turn contribute to impaired mental health and wellbeing” (p. 11). Larson, Chapman, and Spetz (2017) cited studies that show that the chance of mental health disorders is increased with exposure to chronic trauma as a child, while academic performance is decreased; furthermore, one study they reviewed showed that

. . . youth, especially those of low-income and/or racial/ethnic minorities, who are exposed to trauma or victimization are at greater risk for developing anxiety, depression, conduct disorder, post-traumatic stress disorder (PTSD), suicidal ideation, attention deficit hyperactivity disorder (ADHD) and have lower GPAs than their peers who have not experienced trauma or victimization. (Larson et al., 2017, p. 677)

Harris (2018) found that participants with four or more ACEs were 32.6 times more likely to have a diagnosis of a learning or behavioral issue. Poole, Dobson, and Pusch (2017a) discovered that the presence of ACEs increased anxiety in adults because of emotional dysregulation. In another study, these same researchers found that 41% of participants with depression reported exposure to four or more ACEs, with emotional abuse being the ACE that was most greatly associated with major depressive disorder (MDD) (Poole et al., 2017b). Researchers also found that participants who had dealt with emotional, physical, and sexual abuse as children were the

ones most likely to report stress, anxiety, or other mental issues (Crouch et al., 2018). ACEs have also been associated with increased psychotic symptoms and a higher risk of attempted suicide (Sheffler et al., 2020).

Furthermore, childhood abuse victims have been shown to be at a greater risk for a negative cognitive style, which includes self-criticism and often leads to depression (Sheffler et al., 2020). This negative cognitive style is often paired with emotional regulation issues, which are a common factor in mood disorders, PTSD, substance abuse, and personality disorders (Sheffler et al., 2020). In fact, one study revealed that 82% of people diagnosed with a personality disorder reported having been victims of child abuse or neglect (Sheffler, et al., 2020).

A relationship between tobacco, alcohol, and/or drug abuse, which serve as coping mechanisms, and mental illness also exists, as adults exposed to childhood trauma may use these substances to regulate their emotions and deal with depression (Merrick et al., 2017). Findings consistently showed that childhood adversities lead to an increased risk for adult depression (Liu, 2017; Merrick et al., 2017; Merrick et al., 2018; Sheffler et al., 2020); in fact, Merrick et al. (2017) found that there was “a graded dose-response relationship between the expanded ACE score and the likelihood of experiencing drug use, moderate to heavy drinking, suicide attempts, and depressed affect in adulthood” (p. 14). Loudermilk, Loudermilk, Obenauer, and Quinn (2018) found that adults exposed to childhood abuse were 30% more likely to engage in binge drinking and 21% more likely to drink than those not exposed to such abuse. Another recent study showed that when combined with homelessness, ACEs are even more greatly associated with alcohol and substance abuse (Moss et al., 2020).

In addition to greater risk for depression and addiction, those who endured ACEs are more likely to suffer from post-traumatic stress disorder (PTSD), with the highest levels of PTSD found in those who were sexually abused as children (Messman-Moore & Bhuptani, 2017; Sheffler et al., 2020). Substance abuse, eating disorders, and borderline personality disorder, considered comorbidities of PTSD, were also more likely to occur in adults who suffered childhood adversity (Messman-Moore & Bhuptani, 2017). In fact, when examining individuals with eating disorders, a 2016 study showed that a dose-response relationship exists between the number of ACEs a person suffers and the severity of the eating disorder (Sheffler, 2020). Sleep disorders, such as insomnia and narcolepsy, have also been shown to be significantly more likely with the presence of childhood trauma (Harris, 2018). Unfortunately, ACEs can impact one's quality of life beyond their physical and mental health.

### ***Crime and Violence***

Numerous links have been found between suffering childhood adversity and the perpetration of criminal and/or violent acts. Children with ACEs are two to four times more likely to engage in criminal behavior in early adulthood, compared to those who have not encountered ACEs (Waite & Ryan, 2019). According to Widom (2017), children who have been neglected and/or abused have a 53% greater chance of being arrested as a juvenile, a 38% greater chance of being arrested as an adult, and a 38% greater chance of being arrested for a violent crime. In addition, experiencing several types of trauma increases the likelihood of criminal behavior and violence (Baglivio et al., 2020). Moreover, children who were neglected and impoverished were more likely to be involved in crime than those with a higher socioeconomic status (Widom, 2017). Finally, rates of crime among the mentally ill are higher for those with a history of childhood adversity (Stinson et al., 2016).

Those individuals involved in the juvenile justice system who have earned the most serious placements have been shown to have a higher number of ACEs than others (Baglivio et al., 2020). In fact, each additional ACE exposure type experienced by the age of 12 has been shown to lead to a 20% greater chance that the youth will be placed in a residential facility by the age of 18 (Baglivio et al., 2020). Serious, violent, and chronic offenders have been shown to have an elevated exposure to ACEs; conversely, offenders with less serious or less violent crimes and non-offenders have experienced fewer or no ACEs (Baglivio et al., 2020). The Cambridge Study in Delinquent Development (CSDD) data from 2017 revealed that the number of convictions for offenders between the ages of 10 and 56 increased as the ACE score increased (Baglivio et al., 2020). Recent research has also shown that the likelihood of gang involvement may be linked to ACEs (Moss et al., 2020).

Furthermore, Brumley, Jaffee, and Brumley (2017) found that, among those who have suffered ACEs, having a sense of future academic limitations or an expectation of early death is a contributing factor in individuals choosing to participate in violent behavior. Youth growing up with community violence tend to feel that they have a higher chance of dying early, which translates into a sense that they have no future and a belief that they have “nothing to lose” (Brumley et al., 2017, p. 2). Thus, they have been shown to participate in more violent, illegal, and problem behaviors (Brumley et al., 2017). Studies suggest that the ACEs these young people experienced caused them to believe that they have no control over their lives and their futures; in addition, these individuals may realize that their lack of resources and support will make pursuing future goals difficult (Brumley et al., 2017). Violence is also more common among those who have suffered abuse as children (Stinson et al., 2016).

### ***Academic, Career, and Economic Success***

For several reasons, including the aforementioned issues, childhood trauma can negatively impact academic, career, and economic success. Though there are stories of individuals who have excelled in life despite overwhelming challenges in childhood, those stories are not a reality for the majority of adults who suffered early trauma. From the early years in school, trauma can impact an individual's ability to learn, as well as attendance and behavior in school. Problems in those areas can lead to a hopeless situation when one becomes an adult, with limited chance for college or a steady career (Bellis et al., 2018; Borja et al., 2019; Crosby, 2015; Fry et al., 2018; Hardcastle et al., 2018; Larson, et al., 2017; Metzler et al., 2017; Ports et al., 2020; Ryan et al., 2018).

Before examining how trauma impacts academic success, it is important to revisit how trauma affects brain development. Exposure to trauma initiates the body's stress response system. This system, meant to be used over brief periods of time, releases chemicals into the body and causes the fight/flight/freeze response (Souers & Hall, 2016). When a person suffers trauma, the body stays in this mode for a long period of time, and the chemicals or stress hormones released can cause damage to the brain, affecting multiple areas of functioning (Hardcastle et al., 2018, Sciaraffa et al., 2017; Souers & Hall, 2016). Metzler et al. (2017) pointed out that being exposed to chronic stress causes a change in the development of the brain, resulting in difficulties with "regulating the stress response, attention, memory, planning, and learning new skills" (p. 142). Borja, Nurius, Song, and Lengua (2019) noted that early adversity has been linked to smaller frontal and temporal lobes and hippocampus, resulting in deficiencies in language and cognition. Likewise, women who have endured sexual abuse have a smaller hippocampus, and abused children show smaller "intercranial and cerebral volumes" (Dube,

2020, p. 6). Johnson (2018) cited studies that showed that trauma can reduce comprehension; all of these factors undoubtedly impact future academic success.

In a recent study, Blodgett and Lanigan (2018) found a dose-response effect in regard to the number of ACEs a student has and the risk of poor attendance, behavior problems in school, and inability to meet grade level standards in reading, writing, and math. Childhood illness, as well as antisocial behavior that often accompanies ACEs, can lead to poor school attendance, and hamper future educational prospects for these individuals (Bellis et al., 2018). Multiple studies have linked trauma to diminished intelligence and lower grades, as well as higher drop-out rates (Crosby, 2015; Larson, et al., 2017; Metzler et al., 2017). Students exposed to maltreatment or violence have been found to have lower grade point averages, lower scores on standardized tests, higher rates of truancy, more remedial classes, greater rates of grade retention, and a doubled risk of dropping out (Fry et al., 2018; Hardcastle et al., 2018; Ryan et al., 2018). Nearly half of those teens with three or more ACEs have low rates of engagement in school, and almost as many exhibit difficulty maintaining control while in school (Waite & Ryan, 2019). All of these factors impact educational attainment, employment, and socioeconomic status in adulthood (Ports et al., 2020).

Those youth with ACEs who also live in poverty are more likely to perform poorly academically, as they are generally less prepared for school and have fewer resources for academic success (Larson et al., 2017; Ryan et al., 2018). Furthermore, the learning of language, patterns, and executive functioning skills have all been shown to be weaker in children who live in poverty (McLaughlin & Sheridan, 2016). In addition, students from backgrounds of poverty are more likely to be expelled, suspended, or drop out of school (Ryan, et al., 2018). Data from the 2014 Panel Study of Income Dynamics-Childhood Retrospective Circumstances Study

showed that participants from childhood households with the lowest income were the most likely not to graduate high school, while those with the highest childhood incomes had the highest high school graduation rate and the highest college completion rate (Shaefer et al., 2018). Poverty, an ACE itself, further limits those children with ACEs whom it affects.

Beyond the situational and cognitive hurdles students who experience ACEs have to overcome, emotional hurdles also exist. Waite and Ryan (2019) cited one study that showed that teens who have ACEs have a greater sense of hopelessness regarding their ability to perform well in school or attain advanced levels of education. A 2003 study found that half of teen males and a fourth of teen females in urban areas with low socioeconomic status admitted feelings of hopelessness about the future (Brumley et al., 2017). This lack of hope for the future can lead these individuals to make poor choices and take risks, as noted earlier.

The lack of academic success for those individuals exposed to childhood trauma, along with possible chronic physical and mental health issues and substance abuse problems, impacts their ability to find career and economic success as adults (Borja et al., 2019; Hardcastle et al., 2018; Metzler et al., 2017). Hardcastle et al. (2018) found that, “The impact of ACEs on formal qualifications may leave individuals less likely to achieve meaningful employment along with the associated financial and psychological benefits (e.g., self-esteem and social status)” (p. 107). Additionally, those with four or more ACEs were two and half times more likely to be unemployed and four times more likely to be out of work due to disability than those with no ACEs (Hardcastle et al., 2018). Metzler et al. (2017) found that individuals with four or more ACEs were 2.3 times as likely to be unemployed and 1.6 times as likely to live in poverty as those with no ACEs. As Hardcastle et al. (2018) stated,



When experienced together across the life course, ACES, deprivation, lack of education and unemployment are all interconnected challenges that can severely limit access to life opportunities and an individual's ability to participate fully as a societal member. (p. 113)

Psychologist Lenore Terr (1990) suggested that for some adults, the denial of the trauma and subsequent flashbacks can render them unable to work: irritability, a lack of focus, and an inability to sleep may impact their work performance and lead to unemployment.

Difficulties in finding and maintaining steady employment as an adult can lead to homelessness. Studies have shown that homelessness is more likely for adults who suffered ACEs (Grey et al., 2019; Waite & Ryan, 2019). One study found that participants with four or more ACEs were 16 times more likely to have experienced homelessness at some point in adulthood, with those who had suffered physical neglect, physical abuse, sexual abuse, and emotional neglect being at the greatest risk (Grey et al., 2019). In general, for people who dealt with childhood adversity, limited educational and employment opportunities, possible involvement in the criminal justice system, and lower likelihood of marriage could all factor into being homeless (Waite & Ryan, 2019).

Childhood trauma and all that accompanies it significantly impacts an individual's life into and throughout adulthood. In addition to affecting health, education, career, and economic outcomes, childhood adversities also affect one's future relationships.

### ***Relationships***

Trauma manifests itself in social difficulties for those who have experienced it. As van der Kolk (2014) noted, trauma victims find themselves stuck in survival mode, ready to fight; therefore, love, care, and nurturing fall by the wayside. Attachment issues are common among those who have suffered trauma at the hands of a trusted adult (Brunzell et al., 2016; Statman-

Well, 2015). These individuals are unable to form lasting interpersonal relationships and often keep others at a distance to protect themselves (Brunzell et al., 2016; Statman-Well, 2015). Coping mechanisms in adults who have suffered early adversity are often dysfunctional, leading to relationship difficulties (Sheffler et al., 2020). One reason for this dysfunction is that those who have suffered abuse at the hands of their caregivers learn that they have no control over what is happening to them; their internal locus of control, which is the key to developing effective coping mechanisms, is damaged (van der Kolk, 2014). These adults often face stress by either spacing out (flight) or becoming volatile (fight), which impacts their relationships with others (van der Kolk, 2014). Adults who experienced maltreatment in childhood report being more sensitive, hostile, and aggressive in relationships, as well as having low self-esteem (Doyle & Cichetti, 2017). These traits negatively impact adult friendships, romantic relationships, and relationships with one's children (Doyle & Cichetti, 2017). However, the impact of adults' ACEs on their children can impact more than the present parent-child relationship; it can damage future generations as well.

### ***Intergenerational Trauma***

Perhaps the most disheartening aspect of childhood adversity is the fact that ACEs often affect generations of the same family. According to Borja, Nurius, Song, and Lengua (2019), "The long arm of early adversity reaches well into adulthood when children become adults, with adverse experiences setting the stage of their adult life and, potentially, their parenting and family environment" (p. 259). Steele et al. (2016) posited that over 50 years of research on attachment theory has proven that early childhood experiences guide how parents treat their own children. In other words, adults form their ideas of how to be a parent based on their own childhood experiences; therefore, if a parent experienced physical or emotional abuse as a child,

he or she is likely to parent in an abusive manner (Steele et al., 2016). Widom (2017) referred to a “cycle of violence” (p.186), a pattern showing that abused children are likely to perform acts of violence in later years. Küffer et al. (2016), in a study of the children of Swiss child workers from the 1970s, found that the children of orphans who became indentured servants reported more physical abuse, emotional abuse, and neglect than their peers who were born to parents who were not indentured servants. These parents carried the stress of their adverse childhood experiences to their own children (Küffer et al., 2016). Hardcastle et al. (2018) noted that cycles of intergenerational ACEs can continue for years, with generations stuck living in poverty, perpetuating ACEs through bad parenting, stress, and child abuse and/or neglect. One study noted that parents with a history of ACEs often found themselves financially strained as adults, a factor which often led them to mistreat their own children (Merrick & Guinn, 2018). In fact, parental stress of any kind, often resulting from the parent’s own ACEs, is a factor in how parents treat their children (Steele et al., 2016). While the effects of adverse childhood experiences alone are distressing, the fact that these negative effects can be passed on from generation to generation in a cycle of mistreatment proves the necessity of finding ways to mitigate these effects and break these cycles.

### **Role of Resilience in Overcoming Trauma**

Resilience, the ability to come back from adversity, is central to overcoming childhood trauma so that one does not experience the negative effects of ACEs in adulthood (Bellis et al., 2017; Heard-Garris et al., 2018; Sciaraffa et al., 2018). Vulnerability and coping are opposite poles of resilience. Heightened vulnerability to risk is characteristic of one who does not have resilience (Rutter, 1990). Conversely, good coping skills are a key part of resilience (Rutter, 1990). Qualities associated with resilience are “tenacity, self-efficacy, emotional and cognitive

control under pressure, adaptability, tolerance of negative affect, and goal orientation” (Poole et al., 2017b, p. 90). Oshri et al. (2019) pointed out that resilience is not a static trait, but is rather a process; resilience develops over time. The goal of much of today’s research on resilience is to determine what factors influence individual responses to adversity and how those who work with ACE victims can help to develop resilience in those individuals (Bellis et al., 2017; Bethell et al., 2016; Brogden & Gregory, 2019; Heard-Garris et al., 2018; Moses & Villoda, 2017; Sciaraffa et al., 2018; Woods-Jaeger et al., 2018).

### **Development of Resilience**

Both internal and external factors play a role in developing resilience. Individual traits associated with resilience include autonomy, optimism, self-regulation, self-efficacy, and overall healthy development of social and emotional skills (Bellis et al., 2017; Brogden & Gregory, 2019; Crouch et al., 2018; Crouch et al., 2019; Heard-Garris et al., 2018). Having the abilities of problem-solving and learning from mistakes are also key to resilience (Heard-Garris et al., 2018). A more recent study of youth experiencing multiple ACEs showed that having a sense of purpose is a key factor in building resilience (Hamby et al., 2020). Connecting to something larger than themselves can give them this sense of purpose (Hamby et al., 2020).

External factors that build resilience can be grouped into two categories: strong family relationships and a reliable support system outside the family. Included in the first category are close relationships with parents, positive caregiver relationships, parents’ capacities to manage stress, and a sense of belonging or attachment (Bellis et al., 2017; Bellis et al., 2018; Bethell et al., 2016; Brogden & Gregory, 2019; Crandall et al., 2019; Heard-Garris et al., 2018; Sciaraffa et al., 2018; Woods-Jaeger et al., 2018).

In the second category, several external supports have been identified as factors that promote resilience: peers, mentors, school, community, and cultural supports (Bellis et al., 2017; Brogden & Gregory 2019; Heard-Garris et al., 2018; Moses & Villodas, 2017; Soleimanpour et al., 2017). For example, a support system, such as a close sibling relationship or involvement in a sports team, has been found to decrease the probability of criminal behavior in males who have suffered physical abuse (Widom, 2017). Social and emotional learning strategies have also been associated with improved social and emotional skills, thereby improving students' social and educational outcomes (Oshri et al., 2020).

According to Nadine Burke Harris (2018), “. . . the key to keeping a tolerable stress response from tipping over into the toxic stress zone is the presence of a buffering adult to adequately mitigate the impact of the stressor” (p.85). Furthermore, van der Kolk (2014) stated, “Children whose parents are reliable sources of comfort and strength have a lifetime advantage—a kind of buffer against the worst that fate can hand them” (p. 112). Bellis et al. (2018) also noted that having a trusted adult in one's life throughout childhood helps to provide a “sanctuary from the chronic stress of ACEs” (p.2). Crouch et al. (2019) found that in those reporting four or more ACEs, the presence of an adult who made them feel safe in childhood had a more positive impact on later physical and mental health than that of an adult who just made sure basic needs were met. Hardcastle et al. (2018) noted,

Resilience studies also highlight the importance of having the consistent support of a trusted adult to mitigate the effects of ACEs. While this may commonly be thought of as a parent or relative, the potential role of an educator should be considered. Positive teacher relationships have previously been found to protect against emotional and behavioural [sic] problems among victims of abuse and neglect. (p. 112)

The existence of that support has been repeatedly shown to be extremely important for victims of trauma to be able to bounce back from their adversity (Bellis et al., 2018; Crouch et al., 2019; Hardcastle et al., 2018; Walsh, et al., 2019).

The importance of the support of others in fostering resilience cannot be understated. Family functioning has been shown to be an important protective factor (Balistreri & Alvira-Hammond, 2016; Soleimanpour, 2017). Family functioning is identified as “positive parent-child communication and low levels of parental stress—[and is] associated with better adolescent mental health, higher levels of school engagement, and lower levels of alcohol and substance use” (Balistreri & Alvira-Hammond, 2016, p. 73). Outside of positive family relationships, social support is important. Dr. Bessel van der Kolk (2014) noted, “Numerous studies of disaster response around the globe have shown that social support is the most powerful protection against becoming overwhelmed by stress and trauma” (p. 81). He went on to note that it is the reciprocity factor that is most important: knowing that someone else is really seeing and hearing them and truly cares creates the safe environment necessary for trauma victims to heal (van der Kolk, 2014). Bellis et al. (2018) added that

. . . having good role models, providing networking opportunities and settings for friendship building as well as ensuring a sense of fairness and equity in how children feel they are treated may not just be enhancements to childhood but could be essential to health and educational attendance. (p. 10)

Studies support that children who suffer adversity need the support and encouragement of others to become resilient, whether that support comes from a parent, another family member, or an adult from their school or community (Balistreri & Alvira-Hammond, 2016; Bellis, 2018; Soleimanpour, 2017; van der Kolk, 2014).

### Summary

Both Terr's (1991) childhood trauma theory and Garmezy and Rutter's (1990) resilience theory formed the theoretical framework for this study, with each theory providing a relevant basis for a transcendental phenomenological study of individuals who have overcome adverse childhood experiences to become resilient adults. Terr's (1991) theory defined childhood trauma as the mental outcome of either one major external event (type I trauma) or a series of external events (type II trauma), from which the child is helpless to recover. In addition, Terr (1991) identified four characteristics of traumatized children, the fourth of which is important to this study. This fourth characteristic, which involves a lack of hope for the future, as well as a sense that more trauma will occur, explains, in part, why many victims of childhood trauma are unable to establish successful futures. When a person lives in fear of future trauma, he or she will likely have great difficulty investing effort into planning and preparing for a positive future. Without that planning and preparation, achieving success is all but impossible.

In examining the lives of individuals who have been able to move past this lack of hope, resilience theory was an important consideration. Resilience refers to the ability of a person to adapt in response to stress or risk (Masten, 2018). Resilience theory posits that three protective factors play an important role in promoting resilience: one's sense of autonomy, positive family relationships, and the existence of external support systems to foster coping (Rutter, 1990). Resilience theorists also recognize that risk mechanisms, vulnerability, and interaction effects, as well as individual responses, impact resiliency (Rutter, 1990; Rutter, 2012; Southwick et al., 2014).

A review of related literature considered numerous topics related to childhood trauma and resilience. The Adverse Childhood Experience (ACE) study (Felitti et al., 1998) was the first

study to gather data from adults regarding their experiences with adverse childhood experiences and their adult health outcomes. The nine experiences included in this study were physical, emotional, or sexual abuse; domestic violence; living with substance abusers, mentally ill, suicidal, or imprisoned family members; death of a parent or loved one; and separation/divorce of parents (Felitti et al., 1998). The results of this study revealed that ACEs were more prevalent than previously thought, impacting close to two-thirds of the population surveyed (Felitti et al., 1998). Furthermore, several negative health associations were found to be present in those who suffered ACEs, in proportion to the number of ACEs suffered. Such negative health outcomes included substance abuse, depression, attempted suicide, smoking, large number of sexual partners, sexually transmitted diseases, obesity, heart disease, lung disease, cancer, bone fractures, and liver disease (Felitti et al., 1998).

The Anda and Felitti (1998) study brought the issue of ACEs, childhood trauma, and its impact to the forefront of consideration by medical experts, educators, social workers, and psychologists. Since the study, the list of ACEs has been expanded to include racism, poverty, witnessing violence in one's neighborhood, physical and emotional neglect, bullying, and living in foster care (Crouch, et al., 2019; Petrucelli et al., 2019; Waite & Ryan, 2019). Subsequent studies have gathered additional data about the prevalence of ACEs among certain groups, such as economically disadvantaged, ethnic minorities, youth, and women (Ijadi-Maghsoodi et al., 2017; Larson et al., 2017; Martin et al., 2017; Merrick et al., 2019; Walsh et al., 2019). Additionally, a number of studies have been conducted to further investigate the association between ACEs and poor physical health, mental health issues, smoking, drinking, and drug abuse, depression, and suicidal tendencies (Crouch et al., 2018; Hughes et al., 2017; Liu, 2017;



Loudermilk et al., 2018; Merrick et al., 2019; Messman-Moore & Bhuptani, 2017; Metzler et al., 2016; Petrucelli et al., 2019).

Beyond the realm of physical and mental health effects, other studies have examined the impact of ACEs on academic, career, and economic success. Chronic stress can cause damage to a child's developing brain, which can impact regulation, memory, attention, comprehension, language, and cognition (Borja et al., 2019; Johnson, 2018; Metzler et al., 2017). Poor attendance, behavior problems at school, below grade level abilities, and higher drop-out rates have been found to be higher in youth who have suffered ACEs (Blodgett & Lanigan, 2018; Crosby, 2015; Metzler et al., 2017). Victims of ACEs are also less likely to enroll in postsecondary education (Bellis et al., 2018).

In addition to struggling academically, ACE victims have been shown to be more likely to participate in acts of crime and violence (Baglivio, 2020; Brumley, 2017; Stinson, 2019; Waite & Ryan, 2019; Widom, 2017). Studies involving offenders showed that most offenders have a history of ACEs, and those with higher ACE scores generally have a longer arrest record and more severe consequences or placements (Baglivio, 2020). Those individuals who were abused in some way as children have been found to be more likely to commit violence against themselves and others (Brumley et al., 2017).

Considering the impact of ACEs on academic success, it is no surprise that career and economic success have been found to be negatively related to ACEs. Studies have shown that rates of unemployment, as well as disability-related unemployment, are higher for those who have ACEs (Hardcastle et al., 2018; Metzler et al., 2017). A lack of education, difficulty fostering healthy relationships, and the presence of a criminal record can all be tied to career and economic failure and possible homelessness (Sheffler et al., 2020; Waite & Ryan, 2019).

Homelessness has been shown to be more likely for those who have experienced numerous ACEs (Grey et al., 2019).

Still other studies have examined the impact of trauma on relationships, finding that attachment issues are common for those who have been mistreated by a trusted adult (Brunzell et al., 2016; Statman-Well, 2015). In addition, those who have been abused or neglected as children often are hostile and aggressive in their adult relationships, discouraging any type of success with friendships, romantic relationships, and family relationships (Doyle & Cichetti, 2017). An inability to cope also negatively impacts relationships (Sheffler et al., 2020).

The existing literature supports the intergenerational nature of ACEs. Childhood adversity does not only impact the person who experiences it. Numerous studies show that often, children who suffer trauma grow up to be parents who pass the stress from their trauma on to their children, creating adversity for them. Not only is the stress passed on, but often the poor parenting practices, abuse, and neglect continue to be perpetuated in a cycle that transcends multiple generations (Hardcastle et al., 2018; Hatch et al., 2020; Küffer et al., 2016; Merrick & Guinn, 2018; Steele et al., 2016).

Several studies have considered the role of resilience in overcoming childhood trauma, as well as how to promote resilience (Bellis et al., 2017; Bethell et al., 2016; Brogden & Gregory, 2019; Heard-Garris et al., 2018; Moses & Villodas, 2017; Sciaraffa et al., 2018; Woods-Jaeger et al., 2018). Factors, such as autonomy, optimism, an ability to learn from mistakes, a sense of belonging, strong family relationships, and external support systems, have been found to be key in building resilience (Bellis et al., 2017; Bethell et al., 2016; Brogden & Gregory, 2019; Crandall et al., 2019; Heard-Garris et al., 2018; Moses & Villodas, 2017; Sciaraffa et al., 2018; Woods-Jaeger et al., 2018). The presence of a caring adult to buffer stress from childhood

adversity has been shown to have the greatest positive impact on victims of childhood trauma (Bellis et al., 2018; Crouch et al., 2019; Hardcastle et al., 2018; Harris, 2018; van der Kolk, 2014; Walsh, et al., 2019).

Despite the abundance of studies on childhood trauma, its impact on various aspects of childhood and adulthood, and the role of resilience in overcoming trauma, this researcher has not been able to locate any qualitative studies that delve into the lived experiences of individuals who have overcome trauma, in order to gather rich detail about the factors in their lives that allowed them to develop resilience and find academic and career success. The hope is that the details gathered in this study will offer insight to practitioners who wish to help more individuals find a successful future after suffering childhood trauma.

## **CHAPTER THREE: METHODS**

### **Overview**

This transcendental phenomenological study examined the lived experiences of individuals who overcame childhood trauma to become resilient adults. In this chapter, research methods are discussed, including the design, setting, research questions and rationale, data collection and analysis, trustworthiness, and ethical considerations.

### **Design**

Qualitative research approaches a human or social problem by examining the meaning an individual or group assigns to that problem (Cresswell & Poth, 2018). Because this study sought to describe the experiences of individuals who have overcome ACEs to show resilience in academic and career outcomes, a qualitative method was best; qualitative analysis allows for rich, detailed description from those individuals dealing with a specific human or social problem. The qualitative design chosen for this study was transcendental phenomenology. A phenomenological approach allowed for qualitative data collection from multiple individuals who have experienced resilience after having ACEs. Such data was then examined to identify themes that will lead to an understanding of why some individuals are able to overcome childhood trauma to have academic and career success.

According to Creswell and Poth (2018), a phenomenological study “describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon” (p.75). It attempts to describe the essence of a phenomenon after gathering data from individuals regarding their experiences (Cresswell & Poth, 2018). Phenomenology is often used for research in the fields of sociology, psychology, education, and health sciences (Cresswell & Poth, 2018). Four basic philosophical perspectives are important to

phenomenology: the view of philosophy as a means to wisdom rather than scientific exploration; the use of Epoché, or the suspension of judgements about what is real until they are founded on certainty; the perception that the reality of an object is deeply tied to one's consciousness of that object; and the belief that an object's reality is understood only through its meaning as it relates to an individual's experience (Cresswell & Poth, 2018).

Furthermore, transcendental phenomenology is based on the belief that all real knowledge is derived from inner evidence (Moustakas, 1994; Neubauer et al., 2019). Scientific investigation begins with phenomena, but "perception of the reality of an object is dependent on a subject" (Moustakas, 1994, p. 27). In other words, there is no objective reality, because all reality is defined by the person who perceives it. Moustakas (1994) traces the philosophical origins of this type of research to Husserl, who felt that "what appears in consciousness is an absolute reality while what appears in the world is a product of learning" (p. 27).

Key aspects of this approach are intentionality of consciousness (Cresswell & Poth, 2018; Moustakas, 1994) and intuition, as it is the initial step in attaining "knowledge of human experience" (Moustakas, 1994, p. 32). Included in the concept of intentionality are the noema, which is the perception of the phenomenon, the *what* of experience, from which textural descriptions emerge, and the noesis, which is the underlying meaning derived from what one perceives based on experience, or how something is experienced, which is the basis for structural descriptions (Moustakas, 1994).

Transcendental phenomenology is a qualitative approach that enables the researcher to use inductive reasoning, taking the specifics of different participants' experiences of a phenomenon and identifying common themes in order to produce a description of the essence of the phenomenon (Cresswell & Poth, 2018; Moustakas, 1994). This approach allows the

researcher to find commonalities among different adults who have overcome chronic childhood trauma to be successful. This researcher's interest was in identifying themes among these individuals to determine an essence, in the hope that what has come from this study will contribute to the ability of educators to help other young people overcome chronic trauma to become successful adults. This design allowed for multiple interviews of 3 to 15 participants to capture the essence of the phenomenon, in this case, of overcoming chronic childhood trauma to find success. While quantitative studies allow for more participants, the richness of detail and insight is lacking. And while other qualitative designs provide rich detail, they do not necessarily address a single phenomenon to more deeply understand it, as this researcher has done in this study.

Using techniques unique to transcendental phenomenology for this study resulted in data that was unaffected by preconceived ideas, truly reflective of the individuals' experiences and the context of those experiences (Cresswell & Poth, 2018, p. 78). In the Epoché, all prior "understandings, judgments and knowledge [were] set aside" (Moustakas, 1994, p. 33), so that the phenomena was perceived in a new, fresh way (Moustakas, 1994). Bracketing, placing the research focus in brackets and setting aside all other topics, resulted in a dedicated focus on the research question (Moustakas, 1994). Gathering data through questionnaires, interviews, and journals with multiple individuals allowed for the identification of an essence and common themes from their experiences (Moustakas, 1994). Finally, formulating textural and structural descriptions to define the what and the how of the phenomena after horizontalization allowed for rich, all-encompassing descriptions of the phenomena (Moustakas, 1994). This process should enhance the field of knowledge regarding childhood trauma and what is needed to transcend its common negative consequences.

## **Research Questions**

Setting clear, concrete research questions is essential to phenomenological research (Moustakas, 1994). This study of individuals who overcame childhood trauma to become resilient adults was framed by one central research question and two sub-questions.

### **Research Question 1**

*What are the lived experiences of individuals who have overcome adverse childhood experiences to become resilient adults?*

#### **Sub-question 1**

*What experiences in childhood (birth – 18) do adults who have overcome adverse childhood experiences attribute to their resilience?*

#### **Sub-question 2**

*What experiences in adulthood (18+) do individuals who have overcome adverse childhood experiences ascribe as central to their resilience?*

## **Setting**

Due to recruitment via social media, this study included participants from the South, Northeast and Midwest regions of the United States, according to a map created by the U.S. Census Bureau (n.d.). Specifically, the study participants lived in the states of Virginia, North Carolina, Georgia, Tennessee, Kentucky, Louisiana, Florida, Maine, New York, and Minnesota. A review of the demographics for each region follows.

In the South, data from the U.S. Census Bureau shows the following breakdown by ethnicity: 58.2% white, 19.3 % black, 16.6% Hispanic, 3.16% Asian, 2% mixed, and .79% other (Statistical Atlas, 2018). Males exceed females in the age group from 0 to 29, while females exceed males in the age group from 30 to 85 and older (Statistical Atlas, 2018). Household

incomes in the South were slightly lower than those in the other regions of the U.S, with \$51.2 thousand being the median income for the South, compared with \$55.3 thousand for the U.S. overall (Statistical Atlas, 2018). The South shows a 4.6% unemployment rate, a little less than the national average (Statistical Atlas, 2018). Educational attainment for the South was slightly less than the average for the nation, with 35.9% holding a postsecondary degree, 49.7% with just a high school diploma, and 14.4% without a high school diploma (Statistical Atlas, 2018).

Data for the Northeast looks slightly different than that from the South. In terms of ethnicity, the Northeast shows a population that is 66.6% white, 11.9% black, 12.9% Hispanic, 6.2% Asian, 1.8% mixed, and 0.6% other (Statistical Atlas, 2018). Just as in the South, males make up slightly more of the population from 0-29, while females make up more of the population from 30-85 and older (Statistical Atlas, 2018). The median household income for the Northeast region is \$62.3 thousand, slightly higher than the national average (Statistical Atlas, 2018). At 4.7 percent, the unemployment rate is about equal to the national average (Statistical Atlas, 2018). Finally, educational attainment for the Northeast is higher than that for the nation, with 42.8% holding a postsecondary degree (Statistical Analysis, 2018).

The ethnic breakdown for the Midwest shows 77.6% of the population is white, 10.4% is black, 7.3% is Hispanic, 2.9% is Asian, 2.1% is mixed, and 0.7% is other (Statistical Analysis, 2018). In terms of gender, there are more males in the age group from 0 to 39, with more females in the age group of 40 to 85 and older (Statistical Analysis, 2018). The average income for a Midwestern household is \$53.6 thousand, a little less than the national median (Statistical Analysis, 2018). The unemployment rate for the Midwest is 4.4%, a little less than the national average (Statistical Analysis, 2018). Educational attainment in the Midwest is lower than the



nation's average, with 39.7% attaining a higher degree and 10.2% not having earned a high school diploma (Statistical Analysis, 2018).

According to Cresswell and Poth (2018), participants in a phenomenological study do not need to be located at one site; rather, they must be individuals who have experienced the phenomenon in question and are able to describe their lived experiences. Because convenience sampling via social media was used, participants were from a range of geographic settings. However, all participants experienced childhood trauma and overcame it to become successful in their educations and careers.

### **Participants**

For this study, a convenience sample along with a snowball sample of 10 adults who experienced the phenomenon was used; for phenomenological studies, group size may range from 3 to 4 individuals to 10 to 15 individuals (Cresswell & Poth, 2018). The goal is to achieve both data and theoretical saturation (Bowen, 2008). Data saturation means that no new data can be added to existing categories or themes, while theoretical saturation means that no new insights or themes can be identified (Bowen, 2008). Once both data and theoretical saturation were achieved, no additional participants were selected. Thirteen individuals participated in this study.

**Table 1***Participant Demographics*

Pseudonym	Gender	Age	Race	Highest Level of Education	Employment Status	State
Sarah	Female	47	White	Masters	Full-time	North Carolina
Jen	Female	46	White	Masters	Full-time	North Carolina
Sidney	Female	40	White	Doctoral Candidate	Full-time	Kentucky
Allison	Female	52	Undis-	Masters	Full-time	Virginia
Kate	Female	48	closed	Associate	Full-time	Virginia
Riley	Female	26	White	Masters	Full-time	New York
David	Male	51	Mixed	Masters	Full-time	Virginia
Ana	Female	44	Asian	Doctorate	Full-time	Florida
Sandy	Female	56	American	Doctorate	Full-time	Maine
Grace	Female	37	White	Masters	Full-time	Louisiana
Janelle	Female	36	Black	Doctoral Candidate	Full-time	Georgia
Megan	Female	39	White	Masters	Full-time	Tennessee
Kirsten	Female	39	White	Masters	Part-time	Minnesota

Criterion sampling was used for this phenomenological study, while convenience and snowball sampling methods allowed for the identification of information-rich examples for this phenomenon (Bloomberg & Volpe, 2019; Creswell & Poth, 2018). Thus, the participants in this study experienced chronic childhood trauma and overcame it to become resilient adults. Chronic childhood trauma, also known as complex or type II trauma, refers to trauma resulting from ongoing or multiple events (Bell et al., 2013; Ringell & Brandell, 2012; Terr, 1991). For this study, a resilient adult was defined by successful academic and career outcomes. Successful academic outcomes were operationalized as post-secondary educational attainment and successful career outcomes were demonstrated by steady employment of a professional career pathway. Participants completed a questionnaire with items regarding the presence of chronic trauma in their lives in addition to items pertaining to their academic and career outcomes and

their current level of resilience. All participants were over the age of 18 and represented heterogeneous ethnic groups, socioeconomic groups, and genders. Participants were given a \$25 Amazon gift card upon completion of the study as a thank you for their participation.

### **Procedures**

Having a detailed, organized, and systematic outline for conducting a transcendental phenomenological study is essential (Moustakas, 1994). The procedures for research consisted of the following: securing Institutional Review Board (IRB) approval, recruiting participants for the study, securing their agreement, gathering data from three different sources (triangulation), and securely recording and storing data.

A research plan and IRB application were submitted to Liberty's Institutional Review Board for approval after being approved by this researcher's dissertation chair. IRB approval is necessary when conducting research on humans, to ensure ethical treatment of human subjects (Cresswell & Poth, 2018). Once Liberty's IRB granted approval, participants were recruited using convenience and snowball sampling.

Initially, this researcher recruited individuals whom she knew to have experienced the phenomenon to participate in this study. Once a convenience sample was recruited, this researcher used snowball sampling to recruit other participants. Participants were recruited via direct emails and by social media posts. Each participant was sent a recruitment letter via email, along with a consent form, which was completed and sent back via email or fax. The recruitment letter, social media recruitment post, and consent form can be found in Appendices B, C, and D of this document. After agreeing to take part in the study, participants completed a demographic survey containing additional items regarding academic and career outcomes, as well as the CD-RISC-10 Inventory to verify that they were eligible for the study.

Once eligibility was determined, participants were contacted and an interview using Zoom, a widely used Internet-based teleconferencing platform, was set up. Interviews are the primary means of data collection for phenomenological research (Creswell & Poth, 2018; Moustakas, 1994). Interviews were conducted over a period of one month. Interviews were sound recorded with permission from the participants, and the researcher transcribed content after each interview was completed. Participants were informed that they could refuse to answer any questions that may be too emotionally difficult to answer. After the initial interview, follow-up emails were sent to selected participants for clarification or more detailed information (Creswell & Poth, 2018; Gall et al., 2007; Moustakas, 1994). Each participant was also sent a transcription of his/her interview via email attachment for member checking. The interview questions can be found later in this chapter, as well as in Appendix D.

Participants were asked at the time of initial contact to keep a personal journal over the first month of the data collection window. Journals provided an option for document review, a recommended means of collecting qualitative data (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Gall et al., 2007). In these journals, participants responded to three specified prompts: (1) Provide an account of the trauma you suffered as a child; (2) discuss the impact of that trauma at the time and now; and (3) explore what factors or aspects of your life enabled you to become successful despite the trauma. Journals were collected at the end of the first month for analysis. Journal questions can also be found in Appendix F.

### **The Researcher's Role**

In this phenomenological study, the researcher was the instrument by which data was gathered and analyzed (Cresswell & Poth, 2018; Moustakas, 1994). The researcher may have been acquainted with the study's participants, but had no authority over the participants. The

researcher came into the study with some prior assumptions about the role of a significant adult or adults outside the immediate family in fostering success in individuals who suffer trauma. The researcher used bracketing to eliminate the influence of the aforementioned assumption and any other personal biases (Cresswell & Poth, 2018; Moustakas, 1994). In addition, the researcher was uniform and objective in interviews with all participants so as not to alter results. Data was reviewed multiple times to properly identify common themes.

### **Data Collection**

Data collection for this study included questionnaires, interviews, and participant journals. Data collection began with surveys to collect demographic information, verified individuals had experienced the phenomenon, and assessed current resilience levels (Cresswell & Poth, 2018). Interviews were conducted to lead participants to discuss and reflect on core questions about their experiences (Bloomberg & Volpe, 2019; Cresswell & Poth, 2018; Gall et al., 2007; Moustakas, 1994). Next, participant journals kept during the first month of the data collection window were analyzed (Cresswell & Poth, 2018). If, at any time during any of the data collection methods described below, participants experienced adverse reactions or trigger memories that made them uncomfortable or distressed, they were referred to the National Suicide Prevention Lifeline, which offers 24- hour professional support.

### **Surveys**

In qualitative research, surveys are sometimes helpful as a means of data collection (Bloomberg & Volpe, 2019). For this study, both a demographic survey and a resilience inventory, the Connor-Davidson Resilience Scale 10 (CD-RISC-10), were used. Both instruments served to establish the participants' eligibility for the study, as the demographic survey has questions regarding the academic and employment histories of the participants, and

the CD-RISC-10 verified the presence of resilience in participants prior to their continued involvement in the study.

The initial demographic survey asked questions delineating gender, age, ethnicity, geographical location, and marital status, in addition to questions about educational attainment and employment status. The first questions established the diversity of the participant sample and spoke to the study's transferability (Gall et al., 2007). The later questions, regarding educational attainment and employment status, were included to collect data establishing that a participant met the criteria of the study, as an adult who has shown resilience after chronic childhood trauma through academic and career outcomes.

The CD-RISC was initially developed as a 25-item instrument to be used as “a brief, self-rated assessment to help quantify resilience and as a clinical measure to assess treatment response” (Connor & Davidson, 2003, p. 77). This original version of the scale contains 25 items that assess the following factors: “hardiness (10 items); social support/purpose (4 items); faith (2 items); and persistence (7 items)” (Campbell-Sills & Stein, 2007, p. 1022). A 10-item version of the scale was later developed at the request of Connor and Davidson by Campbell-Sills and Stein (2007); this version was developed by narrowing the items in the original scale to avoid duplication and focus on the qualities of hardiness and persistence (Campbell-Sills & Stein, 2007; Davidson, 2020). There also exists a CD-RISC 2 that is used to measure adaptability (Davidson, 2020). Each of the three versions of the scale have been validated, with at least one study finding the CD-RISC-10 to have “the more robust validity, reliability, and practicality” (Davidson, 2020).

The CD-RISC-10 contains ten questions using a 5-point Likert scale, where 0 shows a lack of resilience (hardiness and persistence), and 4 shows the greatest resilience (hardiness and

persistence) (Connor & Davidson, 2018). To calculate the composite score, the chosen ratings are totaled, with the highest possible score being 40 (Connor & Davidson, 2018). The median score for this version of the test (with n=764) was 32, with the lowest quartile being from 0-29; the next lowest from 30-32; the next highest being 33-36, and the highest being 37-40 (Davidson, 2020). For the purposes of this study, only patients scoring 30 or higher on the CD-RISC-10 were considered as resilient.

### **Interviews**

To qualitative researchers, an interview involves the construction of knowledge in an interaction between an interviewer and the person being interviewed (Brinkmann & Kvale, 2015). For phenomenological researchers, the interview is the primary means of data collection (Moustakas, 1994). In an interview, the qualitative researcher presents open-ended questions to the participant, who answers based on his/her experiences. For the researcher to understand the experiences that a person who has overcome childhood trauma has had, an interview using open-ended, general questions focused on the phenomenon was the most targeted way to collect data (Creswell & Poth, 2018; Moustakas, 1994). Over the one month data collection period, individual interviews were set up with participants on Zoom. All interviews were sound-recorded and then transcribed. The interview provided insight into each research question of the study. Participants were asked to share their experiences as individuals who had overcome childhood ACEs, share the nature and severity of the ACEs they suffered, and pinpoint what aspects of their experiences may have led to their ability to find success against the odds. Participants were able to refuse to answer any question(s) they considered too upsetting. Participants were also asked to take part in member checking, where they reviewed the transcription of the interview for accuracy (Cresswell & Poth, 2018).

Below are the basic interview questions used for each participant's initial interview.

***Standardized Open-Ended Interview Questions***

1. Tell me about yourself.
2. Describe your childhood.
3. What difficult or traumatic experiences did you have as a child?
4. Describe the physical impact of that trauma on you.
5. Describe the emotional impact of that trauma on you.
6. Describe the mental impact of that trauma on you.
7. Discuss your lowest point.
8. At what point in your life was there a noticeably positive change in the direction your life was taking?
9. What extrinsic factors from childhood, if any, played a role in that positive change?
10. What intrinsic factors from childhood, if any, played a role in that positive change?
11. What extrinsic factors from adulthood, if any, played a role in that positive change?
12. What intrinsic factors from adulthood, if any, played a role in that positive change?
13. What obstacles did you encounter as you worked to overcome your trauma?
14. How were you able to surmount those obstacles?
15. As indicated by the results of CD-RISC, you currently have a high/moderate level of resilience. What do you feel was the most important factor, intrinsic or extrinsic, in your resilience?
16. Why did you choose that factor?
17. Is there anything else you would like to add?
18. May I contact you if I have further questions or need clarification?



The purpose of the first two questions was to put the participant at ease, allowing him or her to determine what was to be shared. Creswell and Poth (2018) advise that front-end questions should “invite the interviewee to open up and talk” (p.164).

Questions three through seven were structured to get the participant thinking about his/her adverse childhood experiences and how those experiences impacted him/her negatively while growing up. Terr’s (1991) childhood trauma theory established the fact that there are immediate and subsequent repercussions from chronic childhood trauma. These questions began leading the interviewee toward the phenomenon and established the existence of adverse childhood experiences. As Magnusson and Marecek (2015) suggest, these questions encouraged participants to “tell stories about experiences, relate memories, and offer reflections and opinions” (p. 47).

Next, questions eight through sixteen asked the participant to reflect on the turning point in his/her life and determine what factors played a role in overcoming his/her ACE(s), consider the challenges they faced, and consider what made the biggest difference for them. Garmezy and Rutter’s (1990) resilience theory posited that a sense of autonomy, positive family relationships, and some form of external support factor in building resilience and allowing individuals to overcome childhood trauma. These questions elicited answers related to resilience theory. In addition, such open-ended questions were designed to promote “rich talk,” so that participants could tell detailed stories concerning how they were able to overcome their childhood adversities (Magnusson & Marecek, 2015).

At the interview’s conclusion, question 17 offered the participant an opportunity to enrich his/her story with more details (Magnusson & Marecek, 2015). Question 18 left the door open for the researcher to make contact again for clarification on items discussed in the interview.

### **Participant Journal Analysis**

Participants were asked to respond to 3 journal prompts within the first month of data collection. These journals are considered elicited documents and fall under the larger category for data collection known as document review (Bloomberg & Volpe, 2019). Creswell and Poth (2018) noted that “document review” is generally used as a supplement to interviews. In this case, the journals served to provide an additional data source, one that allowed participants extended time to consider the questions and their responses, time they may not have been given or may not take in an interview.

Participants were given the following journal prompts at the beginning of the data collection process: (1) Briefly describe the trauma you suffered as a child, (2) discuss the impact of that trauma on you at the time and currently, and (3) explore what factors or aspects of your life enabled you to become successful despite the trauma. Prompts 1 and 2 were rooted in childhood trauma theory (Terr, 1991), asking the participant to express in writing their recollections of the trauma they suffered, as well as to consider the impact during their youth, as well as later in life. Prompt 3 drew on Garmezy and Rutter’s (1990) resilience theory and invited a discussion of the factors that played a role in their own development of resilience.

Each requested response was to be at least a paragraph. These journals provided an opportunity to capture details of participants’ experiences, feelings, and revelations. The insights provided in journals may have offered a richer, more detailed, and more reflective view of the lived experiences of the participants.

### **Data Analysis**

Quantitative data regarding resilience was collected through the 10-item version of the CD-RISC instrument. The instrument included a Likert scale where individuals identified their

personal responses to stress on a scale of 0 to 4, with 4 showing the most resiliency. The total score for the inventory was tabulated by adding together the totals from each column, 0-4 to obtain the total score. Those individuals who had a total score of 30 or more qualified for the study, because they were found to be resilient. This instrument served as a third data collection tool, along with journal responses and interviews, providing data about each individual's level of resilience.

To conduct transcendental phenomenological research, one must first identify the phenomenon to be explored and then identify individuals who have experienced the phenomenon and are willing to participate in the research process (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Gall et al., 2007; Moustakas, 1994). Initially, the researcher went through Epoché, a process in which all biases or preconceived notions about the phenomenon or anything related to it, were set aside in a “disciplined and systematic effort” (Moustakas, 1994, p. 22). Prior to data collection, the researcher used journaling to set aside these notions. The phenomenon itself was then approached with a pure, fresh consciousness (Moustakas, 1994).

Phenomenological reduction is the next step in this research design. The researcher employed bracketing or placing the phenomenon in brackets while all other thoughts and perceptions were set aside. Once again, journaling was used by the researcher to set aside any thoughts or ideas that may have interfered with data analysis. Next, statements are horizontalized, with each statement being equal. In this step, the researcher read interview transcripts, journals, and surveys several times. Next, significant statements and quotes relevant to the research questions, found in Appendix L, were identified across data sources in a process called *horizontalizing* (Creswell & Poth, 2018; Moustakas, 1994). Once those statements were identified, the researcher analyzed them to develop clusters of meaning or themes, which can be

found in Appendix M (Creswell & Poth, 2018; Moustakas, 1994; Neubauer et al., 2019).

Redundant and overlapping statements were removed from consideration in the analysis. From the themes, the researcher developed the individual and composite textural descriptions of the experiences. In this step, the textural description of what participants see and experience, a combination of phenomenon and self, was formed (Creswell & Poth, 2018; Moustakas, 1994). Textural descriptions consider every statement and every angle of perception (Moustakas, 1994). The researcher reflected and continued to perceive, check with participants, and adjust textural descriptions to completely capture the horizon, which is endless (Moustakas, 1994).

Next, the researcher engaged in imaginative variation. This part of the process endeavors to consider all possible structural meanings of the phenomenon. About this step, Moustakas (1994) explains,

The aim is to arrive at structural descriptions of an experience, the underlying and precipitating factors that account for what is being experienced; in other words, the “how” that speaks to conditions that illuminate the “what” of experience. How did the experience of the phenomenon come to be what it is? (p. 98)

The end product of imaginative variation, therefore, was a structural description of the phenomenon. Structural description is defined as “an account of the regularities of thought, judgment, imagination, and recollection that underlie the experience of a phenomenon and give meaning to it” (Gall et al., 2007, p. 496). In some studies, individual structural descriptions are developed, explaining the “how” of the experience for each participant (Moustakas, 1994). In this study, a composite structural description was developed, discussing how the participants as a group experienced the phenomenon (Moustakas, 1994).

The last component of this study was the synthesis of the textural and structural descriptions to create a statement of the “essence” of the phenomenon (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Moustakas, 1994; Neubauer et al., 2019). “Essence” is defined as “that which is common or universal, the condition or quality without which a thing would not be what it is” (Moustakas, 1994; p. 100).

### **Trustworthiness**

Trustworthiness is essential in qualitative studies and is established by examining the credibility, dependability, confirmability, and transferability of findings (Lincoln & Guba, 1985). Methods of establishing trustworthiness for this study are outlined below.

### **Credibility**

Credibility, which is essential to qualitative research, means that results are accurately interpreted to portray the participants’ meaning (Creswell & Poth, 2018). To ensure credibility, data was triangulated (three data sources used) using the following methods: surveys, interviews, and participant journals. Employing data triangulation, in addition to holding an initial interview, contacting participants for further clarification, and following up with member checking (the researcher asks participants to assess the credibility of the findings) lent to the credibility of the study (Creswell & Poth, 2018).

### **Reliability and Validity of CD-RISC-10**

The ten-item CD-RISC was found to have both reliability and construct validity (Campbell-Sills & Stein, 2007). Cronbach’s alpha was found to be .85, which indicates a good level of reliability (Campbell-Sills & Stein, 2007). Construct validity was determined by analyzing data from a subsample of 131 participants who also completed the Brief Symptom Inventory 18 (which measures anxiety, depression, and physical symptoms shown within the last

week) and the Childhood Trauma Questionnaire Short Form (which assesses emotional and physical abuse, including neglect and sexual abuse), both measurements that demonstrated strong internal consistency and reliability (Campbell-Sills & Stein, 2007). The analysis indicated that participants who suffered major trauma and had low resilience experienced more symptoms, while those who suffered major trauma and had high resilience displayed fewer symptoms (Campbell-Sills & Stein, 2007).

### **Dependability and Confirmability**

Dependability and confirmability are qualitative concepts that replace the concepts of reliability and objectivity normally used in quantitative studies. Dependability, the idea that results will be subject to change and instability, and confirmability, the idea that the data is valuable, are also important factors in trustworthiness (Lincoln & Guba, 1985). Dependability and confirmability were insured through data triangulation, member checks, and the creation of a detailed audit trail of steps taken during data collection and analysis. In addition, an external auditor reviewed the process of data analyses and the product of the analyses to determine whether it was supported by data (Creswell & Poth, 2018).

### **Transferability**

Transferability, or the ability for conclusions from the study to be transferred to other settings, was insured through rich and thick description, gained from participants representing a variety of ages, ethnicities, and religions who had suffered different types of trauma. These detailed descriptions provide readers with the ability to transfer information to other settings and make inferences about common characteristics (Creswell & Poth, 2018).

### **Ethical Considerations**

Ethical considerations were given and addressed in the manner stated. First, IRB approval was sought prior to conducting the study (Creswell & Poth, 2018). The individuals and settings used were not subject to power issues with the researcher (Creswell & Poth, 2018). Ethnic and cultural differences were respected at all times (Creswell & Poth, 2018). Individuals were informed initially of the study procedures, the reason they were selected, and their rights. Individuals gave written consent for participation; they were also informed that participation was voluntary, and they could withdraw at any time (Creswell & Poth, 2018). Should participants have become distressed at any point in the data collection process, they had access to a 24-hour hotline providing professional support. All participants took part in the same data collection process; all were given a written explanation of the reason for recording the interviews; and all were asked to grant written permission for such recordings (Creswell & Poth, 2018). In addition, all participants were sent copies of their interview transcriptions for member-checking. Participants were given a \$25 gift card to Amazon for taking part in the study, to let them know their participation was appreciated (Creswell & Poth, 2018). Data was transcribed and stored in password-protected digital files on the computer's hard drive, and files will be securely maintained for three years after the study is completed (Creswell & Poth, 2018). In data analysis and reporting, the researcher reported all perspectives honestly, even data that may be contrary to other findings (Creswell & Poth, 2018). The confidentiality of the participants was preserved in all data analysis, reporting, and publication through pseudonyms and composite reporting (Creswell & Poth, 2018).

### **Summary**

The design, setting, research questions and rationale, data collection and analysis,

trustworthiness, and ethical considerations for the current study have been detailed in this chapter. This study sought to understand the lived experiences of certain adults who have been successful despite suffering chronic childhood trauma, using the transcendental phenomenological approach to research espoused by Moustakas (1994).

In the following chapter, the analysis of the data from this transcendental phenomenological study of the lived experiences of certain adults who had been successful despite suffering chronic childhood trauma has been presented. A rich description of each participant has been provided prior to the discussion of the study's results. Finally, the themes developed from the study, in addition to the responses to the established research questions, have been presented.



## **CHAPTER FOUR: FINDINGS**

### **Overview**

The purpose of this transcendental phenomenological study was to examine the lived experiences of individuals who overcame chronic trauma to become resilient adults. For this study, a resilient adult was defined by successful academic and career outcomes. Successful academic outcomes were operationalized as post-secondary educational attainment; successful career outcomes were demonstrated by steady employment of a professional career pathway. Thirteen participants were selected from the South, Northeast, and Midwest regions of the United States to share their experiences overcoming trauma to become resilient adults. This chapter presents the study's findings, first describing the twelve women and one man who took part in the study.

In addition, this chapter discusses results gained from the study through participant journals, interviews, and surveys. It shares emerging themes in relation to the central research questions of this study. Textural and structural descriptions are identified and synthesized to express the essence of the phenomenon.

### **Participants**

This study involved thirteen adults between the ages of 26 and 56 who overcame chronic childhood trauma to become resilient adults with postsecondary levels of education and employment in a professional career pathway. These individuals met the criteria concerning chronic trauma, as well as academic and career success, and had a score of 30 or higher on the CD-RISC-10 instrument. Participants included twelve females and one male from the United States, ten from the South, two from the Northeast, and one from the Midwest. Nine participants identified themselves as white, one participant identified as black, one participant identified as

Asian American, one identified as mixed, with one who remained undisclosed. Each participant achieved some level of postsecondary education, with one participant holding an associate degree and working toward a bachelor's degree, eight holding masters' degrees, two holding doctorates, and two working toward a doctoral degree. Of the thirteen participants, twelve were employed full-time in a professional career pathway, while one was employed part-time in a professional career pathway.

Participants came from varying family and socioeconomic backgrounds, experienced different forms of chronic trauma, felt different repercussions from the trauma, and dealt with the trauma in different ways. Each participant shared her/his experience through journal entries, survey responses, and an interview. In the end, common themes emerged from their diverse experiences. Participants were assigned pseudonyms randomly; however, efforts were made to align names with cultural backgrounds. Participants were asked to member-check their interview transcriptions, and eleven of thirteen responded, with four adding a few details or clarifications and the other seven agreeing with the transcription as written. Participant quotes were taken from their journal responses, interviews, and any clarifications sent in with the member-checking responses.

### **Sarah**

Sarah was a 47-year-old divorced white woman who lived in North Carolina. She held a master's degree in Clinical Psychology and was a licensed mental health therapist in an outpatient mental health center, where she hoped to eventually work as a licensed psychologist. She planned to begin work toward a Ph.D. in Clinical Psychology within the next year. She noted that she graduated with honors for her master's degree.

Sarah suffered sexual abuse for 11 years, beginning at the age of 4, at the hands of her mother's boyfriend, who later became her stepfather. For years, she kept the abuse hidden, because, as Sarah stated in her journal, "he constantly threatened that he would kill my mother if I told anyone." When he eventually directed her to tell her mother one night, Sarah noted, "she didn't seem to believe me." The abuse continued, and her mother eventually married the abuser. When that happened, Sarah said she "felt even more betrayed by her." The abuse finally ended when her stepfather was diagnosed with a brain tumor and then died.

When asked about the long-term physical, emotional, and mental impacts of the abuse, Sarah listed a number of effects. She attributed a heart arrhythmia and chronic insomnia to the abuse, noting that as a child in this situation, her "heart would race with fear" and she still felt a need for "hypervigilance at night." Emotionally, Sarah described having "little desire to be in a relationship" and said she had "self-esteem issues," needing her mother's approval even currently. The mental effects of the abuse on Sarah included anxiety, panic attacks, depression, flashbacks, post-traumatic stress disorder, and suicidal ideations.

Sarah scored 37 on the CD-RISC-10. She indicated that eight of the ten statements were true nearly all the time for her. In contrast, "Having to cope with stress can make me stronger" (Connor & Davidson, 2018) was only sometimes true for Sarah, while "I try to see the humorous side of things when I am faced with problems" (Connor & Davidson, 2018) was often true for her.

Sarah cited a number of factors that helped her to overcome this trauma and become successful. The death of her abuser was a pivotal one. In addition, she felt her military training imbued her with a "sense of toughness," and she gained confidence in her work as a nurse,

noting, “I was really good at it.” Sarah also credited her “internal drive to be the best” and her “desire not to let this bring [her] down,” along with counseling and medication.

## **Jen**

Jen was a married 46-year-old white female from North Carolina. She held a master’s degree in school administration and was the principal of a middle school. She graduated Summa Cum Laude, later earning a 4.0 in her master’s program. She was years into a doctoral program and held a 4.0 average in that program. Jen aspired to “move into a role to help ensure equity for students, families, and staff of color in K-12.”

Jen first suffered trauma at the age of 2, when her father was killed by a drunk driver. At the age of 3, she was molested by a babysitter’s son. Jen’s mother remarried when Jen was 4; she and her new husband led a lifestyle that continued Jen’s trauma. Both her mother and stepfather abused alcohol and drugs, and Jen witnessed her stepfather physically abusing her mother and her brother. Jen noted that her parents were not consistently employed; they “moved a lot,” and she experienced “more than 10 school changes K-12.” When her mother and stepfather divorced, Jen was 14. Jen stated that after the divorce, “My mother continued to drink, and I was often left to fend for myself;” as a result, Jen got her first job at 14 so that she could purchase necessities such as food and clothing.

Jen cited numerous effects of the trauma. As a teen, she looked for the “father figure” she lacked and was promiscuous. Due to the abuse she witnessed, she was triggered by the sound of fighting, noting that she stepped in when students fought, whereas she hid in her room as a child. She withdrew from situations involving alcohol or drug use, just as she did when she was a child. Emotionally, Jen had a “wall of affection,” which had negatively affected her marriage and

friendships. She did not like to be touched, did not “trust very easily,” and stated that she tended to “avoid emotional situations,” “hide [her] feelings,” and “withdraw from situations.”

Jen’s score on the CD-RISC-10 was a 37. For seven statements, she indicated that they were true nearly all the time. The three she marked as “often true” were “I try to see the humorous side of things when I am faced with problems;” “Having to cope with stress can make me stronger;” and “Under pressure, I stay focused and think clearly” (Connor & Davidson, 2018).

Jen felt that several factors played a role in her development of resilience. Despite their own choices, Jen said her parents always stressed “the importance of education,” and that she had a “desire to keep learning,” which had helped her to overcome childhood trauma. The presence of support and encouragement from family and professional peers also bolstered her resilience. The birth of her first child and her desire to give her children a stable home life also played a role in her resilience. Most of all, Jen attributed her resilience to her own “self-reliance,” saying “. . . it’s what I’ve had to depend on.”

### **Sidney**

Sidney was a 40-year-old white female from Kentucky and was married. She held a master’s degree in teaching, a second master’s in school counseling, had additional certifications in English as a Second Language and School Administration, and was a doctoral candidate. She maintained a 3.8 grade point average throughout her graduate career. At the time of data collection, she worked full-time as a social and emotional learning teacher.

Sidney grew up with a father who was a cocaine addict. In a journal response, Sidney wrote,

I can remember being in 2<sup>nd</sup> grade and being woken up in the middle of the night and told to hide under the bed. When my dad did drugs, he would hallucinate and see people who would “get him.” My younger brother and I would hide under the bed and try to talk him down, call my mom at work (she worked a 3<sup>rd</sup> shift job, as well as a 1<sup>st</sup> shift job), or contact the police.

In addition to dealing with her dad’s drug use and hallucinations, Sidney witnessed him physically abusing her mom, saying that her mom sometimes took them and went to stay with family, but always went back. Her dad finally went into treatment when Sidney was 14, but relapsed when she was 15. On the night of the relapse, “he was shackled and placed in the back of a police car and suffocated to death.”

Sidney said the trauma made her less emotional, and during her childhood, she “kept things bottled in.” She talked of how much it bothered her that she could not have friends over to her house, afraid that her dad might “do drugs and wig out.” She also mentioned that the trauma created in her a drive to “not live that way”—the way her mom and stepfather had lived, dependent on a substance. Sidney declared that the trauma was “the reason I am who I am and as strong as I am.” Only in the last five years has Sidney felt some anxiety and depression, noting that at that time, “everything just kind of piled on,” as she worked to make sure her “daughter has an amazing life.”

Sidney’s resilience score from the CD-RISC-10 was a 36. For her, six statements were true nearly all the time, while four were often true. Those statements that were marked as “often true” were “I try to see the humorous side of things when I am faced with problems;” “Under pressure, I stay focused and think clearly;” “I am not easily discouraged by failure;” and “I am

able to handle unpleasant or painful feelings like sadness, fear, and anger” (Connor & Davidson, 2018).

Sidney attributed a large part of her resilience to her mother, who “set a fantastic example of how to persevere through tough times.” Another important factor was the support she received from her uncle, her peers in her master’s program, and her husband. A strong desire to be “the complete opposite of how [she] grew up” and “do better for [her] daughter” was also a factor in Sidney’s ability to overcome her trauma. Her education as a counselor helped her to process what happened in her youth.

### **Allison**

Allison was 52 years old, married, and lived in Virginia. As she was adopted, she was unsure of her ethnicity. Earlier in adulthood, Allison earned a bachelor’s degree in business and worked in business management. She noted that she “found herself starting over at 42,” and, at the time of research, held a master’s degree in special education and worked as a special education teacher.

Unlike many victims of childhood trauma, Allison was too young at the time of the trauma to remember much about it. She was born with fetal alcohol syndrome, “drunk as a skunk,” and was taken from her birth mother and placed into foster care. She was given back to her birth mother, but soon found herself back in foster care and eventually adopted by the daughter of her foster parents. With them, she found love and security, but the fetal alcohol syndrome created other difficulties for her.

Allison described the challenges of her childhood, saying, she “had to repeat kindergarten as [she] had a horrible lisp, could not see, severely dyslexic, and walked like a duck.” She spoke

of “Coke bottom bottle glasses” and braces on her legs because her “feet went out to the sides.”

In a journal entry, she wrote,

I was labeled as delayed and struggled through my school years. I was also extremely ADHD and often found myself in the corner for time out, not invited to the birthday parties and activities, picked last on the playground, and often alone.

Allison stated that she also failed second grade and was “kicked out of private school in 8<sup>th</sup> grade for failing science.” A lack of focus and dyslexia made learning more difficult for Allison.

Academic struggles were not the only effects of the trauma; she labeled herself a “loner” and a “doormat,” with “no core group of friends.” As a child, she “wanted to knock out anybody that got in [her] way” and would be “coloring in a book one minute and hitting [her] brother over the head the next minute.” As a teen and young adult, Allison said she would “self-mutilate,” explaining, “I would just literally like beat my body up.”

Allison scored a 32 on the CD-RISC-10 inventory. For her, nine of the statements were true nearly all the time or often true. The one statement she indicated was rarely true for her was “I am able to handle unpleasant or painful feelings like sadness, fear, and anger” (Connor & Davidson, 2018). This data would indicate that Allison is resilient in all aspects considered in the inventory, except when it comes to handling difficult emotions.

According to Allison, her resilience stemmed from the support and influence of her adoptive parents and family, especially her mom: she admitted, “if it weren’t for my mom, I don’t know what. I would have been long done gone.” Two mentors in her adulthood, her aunt and an older lady from church, helped her to realize her potential as a young adult. Intrinsic factors that influenced her resilience were her faith in God and her desire to not “be that person.”



## Kate

Kate was a teacher who lived in Virginia. She was 48 years old, white, female, and married. Kate held an associate's degree in Culinary Arts and was enrolled in a bachelor's program in special education. Her career history was diverse: she had worked as an executive chef, a food and beverage manager, a realtor, a public relations specialist, and director of her community's library system, all before entering the education field.

Kate grew up in an "alcoholic home," where her mother drank and "beat [her] until [Kate] was sixteen." She described her parents' marriage as "contentious," and says her mother "put [her] brother and [Kate] in between her and [Kate's] father" and was "very belittling" toward Kate and her brother. Kate cited memories of her mother "smack[ing]" them "around quite a bit," and "physically pick[ing] [her] up and throwing [her]," and felt like her mother used physical abuse for the purpose of Kate's "humiliation."

When asked about the impacts of these adverse childhood experiences, Kate shared, "I began drinking at 14, using other substances by 17, and was a full-blown alcoholic by 19 years old," adding that she used substances as a way to escape. Kate admitted that she had suffered with self-esteem issues, depression, anxiety, and PTSD, and was once hospitalized for attempting suicide. She revealed that she became "really good at hiding" and still hides things; she also mentioned trust issues that impacted her marriage and her relationship with her daughter. Hypervigilance was also a part of her life as a result of her childhood experiences.

On the CD-RISC-10, Kate scored 31. For her, the statements that were true nearly all the time were "I am able to adapt when changes occur;" "I believe I can achieve my goals even if there are obstacles;" and "I am not easily discouraged by failure" (Connor & Davidson, 2018). However, Kate indicated the following were only sometimes true: "Having to cope with stress

can make me stronger” and “I am able to handle unpleasant or painful feelings like sadness, fear, and anger” (Connor & Davidson, 2018).

Ironically, Kate said her mother played an important role in her resilience. After a series of poor choices that led Kate to a low place, her mother intervened, offering her “financial and emotional” support. Kate also attributed her resilience to the support of her friends and her experiences attending quality schools and living around the world (as a result of her father’s military career.) Kate mentioned that intrinsic factors also built her resilience. She described an introspective time in her life: “I was able to sort of look myself in the mirror and, and get to know myself instead of ignoring her,” and noted that “believing in myself” and “having more of an open mind” were important. Finally, Kate’s desire for her daughter to have a different experience played a role; Kate strongly asserted, “The cycle ends here.”

### **Riley**

Riley was a 26-year-old married woman who identified her race as black and white. She lived in New York, where she worked as a “researcher in diversity, equity, and inclusion metrics for corporate America.” She graduated with an honors bachelor’s degree in Psychology and Africana Studies, then earned the status of Summa Cum Laude with her master’s degree in social work. At the time of data collection, Riley planned to begin coursework toward a Ph.D. in sociology in Fall 2021. Regarding future plans, Riley stated,

During my PhD program, I’ll be examining modern ties [to] colonialism and impact on communities of color. I hope to shift into a leadership position on the research team at my current place of work post-degree and perhaps create an LLC whereby I can consult with organizations globally to rectify colonialist rhetoric in policy.

Undoubtedly, Riley continued to achieve despite her adverse childhood experiences.

Riley grew up in a home that she described as “a hoarded mess,” with an “alcoholic mother” and a “gay father who lied” about his sexuality until Riley was 19. She recalled that her father told her more than once that he “hated” that she “existed” and said she was “rarely allowed to visit and hang out with friends.” She had memories of “a lot of strife and animosity” in her home, and “too much emotional kind of abuse,” done in part by a father who would position the family’s foster child between Riley and himself, Riley said, “to keep me away from him.” As a result, Riley said she saw herself as “the problem” and “the scapegoat” for her father.

Among the impacts of these experiences, Riley suffered from Ehlers Danlos, which she explained was a congenital “connective tissue disorder” that could possibly be “triggered if there’s like trauma.” Along with this disorder, Riley had “chronic migraines” and “general chronic pain” that may have been traced to toxic stress caused by trauma. Aside from physical manifestations, her trauma had resulted in “panic attacks,” “poor self-esteem,” “suicidal thoughts,” and “so much self-doubt.” Riley further described herself as an introvert with “severe trust issues” who had difficulty “creating those social connections.” She also expressed a need for control and a need for approval, especially from her mother and from work superiors.

Riley scored a 32 on the CD-RISC-10 inventory. She answered the following statements were true nearly all the time: “I try to see the humorous side of things when I am faced with problems;” “I tend to bounce back after illness, injury, or other hardships;” “I believe I can achieve my goals even if there are obstacles;” and “I think of myself as a strong person when dealing with life’s challenges and difficulties” (Connor & Davidson, 2018). Conversely, she marked the following as only sometimes true: “Having to cope with stress can make me stronger” and “Under pressure, I stay focused and think clearly” (Connor & Davidson, 2018).

Riley credited a good deal of her resilience to a mentor she had in her undergraduate studies, who “motivated [her] to perform research and to pursue a career that made [her] happy, not [her] mom.” Outside of this professor, Riley noted that there were other individuals who impacted her resilience: her horseback riding instructor and her husband. In addition, Riley said that therapy, being involved with her husband’s “normal” family, the birth of her daughter, and greater personal strength as an adult had all played a role in her ability to overcome her trauma.

### **David**

David was a 51-year-old gay white male who lived in Virginia. He was married. He held a master’s degree in school administration and supervision and has worked in K-12 education for 28 years. David was a National Board Certified teacher, had won Teacher of the Year for his school, and was a runner-up for division Teacher of the Year. At the time of data collection, he was a literacy coach for that same division. David felt that teaching was his calling.

David described his childhood as “filled with volatile experiences.” His father was an alcoholic, and his mother had a “chemical imbalance.” He said his dad was “constantly inebriated,” and his parents would have “all day arguments.” As a result, David wrote in his journal response, “I never, ever knew what my life was going to be like when I woke up in the morning or even when I’d come home from school in the afternoon. It was so difficult, but I didn’t really know much better because it was all I ever experienced.” In the interview, David stated, “I do feel like I was verbally abused,” but said his family was sometimes “a circle of love,” explaining that it “just depended on the barometer check of the day.”

David felt like his trauma caused him to be a “food addict,” saying, “I dealt with my issues through eating.” Another effect of the trauma was his need for control, as he stated that he is “mega-organized” as a result of “not being able to control his situation.” In addition, he said he

thought his trauma led him to be “driven to be successful.” In relationships, David explained he had trust and commitment issues as a result of his adverse childhood experiences. He also said that he had a “lack of empathy” for others.

On the CD-RISC-10 inventory, David scored a 36. He indicated that six statements were true for him nearly all the time. The following four statements were marked as often true: “I am able to adapt when changes occur;” “I can deal with whatever comes my way;” “Under pressure, I stay focused and think clearly;” and “I am not easily discouraged by failure” (Connor & Davidson, 2018).

David cited a number of factors as key to his resilience. His church family and his teachers played an important role throughout his childhood, and, as he became an adult, his friends and extended family did, as well. He also said counseling helped him in a number of ways. Career success also made it easier for David to overcome his trauma. Intrinsic factors that built David’s resilience included his will to live, knowledge that he was loved, personal reflection, a desire for personal growth, and his Christian faith.

## **Ana**

Ana was a married 44-year-old Asian-American female who lived in Florida. She held a Ph.D. in Marketing. At the time of research, she worked as an Associate Professor of Marketing for a university in Florida. She had earned numerous awards during her tenure as a professor, including a Teaching Excellence Award, a Scholarship Excellence Award, and her academic journal articles earned the Top Tier Award for research. Her goal was to become a full professor within the next 5 to 6 years. Ana valued personal growth and noted, “I continue to work on improving my pedagogy, especially with teaching online.” She also endeavored to make additional contributions to her university, and said, “I am contemplating how I can make an

impact with my service. I am considering some options, such as serving on a board, volunteering my time as a consultant, mentoring students, and additional committee responsibilities.”

When asked about her childhood trauma, Ana wrote, “When I was 11 years old, I endured sexual abuse from my father. When I told my mother, she accused me of lying.” Furthermore, Ana’s mother felt that television and books were influencing her to make things up, so Ana was punished by losing access to those items. After Ana talked to a school counselor, child protective services was notified, and she was placed first into a group home, and then into foster care. Her mother was told that if Ana’s father moved out of the home, Ana could return, but her mother would not make her husband move. In the end, Ana was adopted by her maternal grandparents and stayed with them until college. In their home, she was bullied by her two young aunts. In the years to come, Ana’s mother continued to choose her father over Ana, telling Ana that she could not attend family events unless she agreed to speak to her father. About her mother, Ana wrote, “As a parent now, I have a tough time reconciling her accusations, the way she treated me, and the choices she made.”

The emotional impact of the trauma was significant, according to Ana. She continued to have feelings of “anger, sadness, and anxiety.” About the experience, Ana wrote, “At the time, it broke me that my mother chose him over me.” In the interview, Ana spoke in detail about the shame and guilt involved after the trauma, explaining, “In Vietnamese culture, there’s a lot of victim blaming, victim shaming, and there’s a lot of shame around this topic [sexual abuse].” She noted that she still felt shame and guilt about the experience, and that it “took [her] a long time to stand up for herself.”

Ana scored 37 on the CD-RISC-10 inventory. She marked 7 of the 10 statements as true nearly all the time for her. She indicated the following three statements were true often, but not

nearly all the time: “I can deal with whatever comes my way;” “I try to see the humorous side of things when I am faced with problems;” and “I am not easily discouraged by failure” (Connor & Davidson, 2018).

Ana attributed her resilience to several things. The foster families she had were “really great,” and Ana stated,

It was my first time experiencing, like a normal, for lack of a better word, normal American childhood where you know like, I had fun. I could have a friend over, you know. I went to birthday parties; I did things that were normal. And it was so much fun. I loved it.

Experiencing “normal” families and households was an extrinsic factor in Ana’s resilience. In addition, her high school teachers and coaches, as well as her older friends in school, helped Ana to overcome her trauma. In adulthood, Ana stated her husband and college and career mentors helped her to build resilience. Intrinsic factors that helped Ana to overcome trauma included her overachieving nature, strong work ethic, perseverance, and the promise of independence.

### **Sandy**

Sandy was a 56-year-old married white woman who lived in Maine. Sandy held a bachelor’s degree in business administration, a master’s degree in counselor education, and a doctorate of education in special education. She worked as the director of special education for a school region with 10 schools, after having served as a special education teacher at the secondary level for a number of years.

Sandy said that she was “forced to be an adult at 10 years old.” At this age, due to a medical emergency her mother experienced during childbirth, Sandy became a caregiver for her three brothers. In the years to follow, her mother suffered from mental health issues related to the

trauma from this emergency. Sandy depicted her childhood as a time of turmoil, with her parents arguing all the time, often about financial issues, while she functioned as a “mother” figure for her three brothers, trying to protect them. According to Sandy, her mother had “a long period of mental health needs—hospitalization, time on the couch not getting up, marital struggles.” She noted that her mother became dependent on her two oldest kids to do chores, while the youngest children “suffered from lack of parenting and moved into substance abuse issues.” She also stated that her mom expected her children to “fill a void in her own life” and “always tried to have [them] care for her and make her happy instead of her being a parent and caring for [them].” Her parents continued to fight constantly throughout their marriage and Sandy’s childhood, with some periods of living apart, until her mother moved away, leaving Sandy to take care of her 14-year-old brother and her aging grandfather.

This lack of a “chance to experience childhood” impacted Sandy in a number of ways. When asked about the impacts of her childhood trauma, she listed anxiety and depression, among others. Sandy also attributed her need to overachieve, be a perfectionist, and take on a caregiving role to her adverse childhood experiences. She noted that she also had some self-doubt as a result of these experiences. She tied her first failed marriage to the “lack of role models for healthy relationships,” saying she “never knew how to be a partner.”

Sandy scored a 30 on the CD-RISC-10 inventory. For her, the two statements that were true nearly all the time were “Having to cope with stress can make me stronger” and “I tend to bounce back after illness, injury, or other hardships” (Connor & Davidson, 2018). Conversely, the two statements that were only sometimes true for Grace were “I think of myself as a strong person when dealing with life’s challenges and difficulties” (Connor & Davidson, 2018).



When Sandy was asked about extrinsic and intrinsic factors from childhood that helped her to overcome her trauma, she replied, “None” without hesitation. She attributed her resilience in adulthood to counseling and new skills learned in counseling, her own masters in school counseling, and close friends who were there for her, among other things. Her desire to be there for her children and ensure a good life for her family also factored into her resilience in adulthood. She noted that “starting to believe [she] had something good to offer,” “allowing [her]self to be probably vulnerable,” and trying to “do more of what made [her] feel good” also helped her to overcome her trauma.

### **Grace**

Grace was a 37-year-old divorced white female from Louisiana. After beginning her career with her university as an administrative assistant, Grace worked her way up to a professional in residence and technologist for the university she attended. Much of her work dealt with instructional technology, online teaching and curriculum planning, and assessment and accreditation. She taught courses at the university and delivered professional development to faculty members. Grace held a bachelor’s degree in psychology, a master’s degree in instructional technology, and was pursuing a doctoral degree in higher education administration at the time of the study.

Each study participant was asked to write a journal entry briefly describing her/his childhood trauma. Grace’s response below explains the trauma she suffered:

My parents had a tumultuous relationship that was made more difficult by several cross-country moves due to my father’s job. My bedroom was located next to my parents for the bulk of my childhood, as my siblings wanted bedrooms further away. Multiple times I heard what I thought was “normal” sex sounds coming from my parent’s bedroom. I

was 15 when my mother left my father, told me that he raped her throughout their marriage, and asked my permission to turn him into the police.

In the end, her mother went to the military police, who told her if she turned him in, he (and she) would lose the military benefits on which she relied, so the issue went no farther. Once her mother told her about the rapes, Grace went for years not speaking to her father. When she did finally talk to him, she wrote, “he told me they had a consensual BDSM [Bondage and Discipline, Dominance and Submission, Sadism and Masochism] relationship and what had happened in his perspective was part of role-play.” Since then, Grace had continued to stay in touch with her father but said she “can never forget.”

Grace stated that the trauma impacted her own attitude about intimate relationships. She said that the trauma “fucked [her] up in [her] ability to have relationships with men and trust people.” She tended to push male friends away, had difficulty committing, and was always looking for an “escape route.” She was determined to “never be in that situation,” specifically having to be dependent on someone else.

On the CD-RISC-10, Grace scored a 38. She indicated that eight of the ten statements were true nearly all the time for her. The two that she indicated were often true were “Under pressure, I stay focused and think clearly,” and “I am not easily discouraged by failure.”

Grace credited her resilience in childhood to the support of family and friends, including her parents, and to her “fierce independence.” As an adult, Grace benefited from having a “huge support system,” “professional mentors,” and having the resources of education and therapy. Intrinsically, Grace noted that believing in herself and her desire to be an example to her children were important factors in her resilience. In addition, Grace cited her “desire to succeed, to always do [her] best, that work ethic” as central to her ability to overcome her trauma.

**Megan**

Megan was a 39-year-old married white female from Tennessee. She held a bachelor's degree in psychology and a master's degree in counseling. She was enrolled in a Ph.D. program for counselor education and supervision at the time of data collection. Megan worked as the project director and lead therapist for a federal grant program at a community mental health center. She also taught a doctoral level course in substance use treatment and had aspirations of working in higher education full-time, along with consultancy.

Megan grew up with alcoholic parents who were mentally ill. Her father also had a terminal illness and was eventually bedridden, while her mother remained an alcoholic who would often leave home, leaving Megan alone to care for her bedridden father. When Megan was 13, her father died, and Megan and her mother moved closer to her mother's family. Megan described her life there:

My mother's family was extremely dysfunctional and severe alcoholism runs through the family. My mother's siblings and family friends proceeded a 24-hour-a-day party cycle at our rented house until we were evicted by the end of that same summer. We ended up living in a trailer park, in which our residence was the "problem" trailer, with 24/7 partying and "flop house" style living. The overall environment was one of extreme rural poverty, extreme neglect, substandard living conditions.

In addition, Megan suffered physical, emotional, sexual, and verbal abuse and "witnessed serious violence."

Megan attributed a number of health problems to these adverse childhood experiences. She suffered from headaches, fibromyalgia, muscle tension, and Ehlers Danlos; she also struggled with her weight. The mental repercussions had been just as great: panic attacks, anxiety

attacks, insomnia, and nightmares. Megan said that she struggled with feeling like she was “never going to be enough,” experienced “social anxiety,” and had “fear of judgement, rejection, and reprisal.” In addition, Megan noted that she had trouble concentrating and was hypervigilant as a result of her trauma. In the past, Megan had considered cutting and suicide, but did not act on those thoughts.

On the CD-RISC-10, Megan scored a 40. She indicated for all ten statements that they were true nearly all the time. This score indicates that she not only dealt well with change and difficulty, but she saw herself as gaining strength from dealing with stress and could also find humor in her struggles.

School played a large role in Megan’s ability to overcome her trauma. In the interview, Megan said, “School was always my sanctuary,” citing “really excellent teachers” who were her “best role models.” Megan’s academic ability was a source of strength for her, and she asserted, “College saved my life;” it was a huge turning point for her. About her first day at college, Megan stated,

I think the first day that I sat in class and I was like, the bill’s paid, I have a bed, I’m here by myself, I’ve made it, like this is it, like I knew that I was like, Okay, now here’s where we start, like going from here.

In addition to school, Megan said that “lifetime friends,” along with intelligence, introspection, maturity, a rebellious nature, and a desire for a different future contributed to her resilience. She also attributed her resilience to her religious faith, citing her “belief in God, that God would not give [her] more than [she] could handle.”

**Janelle**

Janelle was a 36-year-old single black female from Georgia. She worked full time as an instructional coach at the elementary level, but she aspired to be a “district administrator.” She graduated with honors from high school and college, maintained a 4.0 in her master’s program, and held a 4.0 in her doctoral program at the time of data collection. She was pursuing her doctorate in the field of education.

When asked to describe the trauma she suffered, Janelle wrote,

I was born addicted to narcotics, which resulted in me being taken away from my birth mother and placed into the foster care system. After reuniting with mom, I was abandoned by her and placed in permanent group homes and foster care. I stayed in the system until 18.

In the interview, Janelle expanded on that response, explaining that her mother never stopped using drugs, and when she and her brother were placed back with their mother, she abandoned them.

She ended up leaving me and my brother, who was younger, at the home in a closet.

While I was napping, she told me to take a nap, and I woke up, I was in the closet and she was gone. I didn’t panic. I actually stayed with my brother for a while ’til we ran out of food. When we ran out of food, that’s when I just, all I knew to do was to go sit out on the curb and wait for someone. It just so happened I had an auntie who saw me or her husband saw me. And he came to pick me up, and we were put back into the foster system after that. And we stayed there.

Janelle stated that from that point on, she was moved around to numerous foster homes because she was “aggressive at school.” Janelle said the moving around stopped eventually: “I finally

started to understand my behavior was impacting my placement, and I was trying my best not to allow that.”

Janelle attributed this aggression to “immense emotional depression and anger” from her trauma. She said she suffered from anxiety, “contemplated harming” herself or other people, and had “suicidal ideations” at her lowest point. In addition, she had trouble sleeping and issues with weight. Janelle further noted the following impacts of the trauma: a need to “strive for perfection” and control “all situations,” periods where she became “emotionally withdrawn,” efforts “to rewrite or erase certain memories and experiences,” and difficulty making friends due to frequent moves.

Janelle scored a 32 on the CD-RISC-10. In her responses, she indicated the following were true for her nearly all the time: “I can deal with whatever comes my way;” “I tend to bounce back after illness, injury, or other hardships;” “I believe I can achieve my goals, even if there are obstacles;” “I am not easily discouraged by failure;” and “I think of myself as a strong person when dealing with life’s challenges and difficulties” (Connor & Davidson, 2018). In contrast, she answered that the following were only true sometimes: “I try to see the humorous side of things when I am faced with problems,” and “Having to cope with stress can make me stronger” (Connor & Davidson, 2018).

Factors in Janelle’s childhood that contributed to her resilience were an “internal need to overcome” and her younger brother, who looked to her as a role model. When asked about such factors in adulthood, Janelle emphasized her determination, dedication, and “internal desire to achieve.” In addition, Janelle had felt a desire to “be the example” for children who go through similar experiences and said she “realized that even if it was really hard, it didn’t kill me, so I could do it.” She also attributed her resilience to counseling and her “spiritual beliefs.”

## **Kirsten**

Kirsten was a married 39-year-old white woman who lived in Minnesota. She held a bachelor's degree with a double major in psychology and Applied Psychology: Human Services, with a minor in sociology. She had a master's degree in applied psychology and was in the dissertation phase of her Ph.D. in clinical psychology. Kirsten worked part-time as a mental health professional at an agency in her hometown, providing individual therapy and conducting psychological assessments. She aspired to teach at the university level when she completed her degree.

Kirsten suffered a great deal of “psychological abuse” at the hands of her mother, who was “mentally ill.” In a journal response, Kirsten wrote,

As a child, I was frequently subjected to verbal abuse, isolation from others, as well as introduced to religious beliefs that were far beyond the scope of normal. I believe my mother to have had undiagnosed schizophrenia, which impacted her ability to parent. She frequently had persecutory thoughts, which led to social isolation. There was also infrequent physical abuse from her toward myself and my sisters, which included hitting, spanking, slapping on arms and faces, throwing objects at me (knives, cups, vases, plates), used as forms of discipline for rule-breaking behavior.

The abuse occurred in other forms, as well. Her mother would attempt to make Kirsten and her sisters “informants” toward their father, asserting that their father was cheating on her and sexually abusing them. Furthermore, Kirsten wrote,

Other forms of psychological abuse consisted of: exorcisms, refusal to allow us to eat dinner, refusal to let us speak to other family members, refusal to allow [us] to receive

letters from older sisters, lying to us about our father and his whereabouts, using my sisters to bait me into conflict, and similar acts.

During most of her childhood, Kirsten's father was gone with his military career, so her mother was parenting alone in this manner.

When asked about the impact of this trauma on her, Kirsten spoke collectively for herself and her sisters. She noted that they all had "back problems, neck problems, high, high stress that has taken its toll on us as adults," further explaining that they all had a "very perfectionistic sort of attitude that we need to keep earning people, so we will physically exhaust ourselves to the point that we're sick." In addition, Kirsten attributed her own sense of disengagement from others to the trauma, saying it had made it difficult to keep friendships and be mentally present for marriage and family life. As emotions were discouraged in her childhood home, she noted that she "just stopped responding to any emotions," and to some extent, that carried into her adulthood. Kirsten described herself as "very guarded" and said she stayed on high alert, "trying to avoid conflict."

Kirsten scored 31 on the CD-RISC-10 inventory. She indicated that the following were true for her nearly all the time: "I believe I can achieve my goals, even if there are obstacles;" "Under pressure, I stay focused and think clearly;" and "I think of myself as a strong person when dealing with life's challenges and difficulties" (Connor & Davidson, 2018). Meanwhile, she felt that this was only sometimes true: "I try to see the humorous side of things when I am faced with problems" (Connor & Davidson, 2018).

For Kirsten, a big part of overcoming her trauma involved the realization that she "had a modicum of control over who [she] was and what [she] could do with [her]self," which came about when she divorced her first husband. As a child, Kirsten said several factors led to her



resilience: her role as a “protector” of her younger sisters, the example set by her older, half-sisters, who survived the same kind of childhood and found “a better life,” and her own stubbornness. In adulthood, Kirsten said that stubbornness had also served to help her overcome her trauma, as well as therapy and her work as a therapist, her desire for a different future for her children, and the support of her husband. She also felt that her awareness that her “family was not functioning healthy,” along with “high self-efficacy” made a difference for her.

### **Results**

This study was guided by the central research question: What are the lived experiences of individuals who have overcome adverse childhood experiences to become resilient adults? Participants in this study were chosen because they fit the criterion of the study: adults who had overcome chronic childhood trauma to be resilient, as demonstrated by academic and career success. Findings presented here were identified through the transcendental phenomenological methods outlined by Moustakas (1994). This process involved transcendental-phenomenological reduction, imaginative variation, and synthesis of textural and structural descriptions to create the essence of the phenomenon. From the surveys, journal entries, and interview transcripts, three primary themes were developed; these themes align with the theories cited in Chapter Two: childhood trauma theory (Terr, 1991) and resilience theory (Garmezy & Rutter, 1983).

### **Theme Development**

In order to develop themes, the researcher read interview transcripts, journal responses, and survey responses several times. From those, significant statements and key concepts relevant to the research questions were identified using horizontalization. Using phenomenological reduction, textural descriptions of the phenomenon were developed (Moustakas, 1994). Once

those were created, they were analyzed to develop themes. Any redundant or overlapping statements were removed.

Participants were interviewed and audio-recorded individually using Zoom. Interviews lasted from 17 to 85 minutes. The interview was semi-structured (see Appendix G), with open-ended, follow-up, and clarifying questions. Each of the 13 participants completed an interview. Most participants were willing to share in detail about their experiences.

Prior to participating in the interview, the individuals in the study were asked to respond to three journal prompts (see Appendix H) with at least one paragraph per prompt. Responses were received from all 13 participants, though two chose to use a bulleted format for responding. Each participant discussed their childhood trauma, the impact of the trauma on them, and the factors that helped them to build resilience and overcome their trauma.

Transcripts from the individual interviews and journal responses were reviewed multiple times, with significant statements identified and coded manually using a combination of descriptive and In Vivo coding (Saldaña, 2016). The coded statements were then sorted into categories and analyzed for connections, similarities, and dissimilarities, and re-sorted into categories used to develop themes. While a participant's journal responses and interview transcript did not yield vastly different responses for any participant, in some cases, one form of data gave more information than another. Codes identified in more than one participant's responses were compared to create significant composite statements. From those statements, themes were developed. These themes are presented as they relate to each sub-question, with themes related to the central research question being presented last.

**Table 2**  
*Research Questions and Themes for all Data Sources*

Research Questions and Themes	Subthemes
Experiences in Childhood	Love and Support Values from Parents Education and Exposure Strong Will Rise Above
Experiences in Adulthood	Positive Relationships Goals and Achievement A Better Life Therapy Self-Discovery/Self-Belief Faith Determination
Lived Experience	Repetitive Behaviors Continuing Fears Altered Feelings

### **Experiences in Childhood (SQ 1)**

Participants were asked in the interview to identify specific extrinsic and intrinsic factors in childhood that influenced their resilience and, as a result, their ability to overcome their childhood trauma. From the transcripts, key codes were identified. These key codes were compared with the responses from other participants to identify themes related to the research questions.

### ***Love and Support***

Of the thirteen study participants, ten indicated that love and support from significant people in their lives was a factor from childhood that helped them to build resilience. These key people in their resilience ranged from educators to family members and friends, to fellow church members.

For David, Ana, and Megan, teachers played a significant role in their resilience during childhood. In his journal response, David wrote,

My other saving grace and simultaneous strong connection came from the many teachers I admired and connected with when I was in high school and college. These educators took an interest in me, too, and helped mold me into the person I am today. As a result, I realized my calling was to become an educator and help others.

In the interview, David echoed this sentiment, “I wanted to be the person that the kids connected with, because my teachers were stability in my life.” About her teachers, Ana wrote, “ I was fortunate to have mentors in high school. My mentors were my soccer coach, a history teacher, and a math teacher. They encouraged me when I felt discouraged and sad. I still keep in touch with them.” In her interview, Ana elaborated on how her teachers helped her to build resilience:

When I was in high school and middle school, I had the good fortune of having teachers that were very strong mentors for me. And I think that made me think to myself like, if they believe in me, then I can do this, like I can be, you know like, I have value.

Similarly, Megan wrote, “There were some teachers in my life who served as role models and gave me some of the validation I desperately craved.” In her interview, Riley noted that her horseback riding instructor had an impact on her: “my instructor was an absolutely wonderful woman”, and she further explained, “that experience [at the horse farm] helped me cope.”

For eight participants, family members and friends provided the support they needed to overcome their trauma. Grace cited “family and friends” as a factor in her resilience, and noted, “And even though my traumas stemmed from my parents, my parents always believed in me and in some ways that helped me overcome it.” Sidney described how her uncle served as a positive role model for her when she lived with him briefly to attend community college: “He was very influential and as far as that goes in as, also his wife at the time. Very, very positive to be around.” In her journal response, Sidney wrote about having “support from my mom mentally.”

Allison felt that she would not have been successful if it weren't for her "steadfast parents," because of "their faith, and being able to see the grander picture." Kirsten noted in the interview that her older sisters made a difference for her and for her younger sisters, because they were able to "sort of validate our experience," explaining further that "just having them sort of step in and be in our lives, because they actually knew what was going on and they believed me" was important in her resilience. When asked about extrinsic factors that played a role in her resilience, Kate responded, "The support of the girlfriends I was able to keep, the friendships I was able to maintain," further qualifying that statement with

the one[s] that told me that when I told them that I stopped drinking and that I was going to change my life and turn my life around, those ones who said I know you can do it and I always knew that there was a good person in there and those things. And the people who stuck by me, drunk or sober.

Ana also felt that friends played an important role in her resilience, stating,

I had friends who were older, who graduated before me, and they gave me a lot of advice about like, oh yeah PSAT, SAT, you know, when to take it and then the whole, you know what, you know, scholarships to consider and, you know, might be good for you and I got these and I applied for these but I didn't get them, but you might, and you should look at this time frame because this is when it's due, you want to have enough time to do it, you know, so I really started to develop like the idea about planning from these mentors . . . .

David simply answered the question of what factors influenced his success with "faith, friends, and family." He went on to discuss the significance of his "church family," writing, "my Sunday School teachers, youth group leaders, and fellow church members became my surrogate family from whom I learned forgiveness, grace, peace, and charity."

### *Values from Parents*

Just fewer than half of the participants cited values passed down to them from their parents as a factor in their resilience. For these six individuals, even if their parents were the source of their adverse childhood experiences, their parents also taught them something that helped them to overcome their trauma. About her mother, Sidney wrote, “she set a fantastic example of how to persevere through tough times,” later explaining in the interview that her “we’re going to get through this mentality” inherited from her mother has been a major factor in her resilience. Allison described a similar mindset from her parents, writing,

I was raised in a caring, Christian home founded on Jesus Christ and can’t was never an accepted word. Yes, you can and you will be, was how I was raised. Over and over until it stuck. Excuses did not exist. My mom found ways to combat my shortcoming and taught me to fight. I remember once I needed new shoes and we didn’t have the money, so she cut the toes out of my Keds, sewed some lace on them and I had sandals until we had money to buy new shoes that fit. The same with my dresses, just add a little lace, they last a little longer. Just read 5 minutes more and I got a little better. Practice the piano 4 nights instead of 3, always going just a little farther. Thus teaching me determination, steel will, and responsibility.

Beyond determination, several participants mentioned other values gained from their parents. In the interview, Jen asserted that her parents always emphasized “the importance of education,” and Riley wrote,

my mom instilled the desire for success. She was employed by a prestigious college for about 12 years during the entirety of my primary and secondary education. I was always told “you can get a PhD in basket-weaving for all I care, as long as you get a PhD.”

Love is another value passed down from parents that participants cited as important in their resilience. In the interview, Grace said, “I would say my mom instilled in me a desire to always show love and give love. And so my ability to show love and give love is the reason I have cultivated so many good relationships.” Similarly, when asked about intrinsic factors from childhood that played a role in his positive change, David replied, “I always felt like I was loved. Even though [my parents] didn’t know how to show their love very well.”

### ***Education and Exposure***

Five of the study participants cited education and/or exposure to experiences as an important factor in their development of resilience during childhood. Kate, who grew up with a father who ranked highly in the military, stated, “The schools that I was able to go to, the people I was able to meet, and the experiences that I was exposed to because of these people and where we lived . . . really helped.” That awareness of what the world had to offer fueled Kate’s desire for “better things.”

For other participants, school was where they excelled, a source of self-confidence and a positive place away from the chaos and pain of home. When asked about when her life took a positive turn, Janelle replied, “That was around adolescence. When I realized I was a scholar. School became my safe haven.” She further discussed that time in her life:

I knew that I was a really good student, and no matter how many schools I switched or no matter where I went, I just would thrive academically, and that was really like when I say okay, I can do something with this.

Megan expressed a similar sentiment about school’s place in her resilience: “I was also intelligent (though I struggle to own and say that) and found school interesting and rewarding.”

Sidney identified college as the point at which her life took a positive change in direction. She elaborated,

I think that's part of the reason why I stay in school and have all the degrees that I have is that it's something positive for me to focus on. And it kind of takes precedence over, over anything, and it's a positive outlet for me to have. So I do feel like schooling has definitely been, been that positive place that I could go, and make sure that I was striving to do better. Yeah.

Ana also noted that “going to college” was a turning point for her, “to be able to live in a dorm or apartment, to be away from the mess of my aunts’ bullying me . . . I was able to be more comfortable, emotionally and mentally.”

### ***Strong Will***

Six individuals in the study detailed, in some way, how their strong will was a factor in their resilience during childhood. When asked about extrinsic factors from childhood that influenced her resilience, Sarah stated, “I don’t know that there was anything external, it was mostly within me to just say, ‘I’m not going to let this ruin my life because I didn’t deserve this.’” She noted that as a child, “I did still have the will to fight and the will not give in, and not just be overtaken by the life of abuse.” In a journal response, Megan wrote that she was “quite rebellious,” explaining, “No matter how many times I was beaten, berated, shamed, neglected, or abused in what felt like a thousand ways, my refrain was most often, ‘You’ll never break me, so you’ll just have to go ahead and kill me.’” When asked in the interview about intrinsic factors from childhood that played a role in her resilience, Kirsten answered, “I am a very stubborn person; when I set my mind to something, I will do it.” Ana described herself as “stubborn, or



persevering,” and felt that this quality was a key intrinsic factor from her childhood that helped her to overcome trauma; to illustrate, she gave an example:

So I’m like ok, I have a goal, I want to get there, path 1 isn’t an option—that’s okay, there’s a path 2. Path 2’s not an option, that’s okay, there’s a path 3, and it may be different time frame, different, you know, way, or adjustments in path 1, and you know, to make it, but I will, if I decided that’s my goal, I will accomplish.

Two other participants expressed their strong-willed nature a little differently, as a desire to show people they were wrong about them. When she was asked in the interview about intrinsic factors in her childhood, Jen stated, “You know, I wasn’t that great of a student, and I had some teachers that were, some teachers that were really horrible. And so I guess that just internal drive to want to prove people wrong.” Similarly, Sidney spoke of a high school counselor who told Sidney she would not make it in her chosen career at that time, and that spurred Sidney to say, “I’ll show you.”

### ***Rise Above***

Seven of the thirteen participants felt that even in childhood, they had a desire to have a better life in the future. When Kirsten spoke of her awareness that her childhood was not normal, she explained that she told her sisters, “not only is this not normal, but I’m not going to, I don’t want this to be my normal, either.” She added, “I was going to prove to myself that I could rise above the weight of how my mom had raised us.” When asked about the most important factor about her resilience, Ana replied, “Probably, yeah, the intrinsic, the hope, that faith. I can, I can get myself out of a situation, to something that’s better, that’s more comfortable to me, mentally, emotionally.” About intrinsic factors from her childhood that were important to her resilience, Janelle answered, “I wanted to be the first college graduate in my family and I became that, like I

just made a goal that I just wanted to push myself to overcome and not allow that childhood to be the end of my story.” Likewise, Sidney emphasized the importance of her “wanting to make sure that [she] did not fall into the same place that, you know, [her] parents were.” She also stated that she “always just wanted more,” explaining,

I want to have a nice vehicle. I want a nice house, I want, you know what I mean, like, I want to have things and be able to provide, but then I also want to be happy in my job.

Similarly, Kate noted, “I wanted more out of my life. I wanted more things; I wanted better things.” In a journal response, Megan wrote that she was motivated to do certain things “out of a desire to distance and protect myself from the potential of ending up like my family of origin.” Sarah spoke in the interview of “the desire not to let this bring me down but to use it as a source of strength.”

### **Experiences in Adulthood (SQ 2)**

Participants were also asked in the interview to discuss extrinsic and intrinsic factors from adulthood that helped them to overcome their trauma. During data analysis, key codes were identified from the transcripts and the journal responses. Horizontalizing was used to develop subthemes from these key codes. Seven subthemes were identified: positive relationships, goals and achievements, a better life, therapy, self-discovery/self-belief, faith, and determination.

#### ***Positive Relationships***

Twelve of thirteen participants identified at least one significant person in adulthood who played a role in their resilience through a positive relationship. For some, that person was a parent, spouse, or other family member, while others identified their friends as central to their resilience. Still others found support in academic and professional mentors.

According to Sarah and Grace, repairing relationships with parents was significant in their resilience during their adult years. Sarah, whose mother had not believed her when she accused her mother's boyfriend of sexually abusing her as a child, noted, "Repairing my relationship with my mother was a big [extrinsic factor in my resilience]." Similarly, Grace, whose mother told her that she had been raped for years by Grace's father, mentioned that having "an honest and open relationship with [her] father" was an important part of overcoming obstacles.

Other participants, when asked about extrinsic factors from their adulthood that played a role in their resilience, replied with some version of family and friends. David's response was

The support of my friends and my extended family and my immediate family because my immediate family . . . Well, my dad has never been really great with drinking, he tried to and stopped sometimes; he loves me. My mom got on like meds that really helped her.

And we developed a really great relationship and still have a great relationship.

Kate noted that it was her mother's "financial and emotional support," following and in addition to a wake-up call from her mother during her adulthood that made a difference for her. She stated,

Oh, my life was just an absolute wreck, and I was, actually my mom. Ironically enough, my mom said to me, "You need to go and pray for your soul." I was involved with a married man, I mean it was just, I mean, just sloppy, really sloppy and. . . And I took that to heart and it was, it was like this great . . . it was an effective wake up call.

Sidney spoke of how her mother taught her resilience, noting that when her father was killed,

my mom did not wallow [in grief] and she, you know, we walked through it, . . . [and] it made me see that, you know, life does go on and we do have to move on and that, that's just how it is.

Sidney also felt like her uncle set a good example for her, noting that he and his wife at the time were "very, very positive to be around." Megan felt like the relationships she had in college made a difference for her, stating that she was "building relationships that were really positive and healthy for the first time in my life" and some of these individuals became "really, really good like lifetime friends." Sandy noted that one of the most important factors in her resilience was "always surrounding myself with a small group of close friends who I would lean on, perhaps." Grace also cited the support of family and friends as important to her resilience:

I have a large group of people that really care about me. As a single mother, I've cultivated a group of family and friends that, you know, are my village. And those are what have turned everything around for me, and made it so I could concentrate on myself.

For Allison, an aunt played a significant role in her life taking a positive turn. When Allison went away to college in Virginia, this aunt mentored her: "I wasn't here five weeks, and she was like, boom, she started working with me and she's like, you know, you have a whole lot to offer." About this time, Allison stated, "And from there I started to blossom."

Spouses were also credited for building resilience for some study participants. According to Riley, her husband "has . . . been an amazing rock." In addition, she stated that, "Interacting with my husband's normal family was also pretty, pretty good for me." Similarly, Ana felt that her husband's role in her life was important to her resilience; in the interview, she said,

he has made a big difference because it's easy to get caught up and even as an adult,

you know, you oftentimes think that your experiences are the norm. Right. Or yeah, a lot of times you think that right, so for him, you know, he's, I guess, pretty objective. You know, he doesn't say things to be mean, but he's pretty forthright, blunt, I guess. . . . I talked to him about the emotional, mental struggles I've had with my mom. He understands how I feel about her, the complicated dysfunctional relationship we have, he understands, you know, and so he, in his own way, helps me, you know, like process and come to terms with what I've had to deal with.

Jen mentioned that her husband was a "motivator" who worked while she went to college.

About her husband, Kirsten said,

So I really got into a relationship that was way more supportive, and actually, my current husband had his own trauma in his background and had a strong desire like I did to make some change, and to not raise his children in that same type of environment.

Sidney stated that her husband "has always been very positive, and anything that I say, he's on board with as far as with me, doing all my schoolwork and whatnot."

Other participants felt that professional peers and mentors played a role in their resilience in adulthood. Riley, in particular, credited one of her college professors with helping her make a fundamental realization: "She like really broke it down; she was the first one that said I didn't have to please my mom." This professor "motivated [Riley] to perform research and to pursue a career that made [her] happy" Grace noted that "professional mentors" played a role in her resilience, while Ana said that "good mentors" still encourage her. Sidney felt that "peers" in her master's program played a role in her resilience, while Jen stated that other people in the teaching profession "helped to motivate [her] to keep learning."

### ***Goals and Achievements***

Seven participants indicated that their goals and achievements helped them to overcome their trauma. Regarding the role her achievements played in her academic and career success, Jen stated,

I think once, you know, I got into college, just those small successes really did help motivate me to keep going for more. So, you know, just passing one class at a time, I guess, intrinsically showed me, “Okay, you can do this,” you know, just to keep going and to complete.

Sarah pinpointed her success as a nurse as a factor in her resilience:

And then when I finished my associate degree as a nurse and became, started working as a nurse and realized that I was really good at it, and went into critical care nursing, and I really enjoyed my career. Probably nursing was when I was finally able to shake a lot of the depressive symptoms and move on to feeling better.

Later in the interview, she restated that “seeing [her] own accomplishments” in the military and college was an extrinsic factor in her resilience during adulthood. For Janelle, “career success” was an important extrinsic factor in adulthood, while, when asked about intrinsic factors, she replied, “I would have to say my feeling for achievement, my dedication, and my internal desire to achieve.” Similarly, Grace identified the most important factor in her resilience was “my desire to succeed, to always do my best, that work ethic.” In addition, when asked about extrinsic factors in his ability to overcome trauma, David asserted, “I think my job and success at my job and helping kids has made me feel . . . to continue to want to be successful and do better.” He also noted that he was “just trying to always better [him]self.” In her journal response, Kate wrote, “I really enjoy mastering a topic or learning something new,” and such achievements have

helped her to overcome her traumatic past. Furthermore, data from the CD-RISC-10 suggests that the majority of participants believe in themselves and their ability to achieve. Nearly 85% of these individuals indicated that the following is true for them nearly all the time (see Appendix L): “I believe in my ability to achieve goals even when there are obstacles” (Connor & Davidson, 2018).

### ***A Better Life***

The desire for a better life for oneself and/or one’s children was a significant theme for nine of the thirteen participants. In a journal response, Sarah wrote,

because of the trauma, I will never let someone treat me wrongly ever again. I have no tolerance for toxic people, and I don’t allow them in my life . . . . I refuse to let this trauma keep me from enjoying life or keeping me trapped in my own home . . . I was trapped in my bedroom as a little girl to avoid bringing attention to myself, but I won’t be silenced or trapped again.

In her interview, Sarah echoed these feelings, stating that she wanted to “prove to myself, and, and almost, my abuser, even though he’s dead, kind of prove to him that, you know, ha ha, joke’s on you. My life is fantastic.” On a similar note, Sidney said in the interview, “I want to be the complete opposite of how I grew up.” Kate clarified in comments after member-checking, that the “cycle of violence and alcoholism” started by her mother, “ends with [her].” In the interview, Kirsten commented, “as I became an adult, I could do something different and I knew that because I saw that other people were doing things different.” Grace noted that a factor in her recently developed resilience was “want[ing] to be better for myself.”

In addition to wanting a better life in general, wanting a better life for one's children was also a major factor in the development of resilience in adulthood. Jen said that having her first child was a turning point for her; she stated in the interview,

once I had our oldest, like, that's when, I don't know, it just clicked that I needed to get my stuff together. And because now I had, it wasn't just me. It was, I was responsible for somebody else. And so that's when I really just became determined to improve.

Later in the interview, Jen mentioned, "not having stability as a young person, really, was a motivating factor for me to provide my children with stability." Since December 2020, when she hit a low point and contemplated suicide, Grace noted, "I've spent a lot of time making sure that I am the best person I can be, so I can be the best parent I can be." Kirsten spoke of being the "protector for [her] children and family" and said, "my children have been a big motivator because I don't want them to have that same fear that I had of my own family." Sarah cited that "having children of [her] own" was an extrinsic factor that played a role in a positive change for her. Sandy spoke of "not wanting to replicate the lifestyle for my own children" and providing "good living for both my kids and my husband and our grandchildren." Riley spoke of having to go "no contact" with her mother in order to protect her 13-month-old daughter from having "that influence . . . be part of her life." About her daughter, Riley said, "She's, she's a big piece. A big, big piece now, too," when speaking of extrinsic factors from adulthood that contributed to her resilience. Sidney listed "wanting to just do better for my daughter" as a factor in her development of resilience as an adult and wrote in her journal response, "I work hard to ensure that my daughter will never feel as though she cannot have friends over or feel uncomfortable in her own home."



### ***Therapy***

Of the thirteen participants in this study, seven credited therapy or their own studies in therapy as being helpful in building resilience. According to Sandy, she was able to surmount her obstacles by “continued therapy and practice and accountability in therapy and being willing to use scripts that were developed in therapy and see how they played out and taking that risk.” Several times in her interview, Grace expressed the importance of therapy to her resilience. David noted that along with friendships, “counseling” is what helped him “surmount obstacles.” When asked about how she overcame obstacles, Janelle responded, “I did counseling. I also focused on what I could do, what I could actively do to support my mental health.” Kirsten named therapy as one of the extrinsic factors in her adulthood that helped her to overcome her childhood trauma, stating, “I have been in therapy for probably five and a half, six years now. I’ve got a lot from some EMDR [Eye Movement Desensitization and Reprocessing] work, which has really helped.” Riley also said that therapy “has been invaluable” in helping her to overcome obstacles. Sidney felt that her own education in counseling made a difference in her ability to deal with her trauma: “my counseling degree, when I got that, I do think that actually helped me work through a lot of my own trauma, as well.” Similarly, Sandy wrote in her journal response that her “masters in school counseling” was a factor that enabled her to be successful despite her trauma.

### ***Self-Discovery/Self-Belief***

For five participants, being able to discover and/or believe in themselves played a role in their resilience. David spoke of “reflection” and “metacognition” as being important to his life’s positive change. Furthermore, he recalled that when he was 25, he “became his true self,”

because he had found his niche as a teacher, and he was working with a counselor to come out as gay. About that time, David stated,

I felt like there was a weight lifted off of me. So, and I became my real self. I dealt with one thing and then was dealing with another thing, and I felt like my life is moving in a trajectory that I appreciated and I wanted.

Kate is another participant who felt like getting to her true self was central to her resilience. She explained,

I had been running from myself and running from all, you know, all this awful crap that I had happen growing up and stuff and that was, that's what I've been doing since I was 14. So, 29, and I was able to sort of look myself in the mirror and, and get to know myself instead of ignoring her. And, and I discovered there were things that I hated, I could not deal with, and I had to change, and then there I found that there's things that I love and that I could believe in and rely on, and that was, to find those things there was awesome, and it was, it was affirming.

For Jen, “self-reliance” and “believing in [her]self” were important; she stated, “It’s what I’ve had to depend on.” Megan cited her “introspection,” as a factor from adulthood that has helped her to overcome her trauma, saying, “I spend a lot of time thinking things over, examining, self-examination . . .” In her journal response regarding factors that enabled her to become successful despite her trauma, Kirsten wrote,

I believe that my level of self-awareness has often been quite high, which has allowed me to understand my impact on others as well as myself. In addition, I feel that despite being angry at what happened in my childhood, my level of self-efficacy is also very high—I

have always believed that I can effect change in my life, that I can change who I am, and I can do things on my own.

In the interview, Sandy mentioned that “starting to believe that [she] had some good to offer,” “acknowledging that there’s some self-worth,” and “do[ing] more of what made me feel good” were all factors in overcoming her trauma.

### ***Faith***

Religious faith was presented as an important factor in adulthood for four participants who overcame their trauma. In a journal response, Megan wrote,

One factor that always offered me an anchor when the trauma occurred was my faith. I believed God was there, God wouldn’t give me more than I could bear, and that God had a plan for my life that was more than what was happening to me. The visage of God as a witness was a grounding factor that kept me from being swept away by the tide and allowed me to keep myself rational and goal-oriented.

In the interview, Megan stated that the most important factor in her resilience was her “faith,” explaining,

I developed a very personal relationship with God and a very individually spiritual relationship with God when I was very young because, you know, you’re taught like, oh, you know, God loves you, . . . when you’re going through that kind of trauma and you’re three or four, like your like okay, they said God loves me, if nobody else, that God loves me and you’re gonna, you know, you hang on to that.

Furthermore, she said that God was “the absolutely only conception that I had of any entity that was able to see what I was going through and see any value and meaning in it.” David also chose faith as the most important factor in his resilience, stating “my faith definitely has helped me the

most in remaining resilient.” When asked why he chose that factor, David replied, “I think it’s what keeps me grounded and I think it’s where my, my strength and power comes from and I think it’s also where my success comes from,” adding, “whenever I’ve had troubles or fears or terror in my life, I always fall back on my faith.” Allison described the importance of faith in her life:

Once I figured out what God was and how he plays a role in my life, and how all of this stuff all comes together for a purpose, I just took off. I was like, okay, I got this. And I lived life to the absolute fullest.

When asked about extrinsic factors that influenced her ability to overcome her trauma, Allison quickly responded, “The Lord 100%,” further explaining,

I believe I would have been that statistic that said, you know, you’d be living on welfare working at McDonald’s. No, I’m not. And, and I believe it’s all because of the Lord; I believe it’s all because of faith, and keeping myself surrounded.

Janelle also thought that her faith had a role in her success, writing, “My spiritual beliefs and commitment to excellence because that is what God expected of me was a major factor [in my success].” In the interview, she credited “a strong belief in God and my spiritual growth” as a factor in her success.

### ***Determination***

Eight of thirteen participants expressed, in some way, that their sense of determination was important to their resilience, and in some cases, their trauma added to the determination and conviction to overcome. Janelle said that her determination was the most important factor in her resilience, replying,

I don't give up. I'm very determined. No matter what, whatever it is, I know that I will overcome it, and because I had, I've seen it before, I've done it before, I feel like there's nothing that will stop me. Because I can do it.

She also wrote in a journal response, "My determination and motivation to succeed were my ultimate factors that pushed me to perform better." Kirsten spoke about her determination, saying,

I've been tenacious enough to get through my life despite. I use the anger that I had from my childhood to get through life despite all the struggles it was gonna create and I was going to prove to myself that I could rise above the weight of how my mom had raised us.

Jen spoke in the interview of being "determined to improve" when her first child was born. For Allison, determination took the form of "the drive and passion to become better than I was and to become something" that she experienced after her husband suffered cancer, causing her to realize she might have to provide for herself and her daughter alone. Sidney spoke of a similar drive, citing "wanting to do better" and "wanting to like prove people wrong, but then also just having that positive we're going to work through this, we're going to get through this mentality from my mom, as well," as the most important factor in her resilience. When asked about the most important factor in her resilience, Grace replied, "that internal drive to do my best is what's the biggest factor overall." Riley spoke of ending contact with her mother for her own mental health; she remarked, "I think there's a lot more strength in me now than there was when I was younger, to be able to make these kinds of decisions." Kate implied a similar strength and determination when she spoke of leaving behind drugs and alcohol: "[I was] torn down completely and I rebuilt myself. I have standards that I adhere to in my life. I have built self-respect. I have built self-

esteem.” Sarah indicated a similar determination in a journal response; she wrote, “I am strong because I feel nothing can bring me down as I’ve been at my lowest point in life and survived.” This sense of strength and determination was an intrinsic factor for many of the study participants.

### **Lived Experiences (RQ 1)**

In addition to sharing factors that enabled them to overcome trauma, participants were asked to describe the impact of their childhood trauma on them. Responses were analyzed to identify key codes, from which themes were identified using horizontalization. These themes related to the central research question of the study: What are the lived experiences of adults who have overcome adverse childhood experiences to become resilient adults? Data gathered revealed both the lasting negative impact of the trauma and the positive outcomes that were influenced by the presence of adverse childhood experiences. Themes were organized according to three of Terr’s (1991) characteristics of adults who suffered childhood trauma.

#### ***Repetitive Behaviors***

For nine participants, hiding and/or avoidance were repetitive behaviors adopted as a result of their adverse childhood experiences. This hiding referred to concealment for some and escape for others. Some participants reported they still “hide” today.

**Hiding.** For some of the individuals in the study, hiding meant they tried to hide their feelings or the reality of their lives from the rest of the world. According to Megan, hiding was a part of her daily existence: “I was laser-focused on keeping up as functional a school life as possible, hiding evidence of my home life.” Similarly, David wrote,

During my younger years, I didn’t know any better and thought this was typical family behavior; therefore, I assumed that everyone was dealing with the same kind of negative

experiences. As I got older, I realized this was a unique situation, and I did my best to hide our family insanity from friends or even extended family members—our lives became quite the secret that we tried to hide from others, feigning a somewhat together family. To this day, when I hear windows being put down in the house, I am reminded of my parents fighting; when my parents would start to argue, they immediately put the windows in the house down so others wouldn't hear their raging voices.

Sidney also remembers the place hiding had in her childhood: “Dealing with drug use and physical abuse was difficult, but I learned to hold my feelings and thoughts to myself at a young age. I never told anyone; I was embarrassed.” Riley mentioned she could “pretend like [she] had a good family . . . like [she] had a good home,” hiding the truth while she was at horseback riding.

For others, hiding referred to physical removal from people or situations. Kate wrote of physical hiding:

Growing up, I became an excellent observer so that I could judge when I could approach [my mother] or talk to her or whatever based on how much she had to drink, body language, etc. Basically, I got really good at hiding. I still do that.

When asked to clarify what she meant by “still” hiding in a follow-up email, Kate wrote, “I withdraw from people and hide when overwhelmed and am good at hiding my true personality at work.” Sarah also spoke of hiding from her abuser: “I stayed in my room unless I was at school, or my mother was home.” While hiding was a coping mechanism adopted by these participants, others used avoidance.

**Avoidance.** For Kirsten, avoidance has become an engrained behavior since her childhood. In the interview, she first stated, “I spent a majority of my childhood just ignoring things and trying to get away from them so that I didn’t have to deal.” Later, she said,

mentally, I’m a lot of times not there. I’m five steps ahead; it’s still more of that survival skill of like trying to avoid conflict, avoid trouble, avoid getting another beating, even though I’m cognitively aware that those are no longer threats in my life.

Grace has also adopted avoidance as a repeated behavior, noting that on a date, she is “constantly looking for an out” and that she “recoil[s] from men.” Sidney said that she “almost like shut[s] things out. And don’t, try to not think about them,” referring to all of the important events which her dad was not able to attend. Jen spoke in the interview of her own tendency to avoid: “I, to this day, even withdraw from situations [involving alcohol].” She further noted, “I think I tend to avoid emotional situations or being emotional or being seen as emotional or just trying to hide my feelings, for whatever reason.” Riley also described herself as someone who uses avoidance, stating, “I’ve definitely shut out memories.” After reviewing her transcript, she also shared the following insights about how she coped as child, stating that she used “excessive reading as an escape into other worlds” and “extreme imaginative play with imaginary friends, stuffed animals, and dolls where I would imagine myself in a family not mine and dream of being swished away by a nice mom and dad.” She also brought up two attempts to run away when she was age 5 and age 7. Sarah mentioned “thoughts of running away or suicide” as a way to avoid her situation as a child. This tendency to avoid painful feelings, memories, and escape from reality was not surprising, considering that only 46% of participants reported on the CD-RISC-10 that they were able to handle unpleasant or painful feelings nearly all the time.



### *Continuing Fears*

Nine participants indicated that they had continuing fears as a result of their childhood trauma. For some, these fears took the form of hypervigilance. For others, they took the form of anxiety.

**Hypervigilance.** Several participants noted that they continued to be on high alert as a result of their adverse childhood experiences. In a comment cited above, Kirsten noted that she was always “five steps ahead” in order to anticipate and avoid issues. Kate wrote in a journal response, “To this day I am still trying to control anxiety and depression. My mother’s judgements and general nastiness keeps me on high alert, so I always feel like something bad is about to happen.” Megan wrote that her childhood was

like living in a war-zone, never able to let guard down, unable to sleep for need of staying watchful, not being able to shower, change clothes, or use the bathroom without fear of someone busting into the room, sleeping fully clothed (including shoes) for years, walking the neighborhood for hours at night to stay out of the house until most of the parties passed out.

As a result, Megan reported that she was still “very hypervigilant” and “can think of every worst-case scenario that is possible,” noting that she struggled with insomnia at the time of the interview. Because of her trauma, Grace wrote, “I am always hyper aware of situations I am in, spending too much mental energy making sure I always have an escape route to protect myself.” Sarah, who suffered sexual abuse at the hands of her mother’s boyfriend, wrote,

I had insomnia, possibly due to waking up as a little girl to find my abuser in my bed, and now I was supposed to share a bed with my spouse. I felt very anxious at night and

hypervigilant while lying next to my spouse. He never did anything physical to me, but I could never get used to sleeping next to someone. I had to start taking over-the-counter sleep aides and eventually, prescription sleep medications. I even had panic attacks at night, never during the day.

While hypervigilance is a continuing reality for five participants, seven individuals reported that they had to deal with anxiety years after their trauma had ended.

**Anxiety.** Multiple participants shared their experiences with anxiety resulting from their trauma. Sarah mentioned she was “anxious at night” and often experienced “a ramped-up anxious feeling that [she’s] not going to be okay without her [mother]” when she passes away. Megan shared that before her mother passed, “I had a lot of trauma reactions, you know, panic attacks, anxiety attacks, insomnia. I do still struggle with termination insomnia, night sweats and nightmares, stuff like that.” She noted that she is also “not able to relax” when she is around others. Kate spoke of her own struggles with anxiety: “Well, I’ve been diagnosed with PTSD, so anxiety is a really big issue for me on a day to day, just my day to day routine. So that, that’s been like residual.” When asked about mental health issues resulting from her trauma, Ana noted that she “sometimes” has anxiety. When asked about obstacles, Jen mentioned that she felt anxiety or fear of conflicts “that have to do with emotions.” Likewise, Sandy noted that the mental impact of her trauma was “manifested anxiety” and “difficulty tolerating hard moments.” Riley also admitted that while therapy had helped, she still had panic attacks.

### ***Altered Feelings***

All thirteen participants reported altered feelings as a result of their childhood trauma. Negatively altered feelings took the form of one or more of the following: a need for control,

trust and commitment issues, social anxiety, numbness, and/or depression. Positively altered feelings consisted of strength and a desire to break the pattern of trauma.

**Need for control.** For seven participants, childhood trauma resulted in a need for control in adulthood. For example, David wrote, “I actually became an organized person as a result of my childhood experiences. Because I couldn’t control the chaos around me, I wanted to be in charge of my physical environment by making everything just right.” He echoed that idea in the interview, stating,

I also, I am definitely really, really mega-organized. And I think that came from my not being able to control my situation. So I had to have control over something, so everything has its place, and I don’t like things being out of order.

Riley expressed a similar need, saying,

I’m very controlling. I didn’t control a lot about my childhood, because my parents were always at the wheel and I felt like I couldn’t really do anything, or, you know, have any say in my own life. I’m very controlling; if things don’t go the way that like I want them to, I have been known to kind of like have outbursts.

Kirsten relates a sense of having no control over her life as a child, stating that her tendency to “compartmentalize things” is a result of her trauma. Janelle wrote,

The experience [of being moved around to different foster homes] made me strive for PERFECTION in all that I did. I focused on getting good grades, being the best at everything, and wanting to control or lead all situations. This also made me focus on trying to rewrite or erase certain memories and experiences [in order to achieve perfection].

Sidney expressed her desire to maintain control by saying, “I just never wanted to be in the situation of being dependent upon something.” In a journal response, Sarah showed her need for control when she wrote that she has “little desire to be in a relationship” because she likes that there is “no one to tell [her] what [she] can’t do.”

**Trust and commitment issues.** Six participants reported having issues with trust and/or commitment as a result of their adverse childhood experiences. David wrote in his journal, “I also was very afraid of commitment in relationships because I knew I didn’t want to have the same kind of marriage my parents experienced,” later writing that he had “fear and trust issues with men.” Grace also reported trust issues with men as a result of her trauma, saying that what happened with her parents “really fucked me up in my ability to have relationships and to trust people.” She further expressed in her journal,

I also cut male friends out of my life at the first sign of sexual attraction, because I assume that is all they want from me at that point. I have a hard time committing to another long-term relationship after my divorce because I never want to be dependent on anyone again.

Kate wrote, “Because of trust issues caused by her [mother’s] disease, I have had difficulty with my own child and certainly in my marriage and other relationships.” Kirsten described herself as “very guarded” and noted that she doesn’t “speak about [her] childhood.” Likewise, Jen stated, “I don’t trust very easily,” explaining in her journal that as a child, she “trusted no adults.” About her ability to trust, Ana said,

I am not good at trusting people. I hedge my bets. I look at them, try to figure out what their motivations are, if I can trust them, and then what I can trust them with, but I try not to like count on them too much and that stems a lot from my mom and how she

broke my trust.

As with Ana, the trust and commitment issues experienced by all of these individuals had been caused by their adverse childhood experiences.

**Social anxiety.** In addition to commitment and trust issues, seven participants had experienced social anxiety as a lasting impact from their trauma. Megan wrote that she still suffered from “highly painful social anxiety and fear of judgement, rejection, and reprisal,” and had feelings that she was “not lovable” and “never going to be enough.” Grace stated that “emotionally connecting with other people is very, very hard, because I’m always wondering what they want.” When asked about the emotional impact of her trauma, Ana said, “It’s hard for me to get close to people because I feel all kinds of shame about my dysfunctional family.” Jen wrote that she “had a hard time making new friends” and still does not like people to touch her. In the interview, Riley stated that social anxiety is an emotional impact of her trauma:

I’m also like very introverted; I don’t, I don’t like making new friends. . . . I have a very hard time with like actually creating those social connections, which likely stems from just the fact that I really wasn’t able to create social connections when I was a little kid. I just, I don’t have the map for it; I really don’t know how to do it.

Similarly, Allison noted that as a child, she had “no core group of friends” and “didn’t fit in with anybody.” As an adult, she stated,

I can tell when [people are] being nice. And when they don’t know how to deal with my sarcasm or my funniness or my. . . . And so they shy away, you know, and it really hurts when you want to be included in the group. You want to be included in the bunch, you want your phone to ring. And, but nobody calls. You know, and it does hurt and it has a huge emotional impact . . . .

This difficulty in making social connections is an ongoing impact of adverse childhood experiences for these participants.

**Numbness.** Five participants cited numbness or a lack of feeling as a result of their childhood trauma. Kirsten spoke at length in the interview about her own lack of feeling, which she attributed to not being “allowed to have emotions” as a child. She wrote that after she tried to reach out for help and no one believed her,

I became numb & did not feel emotions or make connections with others until my 30s.

As an adult, I felt disengaged from others, drove others away from me in order to avoid hurt, and would generally avoid discussing family matters.

In the interview, she shared,

. . . mentally, I haven’t really connected well with my life and the individual experiences; oftentimes, I’m very disconnected from what is going on around me and I have a significantly reduced capacity to engage in things in the moment, with my experience that I’m having, and to actually like feel that connection.

Sarah described a similar feeling, saying that when being abused, she “started to feel very disconnected from [her] body,” and that when her abuser died, she “had no emotion over his death.” About her marriage, she shared, “I had no libido, sex was meaningless to me, and I didn’t know how to enjoy it.” In discussing the impact of her trauma in a journal response, Jen wrote that “the molestation built a wall of affection and affects my marriage.” Sidney also described having a lack of feeling, saying,

Emotionally, I almost feel like I am not as emotional as I should be. I am, when, when it comes to different situations, it’s almost just like hey, this is the way things are and we just roll with it, um, type of mentality.

When asked about the emotional impact of his trauma, David responded,

I don't, I try to have empathy for others who are going through tough times like this, but I also have a problem with thinking, I kind of sucked it up and dealt with it and did okay, so they should be able to do that too.

While a lack of feeling was found by some to be a continuing impact of trauma, even more participants had dealt with depression.

**Depression.** Seven of the 13 study participants experienced depression during and after their trauma, while eight considered or perpetrated self-harm. Janelle wrote, "I did have a lot of periods where I suffered with severe depression," and later stated that she would "contemplate harming [her]self or others or just not really wanting to participate in things for a while." She referred to a particularly low point in her life after she had a child, when she had "suicidal ideations." When asked about the emotional impact of the trauma, Kate related, "I've had issues with depression. Throughout my 20s and into my 30s. I had, was hospitalized overnight, or on a 48-hour observation, because I was, I was trying to kill myself because I couldn't handle adulthood." Megan shared in her journal that she was diagnosed with depression and in her teen years, she "contemplate[d] suicide a few times." Riley shared there was a period in which her mother would call her daily, berating her and blaming her for "her life issues," when

suicidal ideations were definitely strong . . . , because it just didn't make sense to me that like if my biggest, who I thought was my biggest, but if my biggest, kind of like cheerleader, my mom, was saying all this stuff about me, it had to be true.

Sarah related in the interview that she "dealt with depression" in the past and wrote in her journal that she had "thoughts of running away or suicide" when her mother did not believe her about the sexual abuse that was occurring. Sidney communicated about a time in her adult life when

she dealt with depression, which was set off by the death of her dog; she explained, “When I lost Lily, the dog, I was, I laid in bed and like cried for like two days, and then my husband was like you have to call the doctor, like this is not going to work.” She noted that this was during a time when “everything just piled on” and she wasn’t able to “shut things out” as she normally did. Similarly, Kirsten related a time when she took “a bunch of Tylenol, like probably 40 different Tylenol” after experiencing a particularly rough episode of emotional abuse from her mother. Fortunately, despite the adverse impacts created by childhood trauma, the 13 participants in this study were able to overcome these experiences and develop resilience, finding academic and career success.

**Strength.** One positive impact of the trauma suffered by participants was the strength it created in some individuals. Rutter (2012) wrote about the “steeling effect” (p.337) of adverse childhood experiences for some people, and several individuals in this study revealed that they gained strength through their trauma. Nearly 77 percent of the participants saw strength in themselves, agreeing with the following statement regarding strength on the CD-RISC-10 inventory: “I think of myself as a strong person when dealing with life’s challenges and difficulties” (Connor & Davidson, 2018). Six participants indicated a clear connection between their traumatic experiences and their development of strength. Both Sarah and Janelle expressed the belief that they could get through anything because they had already been through so much and survived. Riley stated that she became stronger over the years: “there’s a lot more strength in me now than there was when I was younger.” Kirsten spoke of using her anger as fuel to do something positive, and Sidney and Jen noted that their trauma built in them a desire to “prove people wrong.”



**Breaking the pattern.** Another positive outcome resulting from the trauma was the desire of participants to break the pattern of trauma for themselves and their children. Sarah expressed that she would never allow anyone to treat her poorly again, and Kate shared that the “cycle of violence and alcoholism” perpetuated by her mother ended with her. Kirsten stated that in her youth, she became aware that things could be different, that she could be the agent of change for her own life once she was able to move out on her own. Similarly, Sidney said she wanted her life to be “the complete opposite” of her own childhood. For Ana, the faith she had that she could make her life better was a central factor in her resilience. Sarah, Grace, Sidney, Kate, Jen, Riley, Kirsten, and Sandy expressed, in some way, the desire for and commitment to making sure their children’s early lives were in no way similar to theirs, thus breaking the pattern of childhood trauma for their families.

### Summary

A number of experiences contributed to the development of resilience in adults who had overcome chronic trauma to find academic and career success. Research sub-question 1 asked, “What experiences in childhood (birth – 18) do adults who have overcome adverse childhood experiences attribute to their resilience?” Data from the study showed that, for a majority of participants, the presence of love and support from family, friends, and community during childhood was a key experience in building resilience. Others indicated that the values they gained from their parents in childhood played a role in their resilience. Education and exposure to greater opportunities were also important to fostering resilience for some participants. For others, their own strong will was central to their resilience in childhood. The desire to rise above the experiences of their childhood fueled resilience for roughly half of the study participants during their early years.

In adulthood, other factors influenced the development of resilience in these individuals. Research sub-question 2 asked, “What experiences in adulthood (18+) do individuals who have overcome adverse childhood experiences ascribe as central to their resilience?” For all but one participant, positive relationships positively impacted their ability to be resilient as an adult. These relationships could have been with a parent, spouse, or family member, friends, or mentors from college or work. Half of participants found that their own goals and achievements promoted resilience for them in adulthood, often tying these accomplishments to an increase in self-belief. The desire for a better life for oneself and/or one’s children was also a prominent factor in the development of resilience in adulthood among these participants. Therapy was credited with helping half of these individuals to build resilience and find success. Just fewer than half of the participants indicated that the time they spent learning who they were and learning to believe in themselves was important to their resilience. Several others cited their religious faith as instrumental in their development of resilience. In addition, more than half of the participants attributed their resilience, in part, to their own determination.

Finally, the central research question of this study was, “What are the lived experiences of individuals who have overcome adverse childhood experiences to become resilient adults?” Though each participant endured different adverse childhood experiences, common subthemes were found regarding the subsequent impact of the trauma. These subthemes fall under Terr’s (1991) characteristics of adults who suffered trauma: (a) repetitive behaviors, (b) continuing fears, and (c) altered feelings.

For some participants, their trauma led to patterns of hiding or avoidance. These individuals were conditioned in childhood to hide the reality of their situations or their personality and/or physically hide from unpleasant experiences. In the same vein, others adopted

avoidance as a result of their childhood experiences; they avoided conflict, difficult feelings, uncomfortable situations, memories and reminders of their childhood trauma.

Continuing fears had also haunted a number of the participants. For some, these fears took the form of hypervigilance, meaning they lived life on constant alert, anticipating problems as if they still lived in their traumatic pasts. Even more individuals reported experiencing anxiety as a form of continuing fear, with some dealing with insomnia and panic attacks as a result of their anxiety.

The greatest area of impact for study participants was altered feelings. All 13 participants reported at least one category of altered feelings as a result of their trauma. In some participants, their lack of control over their childhood prompted an intense need for control in their adult lives. Some had experienced issues with trusting other people and making commitments to other people as a result of their trauma and the betrayal that went with that trauma. Others reported lasting social anxiety and difficulty in social situations. Meanwhile, several participants related a type of numbness, or noticeable lack of feeling, as a consequence of their adverse childhood experiences, with some being conditioned to be emotionless and others choosing that route as a type of escape from their trauma. Not surprisingly, a number of participants also dealt with depression, suicidal ideations, and even suicide attempts during different periods of their lives.

While these altered feelings presented challenges for the study participants, some altered feelings that grew from the trauma actually served to help participants overcome their ACEs. The interviews and journal responses revealed that a number of participants were able to credit their own personal strength and determination to the trauma they experienced, with some admitting that they felt they could survive anything after surviving their childhood. This strength then played a key role in their development of resilience and the success they found as adults. In

addition to the strength often came a desire or determination to break the pattern of their early lives. Most participants had an awareness that their lives were not normal and that better futures could await them, and they used this awareness to propel them toward a better future. A number of the participants who were parents also expressed strong motivation to make sure their children did not suffer as they had. This desire to create a better future for their children was a particularly positive result of their adverse childhood experiences, as it means that any cycle of generational trauma that existed for them would be ended.

## **CHAPTER FIVE: CONCLUSION**

### **Overview**

The purpose of this transcendental phenomenological study was to examine the lived experiences of individuals who overcame chronic trauma to become resilient adults. For this study, a resilient adult was defined by successful academic and career outcomes. Successful academic outcomes were operationalized as post-secondary educational attainment; successful career outcomes were demonstrated by steady employment of a professional career pathway. The study included thirteen individuals who were surveyed and purposefully selected because they met the criteria of the study. This chapter offers a summary of the findings related to the participants' experiences as adults who overcame chronic childhood trauma to become resilient adults. Next, the chapter discusses the findings as they relate to the theoretical and empirical foundations discussed in Chapter Two. The theoretical, empirical, and practical implications of the study are examined, along with delimitations and limitations. Recommendations for future research are also made in this chapter. Finally, the most significant implications of this study are presented.

### **Summary of Findings**

The study's central research question asked, "What are the lived experiences of individuals who have overcome adverse childhood experiences to become resilient adults?" For the participants in this study, who all experienced different types of chronic childhood trauma, the lasting impacts of trauma could be categorized by Terr's (1991) characteristics of adults who suffered adverse childhood experiences. Some participants exhibited repetitive behaviors, including hiding, either physical hiding or hiding their reality, and avoidance of unpleasant memories and situations. Individuals included in the study also experienced continuing fears, as

evidenced by their living in a state of hypervigilance and/or anxiety. Altered feelings about life were also experienced by all of these individuals who survived chronic childhood trauma. Some found a strong need for control because they lacked control in childhood, while others dealt with an inability to trust people easily or to make commitments in relationships, often because the adults they were to trust in early life betrayed them. Still others found they experienced difficulty making friends and had social anxiety, perhaps because they were isolated during their childhoods. A lack of feeling or a certain numbness was evident for others who suffered childhood trauma; some were not allowed to show emotion as children and others have become less empathetic toward others because of all they endured. Depression and thoughts of suicide during some point of their lives were also a common occurrence for those who suffered chronic trauma. Conversely, some experienced a strength gained from surviving childhood trauma, and the drive to create better lives for themselves and their children.

The first sub-question asked, “What experiences in childhood (birth-18) do adults who have overcome adverse childhood experiences attribute to their resilience?” Many study participants cited love and support from parents, family members, educators, or friends during childhood, while some felt that values instilled in them by their parents were central to building resilience in childhood. For others, education and exposure to better opportunities were important to their development of resilience. Still others stated their strong-willed nature, even as a child, helped them to overcome, while a significant number expressed that their desire to transcend their adverse childhood experiences fostered resilience.

The second sub-question asked, “What experiences in adulthood (18+) do individuals who have overcome adverse childhood experiences ascribe as central to their resilience?”

Twelve of the thirteen participants felt like the positive relationships they had with parents,

spouses, family members, friends, academic mentors, or career mentors were central to their resilience as adults. Others said that their own achievements and goals helped to foster resilience in adulthood. Many participants also felt like their desire to have a different life as an adult, and provide a different life for their own children, had a significant impact on their resilience as adults. Therapy was an important factor in resilience for some participants, while others found that self-discovery and self-belief were essential. For several individuals, religious faith provided a foundation for building resilience, and for a significant number, their sense of determination was responsible for some of their resilience in adulthood.

### **Discussion**

This section examines the study findings as they relate to the empirical and theoretical literature reviewed in Chapter Two of this dissertation. The discussion explores how the findings tie into the theoretical frameworks of childhood trauma theory (Terr, 1990) and resilience theory (Garmezy & Rutter, 1982). In addition, the discussion considers how the findings relate to current research on adverse childhood experiences and resilience.

#### **Theoretical Literature Discussion**

This study is rooted in two theories: childhood trauma theory and resilience theory. Childhood trauma theory was initially proposed by Lenore Terr (1990) and examined the continuing influence that childhood trauma has on a person's life after the trauma is over. Resilience theory was first developed by Norman Garmezy and Michael Rutter (1983) and explored the influences of various factors and individual responses on the effects of risk. The two sections that follow consider how this study addresses these theories.

### ***Childhood Trauma Theory***

Childhood trauma theory examines the impact of type I and type II trauma on individuals throughout their lives. Type I trauma refers to the experiencing of one traumatic event, while type II trauma refers to multiple traumas (Terr, 1991). Terr named four common traits of individuals who suffered from adverse childhood experiences: repeated memories of the trauma, repetitive behaviors related to those caused by the trauma, continuing fears tied to the trauma, and altered feelings about people, aspects of life, and the future. The participants in this study suffered type II trauma, and to some extent, had displayed one or more of the aforementioned traits set forth by Terr (1991). While there was not a preponderance of support for repeated memories in this study, at least two individuals mentioned being troubled by flashbacks or feeling like they were re-experiencing the trauma through memories. Participants more commonly dealt with repetitive behaviors developed through the trauma, such as hiding and avoidance. Continuing fears, in the forms of hypervigilance and anxiety, were experienced by a significant number of participants. Meanwhile, every participant endured altered feelings about people, life, or the future, whether it was a need for control, a lack of trust, social anxiety, numbness, depression, strength, or a desire for a better life. Thus, the data from the study adds empirical support for childhood trauma theory, indicating that childhood trauma does impact affected individuals in those four ways throughout their lives.

### ***Resilience Theory***

Resilience theory provides an explanation of how resilience, the ability to adapt to risk, is shaped in individuals (Masten, 2018). Factors that promote resilience or protect from risk, like a positive sense of self, supportive family members, and an external support system, are proposed (Garmezy & Rutter, 1983; Rutter, 1990). Risk mechanisms, interaction effects, and an



individual's response to adversity, and how those impact one's resilience are all considered in resilience theory. The data from the individuals in this study served to offer detailed support for these factors proposed by resilience theorists. Themes drawn from the study reflected the importance of a positive sense of self, supportive family members, and external support systems, such as friends, church families, and mentors. The data from the study substantiated the positive impact of having one good parental relationship, positive school experiences that enhanced one's self-esteem, and life turning points that took one away from the source of trauma. The individual's reaction to adversity being a factor in resilience was also supported by the study, as some participants offered that their own determination and/or values impacted their resilience, in addition to some noting that surviving the trauma itself was what equipped them with resilience—the “steeling effect” of trauma that Rutter (2012) proposed (p. 337).

### **Empirical Literature Discussion**

Existing empirical literature reviewed in Chapter Two considered adverse childhood experiences and their prevalence as well as possible negative future outcomes that may be tied to these experiences. In addition, studies on the role of resilience in overcoming childhood trauma and on ways to promote resilience were discussed in Chapter Two. This discussion considered how this study relates to the existing empirical literature on possible future outcomes of childhood trauma and factors that influence resilience as reviewed in Chapter Two.

### ***Possible Future Outcomes***

The existing literature on adverse childhood experiences and their impact on the futures of those who suffer them, focused a great deal on physical health impacts, with some discussion of mental, emotional, and social impacts. Existing studies establish the connection between ACEs and chronic health conditions, substance abuse, depression, PTSD, crime and violence,

sexual risk-taking, and relationships (Baglivio, 2020; Brumley, 2017; Crouch et al., 2018; Doyle & Cichetti, 2017; Hughes et al., 2017; Liu, 2017; Loudermilk et al., 2018; Merrick et al., 2019; Messman-Moore & Bhuptani, 2017; Metzler et al., 2016; Petrucelli et al., 2019; Stinson, 2019; Waite & Ryan, 2019; Widom, 2017). This study adds qualitative evidence of the link between childhood trauma and depression, anxiety, and PTSD. In addition, participants provided evidence for the impact of ACEs on future relationships, showing that it causes issues with control, trust, avoidance, a lack of feeling for others, and social anxiety.

### ***Factors that Promote Resilience***

The literature on resilience reviewed in Chapter Two centered on the roles that positive self-image, good family relationships, and an external support system play in fostering resilience (Bellis et al., 2017; Brogden & Gregory, 2019; Crandall et al., 2019; Crouch et al., 2018; Crouch et al., 2019; Heard-Garris et al., 2018; Sciaraffa et al., 2018; Woods-Jaeger et al., 2018).

Teachers, coaches, peers, mentors, and community or cultural support systems were specifically mentioned as significant sources of external support (Bellis et al., 2017; Brogden & Gregory, 2019; Heard-Garris et al., 2018; Moses & Villodas, 2017; Soleimanpour et al., 2017). In addition, social and emotional learning strategies are identified as a means to developing positive relationships, and thus, resilience (Oshri et al., 2020). This study adds qualitative support to the existing research showing that positive and caring relationships with parents or other family members promote resilience, as well as supportive relationships with teachers, coaches, mentors, church members, and friends. In addition, the participants provided data that supported studies showing that a positive self-image plays a role in the development of resilience. For these participants, a sense of achievement as well as self-reflection were important to developing a positive self-image. The importance of the development of social skills and coping skills through

therapy was also supported by the data in this study. The study additionally offers qualitative evidence that individual qualities play a role in the development of resilience: qualities like a strong will, determination, religious faith, a personal value for education, a desire for a better life, or a desire to achieve or be independent.

### **Implications**

This section addresses the theoretical, empirical, and practical implications of the study. First, there is discussion of what this study means in relation to Terr's (1991) childhood trauma theory and Garmezy and Rutter's (1983) resilience theory. Discussion of empirical and practical implications follows.

#### **Theoretical Implications**

##### ***Childhood Trauma Theory***

Childhood trauma theory (Terr, 1991) examined the long-term impact of childhood trauma on individuals. Terr (1991) identified four common characteristics of those who suffered childhood trauma: repeated memories of the event(s), repetitive behaviors related to the trauma, continuing fears related to the trauma, and altered feelings about people, life, and the future. This study applied childhood trauma theory to understand the lived experiences of adults who overcame their chronic childhood trauma to become resilient adults. The data collected gave insight into the lasting impacts of the trauma on the individuals involved in the study. While repeated memories may be a characteristic experienced by individuals who suffered childhood trauma (Terr, 1991), that phenomenon was not often described by individuals in this study. The minimal discussion of repeated memories as a lasting impact of the trauma suggested that perhaps such memories do not have as strong an impact on the participants' daily lives as the other phenomena. Thus, this is the first theoretical implication of the study: repeated memories

are not as significant a characteristic of adults who suffered ACEs as repetitive behaviors, continuing fears, and altered feelings.

A second implication of the study was that the most widely experienced lasting impact of childhood trauma was altered feelings about people, life, and the future. Each of the 13 participants experienced at least one category of altered feelings, with many of those feelings dealing with their ability to trust, commit, and interact normally with people. Others experienced altered feelings about life, such as a numbness or lack of feeling in regards to daily life and other individuals. Still others held a changed attitude about their futures.

The third implication of the study dealing with childhood trauma theory was that one's feelings are not necessarily always negatively altered as a result of childhood trauma. For six participants, the feeling of strength they gained as a result of all they had endured was a positive impact of the trauma, one that enabled them to overcome that trauma and fight through future difficulties. For eight participants, the feeling of determination created by the trauma enabled them to persist in creating a different future for themselves and, for those who were mothers, for their children.

### ***Resilience Theory***

In resilience theory (Garmezy & Rutter, 1983), consideration is given to how resilience is developed in individuals, as well as common factors that promote resilience, interaction effects, risk mechanisms, and the individual's response to adversity. This study applied resilience theory to understand what experiences led the participants to become resilient during childhood and adulthood, the focus of the study's sub-questions. Data collected in this study provided insight into how factors, such as positive self-image, healthy family relationships and external support systems, played a role in the development of resilience for these thirteen individuals. In addition,

data from this study also supported how certain interaction effects, such as removal from the environment in which they suffered trauma, impacted resilience. Data from the study also demonstrated how the individual's response to adversity shaped their resilience, making them stronger and more determined to build a different future.

The first implication of the study as it relates to resilience theory was that having the support of other people was a major factor in developing resilience for both children and adults. Ten participants cited the support of family members, friends, community members or educators as key in their development of resilience in childhood. That number grew to twelve in adulthood, with friends and mentors being credited more than family members.

A second implication of the study was that the individual's reaction to adversity played a major role in his/her development of resilience. Six participants felt that their own strong will played a role in their ability to overcome trauma during their childhood, while nine cited their level of determination as an important, if not the most important, factor in their resilience. This determination was their motivation to achieve, prove people wrong, and build better lives for themselves and their children. In addition, six individuals noted that the personal values that were passed on to them by family members were central to their resilience, as was personal religious faith for four participants.

A third implication was that a positive self-image was a factor in resilience that can be attributed largely to the individual's experience of achievement or success. A number of participants spoke about how the turning point in their lives was when they realized they were smart, able to perform well in school, and knew that meant they could have a better future. An even greater number felt that their achievements in adulthood helped them to believe in themselves and motivated them to continue to achieve. Thus, positive self-image seemed to evolve

from proving one's worth to oneself, more than it did from the praise and encouragement of others.

### **Empirical Implications**

Previous studies on adverse childhood experiences and their impacts focused to a great extent on how these experiences can be tied to future health problems, mental health issues, addiction, and overall difficulty in creating a positive future for oneself. Because this study focused on individuals who were able to overcome their trauma to be successful in their education and careers, the data gathered from interviews and journals dealt more with emotional and mental impacts resulting from the trauma, though some participants did note that they had some chronic health issues from the trauma.

One implication from the study was that among those who were able to overcome their trauma to find success, there will likely still be mental health issues experienced in the future, from anxiety, insomnia, and PTSD to depression and suicidal ideations. In the study, five participants reported feeling always on alert, which, for some, led to insomnia, while nine reported having some level of anxiety or being diagnosed with PTSD. Eight individuals in the study had experienced depression, suicidal ideations, or attempted suicide. Despite the fact that these individuals had shown resilience and had been able to achieve academic and career success, they had still dealt with mental health issues resulting from their childhood trauma.

A second implication from the study was that even among individuals who found success after childhood trauma, there was still a significant impact from the trauma on emotions, relationships, and social skills. Five individuals discussed a lack of feeling for events and people in their lives or a lack of empathy for others, showing that the trauma had caused them to feel somewhat numb. Nine participants related that they had social anxiety, did not connect well with

others, and/or had difficulty trusting others or making commitments to others as a result of their trauma. Seven expressed a need for control, which could lead to relationship difficulties. Several others reported a tendency to withdraw from difficult situations or keep their emotions to themselves, which could also lead to issues in relationships. Several mentioned that some of these issues had impacted their marriages or relationships with their children. Thus, even with individuals who demonstrated a high level of resilience and were able to function well in their education and careers, adverse childhood experiences caused lingering effects that hampered other important aspects of their lives.

Studies on resilience have shown that personal qualities such as autonomy and an ability to learn from mistakes are central to building resilience, as are positive family relationships and external support systems (Bellis et al., 2017; Bethell et al., 2016; Brogden & Gregory, 2019; Crandall et al., 2019; Heard-Garris et al., 2018; Moses & Villodas, 2017; Sciaraffa et al., 2018; Woods-Jaeger et al., 2018). Data from this study supported existing research, but added to it, as well. One implication from this study was that other personal qualities, such as determination, self-reflection and self-belief, and values instilled from parents, as well as religious faith, can foster resilience. Eleven study participants noted that their strong will and determination were important to their development of resilience, either in childhood or adulthood. Seven individuals expressed the importance of self-reflection and/or self-belief in their resilience. Six participants noted that the values they learned from their parents were important to their resilience, while four credited their religious faith with building resilience.

Another implication was that therapy can be effective in building resilience in victims of ACEs. Seven individuals in the study indicated that the therapy they had undergone helped them

to cope with their trauma. Three participants noted that their own training as a therapist or counselor gave them the tools they needed to work through their childhood trauma.

A third implication of the study was that education and achievement were important to the resilience of individuals who have overcome their childhood trauma in order to have academic and career success. Five participants shared that in some way, school played a role in their resilience in childhood. Some noted that they found school to be a safe place, while others said that their school performance was something that gave them confidence as a child. In adulthood, seven participants shared that their achievements in education, and their careers, helped them to develop resilience and overcome trauma. These achievements served to build confidence and self-belief.

A fourth implication of the study was that among those who overcome childhood trauma, the trauma itself can foster resilience, in that it can create feelings of strength and a determination to have a different future. Six participants linked their strength to all they had been through as a child. Meanwhile, nine expressed a determination to have a good life and/or provide a better life for their children, one opposite of the life they endured as a child. This “steeling effect” served to build resilience out of trauma (Rutter, 2012, p. 337).

### **Practical Implications**

For adults working with individuals who have experienced or are experiencing childhood trauma, it is important to understand both the possible long-term impacts of that trauma and ways that resilience can be built in those who have dealt with such trauma. This study provided data in both of these areas. One practical implication of the study is that educators are in a unique position to provide a safe space for victims of childhood trauma and offer them the support of a caring adult that will promote resilience in these young people. Likewise, churches and



community organizations can offer acceptance, love, and support to these individuals who have turbulent lives at home, thereby fostering resilience.

A second practical implication of this study is that therapy can give victims of childhood trauma skills that will enable them to improve the relationships in their lives, despite the damage done by their adverse childhood experiences. A number of participants cited issues with trust and social anxiety. Seven individuals in the study noted that therapy had brought them farther in their development of resilience and/or in building and maintaining positive relationships with others.

A third practical implication for those who work with victims of adverse childhood experiences is that providing opportunities for these individuals to achieve will foster resilience. These achievements will build up their belief in themselves, allowing them to see themselves in a positive light. When individuals start to feel success, their sense of personal worth grows, and with that growth, they begin to strive for future successes.

### **Delimitations and Limitations**

This section discusses the delimitations and limitations of this study. The delimitations were determined by the researcher in order to limit the study's boundaries for richer data collection. The limitations of the study were caused by circumstances that could not be controlled by the researcher. The delimitations and limitations are important to consider when applying the findings of this study to generalized populations.

#### **Delimitations**

The delimitations of this study were purposefully chosen by the researcher to narrow the focus of data collection. First, the study was only open to individuals who were ages 18-65. The reason for this delimitation was to gather data from individuals who had had time to exhibit a pattern of academic and career success as outlined by the study. Next, only individuals who

experienced chronic childhood trauma, as indicated by multiple traumatic events or ongoing trauma throughout childhood, were solicited for the study. The purpose of this delimitation was to limit consideration to those who had experienced more than one traumatic event in their childhoods, which would suggest a stronger possibility of negative impacts of the trauma, the dose-response effect of ACEs. The study sample was additionally delimited to include only individuals who had experienced academic success as evidenced by post-secondary degrees and career success, as evidenced by steady employment of a professional career pathway. This delimitation worked to narrow the focus of the study and define what overcoming trauma to achieve success looked like for this study. The final delimitation of the study was the CD-RISC-10 score. To qualify for the study, participants had to have scored 30 or greater on the CD-RISC-10 inventory. A score of 30 or above served to establish their resilience and offer some assurance against re-traumatization during the study.

### **Limitations**

Recruitment of individuals for participation in the study began with convenience sampling of individuals the researcher knew, with plans for snowball sampling. This method did not yield enough individuals who fit the criteria of the study, so social media was added as a recruitment method. The researcher specifically posted recruitment information in two online doctoral groups of which she was a member, one being an all-female group. As a result, a total of thirteen participants took part in the study once the initial screening was done. However, the response to recruitment was primarily from white females, so the study sample is dominated by white heterosexual American females, seven of whom are married, who fit the criteria of the study. Of the thirteen participants, one was a gay white male, one was a straight Asian American female, one was a straight, single African American, two were divorced white women, and one

married female's ethnicity was reported as unknown. Nearly 54 percent of the study participants, then, fell into the category of married, white, heterosexual American females. This limitation makes it difficult to generalize results to other ethnic groups or genders.

### **Recommendations for Future Research**

While this study has added qualitative empirical data regarding the lasting impact of chronic childhood trauma, as well as factors that promote resilience in those who have suffered trauma, there is a need for future qualitative studies that examine how certain populations are able to overcome childhood trauma and find resilience. Because this study only had one male participant, future phenomenological studies that concentrate on men who have overcome childhood trauma should be conducted. In addition, other ethnicities should be a focus of future phenomenological studies on trauma. Future research should also consider the topic using other indicators of resilience and success, beyond postsecondary educational attainment and steady employment of a professional career pathway.

### **Summary**

The purpose of this study was to explore the lived experiences of individuals who overcame chronic trauma to become resilient adults, as indicated by successful academic and career outcomes. Successful academic outcomes were operationalized as post-secondary educational attainment; successful career outcomes were demonstrated by steady employment of a professional career pathway. The study was guided by two theories: childhood trauma theory (Terr, 1991), which served as a lens by which to examine the impact of childhood trauma, and resilience theory, which provided a framework for examining how individuals develop resilience, the quality needed to overcome traumatic experiences (Garmezy & Rutter, 1983).

Data collection methods were a survey and resilience screening, three journal responses, and individual interviews. Thirteen individuals who found academic and career success despite suffering chronic childhood trauma took part in the study. Twelve of the thirteen were females, with nine of those identifying as white, one identifying as Asian American, one identifying as African American, and one identifying as unknown. One participant identified as a gay white male, while one was a single female, two were divorced, and eight were married females, with one of those being Asian American. The study sample represented the Midwestern, Northeastern, and Southern regions of the United States. Data analysis was conducted using Moustakas' (1994) transcendental phenomenological research method.

The study answered the central research question: "What are the lived experiences of individuals who have overcome adverse childhood experiences to become resilient adults?" The essence of the phenomenon is this: individuals who have developed resilience in the wake of chronic childhood trauma still suffer some long-term effects from the trauma; however, experiences in their childhood and adulthood have contributed to their ability to overcome the trauma so that they can find success in academics and careers.

Two sub-questions supported the main research questions. The first sub-question asked what experiences in childhood (birth – 18) adults who have overcome adverse childhood experiences attribute to their resilience. Data from the study showed that support from family, friends, educators, and mentors was key to building resilience in childhood. In addition, values instilled by parents, education and exposure to opportunities, individual determination, and a desire to rise above their trauma were all experiences that were central to the participants' resilience in childhood. The second sub-question asked what experiences in adulthood (18+) individuals who have overcome adverse childhood experiences ascribe as central to their

resilience. The study found that the support of family, friends, educators, and mentors was still important to the development of resilience in adulthood. Other important experiences in adulthood included personal achievements, religious faith, therapy, self-reflection, determination, and the desire for a better life for oneself and one's children.

The most significant implication of this study is that the individual's reaction to trauma is a major determinant of one's resilience, particularly when the trauma leads to strength and determination—for success, for achievement, for a better future. The data from this study showed that a number of individuals found a sense of strength in having survived their trauma, while others cited a sense of determination regarding their futures. These participants were determined to lead a different life in adulthood, determined to give their children a different life, determined to build a life that provided the stability they lacked in their childhoods. Thus, for a number of individuals, the trauma itself fostered the resilience that led them to a successful future.

A second significant implication of the study is that schools and educators have a unique opportunity to build resilience in children who have suffered chronic trauma. The participants in this study cited the importance of teachers, the school environment, and their achievements in school repeatedly in interviews and journal responses. Some of these meaningful school experiences and relationships occurred in middle school, others in high school, and still others in college. Based on the data from this study, educators and school communities can and do foster resilience in individuals who have suffered adverse childhood experiences, no matter the age of the student.

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## APPENDIX A: IRB Consent

### LIBERTY UNIVERSITY INSTITUTIONAL REVIEW BOARD

April 26, 2021

Mary Crowder  
Susan Stanley

Re: IRB Exemption - IRB-FY20-21-636 Overcoming Trauma: A Transcendental Phenomenological Study

Dear Mary Crowder, Susan Stanley:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

Category 2.(ii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).

Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) 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(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

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



## APPENDIX B: Recruitment Letter

Dear Recipient:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to investigate the lived experiences of adults who have overcome childhood trauma, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, have suffered chronic childhood trauma (ongoing trauma or more than one traumatic event in childhood) but have moved beyond the trauma to attain some level of postsecondary education and have a record of steady employment in a professional career pathway. They must also score as resilient (top 2 quartiles) on the Connor-Davidson Resilience Scale 10-item inventory (CD-RISC10).

Participants, if willing, will be asked to complete a questionnaire with demographic questions, questions about academic and career history, and the CD-RISC10 inventory (15 minutes); those who are found eligible after that survey will be asked to participate in an audio-recorded Zoom interview (60 minutes), review their interview transcripts for accuracy (30 minutes), and respond to 3 journal prompts (45 minutes). Names and other identifying information will be requested as part of this study, but the information will remain confidential.

In order to participate, please contact me at [REDACTED] or [REDACTED] for more information.

If you would like to participate, sign the consent document and return it to me at the above listed email address. Once I receive the signed consent document, I will email you the questionnaires. If you are eligible, I will contact you to schedule an interview. If you are not eligible, I will notify you and delete your questionnaire responses.

Each eligible participant who completes all study procedures will receive a \$25 Amazon gift card.

Sincerely,

Mary Ann P. Crowder  
Doctoral Candidate  
[REDACTED]

### **APPENDIX C: Social Media Recruitment Post**

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to investigate the lived experiences of adults who have overcome childhood trauma, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, have suffered chronic childhood trauma (ongoing trauma or more than one traumatic event in childhood) but have moved beyond the trauma to attain some level of postsecondary education and have a record of steady employment in a professional career pathway. They must also score as resilient (top 2 quartiles) on the Connor-Davidson Resilience Scale 10-item inventory (CD-RISC10).

Participants, if willing, will be asked to complete a questionnaire with demographic questions, questions about academic and career history, and the CD-RISC10 inventory (15 minutes); those who are found eligible after that survey will be asked to participate in an audio-recorded Zoom interview (60 minutes), review their interview transcripts for accuracy (30 minutes), and respond to 3 journal prompts (45 minutes). Names and other identifying information will be requested as part of this study, but the information will remain confidential.

In order to participate, please contact me at [REDACTED] for more information.

Each eligible participant who completes all study procedures will receive a \$25 Amazon gift card.

## APPENDIX D: Consent Form

### Consent

**Title of the Project:** Overcoming Trauma: A Transcendental Phenomenological Study  
Principal Investigator: Mary Ann P. Crowder, 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 18 years of age or older, have suffered chronic childhood trauma (ongoing trauma or more than one traumatic event in childhood) but have moved beyond the trauma to attain some level of postsecondary education and have a record of steady employment in a professional career pathway. You must also score as resilient (top 2 quartiles) on the *Connor-Davidson Resilience Scale* 10-item inventory. 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 examine the lived experiences of individuals who have overcome childhood trauma to become resilient adults. For this study, a resilient adult is defined by successful academic (post high-school education) and career outcomes (steady employment in a professional career pathway).

#### What will happen if you take part in this study?

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

1. Complete a demographic questionnaire to determine your eligibility and gather demographic details.
2. Take the Connor-Davidson Resilience Scale (10) to determine your eligibility for the study. (Completion of steps 1 and 2 should take no more than 15 minutes total).
3. Participate in an individual interview via Zoom. The interview will be audio-recorded and later transcribed. (60 minutes).
4. Complete a three-question journal pertaining to the subject of the study. (45 minutes).
5. You will have the opportunity to review the transcribed data from your interview and make clarifications as needed (30 minutes).

#### 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 potential to inform educators and school social workers about how to best help students who have suffered adverse childhood experiences develop resilience and find both academic and career success.
- The potential to change practices in the educational setting in a way that allows more students to overcome their childhood trauma.

#### **What risks might you experience from being in this study?**

The risks involved in this study include a possibility of distress or re-traumatization as a result of recalling adverse childhood experiences. A 24-hour hotline staffed with professional counseling support will be made available to you in the event of your distress or re-traumatization. Should significant distress occur, your participation will be terminated.

If you were to disclose any information regarding ongoing or current child abuse, child neglect, elder abuse, or intent to harm self or others, I would be required to report it to the proper authorities.

There is the risk of a breach in confidentiality if the data were to be lost or stolen. All digital data will be stored in password-protected files and/or on a password-protected computer, while all print data will be stored in a locked file cabinet.

#### **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 through the use of pseudonyms. Interviews will be conducted privately in a secure Zoom meeting.
- Data will be secured on a password-protected computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be secured on a computer protected by password for 3 years and then erased. Only the researcher will have access to these recordings. Participants will be able to review their transcribed data. All transcribed records will be stored in a locked file cabinet and shredded after 3 years.
- Questionnaires will be completed using Qualtrics, a secure electronic survey platform.
- If you are found to be ineligible based on your survey responses, any data collected from you will be destroyed immediately and will not be included in this study.

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

Each eligible participant who completes all study procedures will receive a \$25 Amazon gift card.

#### **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 Mary Ann Crowder. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Susan Stanley at [REDACTED].

**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](mailto: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 E: Survey**

1. Please enter your first, middle, and last initials below.
2. What is your gender?
3. What is your current age?
4. What is your ethnicity?
5. Where do you live geographically? (state, area of state, region of country)
6. What is your marital status? (single, married, divorced)
7. What is your highest level of education achieved?
8. What is your current employment status? (full-time, part-time, unemployed)
9. Describe, in detail, your postsecondary academic career.
10. Describe, in detail, any academic achievements you have earned.
11. Describe, in detail, your career pathway, with emphasis on your current job.

**APPENDIX F: CD-RISC 10 Inventory**

*Removed to comply with copyright.*

Connor, K.M. & Davidson, J.R.T. (2018). *Connor-Davidson Resilience Scale 10 (CD-RISC 10)*.

### **APPENDIX G: Interview Questions**

1. Tell me about yourself.
2. Describe your childhood.
3. What difficult or traumatic experiences did you have as a child?
4. Describe the physical impact of that trauma on you.
5. Describe the emotional impact of that trauma on you.
6. Describe the mental impact of that trauma on you.
7. Discuss your lowest point.
8. At what point in your life was there a noticeably positive change in the direction your life was taking?
9. What extrinsic factors from childhood, if any, played a role in that positive change?
10. What intrinsic factors from childhood, if any, played a role in that positive change?
11. What extrinsic factors from adulthood, if any, played a role in that positive change?
12. What intrinsic factors from adulthood, if any, played a role in that positive change?
13. What obstacles did you encounter as you worked to overcome your trauma?
14. How were you able to surmount those obstacles?
15. What do you feel was the most important factor, intrinsic or extrinsic, in your resilience?
16. Why did you choose that factor?
17. Is there anything else you would like to add?
18. May I contact you if I have further questions or need clarification?



## **APPENDIX H: Journal Prompts**

Prompt 1: Briefly describe the trauma you suffered as a child.

Prompt 2: Discuss the impact of that trauma on you at the time and now.

Prompt 3: Explore what factors or aspects of your life enabled you to become successful despite the trauma.

## Appendix I: Sample Interview Transcript

Janelle- 1 -

### Interview with Janelle 6/26/21 9:30 p.m.

Mon, 6/26 6:13PM - 17:24

#### SUMMARY KEYWORDS

trauma, child, thrive, adolescence, wanted, describe, factors, childhood, school, overcome, jobs, impact, foster, traumatic experiences, home, matter, emotionally, brother, work, experienced

MA: Okay, it is June 26 at 9:30 p.m. This is an interview with Janelle. One thing I wanted to ask you is do you still have the national suicide prevention hotline that I provided in an email to you?

Janelle: Yes.

MA: You do. All right. If any of the questions are unclear, just let me know; I'll be glad to try to clarify. Also if any of the questions make you uncomfortable or distressed, you do not have to answer. I just want to start by asking you to tell me a little bit about yourself.

Janelle: I'm an educator, and I've been so for about 11 years. I am currently in a role where I support people so that they can improve their practice. And I'm a parent of one child. I grew up in the foster system in the state that I'm from. And that pretty much was the entire time of my childhood until I turned 18 and I moved away and went to college.

MA: Okay. Alright, so the second question is to describe your childhood.

Janelle: Okay, sure. So I grew, I was born, my mother and my father, they were ~~substance abusers~~; they were substance abusers. And so because of that, I was removed from my mom at birth. And I was placed in the foster care system, and until they actually make placements, thought, they put me in like a group home type facility, until I was able to find a space around the age of, I moved around from that, you know, several times, but until the age of about four or five. I did move back with my mom, my birth mother, and she, she never stopped with using, I don't really know what happened as to why they allowed me to be returned to her, but she ended up leaving me and my brother, who was younger, at the home in ~~the house~~. While I was napping, she told me to take a nap, and I woke up, I was in the closet and she was gone. I didn't panic. I actually stayed with my brother for a while til we ran out of food. When we ran out of food, that's when I just, all I knew to do was to go sit out on the curb and wait for someone. It just so happened I had an auntie who saw me or her husband saw me. And he came to pick me up, and we were put back into the foster system after that. And we stayed there. We were reunited again, never went back. So we did that a couple times and then, by the third time, they just left me in the system for, for good, and I stayed until I went through different group homes and foster homes and pretty much like let's say I was, you know, aggressive at school and I was misbehaving and they would come. They would remove me from that home and put me back in a

"foster system"  
"entire childhood"  
"I was not married"  
"substance abusers"  
"removed at birth"  
"leaving me and my brother in closet"  
"back into foster system"  
"left me in system for good"  
"aggressive at school"

Janelle- 2 -

different home, and we did that until I finally started to understand my behavior was impacting my placement, and I was trying my best not to allow that. So that's when I began to focus on how can I manage that and then I stayed in one place until I graduated high school.

"behavior was impacting my placement"

MA: Was your brother not with you in a lot of these places?

Janelle: No, we, it was three of us in the sibling group. And most of the time it was me in one place by myself.

then

MA: Okay, so three what difficult or traumatic experiences did you have as a child?

Janelle: I'm sorry.

MA: I mean, you've been speaking on it, but what difficult or traumatic experiences did you have as a child?

Janelle: Oh okay. Um, so that would be the, you know, growing up in foster system. The abandonment and, you know, watching parents of substance, you know, abusing, abusing substances.

MA: Could you describe the physical impact of that trauma on you?

Janelle: Physically, I did not sleep well. I struggled with my weight, consistently, as well as I would struggle to interact with others correctly. I had a lot of challenges with trying to make friends, keep friends because I moved so much. And that also impacted my, I guess, my ability to do things at the school that children normally would do, like be involved in extracurricular activities and things like that.

MA: Okay, could you describe the emotional impact of the trauma on you?

Janelle: I did have a lot of periods where I suffered with severe depression. There were moments when I would walk home from school, thinking that, one of my parents will be on their way to come and get me and so every day, I went home and I just kept thinking every day that they're coming, they're coming, they're coming and they never would come. So I would be very disappointed, I would be very emotionally withdrawn, I would color being black, and I was just very angry and aggressive but I was also very sad so I would, you know, contemplate harming myself, either or just not really wanting to participate in things for a while.

MA: Okay, and you've touched on this, could you describe the mental impact of that trauma on you?

Janelle: The depression and anxiety, I would say, were the driving ones.

MA: Okay. Could you discuss your lowest point?

Janelle: I'm sorry.

Janelle-3-

MA: Discuss your lowest point.

Janelle: My lowest point. I had a child, and during that time, this was as an adult now, and I expected to have a showering of people to love me, and to be there to help with me having a kid, and they were not and then took me into a very severe depression; I even became suicidal. Well, I had suicidal ideations. And that was really like, I would say, emotionally and physically, the lowest point for me.

"suicidal"

MA: So at what point in your life was there a noticeably positive change in the direction your life was taking?

Janelle: That was around adolescence. When I realized I was a scholar. School became my safe haven. I even began to pass. Literally when I would not tell people that I was in foster care, I would not share any information; I just wanted to blend in as a normal child. And it wasn't until my senior year, when my teacher—I asked him to review my college entrance essay, and he read my story and he said, you're lying because I would have never believed, any of this in you. Like, I don't see none of this in you. Like, you're just, you're one of my best students and you're gonna really go far and I was like well, I don't want people to know, so please don't tell anybody. But I shared that with him because I wanted him to edit it, but that was really the turning point for me was around the time somewhere, right before I started maybe around eighth grade, seventh or eighth grade, somewhere around the middle school adolescence time. I knew that I was a really good student. And no matter how many schools I switched or no matter where I went, I just would thrive academically, and that was really like when I say okay, I can do something with this.

"School became my safe place"

"adolescence 7th or 8th grade"

"thrive academically"

MA: Okay. Okay. What extrinsic factors from childhood, if any, playing a role in your positive change?

Janelle: Um, I would have to say, if there was anything, I had a younger brother. I don't know if that would be extrinsic or intrinsic. But I had a brother who I believed would look up to me, so I just wanted to do better.

"younger brother" "I looked up to me"

MA: Okay. What intrinsic factors from childhood, if any, played a role in that positive change?

Janelle: I was not going to fail. I just had this belief that no matter what I've experienced, I was not a product of my environment. I was, you know, resilient, I was going to overcome. I wanted people to look back and say something positive, of my life and legacy, I wanted to, just that internal need to survive, an internal need to thrive, and really to push myself no matter what. I wanted to be the first college graduate in my family and I became that, like I just made a goal that I just wanted to push myself to overcome and not allow that childhood to be the end of my story.

"internal need to thrive" "push myself to overcome"

MA: Okay. What extrinsic factors from adulthood, if any, played a role in a positive change?

Janelle: Career success. Being able to, you know, leave the past behind and focus on what I wanted for my future, allowed me to thrive in my career, you know, to go on to graduate school and so seeing that I could earn a living, that would take care of myself and others, and also be able to help other

"Career success"

"able to help other children who may have gone through something similar"

Janelle- 4 -

children who may have gone through something similar or other things that are impacting their ability to thrive.

MA: Okay. What intrinsic factors from adulthood, if any, played a role in a positive change?

Janelle: I would have to say my feeling for achievement, my dedication, and my internal desire to achieve. //

MA: What obstacles did you encounter as you worked to overcome your trauma?

Janelle: Extreme concerns with mental illness. My mental health definitely fluctuated throughout my lifetime, and it has taken, you know, years to get stable, but there were a couple of moments where I could not work certain jobs and I had to, you know, resign or return. So, that would be the biggest obstacle for me. *mental ill/ness*

MA: Can you elaborate on that a little bit? Like you couldn't work certain jobs, what?

Janelle: Well because I was an educator, I worked in low-performing, Title I, high poverty, needs improvement schools, special, special schools. And the kids that I experienced working with, they had really similar stories to mine, and it would trigger a lot of different responses in me, and so I found myself never really getting over it, because I was always experiencing the, reliving the trauma, over and over again, because I was at a high school, I ended up having to leave that level and go down to deal with younger kids, so that way I could, I felt like I could manage my emotional health better because I was going to focus more on academics and not the other social things that happened in a child's life. *"reliving the trauma"*

MA: Um, so, I think you answered this partially, too, but how were you able to surmount those obstacles?

Janelle: I did counseling. I also focused on what I could do, what I could actively do to support my mental health, whether that's the job, the location that I worked, building community, building community--just focusing on things that I could do to manage that better for myself. *"Counseling"*

MA: What do you feel was the most important factor, intrinsic or extrinsic, in your resilience?

Janelle: I don't give up. I'm very determined. No matter what, whatever it is, I know that I will overcome it, and because I had, I've seen it before, I've done it before, I feel like there's nothing that will stop me. Because I can do it. *"don't give up" "very determined"*

MA: Okay. And why did you choose that factor over any other?

Janelle: Well I, you know, took up a strong belief in God, and my spiritual growth. And I just always realized that even if it was really hard, it didn't kill me, so I could do it. *"strong belief in God"*

MA: Is there anything else you would like to add?

- 4 -

*"even if it was really hard, it didn't kill me"*

Janelle- 5 -

Janelle: No.

MA: May I contact you if I have further questions or need clarification?

Janelle: Of course.

MA: I am going to transcribe this and I will be sending the transcription to you. I'm hoping to work on this next week, let you review it and see if you want to change or clarify anything, if your ideas, what you meant to say came across clearly, okay?

Janelle: Okay, no problem.

## Appendix J: Sample Journal Response

dad - alcoholic

Journal Prompts – David

"never ever knew what my life was going to be like when I was a mom - chemical imbalance like"

Prompt 1: Briefly describe the trauma you suffered as a child.

Growing up, my mom suffered from a chemical imbalance, and my dad was an alcoholic. As a result, my childhood was filled with volatile experiences as a result of my parents' illnesses. My mom would be apt to fly into fits of rage and sometimes even be violent, and my dad was constantly inebriated in a bawling, sloppy, and silly state. Many days our family would participate in all day arguments— an unhealthy, unhappy, and unbearable situation to say the least. I never, ever knew what my life was going to be like when I woke up in the morning or even when I'd come home from school in the afternoon. It was so difficult, but I didn't really know much better because it was all I had ever experienced. One memory that remains etched in my mind was my mom holding me in her lap and asking me, "Who do you love better, me or your dad?" I was five or six years old, but I remember saying that I loved them both the same. Experiences like this epitomized my childhood.

Prompt 2: Discuss the impact of that trauma on you at the time and now.

"volatile experiences" "constantly inebriated"

During my younger years, I didn't know any better and thought this was typical family behavior; therefore, I assumed that everyone was dealing with the same kind of negative experiences. As I got older, I realized this was a unique situation, and I did my best to hide our family insanity from friends or even extended family members—our lives became quite the secret that we tried to hide from others, feigning a somewhat together family. To this day, when I hear windows being put down in the house, I am reminded of my parents fighting; when my parents would start to argue, they immediately put the windows in the house down so others wouldn't hear their raging voices.

"didn't know any better" "did my best to hide our family insanity"

I actually became an organized person as a result of my childhood experiences. Because I couldn't control the chaos around me, I wanted to be in charge of my physical environment by making everything just right. I also was very afraid of commitment in relationships because I knew I didn't want to have the same kind of marriage my parents have experienced. My mom was married twice, my dad was married three times, and my brother was married three times. I didn't want to marry multiple times, and in fact, I never even experienced love

"very afraid of commitment" "became an organized person" "wanted to be in charge of my physical environment" "didn't want to marry multiple times"

"fear and trust issues with men"  
 "driven to become successful"<sup>15</sup>

2

until I was 46 years old, partly because I never met the right person, but also because of my fear and trust issues with men. I was driven to become successful because I felt like there was so much failure and sadness in my life.

Prompt 3: Explore what factors or aspects of your life enabled you to become successful despite the trauma.

My religion has been a great source of comfort and balance in my life. My best friend from childhood invited me to go to church with her family when I was in 4<sup>th</sup> grade, and I've been going ever since. As a Christian, I feel so blessed that I have always had a loving God who cares for me. My Sunday School teachers, youth group leaders, and fellow church members became my surrogate family from whom I learned forgiveness, grace, peace, and charity. My Christian reflection made me want to be a better person and to make a positive difference in the world.

all paragraphs "religion" - "great source of comfort and balance in my life"

My other saving grace and simultaneous strong connection came from the many teachers I admired and connected with when I was in high school and college. These educators took an interest in me, too, and helped mold me into the person I am today. As a result, I realized my calling was to become an educator and help others just like my church family and teachers had helped me. To this day, that is what I do and will continue to do until I retire in a few years.

teachers "took an interest in me"

Since my childhood, I have worked to accept many uncomfortable realities in my life, and I have done that successfully with the help of my faith, friends, and family. Through forgiveness and understanding, I have developed and nurtured great relationships now with my mom, my dad, my husband, my extended family, and my close friends. These relationships have been there to support me through the tough times, celebrate with me through the successes, and simply be there during the in betweens.

"faith, friends, and family"



## **Appendix K: Sample Researcher Journal Entries**

8/31/2021

My preconceived thoughts about the answers I would get about what was the most significant factor in their resilience were that a significant trusted person would figure highly for everyone. As I went through the interview process, though, I found out that wasn't the case for everyone. More than once, their own make-up, their personality, determination, etc, was the most important factor they credited with being able to overcome. Some other things that seemed to figure prominently for some participants were 1. Faith in God and 2. A key person or people (as I had believed). Another thing I found was that a feeling of betrayal by a family member was also experienced—someone who turned his/her back on them during the trauma. And sometimes that seems more painful than the actual trauma for the participants. It definitely seems like something they are still struggling with.

9/15/21

I have completed the first step in data analysis, having gone through all of the data for each participant and identified key ideas, key quotes. Now I need to go back and identify common themes related to my research question. As I worked through the first step in analysis, I felt humbled that these 13 people shared their most difficult experiences with me and their insights into how they were able to overcome these experiences. I know they felt anxiety and emotional of them mentioned they don't like to think about these issues and have put them in the back of their minds for the most part. Some of them said they hadn't talked about, or shared the traumas in years or with many people, which I understand. As I work toward identifying themes, I myself am anxious about doing it right. I think I will start with a brief table of possible themes and then go back to restructure, eliminate.

### Appendix L: CD-RISC 10 Data

#	Question	not true at all (0)		rarely true (1)		sometimes true (2)		often true (3)		true nearly all the time (4)		Total
1	I am able to adapt when changes occur.	0.00%	0	0.00%	0	0.00%	0	38.46%	5	61.54%	8	13
2	I can deal with whatever comes my way.	0.00%	0	0.00%	0	0.00%	0	46.15%	6	53.85%	7	13
3	I try to see the humorous side of things when I am faced with problems.	0.00%	0	0.00%	0	15.38%	2	46.15%	6	38.46%	5	13
4	Having to cope with stress can make me stronger.	0.00%	0	0.00%	0	38.46%	5	15.38%	2	46.15%	6	13
5	I tend to bounce back after illness, injury, or other hardships.	0.00%	0	0.00%	0	0.00%	0	23.08%	3	76.92%	10	13
6	I believe I can achieve my goals, even if there are obstacles.	0.00%	0	0.00%	0	0.00%	0	15.38%	2	84.62%	11	13
7	Under pressure, I stay focused and think clearly.	0.00%	0	0.00%	0	7.69%	1	53.85%	7	38.46%	5	13
8	I am not easily discouraged by failure.	0.00%	0	0.00%	0	0.00%	0	61.54%	8	38.46%	5	13
9	I think of myself as a strong person when dealing with life's challenges and difficulties.	0.00%	0	0.00%	0	7.69%	1	15.38%	2	76.92%	10	13
10	I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	0.00%	0	7.69%	1	23.08%	3	23.08%	3	46.15%	6	13

## Appendix M: Sample Individual Analysis

## Sidney

[illegible]

## Appendix N. Thematic Coding Sheets

## Impacts of Trauma

[illegible]

## Experiences in Childhood

Support of Others	Values from parents	Education/Exposure	Determination	Rise Above
"really excellent teachers"	Megan	"definitely school"	"desire not to let this bring me down"	Megan
"my best role models"	Megan	"school was always my sanctuary"	"will to fight"	Sarah
"family support"	Grace	"I was a gifted kid"	"you'll never break me"	Sarah
"family and friends"	Grace	"when I started college"	"rebellious"	Megan
"my parents always believed in me"	Grace		"wanting to prove people wrong"	Megan
"support from my mom mentally"	Sidney	"when I realized I was a scholar 7th or 8th grade"	"stubborn or persevering"	Sidney
Uncle and his wife were positive role models	Sidney	"School became my safe haven"	"I can figure this out. Somehow, some way, you know, "	Ana
"my Sunday School teachers youth group leaders and fellow church members became my surrogate family from whom I learned forgiveness, grace, peace, and charity"	David	"thrive academically" going to college was "more comfortable, emotionally, and mentally, like living in my own home"	"internal drive to prove people wrong"	Janelle
"educators took an interest in me"	David		"I am a very stubborn person" when I set my mind to something, I will do it"	Jen
"faith, friends, and family"	David			Kirsten
"my teachers were stability in my life"	David			Kirsten
the stability of my church family"	David			Ana
"love and respect from my teachers"	David			Ana
Mentors in high school (coaches and teachers)	Ana			Ana
"encouraged me when I felt discouraged and sad"	Ana			Kate
teachers who were "strong mentors"	Ana			Kate
friends who were older	Ana			Kate
"the support of my girlfriends"	Kate			Kate
family	Jen			Kate
horseback riding: "my instructor was an absolutely wonderful woman" "that experience helped me cope"	Riley			Kate
older sisters	Kirsten			Kate
"sort of validate our experience"				Kate
"just having them sort of step in and be in our lives because they actually knew what was going on and they believed me"				Kate
"my parents' steadfast parents"	Allison			Kate
"because of their faith and being able to see the grander picture"	Allison			Kate
"if it weren't for my mom, I don't know what I would have been long gone."	Allison			Kate

## Experiences in Adulthood

Support of Others		Achievement		Better Life		Therapy		Reflection		Faith		Determination	
"repairing my relationship with my mother"	Sarah	Worked as a nurse--		"having children of my own"	Sarah	"counseling, therapy, medication"	Sarah	"introspection"	Megan	"my belief in God, that God would not give me more than I could handle"		"nothing can bring me down"	Sarah
"lifetime friends"	Megan	"I was really good at it"	Sarah	"never let someone treat me wrongly ever again"		"therapy"	Grace	"when turned 25, 'I became my real self'"	David	"personal relationship with God and faith"	Megan	"the internal drive to do my best"	Grace
Family and friend support,	Grace	"push myself to be a high achiever"	Sarah	"won't be silenced or trapped again"	Sarah	"learning how to have healthy relationships"	Grace	"my life is moving in a trajectory that I appreciated and wanted"	David	"the absolute only conception that I had of any entity that was able to see what I was going through and see any value and meaning in it"	Megan	"fierce independence"	Grace
"forming a relationship with my dad"	Grace	"my desire to succeed, to "always do my best, that work ethic"	Grace	"no tolerance for toxic people"	Sarah	counseling degree "helped me work through a lot of my own traumas"	Sidney	"I believe in myself and my ability to achieve"	David	"spiritual beliefs"	Janelle	"wanting to do better"	Sidney
"Professional mentors"	Grace	"belief in myself and my ability to achieve"	Grace	"trying to be the best person I can be, so I can be the best parent I can be"	Grace	"counseling"	Janelle	"reflection"	David	"a strong belief in God"	Janelle	"wanting to prove people wrong"	Janelle
"huge support system"	Grace	"career success"	Janelle	"made me want to be better for myself"	Grace	"focusing on the things that I could do to manage that better for myself"	Grace	"metacognition"	David	"I think my Christianity and my religion really helps me to, to embrace love of everybody and forgiveness, and even if it's hard, I try to do it"	Janelle	"we're going to get through this mentality from my mom"	Sidney
Uncle, peers in masters program, husband	Sidney	"my dedication and my internal desire to achieve"	Janelle	"couldn't take care of my son"	Grace	"ensure that my daughter will never feel as though she cannot have friends over or feel uncomfortable in her own home"	Janelle	"self-acceptance"	David		Janelle	"determination and motivation to succeed"	Janelle
"my mom did not wait and she, you know, we walked through it"	Sidney	"my job and success at my job and helping kids"	David	"couldn't take care of my son"	Sidney	counseling	David	"emotional maturity"	Ana	"my faith definitely has helped me the most in remaining resilient"	Janelle	"hard work, dedication, and tenacity"	Janelle
"support of my friends and my extended family"	David	"trying to always better myself"	David	"move people wrong"	Sidney	"all the therapists have also helped"	Riley	"I withdrew and I really kind of got to know myself"	Kate	"It's what keeps me grounded"	Janelle	"not want to give up"	Janelle
"friendships"	David	"enjoy mastering a new topic or learning something new"	Kate	"I want to be the complete opposite of how I grew up"	Sidney	getting therapy (EMDR)	Kirsten	"I was able to sort of look in the mirror and, and get to know myself instead of ignoring her"	Kate	"It's where my strength and power comes from"	Janelle	"desire to leave a legacy"	Janelle
"good mentors"	Ana	"small successes really did help motivate me to keep going for more"	Jen	"making sure daughter has 'amazing life'"	Sidney	counseling and skills learned from counseling	Sandy	"self-reliance"	Jen	"It's also where my success comes from"	Kate	"be the example" for children with similar experiences	Janelle
"my husband"	Ana			"the hope, that faith. I can. I can get myself out of a situation, to something that's better, that's more comfortable for me, mentally, emotionally"	Ana	masters in school counseling	Sandy	"believing in myself"	Jen	"wherever I've had trouble or fears or terror in my life, I always fall back on my faith"	Janelle	"I don't give up"	Janelle
mother's "financial and emotional support"	Kate			"the cycle ends here" (wants different for her daughter)	Kate	counseling "into play"	Sandy	"it's what I've had to depend on"	Jen	my rededication of my faith in God	David	"realized that even if it was really hard, it didn't kill me, so I could do it"	Kate
people in the profession, coworkers, students, professional organizations	Jen			"the cycle ends here" (wants different for her daughter)	Kate			"high self-awareness"	Kirsten	"once I figured out what God was and who God was and how he plays a role in my life and how all of this stuff all comes together for purpose, I just took off"	David	"I rebuilt myself"	Jen
husband "has also been an amazing rock"	Riley			"it wasn't just me"	Jen			"high self-efficacy"	Kirsten		David	"determined to improve"	Jen
mentor from undergraduate	Riley			"I was responsible for somebody else"	Jen			"starting to believe I had some good to offer"	Sandy		David	"there's a lot more strength in me now than there was when I was younger"	Riley
"motivated me to perform research and to pursue a career that made me happy, not"	Riley			"needed to get my stuff together"	Jen			"do more of what made me feel good"	Sandy		David	"being very, very stubborn, very tenacious"	Riley
"interacting with my husband's normal family was also pretty, pretty good for me"	Riley			"my children"	Jen						David	"being able to really take that anger and do something more positive with it..."	Kirsten
"she like really broke it down, she was, she was the first one that said I didn't have to please my mom"	Riley			"made sure my girls had routine and a stable home"	Jen						David		
"hearing that, and like, understanding that, was pretty pivotal for me to start understanding"	Riley			want to give a positive example and support for children	Jen						David		
"I think without her, I never would have realized that my life wasn't normal"	Riley			"not having stability as a young person was a motivating factor for me to provide my children with stability"	Jen						David		
husband	Kirsten			"my 13 month old I think is also another extrinsic factor now that I'm an adult."	Riley						David		
"surrounding myself with a small group of close friends who I would lean on"	Sandy			had to cut her mom	Riley						David		
mentor said "your life is not for your mother"	Riley			"out for the sake of my daughter"	Riley						David		
"she like really broke it down, she was, she was the first one that said I didn't have to please my mom"	Riley			"protector for my children and family"	Kirsten						David		
"hearing that, and like, understanding that, was pretty pivotal for me to start understanding"	Riley			different future for children	Kirsten						David		
"I think without her, I never would have realized that my life wasn't normal"	Riley			"I Just had to grin and bear it until I could leave. And then I would be able to effect different change."	Kirsten						David		
husband	Kirsten			"as I became an adult, I could do something different and I knew that because I saw that other people were doing things different."	Kirsten						David		
"surrounding myself with a small group of close friends who I would lean on"	Sandy			with divorce, "I realized that my life could change, and that I was in charge of what I did with that came when I was an adult."	Kirsten						David		
mentor said "your life is not for your mother"	Riley			"I realized I had a modicum of control over who I was and what I could do with myself."	Kirsten						David		
family that befriended her in Lynchburg (daddy from church)	Allison			"seeing my children be happy"	Sandy						David		
met a lady at church and "she has guided me and directed me in the Scripture, in the Word, in love and faith, and rededicated my life to the Lord."	Allison			Being there for my children	Sandy						David		
				"not wanting to replicate the lifestyle for my own children"	Sandy						David		
				"good living for both my kids and my husband and our grandchildren"	Sandy						David		
				"being somebody that people want to be with"	Sandy						David		

## Appendix O: Contact Log

[illegible]