Andrews University

Digital Commons @ Andrews University

Dissertations   Graduate Research

2012

Descriptions of Childhood Trauma, Effects of the Trauma, and How Adults Moved Through the Trauma to Normalized Behavior

Alice Katherine Schaaf
Andrews University

Follow this and additional works at: https://digitalcommons.andrews.edu/dissertations

Part of the Child Psychology Commons

Recommended Citation

Schaaf, Alice Katherine, "Descriptions of Childhood Trauma, Effects of the Trauma, and How Adults Moved Through the Trauma to Normalized Behavior" (2012). *Dissertations*. 683.
https://digitalcommons.andrews.edu/dissertations/683

ABSTRACT

DESCRIPTIONS OF CHILDHOOD TRAUMA, EFFECTS OF THE
TRAUMA, AND HOW ADULTS MOVED THROUGH THE
TRAUMA TO NORMALIZED BEHAVIOR

by

Alice Katherine Schaaf

Chair: Duane Covrig

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

School of Education

Title: DESCRIPTIONS OF CHILDHOOD TRAUMA, EFFECTS OF THE TRAUMA,
AND HOW ADULTS MOVED THROUGH THE TRAUMA TO
NORMALIZED BEHAVIOR

Name of researcher: Alice Katherine Schaaf

Name and degree of faculty chair: Duane M. Covrig, Ph.D.

Date completed: December 2012

Problem

People who are not able to overcome the effects of childhood trauma often waste
their human potential on substance abuse and illegal and illicit lifestyles; they end up in
prison, uneducated, or develop self-destructive behavior. They often struggle with poor
learning and social skills and are not able to be successful in life. However, some
individuals do succeed.

This study interviewed eight individuals who suffered childhood trauma and
developed ways of overcoming that trauma to live prosperous, productive, and, in many
regards, full lives.

Method

This qualitative study used interviews to explore how adults traumatized as children described childhood trauma and its effect, and their ability to move through the trauma and live normalized adult lives. The eight individuals were located by personal contacts and snowball referrals. Face-to-face interviews took place in public and private locations chosen by individuals. The eight participants consisted of four individuals and two couples. The open-ended questions during the interviews allowed each participant to comfortably disclose their sensitive stories of their past traumatic experiences and how they eventually were supported, encouraged, and nurtured to normalized adult behavior.

The writing process began with transcription of recorded interviews. The first step of the data analysis process was to organize the data into details and then look at the individual pieces of information as a whole. A precoding process was used to identify similarities and differences in interviews. The following code systems were applied in the first cycle of coding: (a) in vivo codes: taken directly from what participants said, (b) descriptive codes: summarize the primary topic, usually a noun, (c) process codes: words or phrases that capture action, (d) values codes: assess participants' integrated value, attitude, and belief systems at work, and (e) emotion codes: describe a participant's emotional experience, primary emotions, occurring with specific experience or period of time. The idea was to look for coding patterns.

Pseudonyms were used to maintain anonymity and confidentiality. This study also used Dr. Lenore Terr's theory of childhood trauma that concludes that childhood trauma

has four lasting characteristics: visualized memories, repetitive behaviors, trauma-specific fears, and changed attitudes about people, life, and the future.

The stories in this study were written to reveal and celebrate each individual's success as they moved through childhood trauma to normalized behavior. The interviewees of four individuals and two sets of couples were of various ages ranging from their early 20s to a gentleman in his mid-60s. Participants varied in race and socioeconomic status. It was important that the couples' stories be meshed and joined together, as their lives and journeys are incomplete without each other's interpretation of their individual and coupled transitions through childhood trauma to normalized adult behavior. Some shared details of their trauma. Others gave brief overviews of their abuse but detailed their tumultuous and eventual resilient journeys into adulthood.

Chapter 4 is divided up into six sections of the four individuals and two couples who were interviewed. Each section contains six subsections. The first subsection is a brief introduction with participants' background information. The significant themes include: (a) family systems and childhood trauma, (b) feelings about the trauma, (c) results of abuse and trauma, (d) coping with support, and (e) resiliency within the process of being rescued.

<center>Results</center>

Cross-case analysis revealed repetitive patterns and themes, which corresponded to the research question: How do adults traumatized as children describe childhood trauma, effects of the trauma, and their ability to move through the trauma to normalized behavior? Themes that emerged from cross-case analyses and a developmental timeline were: (a) reported childhood trauma, (b) effects of trauma, (c) main childhood caregiver,

(d) support systems reported, and (e) evidence of resiliency. The reason for choosing these themes was that each interview revealed similarities. Each individual reported various traumas that affected their behavior and emotions. Each individual had a main childhood caregiver and support system, though the support system was not necessarily the main caregiver. All gave evidence of resiliency.

The effects described by the eight participants coincide with Lenore Terr's theory of childhood trauma mentioned above. Each story and trauma is also different. Neglect, abandonment, poverty, and substance and physical abuse are observable offenders. But when a child does not know how to speak up and report secret sexual assault or emotional abuse, the trauma becomes less obvious. All of the stories must be told and voices heard. Nevertheless, children of trauma can heal. Participants in this study stated they were on the journey towards recovery from childhood trauma to normalized adult behavior.

Conclusion

The themes addressed in this study can be interconnected and related to the research question: How do adults traumatized as children describe childhood trauma, effects of the trauma, and their ability to move through the trauma to normalized behavior? The themes that emerged from the stories were: (a) reported childhood trauma, (b) effects of childhood trauma, (c) main childhood caregiver, (d) support systems reported, and (e) evidence of resiliency. Each adult interviewed volunteered and was willing to describe his or her childhood trauma. For example, neglect, which included divorce, poverty, substance abuse, and violence, was the most prevalent of traumas. Subsequent was behavioral and emotional trauma. All participants told of childhood trauma that affected cognitive and social development. The majority of the trauma was

caused and inflicted by caregivers due to neglect. It is unknown if there was intergenerational trauma or if caregiver stress was the initiator of the childhood trauma. Substance abuse of caregivers was also described as a baseline for familial stress. Most support systems were not available to participants as children. These systems include: (a) psychological and psychiatric counseling, (b) education and social, (c) familial and community, (d) and spiritual. Internal and self-directed support and motivation were inferred by all participants, which were fueled by love, faith, and encouragement from external support to motivate participants to normalized adult behavior.

Evidence of resiliency was told by each individual. Compassionate giving back to communities was major evidence of healing as well as reported self-respect, hard working in family and community responsibilities, maturity, forgiveness, and security.

Andrews University

School of Education

DESCRIPTIONS OF CHILDHOOD TRAUMA, EFFECTS OF THE
TRAUMA, AND HOW ADULTS MOVED THROUGH THE
TRAUMA TO NORMALIZED BEHAVIOR

A Dissertation

Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Alice Katherine Schaaf

December 2012

DESCRIPTIONS OF CHILDHOOD TRAUMA, EFFECTS OF THE
TRAUMA, AND HOW ADULTS MOVED THROUGH THE
TRAUMA TO NORMALIZED BEHAVIOR

A dissertation
presented in partial fulfillment
of the requirements for the degree
Doctor of Philosophy

by

Alice Katherine Schaaf

APPROVAL BY THE COMMITTEE:

_____
Chair: Duane M. Covrig

_____
Dean, School of Education
James R. Jeffery

_____
Member: Shirley A. Freed

_____
Member: Tamara A. Miller

_____
External: Margaret R. Hay

_____
Date approved

TABLE OF CONTENTS

ACKNOWLEDGMENTS

This dissertation is dedicated to all children and adults who have suffered childhood trauma. It is a testament to acknowledge the telling of participants' stories and their journey through trauma to normalized adult behavior. Their stories give hope to those who believe there is no hope and to those who think that they cannot offer hope and support. There is always hope. I am forever grateful for each participant who told of courage in the face of adversity and their resilience to change a traumatic childhood into a positive adult life.

I also want to give special appreciation and gratitude to my advisors Dr. Shirley Freed and Dr. Duane Covrig. Their encouragement, counsel, and faith in my abilities to continue my writing will always be remembered. Their professional leadership and guidance have been a pillar of strength in my personal and professional lives. Dr. Tamara Miller has been a wise counselor, coach, and prayer warrior in my journey as well. Her support has been instrumental to my success.

The love and support that my husband John has given continues to be endless. His patience and calm spirit have been my fortress and strength throughout this process. He has wiped away my tears and encouraged me when my journey seemed hopeless. He has nurtured me through long sickness, and cared for me through the healing process. I am eternally thankful for his unconditional love.

I must express gratitude to my nine children, Nahchey, Tsanai, Katrina, Jonathan, Virginia, Arthur, Dawn, Viktoriya, and William. Some scolded me when I become

CHAPTER I

INTRODUCTION

*Traumatic events effect great damage not so much because of the immediate
harm they cause but also because of the lingering need to re-evaluate
one's view of oneself and the world.* Stephen Condly

Background and Problem

Fear grips the lives of many who have experienced childhood trauma. This study

explored the lives of those who suffered childhood trauma yet found the resources and

support to develop positive and healthy outcomes. It looked at eight participants who

experienced transition from fear to resiliency through support and from trauma to

normalized behavior in full lives in their families and communities. People who are not

able to overcome childhood trauma often waste their human potential on drug and

alcohol abuse, end up in prison, uneducated, or develop other self-destructive behavior.

People with childhood trauma also experience poor learning and social skills. Those who

overcome these obstacles with support can lead healthy and healing lives (Adams, 2006;

Condly, 2006; Terr, 2008).

I know the truth of these statements. I experienced deep childhood trauma and

watched it in others. I also experienced support to overcome childhood trauma to lead a

life of normalized behavior. These experiences motivate this study. In this study, trauma

can be viewed as anything that "brings a blow that sends helplessness, causing internal

changes" (Terr, 2003, p. 323). This change can be physical, emotional, mental, or

spiritual. Crozier and Barth (2005) define maltreatment as physical abuse that may have a direct independent effect on emotional and behavioral dysfunction, which interferes with a child's ability to learn and causes poor peer relations (p. 198). This trauma often has four long-lasting characteristics: visualized memories, repetitive behaviors, trauma-specific fears, and changed attitudes about people (Terr, 2003, p. 322).

Those who have personally witnessed family violence; high levels of anger; sexual abuse; neglect; chemical, emotional, and psychological abuse; the death of a loved one; prolonged hospitalization; childhood disfigurement; or disability are categorized as exposed to traumatic events (Adams, 2006; Condly, 2006; Elam & Kleist, 1999; Terr, 2003). Some individuals appear to be able to cope with childhood trauma, but Condly (2006) reports that coping mechanisms will lessen with time of longer exposure to trauma (p. 212). D. K. Smith, Leve, and Chamberlain (2006) conclude that untreated trauma has been associated with serious behavioral and conduct problems such as lack of empathy, impulsivity, acting out, and anti-social behavior. Girls have an increased risk of comorbid mental health problems and health-risking sexual behavior (pp. 346-347). Browne and Winkelman (2007) cite literature defining childhood trauma that includes "child abuse and neglect: verbal assaults on a child's sense of worth, bodily assaults that pose risk of injury, sexual contact with the child, failure to provide basic psychological/emotional needs, and failure to provide basic needs" (pp. 684-685).

Fortunately, victims of trauma can find help to heal. Traumatized children who have substantial family and outside support have the opportunity to be resilient and survive prolonged exposure to trauma and abuse. Condly (2006) defines resilience as

the interaction of a child with trauma or a toxic environment in which success, as judged by societal norms, is achieved by virtue of the child's abilities, motivations, and support systems. Condly also explains that childhood trauma has enduring effects on the characteristic of a person (pp. 213, 216, 224, 225).

Lenore Terr, M.D., pioneer in the field of childhood trauma and Clinical Professor of Psychiatry at the University of California, San Francisco, emphasized throughout her book *Magical Moments of Change* (2008) that children of trauma can heal. She documented success stories of healing. Becker-Blease and Freyd (2005) noted that "we are just beginning to understand the ways this healing occurs," and hoped that "we will eventually understand the societal and neurological changes that underlie this healing" (p. 407). This study adds to this growing knowledge base on this topic.

Purpose of the Study

This qualitative study reports how adults who were traumatized as children described their trauma, the effects of the trauma, and their ability to move through the trauma to normalized behavior. I recorded, coded, and studied eight adult interviews. I then wrote up the personal experiences of the participants, describing their personal traumatic childhood events, the results of the trauma, and each participant's ability to move through the trauma to normalized behavior within their communities and families.

Research Question

How do adults traumatized as children describe childhood trauma, effects of the trauma, and their ability to move through the trauma to normalized adult behavior?

Research Design

Narratives were collected in the form of interviews with adults who experienced childhood trauma. This form of qualitative research offered insight into the background of individuals interviewed. The research gave valuable information into individuals' past traumatic experiences and how they were encouraged, nurtured, and became whole through support.

Individuals were selected through personal contact and snowball referrals (referrals gave further recommendations). Interviewees were considered through individual suggestions from people in my network of personal and professional associates. Various ages, ethnicity, and geographical locations were considered when choosing candidates to interview. They were contacted by mail or email (see Appendix A). They were asked questions to determine their fit for the study (see Appendix B). Trust was gained during this process to help interviewees to provide rich narratives about their trauma and support. The narratives of the individuals were reported in both holistic and thematic ways. Creswell (2008) explains that narrative research is used when individuals are willing to tell their stories and the researcher wants to tell their stories (p. 512). He continues to say that "sharing their stories may make them feel that their stories are important and that they are heard. Telling stories is a natural part of life" (p. 512).

Data collected in the form of narratives or life stories were recorded. "Data collected will consist of conversations or stories, which are the reconstruction of life experiences through the researcher's observations of participants as they recall specific events" (Creswell, 2007, p. 87). Open-ended questions were asked to provoke individuals' insight into the reality of their progress from being traumatized in childhood

to normalized adult behavior (see Appendix C). Support systems explored were: (a) psychological and psychiatric, (b) educational and social, (c) familial and community, (d) spiritual, and (e) internal/self-directed.

Conceptual Framework

Childhood trauma creates terror and serious challenges to individuals and others (Lewis et al., 1985). Many adults who committed murder and other crimes had been the recipient of severe physical abuse as children. A study by Roe-Sepowitz (2008) of 25 juveniles charged with homicide revealed that 96% came from chaotic backgrounds that included spousal and drug abuse at home and multiple transitions of caregivers. Ninety percent had been either physically or sexually abused by a family member (pp. 602-603).

My present work as a higher education correctional educator mirrors the seriousness of childhood trauma noted by Lewis et al. (1985) and other researchers (Adams, 2006; Adler, 2004; Anderson, 2007; Angold et al., 1995; Paris, 1998; Perry, 2006; Roe-Sepowitz, 2008; Schwartz & Davis, 2006; D. K. Smith et al., 2006; Stuewig & McCloskey, 2005; Terr, 1990, 1994, 2003; Thomas & Hall, 2008; Urman, Funk, & Elliot, 2001; Wilson, 2009). I ask adult students in my leadership classes to write reflection papers and keep journals. These writings reveal that most of the convicted felons that I work with have been the victims of trauma as youth, resulting in drug, alcohol, and spousal abuse as well as criminal behavior, and several have been convicted of and are incarcerated for voluntary manslaughter. Few convicted felons have the educational and social skills and abilities to be resilient in their communities and society after being released from prison.

I worked with high-risk youth as a counselor, advocate, and liaison for decades. The adolescents were from various socioeconomic backgrounds. They had experienced different levels of abuse, which resulted in educational and social dysfunctions such as dropping out of school, drug addictions, untreated mental disorders, homelessness, and juvenile incarceration. These encounters and experiences were my professional introduction to the effects of childhood trauma. They shaped my conceptual framework.

Childhood Trauma Construct

My conceptual framework was also informed by Lenore Terr's (1990, 1994, 2003, 2008) theory of childhood trauma. Dr. Terr is a pioneer and expert in this field. She concluded that childhood trauma has four long-lasting characteristics: visualized memories, repetitive behaviors, trauma-specific fears, and changed attitudes about people, life, and the future (Terr, 2003, pp. 322, 333). She also stated that studies of adults in mental hospitals suffering from multiple and borderline personality disorders and adolescents who commit murder show that these adults and adolescents very often were abused or shocked in their childhoods (p. 322). Her research guided me in understanding the broader constructs that framed my research.

The Challenges of the Caregiver

This study looked at how adults describe their journey through childhood trauma and how each participant took different paths on this journey towards healing. I believed from past experiences and the literature that family and social environment played an important role in healing from trauma. Caregivers and parents had the responsibility of deciding when and if a traumatized child needed help, such as psychiatric, educational, or social services. Personal risk factors may prevent parents from seeking such services.

6

These factors can include poverty, substance abuse, anxiety or depression, marital problems, religious beliefs, and the caregiver's own personal history of mental illness or childhood trauma (Angold et al., 1998, pp. 77-79; Banyard, Williams, & Siegel, 2003, pp. 334-336, 340). These caregiver issues also helped my conceptual approach in this study.

Resiliency

In addition to personal experiences, Terr's work, and understanding about caregivers and family, the notion of resiliency also guided this study. Resiliency is defined as "a quality of character, personality, and coping ability, which connotes strength, flexibility, a capacity for mastery, and resumption of normal functioning after excessive stress that challenges individual coping skills" (Agaibi & Wilson, 2005, p. 197). Agaibi and Wilson quote the *Oxford Dictionary*, which defines resiliency as "the activity of rebounding or springing back; to rebound; to recoil" (p. 196). Williams, Lindsey, Kurtz, and Jarvis (2001) define resiliency as a cluster of processes, when overcoming traumatic events, that enable people to adapt to risks that are unavoidable in life (pp. 235, 339). Zimmerman and Arunkumar (1994) add that resiliency is the ability to fend off maladaptive responses to risks and their potential negative consequences, to deal with change, and "a repertoire of social problem-solving skills" (pp. 2, 3). For the purpose of this study, areas of support that affect an individual's resiliency such as psychological and psychiatric services, educational and social support, familial and community support systems, spiritual, and internal/self-directed support were also part of my conceptual framework.

Significance of the Study

Becker-Blease and Freyd (2005) point out that "it is incredibly important to point to the potentially long-term harmful effects of child abuse, and it is imperative to focus our efforts on preventing that abuse in the first place" (p. 406). Current estimates in the United States reveal that an enormous number of children are abused. An annual 3 million reports of child abuse and trauma are submitted. One million of these are substantiated (Adams, 2006, p. 334).

I am presently an adult higher education professor for the School of Business teaching organizational leadership systems for Purdue University North Central to convicted felons at two Indiana state penitentiaries. I also taught for the College of Adult and Professional Studies at Indiana Wesleyan University. I see the need for support within my classrooms of adults who have been traumatized as children and have poor learning and social skills. Terr (1990) reports that long-term follow-up studies of violent juvenile delinquent behavior and aggressive adult criminality were the result of early child abuse along with bad role-modeling from parents, chronic rage, brain damage, hyperactivity, and impulsivity (p. 362).

> In 1990, a study of 220 male prisoners at a New York State maximum security prison found that 79 percent of the total inmate population was high school dropouts. In 1997, The New Jersey Department of Corrections (DOC) reported that 70 percent of offenders were functioning at the two lowest literacy levels. (Vacca, 2004, p. 301)

Vacca (2004) comments that most inmates blame poor socioeconomic conditions and poor role models as major reasons for dropping out of school. Inmates who are released from prison cannot find jobs because of lack of job skills and/or illiteracy, thus, often reoffend (p. 301).

It is important to be aware that "researchers know much about why people end up with detrimental and undesirable outcomes. Unfortunately, we know much less about why some people, in the face of adversity and against all odds, develop into well-functioning and relatively healthy adults" (Zimmerman & Arunkumar, 1994, p. 1). My study has helped reveal more about that process. It also fulfills my desire to educate myself to be able to understand how traumatized youth can be nurtured and become resilient adults.

Ethical Considerations

Given the sensitivity of the information gathered, ethical protocols and principles were closely followed through this study. Individuals were interviewed in situations comfortable and protective of them, and pseudonyms are used within the text to protect individual privacy. "It is our view that the most valid and reliable information on trauma, and particularly family violence, comes from self-reports under conditions of complete confidentiality or anonymity, at least for older children and adults" (Becker-Blease & Freyd, 2005, p. 408).

Definition of Terms

The following definitions apply to terms as they are used in this study:

Abuse: harmful, improper or unjust treatment of children, which causes trauma.

At-risk: being endangered because of mental, psychological, or environmental hazards.

Attention Deficit Hyperactivity Disorder (ADHD): failure to give close attention to details or makes careless mistakes in schoolwork, work, or other activities. Often does not listen when spoken to; disruptive behavior (APA, 2000, pp. 65-66).

Behavior: observable activity in response to stimuli.

Burden: the presence of problems, difficulties, or adverse events that affect life (lives) (Angold et al., 1998, p. 75).

Caregiver: someone who assumes responsibility for the care of a child; is supportive and responsive to children's needs (Adams, 2006, p. 336).

Cognitive Behavior Therapy: a method of treating mental disorders based on the idea that the way we think about the world and ourselves (our cognitions) affects our emotions and behavior (Clayman, 1989, p. 286).

Cope: to deal or struggle with events that have changed the "normal" sequence of life.

Hardiness: reflects a propensity for active problem solving and capacity to mobilize resources as needed to achieve desired outcomes (Agaibi & Wilson, 2005, p. 206).

Invincibility: unusual resilience stemming from sources not yet fully understood; untouched by stresses faced (Zimmerman & Arunkumar, 1994, pp. 3-4).

Maltreatment: physical abuse that may have a direct independent effect on emotional and behavioral dysfunction, which interferes with a child's ability to learn and causes poor peer relations (Crozier & Barth, 2005, p. 198).

Narrative Research: a literary form of qualitative research with strong ties to literature and inquiry into people's lives. The story in the narrative research is a first-person oral telling or retelling of an individual (Creswell, 2008, pp. 512, 518).

Over-coming: gaining success over adversity, such as childhood trauma.

Post Traumatic Stress Disorder (PTSD): diagnosis of a person who has been exposed to a traumatic event in that actual or threatened death or serious injury or threat to the physical integrity of self or others is present. Response involved is intense fear, helplessness or horror; recurring dreams or thoughts of events; feelings of detachment from others; and cognitive, occupational, and social impairment (APA, 2000, pp. 218-220).

Psychic trauma: occurs when a sudden, unexpected, overwhelmingly intense emotional blow or series of blows assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind; feeling of utter helplessness (Terr, 1990, p. 8).

Psychotherapy: the treatment of mental and emotional problems or illness by psychological methods. The patient talks to a therapist about symptoms and problems and establishes a therapeutic relationship with the therapist (Clayman, 1989, p. 833).

Resilience: the capacity to face stress without being debilitated. A process of, or capacity for, or the outcome of successful adaptation despite challenging and threatening circumstances; being able to successfully cope with biological and social risk factors (Zimmerman & Arunkumar, 1994, p. 4).

Resiliency: to fending off maladaptive responses to risk and their potential negative consequences; the ability to spring back from adversity. A multidimensional phenomenon that is context specific and involves developmental change (Zimmerman & Arunkumar, 1994, pp. 2, 4). Resourceful adaptation to changing circumstances and environmental contingencies (Miller, 2003, p. 239).

Social Skills: personal skills needed for successful communication.

Support: the aid a person receives to help overcome trauma; intervention through counseling strategies.

Traits: individual's behavioral and emotional characteristics.

Trauma: generally defined by stress events that present extraordinary challenges to coping and adaptation; one or more blows, rendering helplessness, causing internal changes (Agaibi & Wilson, 2005, p. 196; Terr, 2003, p. 323).

Trauma symptoms: aggressive behaviors, repetition of aggressive behaviors, occasional distancing from life, despair, dangerous tendency of reenactment, self-destruction, and poor learning and social skills (Terr, 2008, pp. 17-19, 146-147, 218).

Traumatic Stressors: include experiencing, witnessing or confronting events that involve actual or threatened death or serious injury; or a threat to the physical integrity of self or others (APA, 2000, p. 221).

Vulnerability: the individual's predisposition to develop varied forms of behavioral ineffectiveness; an inclination toward negative outcomes, especially after exposure to traumatic stressors (Agaibi & Wilson, 2005, p. 200; Zimmerman & Arunkumar, 1994, p. 2).

Organization of the Study

This study is organized into five chapters. Chapter 1 discussed the background and problem, the purpose, research questions, the significance of the study, and the research design. Because of the nature of the study, a section on ethical issues was included. A list of definition of terms, which clarify the words and concepts used within the research document, was also included.

Chapter 2 reviews the literature on childhood trauma and support systems that aid in resiliency. It also reviews the complex social network of support and empirical research on this topic.

Chapter 3 contains the methodology, which was qualitative research. The literature methodologies used to explore childhood trauma are included in the (a) research design, (b) research and assessment, methodologies, measures and results, (c) self as research instrument, including personal history, (d) data collection, which includes selection of participants, the interview process, (e) the writing process, and (f) a summary of the chapter.

Chapter 4 is a compilation of narratives that describes participants' journeys through trauma. Each section is divided into six sections, (a) introduction, (b) family system and childhood trauma, (c) feelings about trauma, (d) results of the abuse and trauma, (e) coping with support, and (f) resiliency within the process of being rescued.

Chapter 5 contains a summary of the study. It reviews the research design and conceptual framework, and summarizes the results through cross-case analyses. It includes a discussion, which analyzes the similarities and differences of interviews and interviewees' reflections on their personal life's journey. This discussion includes discussion of the literature. The chapter ends with recommendations and an epilogue with afterthoughts.

CHAPTER II

REVIEW OF THE LITERATURE

We take for granted that people, at any point in time, are in a process of personal change and that from an educational point of view, it is important to be able to narrate the person in terms of the process. D. Jean Clandinin

Introduction

The general purpose of the literature review was to classify and illustrate the different types of childhood trauma and some of the effects of that trauma. I also reviewed the role of support in helping individuals gain resiliency to overcome effects of trauma. This subject interests me because of my previous work with high-risk youth and my present work teaching adults in a non-traditional higher educational setting and adult prison inmates who face challenges learning academic and social skills because of childhood trauma or abuse. I seek to understand this in order to find innovative solutions to alleviate these problems. I reviewed areas that are affected by childhood trauma: physical or biological functioning, behavior, emotions, cognitive development, and social adjustment (Adams, 2006; Angold et al., 1998; Condly, 2006; Crozier & Barth, 2005; Elam & Kleist, 1999; Paris, 1998; Terr, 2003). Trauma is generally defined by stress events that present extraordinary challenges to coping and adaptation; one or more blows, rendering helplessness, causing internal changes (Agaibi & Wilson, 2005, p. 196; Terr, 2003, p. 323). But trauma and abuse obstacles can be healed. This healing factor is known as resiliency, and I also reviewed resiliency and the process of "overcoming."

In the first section I review forms of childhood traumas and areas affected by childhood trauma. This section includes neglect, physical and biological development, behavior, emotions, cognitive development, and social adjustment. In the second section on families and caregivers, I review the stressors and challenges of caregivers of traumatized children and I address questions such as, What are the causes of stress levels of caregivers or parents caring for traumatized children? When do parents decide their children need external services and support? Why do some parents choose not to seek psychiatric services for their children? Angold et al. (1998) describe a burden as the presence of problems, difficulties, or adverse events that affect life or a psychiatric patient's significant other(s) (p. 75). In order to solidify information, scholarly data needed to be verified.

The section on psychological and psychiatric counseling and services discusses counseling issues, needs, strategies, preventions, outreaches, and ethical considerations. Cognitive and academic performance, as well as behavioral, social, and psychological problems and solutions, are addressed in the educational and social support section. Zimmerman and Arunkumar (1994) point out, "Research is needed to identify the role that social institutions play in helping youth to become resilient and sustain their capacity to face risk" (p. 11). Final segments on support systems include familial support, spiritual support, and internal/self-directed support.

Childhood Trauma, Abuse, and Maltreatment

The following section of the literature review discusses various aspects of childhood trauma, abuse, and maltreatment. "Traumatic events effect great damage not so much because of the immediate harm they cause but because of the lingering need to re-evaluate one's view of oneself and the world" (Condly, 2006, p. 211). Child neglect is the first topic discussed and the most prevalent, but least empirically studied form of child maltreatment. It is hypothesized that poor cognitive development may be caused by adverse brain development due to child neglect (De Bellis, 2005, p. 150).

Child Neglect

Child neglect is a criminal act and defined by law by the Child Protective Services (CPS) as a significant omission in care by a parent or caregiver, which causes or creates an imminent risk of serious physical or mental harm to a child under 18 years of age. Child neglect is defined as physical, medical, educational, and emotional neglect (De Bellis, 2005, p. 151).

Physical neglect results in childhood trauma, abuse, and maltreatment. Physical neglect is defined as "abandonment, lack of supervision, and failure to provide for a child's basic needs of nutrition, clothing, hygiene, and safety" (p. 151). Educational neglect is defined as "permitted chronic truancy, failure to enroll a child in mandatory schooling, and inattention to a child's special needs" (p. 151).

Behavioral and Emotional Trauma

Both short-term and long-term effects of childhood trauma have been recorded. "Anxiety (including panic and phobias), depression, and anger have been associated with child abuse" (Briere & Jordan, 2009, p. 337). Briere and Jordan also report that because

16

childhood maltreatment or neglect usually occurs at a relatively early age, "adult survivors may experience sensitivity to rejection, abandonment issues, unstable or chaotic relationships, problems trusting others, and ambivalence regarding intimacy" (p. 377). Emotional neglect can result in adverse behaviors such as attachment disorders (Gabler, 2004) and is defined as "refusals or delays in psychological care; inadequate attentions to a child's needs for affection, emotional support, attention, or competence; exposing the child to extreme domestic violence; and permitting a child's maladaptive behaviors" (De Bellis, 2005, p. 151).

Other abnormal behaviors include substance abuse and self-medication, disassociation with feelings, memories, resulting in dissociative disorders. Briere and Jordan (2009) discuss Tension Reduction Behaviors (TRB), external activities used in an attempt to reduce negative internal states resulting from childhood trauma, typically through distractions, such as compulsive sexual behavior, binge/purge eating, impulsive aggression, suicidality, and self-mutilation (p. 378).

<center>Effects of Trauma on Cognitive and Social Development</center>

Normal cognitive development in children can be understood in reference to Jean Piaget's (1896-1980) fixed order stages of development. But childhood trauma and maltreatment disrupts normal childhood development and causes various malfunctions in cognitive development. Literature notes that "low-self-esteem, self-blame, hopelessness, expectations of rejection or abandonment, and preoccupation with danger are just a few of the results of childhood trauma" (Briere & Jordan, 2009, p. 376).

Child abuse and distortion of cognitive functions are linked to Post Traumatic Stress Disorder (PTSD) (intrusive reliving experiences including flashbacks and nightmares, attempts to avoid people, sleep disturbance, irritability), depression, safety

issues, preoccupation with danger, and anxiety (Briere & Jordan, 2009, p. 376; Browne & Winkelman, 2007; Cohen & Mannarino, 2008, p. 214). Condly (2006) explains that when children are exposed to multiple stressors of poverty, crime, violence, and lack of opportunity, they have a decline in academic performance (pp. 212, 214).

In case studies of two young adolescents, Carrion and Hall (2009) explain the complexities of childhood trauma and delayed cognitive development. Reactions to loud noises, physiological anxiety symptoms, and intense fears, including foot-tapping, attention problems, social problems, self-blame, and depression were present in the 2 subjects. The adolescents also experienced academic difficulties and angry outbursts (pp. 32-33). Pseudonyms are provided by Carrion and Hall.

> Andrew is a 13-year-old Hispanic male who presents for treatment for trauma-related symptoms, including general anxiety and posttraumatic symptoms. Andrew witnessed domestic violence between his mother and her ex-husband, including seeing his mother being hit multiple times and raped at gunpoint. His mother has a history of physical and sexual abuse in childhood and of multiple abusive partners in adulthood. Andrew self-describes his worst trauma as witnessing a community member getting shot; he has witnessed multiple shootings and murders in his neighborhood. Andrew has a sense of re-experiencing these past events due to hearing domestic violence between the people who live next door, and due to persistent community violence. (p. 32)

The second traumatic case involved a 14-year-old African-American female. Her trauma history includes the following:

> Sharonda witnessed domestic violence, neglect, physical abuse and being exposed to community violence. Both her parents had a history of substance abuse, and her father was violent toward Sharonda's mother and her siblings. At age 3, Sharonda was removed from her biological parents' home when roach eggs were discovered in her ears. She was returned and removed again at age 5 after an incident in which her father set fire to the family's home with Sharonda, her mother and her siblings in it. At age 10, once again living with her mother, Sharonda experiences her home being shot at. Most recently, Sharonda's brother had been shot in an incident of gang violence. (Carrion & Hall, 2009, pp. 32-33)

During 18 sessions of therapy each, Andrew and Sharonda learned to identify their fears and symptoms. Andrew was exposed to loud noises and learned to decrease his responses. Andrew's therapist "focused on reducing [his] sense of trauma-related self-blame, on building his positive self-image and on increasing his goals for the future" (Carrion & Hall, 2009, p. 32). The therapist reported that Andrew's school work improved and "participation in therapy improved his self- and parent-reported anxiety and posttraumatic behavioral symptoms" (p. 32).

On the other hand, although Sharonda "showed increased positive mood and decreased anxiety and was better able to handle both trauma-related cues and other anxiety-provoking situations, her posttraumatic symptoms were still in clinical range and showed little decrease" (Carrion & Hall, 2009, p. 33).

Attention Deficit Hyperactivity Disorder (ADHD) is another disorder associated with childhood trauma. Adler (2004) says that "ADHD may be a vulnerability factor for developing PTSD following exposure to trauma" (pp. 12, 13). Adams (2006) states that more research is needed to explore the area of the cognitive effects of family violence (p. 337).

The Caregiver, Parental, and Familial Perceived Burdens

The topic of parental burden is intertwined with high-risk youth who were traumatized in childhood but have gone untreated and have poor learning and social skills. What are the causes of stress levels of caregivers or parents caring for traumatized children? When does a parent decide their child needs psychiatric services? Why do some parents choose not to seek psychiatric services for their children? In research conducted by Angold et al. (1998), significant predictors of perceived burdens were the levels of

19

child symptomatology, and the use of mental health services seemed to be indicated by the level or burden induced (p. 75). Angold et al. continue to note that the four predictors of burdens determined were demographic and poverty, severity of symptoms, stress and strain measures, and anxiety or depression disorder/disruptive behavior (pp. 77-78). The presence of parental perceived burden was a powerful predictor of the use of special mental health services (p. 79). D. K. Smith et al. (2006) note that traumatized youth are more emotionally overactive and more likely to engage in noncompliant behavior (p. 347). Datta, Russell, and Gopalakrishna (2002) report that "burden is recognized to erode the family relationships, activities, marital quality, and permanency planning for the child" (p. 338).

<div align="center">Causes of Caregiver Stress and Decision Making</div>

Family-social environment may have a significant contribution to adjustment problems in children. Elam and Kleist (1999) state that the mother's or father's emotionally abusive behaviors were related to reduced supportive behaviors by both the abusive and nonabusive parents (p. 156). In 2003 a study of 261 children by English, Marshall, and Stewart found that family violence had a "significant negative effect on the health of the caregivers and their quality of interaction with the children, which decreased the quality of interaction with their child and were associated with the decrease in the child's health status" (as cited in Adams, 2006, p. 335).

Family violence has emotional consequences, especially when witnessing violence against mothers, causing a generalized fear of men. A study of 72 abused women interviewed reported that their children were clingy, and had internal physical and stress-related complaints such as sleep disturbances (nightmares, refusing to sleep

alone) causing one fifth of these mothers to display external aggression such as fighting and hitting their children, escalating trauma in children. If caregivers and parents are not supportive to meeting the needs of traumatized children, the children will engage in more problematic behaviors. Little attention is being paid to the influence of parental psychiatric disorders in children and children's psychiatric disorders on parental mental problems (Angold et al., 1998, p. 79).

Risk factors of negative parenting roles include parents' own personal histories of childhood trauma, which is categorized as an "intergenerational cycle" of abuse, developmental history, personality, and coping resources (e.g., relationships, support systems, poverty, low-marital relationship quality, religious beliefs, and work environment and /or unemployment) (Banyard et al., 2003, pp. 334, 335, 336, 340). Cultural values that sanction violence and such parenting techniques as corporal punishment are also factors that are part of caregiver stress and burdens.

Banyard et al. (2003) report that women were more likely to neglect their own children if they themselves reported a history of sexual abuse, had greater numbers of children, had their first child at an earlier age, and completed fewer years of education (p. 337). A history of sexual abuse has been linked to the use of physical punishment and the risk of sexual abuse of their own children, decreased support of their own children who disclose abuse, and more negative views of self as a parent (p. 335). However, there are those researchers who do not agree with this "theoretical mechanism in social learning or attachment," such as Kaufman and Zigler (1987), who analyze the "intergenerational transmission hypothesis and conclude that it is too limited" (as cited in Banyard et al., 2003, p. 335).

Although the "relationship between family functioning and child outcomes may seem logical, undeniable, and intuitively obvious," behavioral geneticists' recent research takes a different perspective and looks toward parental-child relationships (Beaver & Wright, 2007, p. 643). "According to a theory by J. R. Harris (1995, 1998, 2006) parental socialization and child outcome, such as behavior and personality traits, are largely due to the genes shared between parent and offspring" (Beaver & Wright, 2007, p. 643). Beaver and Wright (2007) think that Harris's theory of the causal role the family has on the child needs future research because a limited amount of empirical research has been done. Beaver cites that family researchers have documented that parents treat their children very differently depending on how each child behaves, and caregiver stress factors vary (p. 644).

Support Systems

A variety of support systems are in place to aid people who have been traumatized. The following section describes (a) psychological and psychiatric services, (b) educational and social support, (c) familial and community support systems, (c) spiritual support, and (d) how individuals use internal/self-directed support. "In spite of the most adverse circumstances, some children manage to survive and even thrive, academically and socially, into adulthood" (Condly, 2006, p. 211).

Psychological and Psychiatric Counseling Services

The focus of therapy for those abused is often more about the way individuals' process abuse than on the actual abuse itself. This is referred to as internalization (Elam & Kleist, 1999, p. 159). Elam and Kleist suggest that therapists who do not explore early life trauma may not be as useful in helping adult clients fully heal. Many families label

the child as the problem when the issue is family violence and abuse. Counselors are advised to send families to a psychiatrist to evaluate the benefits of psychotropic medications for the child in a combination with cognitive-behavioral approaches. This formula of psychopharmacological and cognitive-behavioral therapy may help meet children's needs and deter physiological arousal in children while repairing and improving social functioning (Adams, 2006, p. 338). External support for a child who has suffered trauma and their family is "indispensible" for the development of childhood resilience. The whole family needs to be supported (Condly, 2006, p. 223). However, Angold et al. (1995) comment that "in the field of child and adolescent psychiatry there have been weaknesses on specification and definitions of both symptoms and the psychosocial impairments resulting from psychiatric disorders" (p. 739). An important aspect of trauma therapy is to "break the cycle of intrusive imagery" (Johnson, 2006, p. 191). Johnson continues to explain that successful trauma treatment involves desensitization of memories and feelings. Counseling services can include educational and social facilities.

<center>Educational and Social Support</center>

Educators are the single largest source of reporting child abuse (Crozier & Barth, 2005, p. 198). Maltreatment of children may have an extensive effect on current and future education of children linked to lower cognitive functioning and academic achievement. Crozier and Barth (2005) report that "the studies on the relationship between child maltreatment and cognitive or academic performance have not been unequivocal" (p. 197). Perez and Widom (1994) found that the effects of maltreatment on cognitive functioning and reading ability persist even into young adulthood (as cited in

Crozier & Barth, 2005, p. 197). A large number of studies support the claim that children who directly experience abuse themselves are at a higher risk of delayed cognitive development, information processing, and academic performance and are less absorbed in academic work. "Maltreated children must contend with failures to meet minimum standards for school progress on standardized testing and may need compensatory education but are expected to perform with other nonabused children" (Adams, 2006, p. 336; Crozier & Barth, 2005, pp. 197-198). Neglect is a serious form of abuse and may lead to children not receiving the necessary nutrition, stimulation, and experience for optimal cognitive development (Crozier & Barth, 2005, p. 198).

In a study of one hundred 3-5-year-olds, those who witnessed violence against their mothers demonstrated poorer verbal skills and abilities than those who had not witnessed violence against their mothers; witnessing such violence affected verbal and visual-spatial skills through a moderating effect on mothers' level of depression and intellectual quality in the home (Adams, 2006, pp. 336-337).

Maltreated children are more likely to receive school disciplinary referrals and suspensions, and have high dropout rates (Crozier & Barth, 2005, p. 198). Children who have witnessed abuse or have been abused have increased aggression in school, difficulty concentrating, delinquency issues, and problems with attention span, and frequently worry about mothers who are at home. Traumatized children also have difficulties in social development with peers, caregivers, and romantic partners in adolescence.

Traumatized girls who were interviewed were afraid of getting romantically involved fearing they would be abused like their mothers (Adams, 2006, p. 337; Crozier & Barth, 2005, p. 198). Children who suffer the effects of family violence are fearful of

inviting others to their homes. Witnessing family violence is the best predictor of

bullying in school (Adams, 2006, p. 337).

Counseling Issues and Needs

Researchers and practitioners have called for macro and micro levels for

counseling services for children in both schools and communities. Few intervention

programs are available specifically for children who have been abused and have

witnessed family violence, and little research has evaluated such programs, such as

Adults and Children Together (ACT) Against Violence (Adams, 2006, p. 338). Adams

cites Cook et al. (2005) who offer an outline for complex trauma to be used when

working with other parts of the family system, such as child protective services, schools,

and the judicial system.

> This outline includes safety issues; self-regulation of behavior, emotion,
> cognition, and physiology; creating narratives reflecting on the past, present and
> decision making; integrating traumatic memories into a meaningful and productive
> self-narrative; creating working models of attachment and repairing relationships; and
> self-enhancement. (p. 338)

Carrion and Hall (2009) discuss the importance of therapeutic sessions for

adolescents who have been traumatized. "Youth that experience both domestic violence

and community violence are at high risk for increased severity of posttraumatic

symptoms. . . . Continued evaluation of functional impairment will be a key determinant

of effectiveness" (p. 35).

Program Implementation and Coordination

Condly (2006) suggests that schools are the ideal place for the implementation of

programs designed to support children and assist them in overcoming environmental

stressors. But there are concerns with leaving schools to carry out the responsibilities of

academics, social environment, moral conduct, health and behavioral issues (romantic and occupational in adolescents) (p. 229). He says that curriculums should include developmental target skills and should be ongoing. "School staff should be convinced of the efficacy of the intervention and be devoted both to the students and to the proper implementation of the intervention" (p. 229). But schools face tremendous obstacles with lack of money, the need for personnel, and students to "buy-in" to a program (p. 229).

Better coordination between Child Welfare Services (CWS) and schools is needed to protect traumatized children. Educators are usually uninformed and do not hear of maltreatment of their students from CWS (Crozier & Barth, 2005). "That children's general family risks have such a substantial impact on their educational welfare strongly supports the argument that the schools have a need to know such information, independent of knowing the outcome of the child abuse investigation" (Crozier & Barth, 2005, pp. 204-205). Adams (2006) states that more research is needed to explore the area of cognitive effects of family violence on academic functioning (pp. 336-337).

Familial and Community Support

A review of the literature reveals that children who are exposed to high-risk circumstances are able to lead loving and productive lives when raised in a supportive, optimistic family environment (Black & Lobo, 2008, p. 35). Condly (2006) reports, based on the widely accepted framework for understanding resilience by Garmezy in 1991, that there are three universal factors in all children and adults that deal with overcoming obstacles and hostile environments (p. 216). The first factor is intelligence, the second relates to the degree of family support that is given, and the third factor is the external support from persons and institutions outside the family.

26

Spiritual Support

Religious involvement and religious faith through formal and informal organizations can positively affect children at risk of problems of abuse and violence, and provide a sense of hope (Condly, 2006, p. 228). Of course, this, as Condly continues, can be a problem for nonsectarian public school systems because of the separation between public and private educational facilities. Black and Lobo (2008) discuss the elements of hope and a shared belief system within families that help make sense of a crisis or change, stating that spirituality may not be religion-based but may have a shared internal value system that provides meaning and connection with family, community, and universe (pp. 38-39). Rew, Wong, and Sternglanz (2004) explain that children who use frequent prayer as a coping strategy have more social connectedness and healthier behaviors (p. 253).

Internal/Self-Directed Support

Caring for self in positive ways seems to be an integral part of developing resiliency, such as personal care in positive ways, which includes physical, emotional, mental, and spiritual care (Williams et al., 2001, p. 245). This care includes developing independence in constructive ways, recognizing and meeting one's own needs, and developing protective strategies. These strategies include: accepting help when offered, returning to school, learning to take time for one's self, learning to concentrate on one thing at a time, setting personal boundaries, and avoiding destructive relationships. Effective problem-solving skills also contribute to resiliency: taking personal responsibility for poor choices, dealing with difficult situations, and setting priorities for healthier living and healing from past trauma (p. 246).

Resiliency

Resilience is defined in various ways by authors and researchers. It is also often

used interchangeably with resiliency (Condly, 2005). Condly describes resiliency as

> a label that defines the interaction of a child with trauma or a toxic environment in
> which success, as judged by social norms, is achieved by virtue of the child's
> abilities, motivations, and support systems and is continuous rather than dichotomous
> (you either are or you are not) . . . an enduring characteristic of a person . . . a process
> with dynamic character . . . the positive response to extreme risk. (pp. 213, 216, 225)

Williams et al. (2001) comments that "resilience is not a fixed attribute but a

cluster of processes that enable people to adapt to risks that are unavoidable in life that

include increased self-esteem and self-efficacy" (p. 235). Resilience refers to the capacity

to face stress without being debilitated. It is a process of, or capacity for, the outcome of

successful adaptation despite challenging and threatening circumstances; it is being able

to successfully cope with biological and social risk factors (Zimmerman & Arunkumar,

1994, p. 4). Miller (2003) notes that resilience is evident when an individual shows

continuance to their virtues despite loss or negative life events that create psychological

disturbances for them (p. 244). Miller reports that resiliency is the resourceful adaptation

to changing circumstances and environmental contingencies (p. 239).

Resilience is also defined as fending off maladaptive responses to risk and their

potential negative consequences; it is the ability to spring back from adversity. It is a

multidimensional phenomenon that is context specific and involves developmental

change (Zimmerman & Arunkuman, 1994, pp. 2, 4).

There are different cognitive behaviors that define resiliency in children who have

been traumatized. "Resilient children tend to possess above-average intelligence and have

a temperament that endears them to others and that does not allow them to succumb to

self-pity" (Condly, 2006, p. 219). These children are more attractive to peers, are superior

in socialization because of their above-average intelligence and easy temperaments, and produce superior social skills (p. 223). High IQ offers protection against delinquency for high-risk men. Punamaki, Qouta, and El-Sarraj (2001) concur that "cognitive competence and coping strategies are typical characteristics that determine how well children adjust to traumatic stress but the results are inconsistent due to the complex dynamics between resiliency and vulnerability effects in children's lives" (p. 257). Miller (2003) concludes that it is not difficult to spot resilient behavior; it is more than the display of pathological symptoms due to negative life experiences. It is when "individuals do not show such symptoms or disorder–despite the fact that clinically and statistically we would expect them to (due to the nature of a given stressor)--that illustrates resilient behavior" (p. 245). Condly (2006) expresses that the key to developing resiliency in traumatized children is meaningful opportunities to get a break from the hostile environment, to explore in safety and security, and to believe and dream (p. 228).

Montgomery, Miville, Winterowd, Jeffries, and Baysden (2000) add that resiliency has cultural and familial factors (p. 389). Condly (2006) quotes research by Gribble et al. (1993) who studied parents of stress-resilient children. These parents had positive attitudes, were more involved in their children's lives, and provided more and better guidance (pp. 219-220). Positive factors in parenting include "problem-solving abilities, positive coping and self-care skills, self-esteem, spirituality, connections with friends and other social supports, and being part of a supportive community" (Banyard et al., 2003, p. 337).

The resilience of the family as a whole may result from various coping efforts. One effort is from the traumatized individuals' self-perception and positive philosophy of

life. "The resilience and coping from within has been explained as an outcome of salutogenic effort" (Datta et al., 2002, p. 338), or the relationship between health, stress, and coping. Datta at al. explain that individuals can survive traumatic events and achieve greater personal strengths from within and from family involvement from without in external factors such as religion, family structure, and sharing between caregivers. Black and Lobo (2008) concur and write that among resilient, healthy families "an optimistic confidence in overcoming odds lies in the heart of resilience, approaching life's challenges with a positive frame of mind, a sense of humor, and confidence that one can deal with a situation" (p. 37). Teachers' ratings indicate that a better predictor of resilience in academics and social life in school is having an easy temperament (p. 218). However, Punamaki et al. (2001) argue that data on children's persistence and resiliency are inconclusive (p. 265).

Summary

This literature review explained different types of childhood trauma and effects of the trauma. It also reviewed the role of support systems that help children heal from their trauma to become resilient. Trauma can include physical, emotional, and mental abuse. "Understanding the relationship between child maltreatment and cognitive and academic functioning is important" (Crozier & Barth, 2005, p. 198).

The first section in this chapter reviewed childhood trauma and effects of trauma in sub-sections: (a) neglect, (b) behavioral and emotional, and (c) cognitive and social development. Neglect was defined as a criminal offense and can include a spectrum of invisible and visible crimes. Examples of neglect included adverse affects on a child's mental, emotional, medical, educational, and safety needs, and failure to provide proper

30

nutrition. Abnormal behavioral and emotions due to childhood trauma included depression, anger, dissociative disorders, self-medication, compulsive sexual behavior, binge/purge eating, and impulsive aggression.

The second sub-section gave examples of effects of trauma on cognitive and social development in children. Swiss psychologist Jean Piaget (1896-1980) developed a method of recognizing and understanding normal cognitive development in children. Trauma and maltreatment interrupt normal childhood development and were shown in the literature to often result in low-self esteem, self-blame, hopelessness, and feelings of rejection. It also worked to distort cognitive functions. These have been thoroughly documented in studies on Post Traumatic Stress Disorder (PTSD). Examples were given of two teenagers who experienced extreme childhood trauma and their delayed cognitive development due to the trauma. Through therapy, they both had some successes and positive changes, although in the second case study, the female's behavior was clinically unstable.

The next main section discussed caregiver and parental perceived burdens. Stress levels of caregivers and parents who care for traumatized children can be victims of trauma themselves, lacking access to needed educational and health-care providers. Causes of caregiver stress and decision making can result from family violence, parents' negative history of childhood trauma, and behavioral and personality genetic traits shared between parents and children.

The fourth section reviewed major support systems that were discussed throughout this paper: (a) psychological and psychiatric counseling and services, (b) educational and social support services with sub-headings on counseling issues, needs,

and program implementation and coordination, (c) familial and community support systems, (d) spiritual support systems, and (e) internal/self-directed support. Each of these sections contains information on how children who were traumatized can receive support, their strengths and weaknesses, and how children of trauma can overcome to lead normal adult lives.

The literature is clear that adults who have been traumatized as youth are in need of guidance and support in developing coping skills to improve quality of life that leads to normalized behavior resulting in salient relationships within families and communities. The final section of the chapter reviewed literature on resiliency, the essence of resiliency, and how some children, in spite of their trauma, can overcome and spring back from adversity. Authors agreed that although there was research on the negative aspects of childhood trauma and maltreatment, research was scarce concerning resiliency factors, especially when collecting data on school performance and development in the classroom (Punamaki et al., 2001, p. 265). Williams and colleagues (2001) concur that more long-term treatment and intervention approaches are needed to impact youth who have been abused (pp. 251-252). Resiliency referred to "the capacity to face stress without being debilitated" (Zimmerman & Arunkumar, 1994, p. 4). Resiliency was characterized as intellectual, cultural, familial, and internal behavioral factors (Condly, 2006; Datta et al., 2002; Miller, 2003; Montgomery et al., 2000). Some scholars, such as Punamaki et al. (2001), disagree and argue that data on children's resiliency are unconvincing (p. 265).

It was noted that "more studies are needed regarding protective factors to promote resiliency among children who have witnessed family violence; research is needed to evaluate the outcome of children who participate in such programs to determine their

effectiveness" (Adams, 2006, p. 340). Thomas and Hall (2008) also note that only a small body of scholarly research exists about the path to recovery and healing of abuse survivors (p. 149). Miller (2003) added that "very little research . . . has considered how resiliency can (or should) be synonymous with human strengths, and that Freud's conviction that childhood traumas have an especially significant role in shaping adult personality" (pp. 240, 243).

This research sought to fill part of the gap in the literature. It uses stories of eight individuals to understand better the trauma and the sources of support and resiliency that have led them to normalized adult behavior.

CHAPTER III

METHODOLOGY

Researchers know much about why people end up with detrimental and undesirable
outcomes. Poverty begets poverty. Hopelessness breeds futility. Risks lead to
problems. Unfortunately, we know much less about why some people,
in the face of adversity and against all odds, develop
into well-functioning and relatively healthy adults.
Marc Zimmerman and Revathy Arunkumar

Introduction

Poor learning and social skills as well as a number of mental health disorders can

be the result of various forms of childhood trauma. But some of those who also

experience childhood trauma manage to survive and become successful, productive

family and community members. The research purpose was to discover how adults

traumatized as children describe childhood trauma, the effects of the trauma, and their

ability to move through the trauma to normalized adult behavior.

Research Design

This qualitative research explored narratives collected from eight adults over the

age of 18 who were traumatized as children but moved through the trauma to normalized

adult behavior. The adult interviewees revealed personal experiences of trauma and

support, and the nurturing process that helped to develop coping behaviors and attitudes,

and how these behaviors and attitudes influenced family, community, and jobs.

"Narrative researchers explore an educational research problem by understanding the

experiences of an individual. As in most qualitative research, the literature review plays a

minor role, especially in directing the research questions. . . . Learning occurs as stories are told" (Creswell, 2008, p. 515). Clandinin and Connelly (2000) comment that narratives reaffirm stories. The story teller educates self and others by retelling. Experiences grow out of other experiences (pp. xxvi, 3, 19). This research described, analyzed, and interpreted the behaviors, beliefs, and language of the interviewees. Literature reviews gave constructs and ideas to help understand stories, but they should not, and in this study, did not, dictate nor define the analyses. My goal was more direct-- to understand, from these studies, the trauma, resources, and healing from that trauma.

Research and Assessment

Studies over the past several decades reveal significant association between long-term psychological and physical dysfunction in adults with a history of childhood abuse or neglect. These studies present examples and information on post-traumatic stress, poor cognition, unhealthy social behaviors, and risk of revictimization (Briere & Jordan, 2009, pp. 376, 379; Carlson, Furby, Armstrong, & Shlaes, 1997). This section reviews examples of various forms of research methodologies, measures and results of the effects of childhood trauma and abuse, and resiliency due to various avenues of support.

Methodologies

A variety of methods have been used to study childhood traumas and abuse. Examples of methods are: longitudinal studies (Angold et al., 1995; Condly, 2006; Elam & Kleist, 1999) and random sampling using psychological, academic, and socioemotional functioning rating scales and surveys such as Child and Adolescent Burden Assessment (CABA); Child and Adolescent Psychiatric Assessment (CAPA), "an interview-based diagnostic interview with versions for use with children and their parents, focused on

symptoms occurring during the preceding 3 month period" (Angold et al., 1995, p. 735);

Child and Adolescent Service Assessment (CASA) (Angold, et al., 1998); National

Survey of Child and Adolescent Well-Being (NSCAW); Kaufman Brief Intelligence Test

(K-BIT); Woodcock-McGrew-Werder Mini-battery of Achievement; Child Behavior

Checklist; the Teachers Report Form (TRF) (Crozier & Barth, 2005); Minnesota

Multiphasic Personality Inventory (Elam & Kleist, 1999); Diagnostic Interview Schedule

for Children; The Traumatic Stress Schedule (D. K. Smith et al., 2006); interviews using

Maltreatment Classification System (Crozier & Barth, 2005); and personal-case study

notes (Terr, 2003, 2008).

Recent studies on The Effects of Childhood Trauma on Later Psychological

Adjustment (Browne & Winkelman, 2007) have been documented using the Childhood

Trauma Questionnaire, which "assesses retrospective accounts of childhood trauma"; the

Relationship Scales Questionnaire (RSQ) measures adult attachment and model-of-self

and model-of-other; the Cognitive Distortions Scale measures five factors: self-criticism,

self-blame, helplessness, hopelessness, and preoccupation with danger; and the Trauma

Symptom Inventory assesses posttraumatic symptoms and measures psychological

adjustment, which include anger/irritability, depression, dissociation, dysfunctional

sexual behavior and concerns, intrusive experiences, impaired self-reference, tension-

reduction behaviors (pp. 684, 688).

<div align="center">Measures and Results</div>

Samples of some of the research in the literature reviewed are as follows: Adams

(2006) reports that research indicates that the children of abused women–as many as 17.8

million children–are often present and witness violence, resulting in child trauma (p.

334). Twenty percent of adults report having witnessed parental violence as children and the co-occurrence between a child witnessing family violence and experiencing physical abuse is approximately 40% (p. 335). Witnessing family violence as a child was significantly correlated with having experienced child sexual abuse ($r = .37$), physical abuse ($r = .51$), psychological maltreatment ($r = .64$), and neglect ($r = .46$) (p. 335). A study of 550 male and female college students exposed to family violence resulted in females having higher levels of depression and lower self-esteem; both males and females experienced greater trauma-related symptoms (anxiety, sleep problems, dissociation) (p. 336). Another study of 208 college students who suffered childhood trauma revealed higher levels of overt behavior (external or physical) (pp. 335-336). A study of 64 children who were either emotionally or physically abused found 13% qualified as having PTSD, 52% experienced intrusive and unwanted memories about their mother's abuse, 19% displayed avoidant behavior, and 42% experienced trauma-related symptoms (p. 336). A sample of 125 mothers reported their children making suicidal statements (the percentage is higher than in general populations) (p. 336).

Angold et al. (1998) performed the Great Smoky Mountain Study, administering three assessments to a representative sample of 1,015 9- to 11-year-olds and 13-year-olds and their parents to assess the development of psychiatric disorders and need for mental health services in rural and urban youth (p. 75). "A total of 349 CABAs were completed. Of these, 193 indicated the presence of at least one perceived burden, while 156 indicated that perceived burden was absent" (p. 76). The second measure used was CAPA. Children and primary caretakers were interviewed separately. Those interviewed consisted of 84% biological mothers, 6.7% biological fathers, 8.6% other females, and

.6% other males. The reports concluded that the child self-reports range from 0.55 for

conduct disorder to 1.0 for substance abuse/dependence, which resulted in psychiatric

impairment by the child self-report as .77 (p. 76). The CASA revealed a total of 90% of

the children were receiving mental health services. The rates of perceived parental burden

are as follows: 10.7% of all parents reported at least one perceived burden, while

perceived burden was reported by 38.8% parents whose children had both a diagnosis and

impairment; the most common being personal well-being, stigma, and restrictions on

personal activities (p. 76).

Self as Research Instrument

My role as the researcher grows from years of exposure to children, adolescents,

and adults who have been traumatized. My work with high-risk youth and adults with

poor learning and social skills has motivated a deep inquiry that has field interest in this

topic. This motivation and desire to help and support these individuals are the driving

force behind this research. My present role as a correctional educator has shown me the

need for personal and individual support for the convicted felons who are my students.

Students' personal reflection papers reveal the need for constructive feedback, individual

care, support through healing of internal discord, poor learning and social skills, mental

health issues, and addictive behaviors.

My Present Transactional Leadership Description

My present role as a leader and correctional educator has been restricted to being

a transactional leader because of the rules and laws imbedded in the Department of

Corrections where I am employed. Transactional leadership involves some form of

exchange process where the leader and follower are engaged in compliance issues

(Hughes, Ginnett, & Curphy, 2009; Yukl, 2002). Currently, this is my preferred model because it limits sensitivity while teaching college courses to adult prison inmates at Indiana Correctional Facilities.

Den Hartog, Van Muijen, and Koopman (1997) add that exchanges of communication can be in the form of bargains between leaders and followers, the leader clarifying the performance criteria (p. 20). "The general notion is that, when the job and the environment of the follower fail to provide the necessary motivation, direction and satisfaction, the leader, through his or her behavior, will be effective by compensating for deficiencies" (p. 20).

Although I have felt a close camaraderie with a few of the men, I cannot have emotional connections and must follow strict guidelines and procedures set by the Indiana Department of Corrections. My acceptable actions include helping the men set goals for their educational futures, outlining the appropriate tasks they are to follow, and rewarding them with letter grades they earn. I cannot inspire them too much with regard to their futures because although some will stay out of prison after released (70% of inmates receiving a Purdue University North Central college education while incarcerated will not return to prison), some will not be able to reach their goals by completing their college education, thus, will become discouraged and return to their previous lifestyles of crime. A number of my students have a year of incarceration to complete; several have as many as 20 years left in their prison sentence. I have to be respectful in my social exchange and relationship with these men in demonstrating my leadership skills, not being overly enthusiastic but realistic and sensitive to their lifestyle and to their

educational future and needs. My goal is to learn how to better support individuals who have been traumatized as children to have normalized adult behavior.

Personal History

Various forms of trauma permeated my childhood. Exposure to alcohol abuse, physical family violence and suicides, traumatic loss, as well as socioeconomic, cultural, and language hindrances resulted in early childhood depression and continual poor learning and social skills.

Thomas and Hall (2008) discovered that school could be a haven for some who had been traumatized if they received support from teachers (p. 154). But social and educational support systems were not available to me. Religious and familial support was weak and came only from my mother who unfortunately was a victim of alcohol and childhood abuse and had poor learning and social skills. School did not serve as a refuge for me but was a place to relive my trauma through bullying and distracting classroom activities. I spent much of my time alone and had no friends. I was in ninth grade when a family moved into my neighborhood with a teen girl my age. She became my only friend throughout high school.

My new friend came from a safe, normal home environment. Her parents gave her educational, spiritual, and social support. She was a model student, independent, and had strong self-confidence, and I was envious of her security because I lived in mental isolation with guilt, shame, and bad behavior. I craved normalcy. As Thomas and Hall (2008) found as a common thread when studying female adults who were victims of childhood maltreatment (pp. 153-154), I was deprived of a safe and secure household.

During adolescence and young adulthood, I was personally abusive and promiscuous. I had weight problems, partook in substance misuse, and was suicidal.

My recovery and transformation was a slow process. The first step in my healing process was leaving my childhood community and environment and building a new life through acceptance of the Christian faith. The need for me to believe that I was a valuable human being was imperative before accepting external help or assistance. This spiritual quest aided in my healing as did meditation and time alone, reading, hiking mountain trails, and traveling to different countries. This inner quest brought me only so far in my healing, and I knew that I needed outside help to complete my journey to become resilient and overcome childhood trauma.

A key person in my healing process was a job counselor who saw my potential as a teacher and encouraged me to go back to school and earn my college degree. This new direction helped me face my fear of learning and forced me into a social environment, which eventually helped me learn how to interact with others in my community. As I began my higher educational journey, I knew that I needed further help through psychological therapy. Through therapy, I was able to learn forgiveness of self and others. Psychological therapy and marriage counseling helped me learn to value myself as a mother and wife. The above factors led to a deep desire to help those in need, as well guide me through my own childhood trauma to be a successful mother, teacher, and student. These factors also helped guide my collection and analysis of data.

Data Collection

Qualitative data collection was in the form of narratives. "Narrative methodology was chosen because it permits us to learn how people interpret their own traumatic

experiences. Telling narratives is a major way that individuals make sense of disruptive

events in their lives" (Thomas & Hall, 2008, p. 149). This research gave valuable

information into eight individuals' past traumatic experiences and how they were

encouraged, nurtured, and became whole through various coping skills and means of

support. The stories constitute data, and I gathered the data through interviews and

informal conversations. These stories provided raw data to analyze. The stories also

helped to identify themes of support and resilience of the individuals interviewed

(Creswell, 2008, p. 517). Interviewees described behaviors (in a narrative context), which

were expressions of their individual stories within a particular context at a particular time

(Clandinin & Connelly, 2000, p. 25).

<center>Selection of Participants</center>

Individuals were selected through personal contact and referrals. I first contacted

referrals with questions that defined whether or not they would fit this research profile.

The criteria of the research profile were individuals over the age of 18, who had been

traumatized as children but have become resilient thought support. A request-to-interview

letter was sent out by mail or email (see Appendix A).

<center>The Interview Process</center>

Interviews took place in the United States in locations chosen by the interviewees.

Each interviewee signed a consent form at the beginning of the interview (see Appendix

B). Data were collected in the form of audio-taped narratives provided as a result of

personal interviews I conducted.

Interview Questions

The interviewees were asked open-ended questions, such as suggested by Thomas and Hall (2008), to lead interviewees into their stories (p. 150). A disadvantage of this process was in filtering the information received through my views and how I heard the data. I needed to organize the data through accurate transcription and an audio recording device. I listened and was unbiased in my reporting (see Appendix C for Interview Protocol). The writing process continued with a lengthy coding process.

The Writing Process

Interviews were recorded and transcribed into an organized notebook. Duplicate copies of all forms of data were kept and audio recordings erased once data were transcribed. A matrix was drawn to compare and contrast information received from the interviewees, and codes were used to label data into organized descriptions and themes. There was a member check, which means I conferred with individual participants to validate the written, transcribed information. Emails of transcripts were sent out to individual participants for their approval.

Data Analysis

Chapter 4 is a written record of the personal narratives of the individuals interviewed. The first step of the data analysis process was to organize the data into details and then look at the individual pieces of information as a whole. Each interview section, which includes six individual and two couples, is divided into (a) an introduction of the interview or the two couples, (b) family system and childhood trauma, (c) feelings about the trauma, (d) results of the abuse and trauma, (e) coping with support, and (f) resiliency within the process of being rescued. This study helped reveal "why some

people [who were traumatized as children], in the face of adversity and against all odds, develop into well-functioning and relatively healthy adults" (Zimmerman & Arunkumar, 1994, p. 1). It also was a catalyst to fulfilling my desire to help educate myself to be able to understand how adults traumatized as children describe their journey through the trauma to normalized adult behavior.

Research materials referenced to organize themes included three qualitative books: *Narrative Inquiry* by D. Jean Clandinin and F. Michael Connelly (2000), *Qualitative Inquiry & Research Design* by John W. Creswell (2007), and *The Coding Manual for Qualitative Researchers* by Johnny Saldaña (2009). As mentioned above, I organized a notebook as I referred to Saldaña's suggestions for coding. In the book's introduction, Saldaña says, "The excellence of the research rests in large part on the excellence of coding" (p. 1). He defines a code in qualitative inquiry as

> most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data. The data can consist of interview transcripts, participant observation field notes, journals, documents, literature, artifacts, photographs, video, websites, email correspondence and so on. (p. 3)

After transcribing the narratives, I followed Saldaña's (2009) suggestion and precoded the transcriptions using highlighters and color coding (p. 16). I kept my research question on one page in front of me at all times to keep my focus on coding decisions (p. 18). Clandinin and Connelly (2000) write, "The moment of beginning to write a research text is a tensions-filled time . . . as we turn inward to think about issues of voice and about whether we can capture and represent the shared stories of ourselves and our participants" (p. 139).

I chose the following code systems to apply to my first cycle of coding from Saldaña (2009).

1. In vivo codes: taken directly from what participants said. "In vivo codes can help preserve participants' meanings of their views and actions in the coding itself and provide imagery, symbols and metaphors for rich category, theme, and concept development" (p. 76).

2. Descriptive codes: summarize the primary topic, usually a noun. The topic is what is talked or written about (p. 119).

3. Process codes: are words or phrases that capture action (p. 5).

4. Values codes: assess a participants integrated value, attitude, and belief systems at work" (p. 86).

5. Emotion codes: describe a participant's emotional experience, primary emotions, occurring with specific experience or period of time. Primary emotions can be subcoded to acknowledge the complexity of the situation (pp. 86-89).

Sorting the data included looking for coding patterns. A pattern can be characterized by similarity or things that happen in the same way or difference, that is, situations that happen in a predictably different way. A pattern can also be distinguished by frequency of things that happen often or seldom, by sequence, or situations that happen in a certain order. Patterns correspond as things happen in relation to other activities or events, and where one situation appears to cause another (Saldaña, 2009, pp. 6-7).

As repetitive patterns emerged in each narrative, so did themes that corresponded to the research question, which were analyzed and organized into a cross-case analysis table. Creswell (2007) quotes Yin (2003) who suggests that "a word table be created to display the data from individual cases according to some uniform framework. The

implication of this is that the researcher can then look for similarities and differences among cases" (p. 163). Themes that emerged from cross-case analyses are: (a) reported childhood trauma, (b) effects of trauma, (c) main childhood caregiver, (d) support systems reported, and (e) evidence of resiliency.

Chapter 5 contains a summary of the study in an (a) introduction, (b) research design, (c) theoretical framework, (d) results through my cross-case analyses, (e) discussion, which analyzes the similarities and differences of interviews and interviewees' reflections on their personal life's journey, as well as implications of the literature, (f) integration of themes, (g) recommendations, and (h) epilogue and afterthought.

Ethics

The confidentiality of the interviewee was of utmost importance. "Victims of childhood trauma are often known to display shame and denial related to their victimization" (Brown, 2008, p. 3). Given the sensitivity of the information gathered, ethical protocols and principles were closely followed through this study. Individuals were interviewed in situations comfortable and protective of them, and pseudonyms were used within the text to protect individual privacy.

Summary

Childhood trauma is a serious issue that can immobilize individuals through mental health problems, incarceration, addictions, and eventual death. People who are not able to overcome childhood trauma also experience poor learning and social skills. This research project is guided by Dr. Terr's theory of childhood trauma (Terr, 1990, 1994, 2003, 2008). Terr's documentation is evidence of the importance of support for those

who are victims of childhood trauma and maltreatment. But as many researchers state, there is more information available on the damages of childhood trauma and little on resiliency.

This research collected qualitative data through eight transcribed narratives, consisting of four individuals and two couples, who were traumatized as children. Discussion revealed how participants were nurtured and became resilient through various coping skills and support systems to lead fairly healthy, productive lives, and how they have normalized behavior within their families and communities. This information is valuable to me because I am seeking knowledge and information that will help childhood trauma victims to heal. Becker-Blease (2005) comments that we are just beginning to understand the ways those traumatized as children can heal and hopes that "we will eventually understand the societal and neurological changes that underlie this healing" (p. 407). This study will be an addition to the growing knowledge base that will help all of us to understand this topic. This study can also help with treatment procedures for victims of childhood trauma.

CHAPTER IV

JOURNEY THROUGH TRAUMA

Human beings strive to stay in control. People come to believe, in a way,
that they can order their lives. I have been curious how an adult who
was traumatized as a child can convey his horror to others.
How do you form something positive from a
hard-to-fashion hunk of clay? Lenore Terr

Introduction

Eight individuals were willing to be interviewed and shared intimate stories of

their journeys through childhood trauma to normalized behavior. I try to honor the stories

of these eight individuals in this paper. I was often overwhelmed with respect and awe of

what these individuals endured. I try to be faithful to the feelings, facts, and meanings

they conveyed. I attempt to capture each individual's personality and emotions. There

were different styles that the individuals used to express their stories. The sensitive

dialogue of each interview was recorded, transcribed, and coded into relatable, significant

themes and sections. The anonymity of each individual was maintained.

The stories in this study were written to reveal and celebrate each individual's

success as he or she moved through childhood trauma to normalized behavior. The

interviews reported here are of two sets of couples and four individuals of various ages,

ranging from early 20s to mid-60s. Participants vary in race and socioeconomic status. It

is important that the couples' stories were meshed together, as their lives and journeys are

incomplete without each others' interpretation of their individual and combined

transitions through childhood trauma to normalized adult behavior. Some interviewees

shared intimate details of their traumas. Others gave brief overviews of their abuse, but detailed their tumultuous and eventual resilient journeys into adulthood.

Courage and stamina in attitude and behavior were displayed by all in the interviews through humble and sometimes tearful descriptions of family life, abuse, learning and social communities, and personal relationships. There were laughter and sighs, hesitations, and stutters. The purpose of the interviews was to answer the question: "How do adults traumatized as children describe childhood trauma and their ability to move through the trauma to normalized adult behavior?"

Each of the stories was organized into six sections: (a) introduction, (b) family systems and childhood trauma, (c) feelings about trauma, (d) results of abuse and trauma, (e) coping with support, (f) and adjustment from rescue equals resilience. These sections were identified through analysis of the commonalities in the narratives. Coding used was (a) in vivo, (b) descriptive, (c) process, (d) values, and (e) emotion.

The following sections are the stories of the four individuals and two couples: Michael, Denise, Lee, Leney, Gabriel and Scarlet, and Adam and Cymone.

Michael

Mom remarried an abusive man. He would get angry;
beat his children and my mom's. Michael

Introduction

Michael is a White male in his late 40s who was raised in upstate New York. He is a sensitive, devout Christian man who freely feels that opening his heart about his past childhood trauma and abuse can bless others. His life of poverty, instability, divorced parents, an abusive stepfather, and substance abuse, are just a few of the maltreatments he incurred. The following is the story of a man whose courage to fight through hardships

that were the result of childhood trauma cannot be taken lightly and must be given the utmost respect. Michael is a man whose life represents and reflects that of the God he worships; his love for humanity is mirrored in his prison ministry. His belief in Christ's commandment to "go into all the world and preach the gospel to every creature" is unmistakable in his emotional testimony.

<center>Family System and Childhood Trauma</center>

Michael was 4 years old when his parents split up and his mother became single, but only for a short time. She eventually married an abusive man who would get angry and beat his own children as well as his stepchildren. This second marriage lasted until Michael was a teenager, but his escape from the instability, poverty, and horrific beatings had already led him to alcohol and drug abuse, sexual promiscuity, crime, and running in the streets. In his heart he knew these behaviors were wrong, but there was so much instability and lack of parenting in the home. Michael's need for a structured life led to unhealthy friendships.

Having suffered physical abuse and the loss of his father was very frustrating for Michael growing up. Michael's mom had to go to work so she left him, his brother, and sister with babysitters who were abusive, too. But his mother also left them with other abusive babysitters at night and went out partying. "It was all her decision to cut ties with my dad even though he was wanting to reconcile. She would always um down-play our dad in a negative way. She always told us my dad this, my dad that." Michael's mother wanted nothing to do with his dad and avoided him, rejecting him harshly whenever he wanted to reconcile with her. It was not until Michael was an adult that he found out the

truth about his dad; that he wanted to repair his marriage and family. Michael's father

finally remarried another woman with five children.

Michael shared:

> My mother worked and the only time I went home was to eat and sleep. And uh
> then my mother decided when I was 15 she was going to move to Georgia [from New
> York] and I disagreed with her. So, when I was 16 I told my mother goodbye. I quit
> school, got a job, and lived with some friends in a trailer park doing whatever; drug
> dealing and other crimes. . . . I was an everyday user.

Michael's older stepbrother had a different lifestyle than he did and motivated

him in a different direction, getting him out of a life of stealing and other street crimes.

Although his stepbrother was a drug user, he did not live in a trailer park infested with

drug users and his drug use was not as intense as Michael's. The stepbrother invited

Michael to visit with a recruiter and to join the military with him. In 1980, Michael joined

the Navy on a buddy system that guaranteed that he and his stepbrother would be able to

go through boot camp together and then be placed in a ship together. "I did not know that

this would not work out; that it's a hook that they use to lure you into the military but

seldom happens because they can't guarantee that you will both have the same growth

level." Michael's stepbrother had a reading disability and was "flushed out and never

made it through boot camp."

Feelings About Trauma

Harboring anger can result in an unhealthy body, mind, and soul. The instability

and insecurity, abuse, recklessness, and separation from family caused Michael to contain

emotions so intense that he was confused, frustrated, and rebellious. Michael stated, "I

didn't stay in the Navy very long. I kind of rebelled because I felt that the ones giving the

[drug] test were alcoholics. . . . I knew they were alcoholics. I was angry and frustrated."

Michael was plagued by very severe cluster headaches from the time he was 17 years old that continued for years. Military personnel took little notice of his pain. "Instead of the medical need I had being met by the military they accused me of faking, which further infuriated me and made me less respectful of authority." Michael felt that because of childhood trauma, he led a purposeless, angry life, filled with selfishness, resentment, deception, disrespect for authority, and foolish behavior. "Everything that I wanted was all dashed and more of the same adults making decisions that affected me negatively and I had a stomach full of it."

<div align="center">Results of the Abuse and Trauma</div>

Michael's deceptive behavior affected his relationship with his family and eventually his enlistment in the Navy. When he found out that his mother and siblings were taking a trip to New York, Michael left the Navy ship he was stationed on without authorization, going AWOL (Absent Without Leave) to visit with them, lying, saying he had permission to take leave. After Michael returned from his unauthorized "vacation," he was given 45 days of restriction and 45 days of extra duty. He also received a $250 fine, which was half of his monthly pay. Furthermore, he was demoted. "I was okay with the rest of this but this busting me down to an E1 was when I went [made sounds of spiraling downward]." Michael's poor attitude was reported to the commanding officer of the ship and he was challenged with a change of attitude and behavior or to get out of the military. Michael gave a wry smile.

> And I, of course, cool-handedly acted like I thought about it for a minute. I asked how long it would take to be out and they said about a week. I said I'll take that. So that was the end of my military career. Inability to adjust to military life [laughs]. I wasn't satisfied with this life; that it was meaningless and I moved away to Georgia.

. . . I found that the people that I was most comfortable with had the same lifestyle. I realized I couldn't really run away from who I was by changing my locations.

He moved on again and took an opportunity to go to Colorado and work during the ski season in a ski resort. But as life goes, one seldom learns from one's first-time mistakes. "And when I got there I got involved in alcohol and drugs. And wherever you go there it is. So, I was struggling with the same frustrations."

When asked how his behavior and attitudes affected his learning and social skills, Michael replied that he did not get his GED until he moved to Georgia, 6 years after he dropped out of high school. "But a combination of cluster headaches and just in general being tired of authority and people telling me what to do who didn't have a clue what they were doing–I resented that." Michael was able to cope with learning but lacked social skills and identity. He continued a transient lifestyle with no social life or support.

Coping With Support

Just before leaving Georgia, Michael met a man who introduced him to Jesus, and Michael realized he wanted to get to know Him. This man gave him the book *Power for Living*, which included stories of famous people who came to Christ. Michael took the book to his bedroom and was intently committed to change. But he was not able to find a church family or a support system.

> So I had no support or mentoring at that point in my life. The guy who introduced me to Jesus and his church actually smoked pot with me and also drank. So, I met his family and went to church a few times but it wasn't that church that I came to Christ. But it was through the book, *Power for Living,* and the testimonies and the Bible verses that it walked me through.

When Michael moved to Colorado, he made a commitment to adhere to his new faith. But the environment at the ski resort was "loose," he lamented, "and I didn't have a

relationship with anybody to lock arms with. I didn't really meet anyone that was interesting. So again I found myself in the need for socialization. "

At the end of the ski season, Michael moved to Missouri with his sister and her husband. Unfortunately, Michael hurt his back while working at a new job. He went to a chiropractor who later invited him to her Sunday school class for singles. The irony of this situation was that the day Michael met the chiropractor was her last day of her internship and she was moving to a new location. Michael spoke with a renewed resilience and conviction as he continued his story.

> And I was new there and didn't want to get into the same old lifestyles that I had been running from. So I decided to go to church. And so she was in the right place at the right time. I became a member of that church and was baptized. But I still felt very alone because I didn't fit in. Most of the people in the small single's group had grown up in the church and they were kind of wishy-washy in their commitment to Christ. They would teach a really good Sunday school class and talk about God and then go and do things in the world. And I had already lived in the world and I knew what that was like and had no interest in it. So I found myself not fitting in.

Although Michael wanted to walk "the straight and narrow," he found it difficult working 8-10 hours a day at a factory being "out of the atmosphere of other Christians." And again, rescue came at a time he least expected it. Through an acquaintance, Michael connected with a man who knew how much he liked to study Scripture. He was a Pentecostal and very radical in his faith. Michael and his new friend would stay up late studying various subjects, but they did not see eye to eye on some things. Eventually, Michael found a Seventh-day Adventist Revelation Seminar, met the pastor, and found what they were saying in the Saturday services to be the truth. "And the pastor and the evangelist took the time to sit down and answer my questions. . . . I was always being put off by other pastors. So I didn't really have support." Michael cleared his throat again.

I didn't feel like I had support other than God behind the scene and circumstances until this time in my life, in my mid to late 20s. The pastors in the Adventist church have been a great support of me. And I've been able to build good friendships.

With this support and encouragement, Michael has been able to expand his horizons and is able to do Christian ministry, even though this is a sacrifice for him. He has been in prison ministry for over 2 years, with little financial support or resources. Michael could focus on getting more grant money for what he does, but he said that would take him away from focusing on his true calling: trying to custom-design a Christian prison ministry.

Resiliency Within the Process of Being Rescued

Michael's adjustment and "transcendence" from childhood trauma was gradual. It was not something that happened suddenly. It was not through Alcoholics Anonymous or any professional counseling, other than interacting with church members and pastors, and his wife. "I can't leave out my wife. Eighteen years ago I was married. She has been a great source of stability and support to me in my growth." Michael laughed. "Kudos to her. She's a God-send. " But when asked how this support system has helped him move from trauma to leading within his family and community, he boldly replied, "Yeah. God and God alone and God working through other people."

As Michael talks to convicted felons, he personally evaluates his own life as it relates to the questions in the lecture series. As he facilitates the discussions to the men in prison, he finds that he is ministering to himself as much as the lectures are ministering to the men. When the opportunity arises, he is able to share his testimony with the men, which is usually during a worship service. "Little snippets as I hear God saying, 'now is the time to do this.' I see it as a divine appointment to share my testimony." It is unusual

for someone like Michael to be involved in prison ministry because he had not been previously incarcerated. Michael laughed out loud as he talked about this irony.

So, I say I have never been in prison but I have been in the Navy. If you can imagine being out on a ship, it's like being in prison. You are close; uncomfortably close to guys you may or may not like. There's criminal mentality. It's very much like prison. You're locked in there.

Michael's work at the prison is lonely work. It's very hard for him to find people to help who are committed, to "put their hand to the plow and not look back," he said, referring to the Bible verse that means to go forward with a commitment. Prison work can be frustrating and it is difficult. Michael recently handed out five volunteer applications and has not heard back from one person. Regretfully, he sighed. "They won't even answer their phone but they say they want to help but they don't. So, I've gotten to the point that I don't want to fool around with people who are wishy-washy. I'd rather do it alone." Michael wants help with his prison ministry but he wants help that God sends and not that he recruits.

He and his own small family recently left South Carolina because he had to foreclose on his house. Michael lost his vehicle. He had a lot of anger before and Michael's only happiness was through self-medication and that artificially made through drugs and alcohol abuse. But Michael keeps going forward with his life. Michael and his family are now settled in Northwest Indiana, doing prison ministry with his sole focus on childhood trauma.

For 2 years Michael has not had a regular paycheck, "but I've acquired a house. It was a gift." Michael laughed. "It needs a lot of work. Heat bills are high because it was built in 1906. . . . Cold air comes right through." Michael has faith that God is taking care

of his family's needs, therefore, he can't get hasty and say he wants to have a regular paycheck so he can increase his material wealth.

So where I am at now is that I trust God for my financial obligations and I know He only meets needs. Sometimes He blesses you with extras only because it's good for you to be blessed with extras. So I believe that the reason I'm not getting a lot of extras right now is I'm not ready for them. I'm in a learning process. God takes me along a continuum and as long as I stay hand in hand with Him I'll be effective. Not because of me but because of Him because I'm connected with Him. That's my true source of strength.

Michael finds inexpensive ways to spend time with his family that do not cost money. "That's really meaningful. . . . Right now I have responsibilities at the prison but I get to spend time with my children that people who have to work a 40-hour week don't get to spend. . . . I'm happy. I'm broke but happy." Michael expressed his thankfulness for God, his family, Christian fellowship, and his ability to walk through his childhood trauma to a normal, healthy life, and is free from cluster headaches. Michael is content.

Denise

I was terrified. He was always drunk. He beat my mom when she was
7 months' pregnant. Denise

Introduction

Homelessness, especially to an unwed mother, can lead to intense insecurity and loneliness. Add the lifestyle of a migrant worker and abandonment by your unborn baby's father and his family can lead to fear and questions about one's purpose in life. This is the beginning of Denise's story. She was the unborn baby. This story is about the abuse and childhood trauma, and the resilience of a girl who had to face up to fears embedded in her family history. As she sipped sweet black tea, Denise talked from memory, as if she had told her story 100 times. Deep-seated memories, hurt, fear, abuse, and a compelling spirit to conquer her future led Denise to resilience and coping in her

life today as a mother of a daughter who has a chronic disease and a disabled grandson. Her passion to overcome her childhood trauma is evident in her dramatic story.

Family System and Childhood Trauma

Some children have the ability to grow up within a weak family system and become stronger through their trauma and abuse. Denise, a White female in her mid-50s, begins her story. As Denise spoke, she timidly exposed intimate details about her mother's background. Her mother worked in a factory when she was very young, lying about her age. This was before there were laws against childhood labor. He mother was transient and eventually became homeless. "My mother was 21, pregnant, and homeless. She eventually ended up in a home for unwed mothers. She signed me away because back then she didn't have any place to go. Nobody in her family knew she was pregnant." But Denise's mom's aunt eventually found her.

> Through all kinds of red tape and stuff the coal miners ended up paying for my hospital bills and stuff. We ended up living with my grandpa. And then my mom partied and drank with one of my grandpa's buddies and eventually married him. He became my stepfather. He was a big drinker. He looked at me as a daughter but he had some real weird ways. He was real old fashioned and strict about everything.

Childhood trauma included poverty and intense fear from living with a violent alcoholic. Denise's family lived in isolation in farming country in Southern Indiana. Her stepdad was a farmer and farmed crops for other people. He was able to pay the rent but could not afford a vehicle. Any money left over from his paycheck went towards a small amount of food to sustain his growing family and to support his alcohol addiction. Because they were poor and did not have a car, Denise's family was unable to go anywhere. "My mom would promise lots of times that we would walk into town, but she would get so wiped out from getting us kids ready that we didn't end up going."

58

Fear intensified with every drink of alcohol her stepfather took. When her he was out drinking on Friday nights, prowlers would harass them by banging on windows. "We were terrified." When Denise's mom told the stepfather, he thought she was lying.

So, every Friday night for a long time we went through this trauma. There's men looking in the windows beating on the doors. I can remember screaming and her getting a gun out and them running away. And it happened every week. Finally my stepdad stayed home one night and saw we were telling the truth. But he didn't do anything. "What the hell do you want?" he said. And one guy answered, "Um. Do you have a cigarette?" I'm surprised he didn't do anything but he didn't. I was little.

Violence gripped Denise's household. One time her mother and stepfather got into an intense argument when her mom was 7 months' pregnant. "I'll never forget this. I was a little girl. It was real traumatic. He beat the hell out of her. He blackened her eye and hit her in the stomach. The baby didn't move for a couple of days." The doctor threatened the stepdad with a jail sentence if the baby died, but she was born okay. Denise's mom had another baby later on when she was almost 39 years old, a boy. Her mom had persistent trouble coping with the housework because "my mother was like a little kid." She 'employed' Denise to perform the bulk of the chores. Before even entering the fifth grade, Denise learned how to use a ringer washer and how to make cornbread and white biscuits from scratch. But her stepfather was never satisfied with Denise's hard work and would badger her with unkind words and did not give her credit for any of her sacrifices.

Life became increasingly difficult after Denise's brother was born. "He was the spitting image of my stepfather and they didn't discipline him at all." Denise took a long sip of her sweet tea before recalling yet another violent outburst. Denise's stepfather put the kids out of the house, up a hill, out of earshot, before beating her mom. Eventually, they lost the house and moved to another location with a woman whom her stepfather

respectfully called "auntie." Denise was about to enter the fifth grade. And her stepfather had to get "halfway sober" while living in auntie's house. She said that they still lived in the middle of nowhere and never went anywhere. "And he was real strict. He wasn't like before with drinking though. It was just once in a while he'd tie one on and they'd [her stepdad and mom] get in a fight."

Denise would wash her hair every night, although she lived in poverty without an indoor bathtub or bathroom facilities. She portrayed herself as a child who was mature and caring yet self-conscious, picky about her appearance. She would sneak makeup and hike her hemlines up when at school. Denise laughed out loud. "Eyeliner. Yep. Oh my God. I was a prostitute. You didn't wear eyeliner back then but I loved it. My hair was thin, baby fine, and wispy. So I put it up in brush rollers every night." But her sister was the opposite of her, a tomboy with long, thick, naturally curly hair. Denise said that her mother would dote on her sister's beauty, which resulted in a lifelong battle of resentment between Denise and her sister. Sibling rivalry continues to be a constant reminder of her traumatic childhood. Denise did not date or go to proms. Social life was limited to church on Sundays and the county fair once a year. She could not wear shorts like the other girls. "I'd wear a dress with mom and dad drinking lemonade in the farm show."

Feelings About Trauma

Denise's mother's shame was constantly present within their household. Denise knew from an early age that she had been unwanted and nearly abandoned. Neglect and childhood isolation with little socialization resulted in feeling like "a nobody in high school." She lacked maternal support, something Denise tried to compensate for when she herself became a mother by spoiling her own daughter in later years. Disappointment

increased as her stepfather displayed dissatisfaction with her school work. The transitional, uncertain lifestyle filled with fear left her feeling insecure and introverted. She became lazy and indifferent in her attitude with school and life in general. "I was just lazy. There's no reason for it. I could have done a lot better. I was just lazy." Denise continued to live in a perilous, unprotected, poverty-stricken, violent alcoholic home until she was 18 years old. She felt terrified, manipulated, and controlled by her stepfather's alcohol addiction.

<div align="center">Results of the Abuse and Trauma</div>

Denise visited her aunt, her mother's sister, in a distant city the summer before she finished high school. She made secret arrangements, without her parents' knowledge, to move in with her aunt after she graduated from high school. She was afraid her stepfather would get mad because she knew how strict he was. Denise wanted to leave home and get a job in a factory like her mother had done at a young age and eventually get her own place. After graduation, she prepared for her journey. It was at this time that her stepfather found out about her plans.

> He started crying when he found out she was coming down on my birthday. He said that she wasn't going to come and get me. He really started to cry. He accused me of not appreciating a good thing and what he did for me. I tried to explain. "Dad, that's not true. I've gotta leave home sometime." He said I'd start drinking and we fought about everything. He was really hurt when I left home. You know, I couldn't wait to get out of there.

After moving in with her aunt and uncle, Denise got hired at a small factory that produced radios and stereo components. She did not know anything about the job or living in the world outside of her isolated childhood environment. "This was my first time to try to do anything. I always thought I was capable, but I went into that factory and I didn't know anything." She lacked social skills and did not know how to relate to the

<div align="center">61</div>

other women who were much older than she was. "I tried to do the best I could, but they kept sending the parts I made back. I felt like it was a job for stupid people that they didn't know where to put me." After a long pause, Denise finished her thought. "The ladies would giggle at me."

Denise had no previous experience with dating or relating to boys other than her contentious, fearful relationship with her stepfather. She eventually started dating older men from work. He mother had married an older man and this was all she knew about relationships. After working at two jobs, which included employment at a hotdog stand, Denise moved into her own apartment. To be more cost effective, she invited a coworker to move into her apartment with her and share expenses.

So I'm living with this other girl and we're having a great time. You know, we're partying and she was a drinker and I was pretty straight. I just don't enjoy it like everybody else. Maybe it's because of watching my stepfather make an ass out of himself.

Denise said she tends to be an introvert, staying away from other people for long periods of time. She avoids getting into social situations sometimes. She confessed that she has always been this way. "I go through these things and I tend to be introverted for awhile. I don't know if it's because we lived far out in the country. I was never allowed to do anything, except sometimes go to church." Mentioning attending church awakened a new thought pattern for Denise. "I never fit in and to be honest I was just going to meet boys because I didn't go anywhere else social." She confessed that she saw hypocrisy within the congregation, which dampened her faith in organized religion, but she did believe in God. Her mother was not supportive and told Denise that there won't be many people in Heaven because you had to be perfect. Her alcoholic stepfather was the biggest

62

hypocrite of all, commanding church attendance but abusing and traumatizing his family at home.

Coping With Support

Denise did not have a support system within her small family nucleus. She remains in an antagonistic relationship with her sister, has a casual relationship with her brother, and does not speak often with her mother and stepfather. Support eventually came from the older women who worked at the radio factory. Denise got really close to the older women who became mentors to her. When asked if the women were like a support system, Denise replied, "There was, in fact, several ladies that I was like their second daughter you know. I really liked them. Even my boss treated me in a fatherly way."

She was open and honest with her coworkers, sharing her past childhood trauma and about her violent alcoholic stepfather. They were her extended family. "I had been with them for years. I ended up working [at the radio factory] for 33 years. I saw some of them retire and some of them die. I still visit with some and see others around town."

Resiliency Within the Process of Being Rescued

Because of the continual extended family support system at work, Denise has been able to work through her trauma to lead a reasonably normal life. She values her independence, continues to work hard, and has become self-sufficient. She had gained self-respect through frequent, motherly support from her female coworkers. She has become compassionate towards people who are less fortunate than she is. Her social skills improved over the years, and Denise learned to communicate with the opposite sex to develop a healthy relationship with one of her male coworkers.

After working at the factory for nearly 5 years, Denise started seriously dating D. Within 6 months they married and he moved into her apartment with her. Life was not easy, and they struggled to survive with used furniture and "cheap junk and things" that were purchased at garage sales. After 2 years of marriage, Denise became pregnant.

Denise had been home from the hospital for 3 days with her baby girl and received a phone call from the doctor's office. Her baby's PKU (Phenylketonuria is a rare genetic condition in which a baby is born without the ability to properly break down an amino acid called phenylalanine) tests were abnormal and there was a threat of retardation if she did not return to the hospital for immediate treatment. Her baby was missing an enzyme in her liver that digests phenylalanine. The baby was put on a diet of a special formula.

> The people at work were my support system. I called my parents. My stepfather was a simple farmer. At first he wouldn't let me tell my mother. My mother was a worrier but was amazed at my capability to handle this traumatic experience with my daughter. And I just handled this thing right away and I drove to Chicago and I read everything I could find on the subject because I had to deal with it, because there's nothing more important than your child.

Denise's daughter was supposed to go off the formula when she was 6 years old but was later told that this was a lifelong disease and a strict diet without protein was her daughter's fate. Denise believes that she had the ability to adjust to this trauma because of the women at work who were her support system. "I just thought that when you have a baby you should know, um. . . . I just had this grandiose idea that I was going to be a good mom."

Although her daughter is now an adult living on her own, Denise still attends seminars and meetings to continue to educate herself and others about PKU. This desire led Denise to participate on a television show to help support other women and their

children who suffer from this rare disease. Denise is adamant that her ability to be resilient and move through her childhood trauma to normalized adult behavior has given her the compassion needed to be supportive to others in need. She has strong family values and enforces freedom of personal choices and religion. Denise is determined to keep her family safe, promoting sobriety and family fidelity.

Lee

My father was ashamed of my disability. I was an unwanted child. Lee

Introduction

In introducing me to his heroic journey through childhood trauma, Lee wanted me to know that he is "first and foremost grateful for his belief in the Lord Jesus Christ, though life has not always been this way. However, today it is." Lee, a now middle-aged White male, was conceived in the back of a taxi cab in an unguarded moment of passion. His father later made it clear that he was an unwanted child. Tearful, lonely memories of a painful past became part of his present reality as Lee gently confided details that most would only confess to their closest friends. The following is the story of a man who faced rejection, which caused shame; family separation, which triggered anger and confusion; and emotional withdrawal and insecurity due to traumatic childhood abuse. Through continual struggle, unexpected incarceration, and eventual recovery, Lee moved through his childhood trauma ministered to by his strong faith in Christ, resulting in the ability to live a fairly, normalized adult life.

Family System and Childhood Trauma

Lee was conceived in the back of a taxi cab, and labeled as a "mistake" by his father, who always blamed Lee for having to marry his mother.

My parents tried to make the marriage work. It didn't. . . . From being born until the age of four, I spent most of my time on my bed or in my crib on my back because of the pain that I had in my stomach. My grandfather came to [our house] to check on us three grandkids. My father had just finished beating me and my grandfather went to my bed and he rolled me over and he noticed this huge lump in my stomach and it was getting bigger by the second.

Lee's grandfather went to his father and the conversation went like this:

Grandfather: "What have you done to this child?"

Father: "I spanked his bottom. I didn't do anything."

Grandfather: Have you noticed this?"

Lee's grandfather immediately rushed Lee to the hospital, where it was discovered that he had a hernia, which had erupted. After the long and complicated surgery was completed, "and the trauma of the surgery," Lee's grandparents took him back to their farm to live with them. This arrangement lasted for about 2 years.

The grandparents wanted to take a trip to California and because they had somewhat amended their relationship with his parents, Lee was sent back home, which was to be for only 2 weeks. His parents had had two more children within the 2 years that Lee was at his grandparents. Another important detail in Lee's story is that his father was a World War II veteran and had won 21 purple hearts. Being a war vet took a toll on his father both mentally and emotionally. During his time in the war and later at home, his father drowned his sorrows and pain in alcohol.

And so I guess my dad was an alcoholic. Anyway, my father did not drink all of the time when I was there, anyway, until the end of my stay, which was on a Friday night. And my father went out and got very drunk and was arguing with my mom. The next thing I know my dad pulled a butcher knife from the drawer in the kitchen and proceeded to stab my mom. And as he drew it back I stepped in the middle and I kind of received the knife.

When Lee was later questioned by the local authorities, his mother insisted that he say that he was playing with the knife and fell on it. She did not want anything to happen

66

to his father. "Needless to say, I went back to my grandparents and that was pretty much the end of the story; my grandparents and me. I was raised by my grandparents."

Feelings About Trauma

Lee experienced neglect, rejection, and instability in his family home, which resulted in feelings of shame and insecurity. He became reckless and angry. Lee's anger turned to irresponsible behavior and the abuse of others. His separation from his family, especially his brothers and sister, led to confusion and frustration. Because of the rejection from his father, Lee harbored resentment against authority and self-medicated through alcohol and sexual promiscuity. He regretted that he was foolish and led a purposeless life.

> I will never forget the time my son was born. Notre Dame was playing Duke University in 1978 for the chance to go to the national championship game. He was born on Good Friday. And my wife looked over at me and says, "Why are you crying about the game?" And I said, "Honey, I'm not crying about the game. I'm crying because I've never known or been taught to be a father and now I need to know somebody to help me, teach me."

Results of the Abuse and Trauma

Lee's parents eventually divorced, which was unacceptable in the 60s and 70s. "It hurt the entire family beyond belief." Lee's father's continual resentment left him withdrawn. His brothers were sent to a children's home in Indianapolis, and Lee's one sister joined him at his grandparents' home, while his other sister was adopted by his great-grandparents. His one brother resented his mother almost to the day she died.

Having divorced parents brought shame to Lee, and because of his insecurity he was the object of one bully's attention.

> One bully would pick on me for almost three years and at the end of fifth grade I had determined to myself that he had picked on me for the last time. And that

67

summer, because my grandparents had a farm . . . I bailed hay. I went from a boy to a young man. . . . I became very physical. . . . I knew that when school started if he bothered me I was going to let him have it. . . . And last I remember that when he grabbed my lunch and decided he was going to take my sandwich and cookies, I let him get it in his hands and as soon as his hands were occupied I blacked out. I guess I hurt the boy pretty bad.

The school and sheriff's department thought that Lee had a real problem with anger, but there was not much counseling back then. "It was basically you've got to learn not to do that." Lee had broken the bully's jaw, arm, and leg. He had to spend his sixth-grade weekends in the county jail. But the worst thing that happened to Lee was that he became the new bully of the school. Even as far back as sixth grade he tried to make up his mind that he was not going to take anything from anyone else and he knew he had the upper hand. But he realized that if he did not do what was right, he would end up back in the county jail and he did not want to go back there.

At the age of 13 Lee found out about football. He could legally take all his aggressions and anger out on the playing field. He took pleasure when he could hurt the guys. Although Lee was good at playing the game, his self-worth was diminished when in his senior year he got stripped of his letter jacket because he came to the spring dance drunk. To this day, Lee's jacket still hangs on the wall of the athletic department of his high school to remind other players that "even though you make honors playing football, if you do wrong we're taking your letter jacket."

Lee was a good football player, which allowed him to go to college and get a good college education. Lee learned from his college football coach that when you play with passion and put that passion to work, "you won't have to worry about life because you'll be able to make it both on the football field and academics. I owe it to Mr. S. and everything because he gave me stability." He became friends with other guys with similar

backgrounds and they would talk with each other. "We would start to learn to cope and in college I took a lot of psychology classes because one of my majors was business. . . . I learned a lot about how manipulation works and pretty much get what you want." Lee wanted me to know that he was not a good guy; he went to church and drank on the weekends.

However, in 2002, Lee was accused of stealing money from the construction company he worked for. While he awaited sentencing, Lee received permission from the court to leave the state of Indiana and work in Las Vegas. He worked for a very large construction company and eventually became the general manager. He became friends with a man who had a fire in his house, a parole officer. The parole officer asked Lee if he would be interested in using prison people to do demolition with his company. He got to know a lot of people who made bad decisions yet were really good people. Lee knew then that after his eventual release from prison that he wanted to start a construction company with half of the assets going to a halfway house for newly released prisoners. Consequently, in 2007, Lee was sentenced to 19 years in prison.

> I know 19 years sounds like a lot of years . . . but because it was a white collar crime, everything is run concurrent and I ended up actually only having to do four years. I was accused of stealing almost half a million dollars, which was not true.

Lee did not volunteer anymore details of the crime. I did not feel comfortable in asking him about the details because he humbly confessed an issue that was more emotional and personal.

> I was sentenced to 19 years. But before this all took place and my wife found out about this and several other things, she decided she wanted to dissolve the marriage. And that's really where my trouble began because being married for 27 years and I just went from one relationship to another and finally about nine months after the divorce I married another woman that I was with for about six years before I went to prison. And while I was in prison she decided she didn't want anything to do with me.

And upon my release from prison I began to take a hard look at what happened to me and I wanted to make a difference in other peoples' lives.

The Department of Corrections requires inmates to be psychologically evaluated. Lee's examination revealed that his major problems in life started when his father stabbed him and he had to tell the local authorities that he was playing with a knife.

Coping With Support

I asked Lee what kinds of support systems were there to help him overcome his childhood trauma. Lee took a long pause before he answered. "There was none. Basically I did it on my own." He told me he did have a good Christian upbringing by his grandparents. A lot of the ethics Lee's grandfather instilled in him are still with him today. When asked how his self-directed support helped him to develop resiliency, Lee replied,

> When I was about 13, I went to a Baptist church camp. It was there that somebody introduced me to Christ and I want to tell you now that it was something that I believed stabled me in many ways. I learned to become my own man. I learned to become my own person. But I was rescued by my grandparents.

While in prison, Lee was fortunate to become involved in an independent Christian ministry. He got to know who God really was, reading the Bible and understanding His Word. He learned in prison that he cannot do anything about the past or the future; he can only concentrate on the present. And he still lives this way. Lee prayed and God said, "You know what? I gotcha. And why are you worried about tomorrow? I'll take care of tomorrow. You're supposed to take care of today."

Resiliency Within the Process of Being Rescued

Although Lee's 27-year marriage ended in divorce, he and his ex-wife worked hard during their marriage to learn to seek out counsel on how to raise children. He and

his wife are not together due to the fact that Lee went to prison because "she couldn't take it." But he concludes that "all three of my children are serving God. They are fortunate." They are college graduates and involved in Christian ministry. Lee's son is a youth pastor and works with a home in Michigan for children who "cannot get along with society and are cooped up in a correctional facility." One of his daughters is an elementary school teacher and has earned several state honors. His other daughter is the CEO of a health food company and her territory consists of all states west of the Mississippi River. Lee takes pride in his children and is thankful for their successes in life. "Because of the upbringing of my children, because I made sure Christ was inside of them, and never forced it on them, this showed the love of Jesus to them."

Recently, a man who had known Lee in the past approached him and asked for help with his construction business.

> I told him that I do not want to own his company. Because I have so much more important things to take care of, such as the men that come out of prison, they need a place to stay. The kids that are left behind, they need to know there's a big, big guy behind ready to give them a holding hand. If they just need to go to a ball game or a park, they need to know they have somebody they can count on. And the spouse left behind, he or she needs a supporting cast. My whole goal is to develop that well. So, yes. I went to prison and I think God sent me to prison for a purpose. He said, "I've got you now." He wanted me to cry out to him like Job did and say, God help me! God what have I done? I learned to know who God was.

Lee wanted me to know that he believes our society today is failing in the prison system, failing because once you are in prison, you are just a number, and very few people get involved in faith-based prison ministries. Most prisoners end up reoffending. They lack purpose and the means to an end; they lack a support system and people who believe in them as human beings. The program that Lee is now involved in reports that their recidivism rate has dropped from 57% to 38% due to this program. "That's because

it makes you think; it makes you realize if what I am to do today how it will affect the universe. . . . It helps you think before you act."

I asked Lee if he had anything else to say. He replied, "Nothing more than, go God. He's real to me." Lee's priorities in life are his faith, family, compassion, and giving back. He finds stability in Christ, giving Christ to prisoners, connecting with people of like minds in faith, family, and parenting.

Leney

The trauma that affected me was incest. It began when I was 2 and ended when I was 12. Leney

Introduction

Leney, a 54-year-old Caucasian woman who lives in the Midwest, spoke in a very soft, unpretentious voice. She sat calm and still as the words of childhood trauma tumbled freely from her lips, the malicious story of incest. Our interview was short; lasting only about 30 minutes. But in the 30 minutes I heard a heart-rending, concise story. Leney is a courageous woman who has used her ability to work through deplorable childhood trauma to a normalized successful life. Although this story has a horrific beginning, Leney spoke with a positive, forgiving attitude. Her ability to travel through her trauma is nothing short of a miracle. Yet Leney was able to open up to me about some of the sensitive details that have molded her life into what it is today: the ability to help others who have gone through similar childhood trauma to lead lives of normalized adult behavior.

Family System and Childhood Trauma

Leney grew up in the country in the Midwest. She had a close, involved loving family and parental ties including her church and pastor. The unpardonable childhood trauma that affected Leney was incest. "As far as I know it began at the age of 2 and ended when I was 12." Leney shared more about her feelings about the trauma than her childhood and the actual trauma itself.

> I was surrounded by a lot of love and a lot of support. But family and the church I grew up in was a small rural church and even though we weren't related it was very much like family. Other than that one person, I felt safe.

Feelings About Trauma

The incest Leney was a victim of greatly affected her attitude and caused negative thoughts towards men. "I am leery of most men. I think they mostly look at women as sex objects." She was and still is an emotional eater, resulting in weight gain and a heavy-set build, what Leney refers to as her "body armor." This body armor has been her protection against men, against feeling alone, scared, and fearful. Leney's description of her feeling about the childhood trauma is as follows:

> I learned to walk through fear. When I told the perpetrator that it was over when I was 12 and I told him at that time that if he ever touched me again that I would scream from the roof top so everyone in the world would know about it. And in that moment I learned that when you stand up for yourself, that when you speak your truth things change. And so, like I said even though I was a child at that point and didn't really understand that like I understand now, it was the beginning of me going on a quest, I guess not only myself but to help other people who needed support and help and knowing what it feels like to be afraid and to be alone in a really scary situation helps me, I think now, to help others.

Even though she did not reveal her relationship to the perpetrator who was a family relative, Leney felt safe with other family members. She was blessed with ministers in her family church because she was able to go to them and talk about what she was feeling. And contrary to what I expected to hear, Leney proceeded to tell me that

she was very young at the time of the crime and did not have the vocabulary to explain how she knew what was happening to her was happening for a reason. But someday she knew she would understand what the reason was and that she would be able to "turn a very negative into a very positive." Leney feels her life is good right now. She is able to feel more and is secure in who she is.

Results of the Abuse and Trauma

When asked about how, as a child, the trauma affected her learning and social skills, Leney replied that she did not think that the trauma interfered with her school work in elementary and high school. She has always been outgoing. It is easy for her to talk to people and be around people. She had a family who surrounded her with love and protection. As mentioned above, Leney has had difficulty with her eating patterns and a weight issue her whole life, something she still struggles with. Without support, Leney confessed that she tends to withdraw when she is hurting. As a result of this insecurity and being out of her protective home, when Leney entered college right out of high school she was intimidated by the new environment and very unsure of herself. "So I didn't stay long. I later went back to college here locally, but I did not finish my degree. I got married instead."

Leney's life is presently in transition. She was recently divorced after 28 years of marriage. Facing insecurity and the switch from being married to single has not been easy. Letting go of her stepsons has also been a difficult adjustment. She finally is getting to the place where she can "breathe again." "The marriage was not good. I went from living on a 100-acre farm to living in a condo. But life is good right now."

Coping With Support

Leney said that it is not easy for her to go to someone for support when she is hurting. But she has been blessed with the people, who are able to come to her and "pull me out, not let me go within and stay there." She met her therapist when she was in her late 20s. She had not told anyone about the incest until then. Now her therapist is one of her best friends. After a long pause she continued,

> She helped me face that closed door inside of me and let me know it was safe to walk through; a beginning of life change over 30 years ago of digging stuff and getting honest. The main thing is those people believed in me. They saw something then and now in me that I can't see in myself. Their support in who I am gives me the courage to keep walking. My support system is not just people; its energy, God, whatever label you want to put on it.

Although Leney's parents were an integral part of her support system, she now is coping with caring for them as they are in their mid-80s with major health issues. This has been a difficult transition for Leney as safety within her family was her ultimate support system.

Resiliency Within the Process of Being Rescued

Leney places great value on family, friendships, spirituality, God, and nature. "Traditional church was not speaking to me. I recognize now what I needed was spirituality rather than rules." She believes in providing a safe place for people to worship freely, whether they believe in Buddha, angels, meditation, or soul retrieval, to work and heal. Forgiveness, faith, and pursuit of one's passions help in the healing process. Leney considers talking, mentoring, and most of all love to be the ultimate influences in her adjustment to normalized behavior. She was nurtured through a safe place, comfort, and acceptance; but most of all through love, which includes being held and physical contact.

75

Because of Leney's heart's desire to help others, her calling turned a negative into a positive. Without the trauma and incest, she said she would not be who she is today.

> I wouldn't, couldn't have the compassion I have without experiencing those feelings; the dark night of the soul myself. And knowing how important it is for someone to believe in you; to know it's going to be okay; to know you're going to get through it.

Leney was encouraged through people having faith in her. She entered her community, helping others who were traumatized as children through opening a center in 2003 that gives healing through freedom in spiritual life, therapy, and an environment where people can be "absolutely safe and know they are loved." She is thankful for what happened at this point and most of her life, but not the kind of thankful that I wish I could go back and do it again." Although she did not finish her education and does not have a degree or credentials from college, Leney has been able to recognize that her passion is strong enough to open doors and directs her calling to help others.

Leney has conducted workshops on change and transition through childhood trauma all over the country. These workshops helped her prepare for opening the local center for people to congregate, share their trauma, and help support each other to normalized behavior. "At a very deep level I get it; if we choose to look at it with the eyes of growth and opportunity, that's exactly what it becomes to do greater things, to do better things to make a difference."

When I asked Leney how she feels her experiences have helped those with whom she comes in contact, and how she is able to influence these people and their lives, she replied, "One word–love. I can see who they are just like the people who have seen who I am; who they are, not just their fears and insecurities. They ultimately want love. So, I guess it's love and acceptance."

Gabriel and Scarlet

Pretty much all our lives our dads have been alcoholics. Gabriel

Introduction

Alcoholism is a loathsome disease. It not only destroys the individual alcoholic's mind, body, and spirit, but infects family, friends, and society as a whole. It is an addiction, like other destructive addictions, that causes trauma, violence, embarrassment, neglect, insecurity, divorce, and poverty. When Gabriel, who works in media production, and Scarlet, a young college student, met in their early 20s, they had no idea that they shared the all-too-common thread of alcoholism. Both of their fathers were alcoholics, and their lives were saturated with the effects of substance abuse. Partners for over 4 years, Gabriel and Scarlet support each other by understanding their traumatic backgrounds and abuse, as well as concentrating on the maintenance of vigilance it takes to sustain daily normal behavior.

> I never knew Scarlet's dad was an alcoholic. We just met, clicked, and have been together ever since. Four years. Not long but still pretty long for a young couple. We live together. We're pretty much married except for the ring. I'm just grateful I found Scarlet.

This section reveals the heroic and eventual resilient journey of two individuals who battled childhood abuse through paternal alcoholism. In a personal, intimate, and emotionally recorded interview, together Gabriel and Scarlet described their childhood trauma, the results of the trauma, and their ability to move through the trauma to normalized adult behavior. Detailed descriptions of family systems, the specific childhood traumas, individual feelings about their trauma, as well as candid feelings about each other's trauma will be described. The results of their childhood trauma are disheartening; their coping mechanisms did not come easy. But Gabriel and Scarlet's

ability to move through the trauma came with the help of Gabriel's mother's fervent, committed love and support; a single male mentor who took the sole responsibility of fathering a traumatized child; and reciprocal tender love and care to adjust and their capability to move through young adulthood.

Family Systems and Childhood Trauma

Scarlet was 6 years old when her father's motorcycle accident occurred. He became an emotional and verbally abusive alcoholic. He would drink all day long. Without the physical, financial, and emotional support of a father figure in her life, Scarlet, her mother, and older sister were responsible for caring for themselves. "That made the three of us close. But that excluded my dad. We had to stay home. He didn't want anyone near us. He wanted us all to himself. I don't think he wanted to lose us." Her mother raised Scarlet and her sister by herself. Scarlet's father could have gone to work, but the fact that he could not perform his former job, which required physical endurance and strength, greatly affected him. "He never accepted that. He had pride and didn't want to work someplace like Wal-Mart. We were isolated. He would drink all day. My mom makes excuses for him. She won't leave him." Gabriel does not understand Scarlet's mother's co-dependency.

Gabriel's parents were divorced when he was around 6 or 7, which was when he realized that his father was an alcoholic. He said they were always fighting; there was horrible verbal abuse. "I can't remember the exact time. I choose not to remember." His mother had to do everything.

He didn't help us at all. He was a bad alcoholic; a very bad alcoholic. Bottles and bottles of vodka; he was never around. You know, always in the basement. He pretty much left. I remember the day he left, I was standing in the front of the front door of the house that he had owned; that my mom and he had owned, and I was pleading

with him not to go. And he just brushed over me as I was crying and he just walked out of the door and I didn't see him for a long time after. And you know, me and my mom, we struggled.

Gabriel was 13 years old when he got his first job working for money "under the table." He did what he could to help his mother out. He grew up at an early age. Gabriel really did not get to live a normal life as a child because there was always the underlying need to help out in the household and he assumed the role of the man of the house. But his extended family was "very tight-knit; very happy." This family unity is from his mother's side of the family as he does not see his father's side of the family very much. Presently, Scarlet's only family support now rests within Gabriel's extended family. Gabriel is just glad that Scarlet is able to come into this support group. "She needs it more than I need it. Her father still tries to provoke her. He doesn't need to do that. He gets her all upset and crying and stuff like that. I'm done playing games."

Feelings About Trauma

Scarlet's father is emotionally and verbally abusive and he "cuts us down all the time; and not just us but people in our lives that we care about, and he continues to drink and tries to bring Gabriel down." Scarlet's co-dependent mother continues to defend her father. Although Scarlet is close with her sister, who is 3 years older, her sister also defends their father, which leaves Scarlet as an outsider. "When we were young, my sister and I felt bad for our mom because she struggled with working and not taking care of him and us so we really felt bad for her and stayed home all the time." Scarlet's embarrassment and negative feelings towards her father grew as she matured. Her sister went off to college, and she was left home to cope with her father's abuse.

He would drink all day, like he'd get very talkative about things that no one gave a crap about [laughs] so, I don't know. I guess that was really embarrassing for me and I never wanted anyone to come over.

Like Scarlet, as a young boy, Gabriel did not want to bring anybody home to his house because he, too, felt embarrassed, especially when his parents would get into big fights. "It was bad." Gabriel experienced similar feelings of isolation in his youth. There was only one young friend that he trusted to come over and he knew what would happen. "And I wasn't embarrassed with him." Gabriel was lonely but he knew he could trust one friend.

Feeling rejected and alone, young Scarlet dealt with her anger silently. She still has bouts of anger. She had and still has no support from her mother who works most of the day. Gabriel understands that Scarlet does not feel bad for her mom. With tears in his eyes, he lamented,

I love her mom to death. She's an awesome person . . . very nice but she gets walked   all over by him and there's no reason for it. And she wants Scarlet to lay

down for him to get walked all over by him and there's no reason for it. And in turn she wants Scarlet to be an enabler also and when Scarlet stands up for herself it's . . . you know, "why are you doing that? He's just drinking and stuff." She [referring to Scarlet] feels left out and alone. It's easy to feel that way when your family is pretty much not getting your back.

Gabriel's comments about Scarlet's father were not as kind but harsh, demonstrative, and forthright. He describes him as an alcoholic, a real jerk, using explicit, raw vocabulary. Scarlet's father tests Gabriel, who describes the testing to see if he was a really manly man. "But I think he's making up for his own short-comings. He's somewhat crippled and a small-statured man. He tries to project this manly image out to everybody. It's like, 'I could push you over with one finger.'" Scarlet's father still tries to put her down for her independence and living with Gabriel.

80

Gabriel and Scarlet experienced a normal stage of dating and did not bring up underlying problems or childhood trauma. But their paternal connection revealed its ugly head when Gabriel's father came over disheveled, high on drugs, and emaciated from years of alcohol abuse.

Results of the Abuse and Trauma

Scarlet, her sister, and mother continued to live at home with her father. When Scarlet entered high school, she joined groups like track and band, which got her away from home for short spurts of time, but she was not allowed to go out with friends. She had to be careful and come home from school right after her activity was over. There was little joy in these school activities because of the constant fear of what she would be confronted with upon returning home. "My mom would go to work, and during the day he said he was going out and looking for a job but we knew he wasn't because he would come home and he would be drinking and pass out." She was always scared of what would happen when she got home from school.

On the other hand, once Gabriel's father left, he and his mother were left to fend for themselves.

> We were pretty much homeless at one point. Never had enough money to do anything. We just struggled to get by. She always tried to have enough money to keep me stable. Keep me in the same school and not move around a lot, which I really appreciate from her. I don't know. Once I was old enough to get a job . . . I really wasn't old enough. One time when I was older, he came into the house and stole 20 dollars from me. It was only 20 bucks and if he needed it that bad to get a fix I mean . . . What am I going to do about it?

Gabriel's mom always made sure that when he went to school he had good clothes so he did not get made fun of, and she always worked extra hard to buy him

plenty of outfits at the beginning of each school year. She worked hard, sometimes two

and three jobs at a time, eventually going back to school and earning her master's degree.

Homework was not affected by Scarlet's father's alcoholism because since she

had a very limited social life, she could do homework, though she did not "do good in

high school." She was awkward, afraid to meet people, and did not want to bring anyone

home because she was embarrassed of the condition she would find her father in.

"Everyone else's parents seemed laid back and cool. And my parents were uptight."

Scarlet took a side glance at Gabriel then continued,

> He would be drinking all day long and when I'd come home . . . I tried to get
> away as much as possible and used band to get away and when I'd come home then
> he'd want to talk to me and talk to me. And he'd go through my room and destroy
> things sometimes like he'd get really mad at me about the most ridiculous things. I
> don't know.

Unlike Scarlet, when Gabriel entered high school he never had a problem with

social life. He was always the popular one. Not wanting to sound conceited, he said he

was always pretty popular and was voted most irresistible in his senior class. It is

obvious, with his soft, kind eyes and winning smile that he easily made friends. "I just

had a good social life and was always hanging out with friends. But I think it led me to

partying and stuff I shouldn't be doing." Gabriel was working in the restaurant business

when in high school. He started living the fast life, indulging in alcohol, drugs, and sex.

This led to paths that he should not have gone down, such as self-destructing and illegal

behaviors. As his focus turned to making more money, he lost interest in academics in

high school. His mother had him arrested more than once. "I was always a social bug," he

chuckled. "Not anymore though. Now I'm a hermit."

Coping With Support

As a child, Scarlet's support system came sometimes from her sister and for the most part from within herself. She did not reach out to others and, until meeting Gabriel, was basically self-motivated, coping alone with her anger, embarrassment, and internal conflicts that were the results of an alcoholic father. She is an artist and buried herself in her paintings. Gabriel, in contrast, received counseling from the age of 12 or 13. "I have a support system," he meekly commented. He attended groups such as Alateens and learned about the disease of alcoholism. He encountered other young people who have been in similar situations and people whose trauma was much worse than his own–the hitting of their mothers, violence, opening his eyes to the extent of the horrors of alcoholism. Counseling helped him to express his feelings. Counselors and doctors listened to him.

> I don't know if it was nurturing as I look at my mom as the nurturer. She's always been there to hold me when I'm crying and you know. I can't thank her enough for it. I think that if I didn't have all that time to talk to people and find out about this stuff I think I would be a different person, honestly. I think that I would have a lot more anger inside towards him but I don't. I really don't. I can look at him and tell him I'm not angry. And I've told him that before. But . . . you know . . . he just brushes it off. He won't even talk about it really.

Scarlet boasted about Gabriel's mom. Gabriel's mom has been able to help Scarlet through difficult times because she has not had the opportunity to get counseling. "She's, oh my gosh, she's just amazing and never gives up on me!" Scarlet sometimes continues to argue with her dad and Gabriel's mom knows exactly what to say to her. "She's so smart. She's, you know, she makes me feels so much better. She can talk me through it and explain why he's acting the way he's acting. So yeah. She's been my counselor." Scarlet's mom can't produce the same results, because, like she said, her

mom is still "hooked" and Gabriel's mom is "disconnected" from her alcoholic (former) husband.

Another major support for Gabriel has been his "uncle," a long-time friend of his mother, who has filled the aching void of a missing father. He was not there all the time, day and night, but would take Gabriel out when he was younger and do things that a dad would do with a son, such as fishing or treasure hunting (looking for old fishing lures and sinkers). "And when I was a kid that was the best thing in the world, you know? He's always been, like, the dad I never had. He's never gotten married. He's always been there for me and been a big part of my recovery when I was a kid. He's always given me good advice and I listen to him." Of course, his uncle is not "blood" to him, but Gabriel does not care; he's always been available for him and his mom.

With deep hurt, tears, and emotion Gabriel continued. I handed him a tissue.

It sucks that I care more about him than my own dad. I think that's still one of the only things that I may struggle with thinking about that. But I don't know what else to say. My dad was never there. . . . He was just a donor to me pretty much.

His mom's stepdad was also a support to Gabriel. His stepdad would take him out shooting and fishing. Both men tried to fill the void and be positive male role models in Gabriel's life.

Resiliency Within the Process of Being Rescued

Gabriel beamed with confidence. "I think I am resilient. I look at the jobs I've done and all the different places I've worked and I think, man oh man. My mom has done a good job of putting me through counseling." He understands that his father has a disease, is an alcoholic, and has forgiven him; he's not going to change, he has accepted that. His father is also now a drug addict with poor health, roaming the streets in the city

where he lives. He sometimes will stop by Gabriel and Scarlet's house, looking gaunt and obviously homeless with no desire to get help or healing.

On the other hand, Gabriel's uncle is still always there to take him out fishing and camping, exploring and pursuing hobbies. Gabriel has strong family values concerning financial responsibility and hard work. He has learned compassion because he is able to forgive his father.

Scarlet assured me that her journey through childhood trauma has definitely given her compassion for other people. She is very caring and involved in social projects at college and in the community. "I like to be there for people, sometimes too much because [pauses] even within my family, I always want to take care of people and please people. I don't like letting people down. I have self-respect." Counseling would have helped but she never had the opportunity. Gabriel's mom is now Scarlet's counselor and nurturer. She does not want to be like her parents and still carries anger towards her father. "I just see how they are towards others and it's just disgusting all the time. I never want to be like that. Gabriel's mom is like my mom. I call her mom. She's everything to me. I'm grateful."

Gabriel spoke with raw emotions that ended our interview.

I think I've pretty much well forgiven him. The thing I still pretty much get emotional about is my uncle because he means so much more to me than my dad. I could sit here all day and talk about my dad and not shed a tear. But when it starts getting down to the people I love and the people I care about that's when I start to get emotional. And it's kind of harsh to say the people I love and care about but not including my dad. I mean I love him but it's in a different way . . . so . . . that's the last thing I thought about . . . I didn't mean to cry.

Adam and Cymone

My mom left. She was my mom. I wanted to be with her. Cymone

Introduction

"Can a woman forget her sucking child, that she should not have compassion on the son of her womb?" (Isa 49:15). Is this a rhetorical or a literal question? Adam, now in his mid-20s, was born addicted to heroin. Cymone, age 21, was born into a drug-addicted and abusive family. Adam's mom soon left him. His father went to prison when he was 2 and was murdered there. He oftentimes lived with his grandma and grandpa. Cymone's mother was a battered, unstable woman, often leaving her and her two siblings in the care of relatives, to pursue a drug-infested and illegal lifestyle. Adam and Cymone met in a juvenile detention home in New Mexico. This revealing story is about the vulnerable, tumultuous, and yet heroic journey of the lives of two individuals who became one; the lack of life's choices available in their childhoods; the abundant availability of poor choices and inevitable surrender to them in their youth; their sorrows, mistakes, and regrets; their repentance, maturity, and miraculous resilience.

Family Systems and Childhood Trauma

"My family's not good and her side of the family ain't good. I'm not saying I don't love my family but I don't want to put my daughter in that situation." The situation Adam referred to is a family whose drug dealing and addiction, abandonment, murder, divorce, and incarceration were part of his all-too-real traumatic childhood. Adam, a 24-year-old Hispanic, was born in the Southwest United States, to a heroin-addicted mother. He consequently received the drug methadone to ease and counteract his infantile addiction. In his interview Adam confided:

I think the big trauma in my life was when my dad went to prison when I was two and then he died. He got murdered in prison. The guards gave him something and he died. My mom left me as soon as he went to prison so I went with my grandma and grandpa. They raised me pretty much and then now I have seven sisters and three brothers. Growing up I kind of went from one sister to another to another. One of my brothers like had an overdose when I was eight. So that left me with two other brothers. When I was around ten, he [another brother] got murdered in prison, too. He got stabbed 72 times. And they cut off his ear. Drugs and gang related. My whole life I grew around it.

Adam was raised by his dad's side of the family. His dad was a "player" and had 10 kids with several different women. Adam's mom was the last woman he married. "I heard he was a good dad besides all the drugs. But . . . you know." His mother went to jail for 11 or 12 years. He finally met her when he was 14 years old. "I kind of liked it. I think it was when I got out after doing my one year. I kind of liked it. But she never kept in touch. It was a onetime thing. . . . She never kept in touch."

Recently, his sister was murdered at his mother's house. "My grandma was at bingo. My grandma was a 'gambaholic.' Honestly. She'd go to bingo all day and play slot machines until three in the morning. . . . My grandma and her husband were executed in her house . . . drugs. Yeah. I had to fly over there and it was a big ol' deal." He spoke resolutely yet with sadness. Cymone, a young Puerto Rican/Hispanic girl, who is now Adam's partner and mother of his child, also had severe childhood trauma. She witnessed domestic violence, and physical, mental, and emotional abuse of her mom. There was drug abuse on a daily basis in her home. On occasion, Cymone, her mom, and sister lived in shelters for battered women and in her mother's car.

My parents divorced when I was one. I have a younger sister and older brother. We all have different fathers. My mom never had a steady job. When I was about 11 she married this guy, N., and we lived in a trailer park. He would hit us with belts and hangers sometimes and would lock us in the house on occasion when he went to work so we couldn't go anywhere. I remember my mom sleeping with a knife under her pillow because she feared when he came home drunk he was going to do something to her again. My mom uses marijuana to this day. She can't stop.

Another commonality is that both Cymone and Adam lived with their grandmothers. Cymone turned 12 when her mother eventually divorced N. and moved. While living with the grandmother, Cymone's mother would sneak out of the house at night and she started using heavier drugs, "like crack and I don't know. I would guess heroin. And she met up with this guy named G. who was a really bad influence." Cymone discussed the night her mom left the house around 8 or 9 o'clock. Cymone and her sister followed their mom down the street. Her mom did not know they were following her.

> Little did I know the house she was at . . . little did I know . . . well, I knew it was a crack house . . . but little did I know that there was a child predator, sex predator that was there and my mom knew that he was. . . . My cousins had done drugs with him. We ended up sleeping outside that night just waiting for my mom to come out and making sure that she was okay because she would get drunk and do drugs and she does really stupid things. We wanted to be with my mom all the time. And I think it was just about worrying about her. She was my mom. I wanted to be with her.

Cymone's grandmother kicked the mom out of her house. Cymone and her sister wanted to be with their mom but the grandmother kept her brother. They started living in hotels. Her mom and her boyfriend would break into cars, stealing checks and anything they could. A specific incidence that Cymone remembered was when G. got out of the car, grabbed a lady's cell phone and wallet, and was picked up by the police. And he went to jail. "We went back to my grandma's for awhile. Then we moved into the projects."

Cymone and her sister were without their mother for awhile because she got arrested for stealing checks and ended up in jail. But they had new clothes, shoes, and toys sometimes because of her mother's thefts. "We were kids and we thought we had all this money and we can get anything we want." Like Adam, Cymone lived a transient, traumatic lifestyle throughout her childhood.

88

As if being transient, abused, and neglected was not enough trauma for a child to suffer, tragically Cymone also was the victim of sexual molestation by a male staff member at a juvenile detention center. How much trauma can a child endure?

> I've always respected myself. He was very verbally, sexually abusive, inappropriate. He grabbed me and would watch the girls shower through a hole in the wall. So, I brought it to the attention of one of the staff that I was close with. And I ended up winning a lawsuit against the county and he was terminated. I got $50,000 and I get a portion of it every three years. So, that's helped out a lot.

Feelings About Trauma

Instability of family triggered reckless behavior. Resentment was cultivated when Adam's father left and Cymone's parents divorced. The sources of anger, fear, and worry were abandonment, rejection, and violence. "I had a lot of anger." Adam confessed. Cymone also suffered mental, physical, and emotional abuse resulting in fear. Continual disrespect for authority produced truancy, deception, and lies for both of these young people. When Cymone moved into the projects, "I would say that's when I started going downhill with my decision making. Negative influences and stuff . . . and a lot of gang activity and a lot of drug use. I was 13 at the time." Corruption in youth and poor decision making caused incarceration for both Adam and Cymone. Lack of trust stemmed from immaturity. Maturity brought about the ability to grieve loss. Maturity later brought personal parental responsibility for Adam and Cymone.

Results of the Abuse and Trauma

Trauma of neglect and abuse resulted in poverty, drug addictions, robbery, fights, truancy, and heavy involvement in gang activity for Adam and Cymone. Adam sighed. "My whole life I grew around drugs and gang-related activities. My grandma and grandpa had drugs throughout their house. Parties. I grew up thinking that's a big part of

my trouble, too. I don't know." Adam sold drugs for his grandparents. "I'm talking about pretty good amounts. They would go to Mexico to get it. My sisters would go to Mexico for them and bring it back. I smoked marijuana and was a heavy drinker. I was always around drugs." Adam grew up without structure, and he said he never had a role model. "I never had what I consider a parent. . . . A parent's there to set rules and other things and I never had that." Cymone was 13 when she started smoking cigarettes and marijuana. She would smoke and drink with her mom. "All my friends thought she was the best mom, the coolest mom. Then I got in trouble with the law."

The first time Cymone ditched school and got in trouble with the law was when she was 13 and visiting at one of her friend's dad's house. They saw the dad's keys were hanging on a "key thing and we decided to take his truck for a ride. Pretty soon her mom called. Her mom was a lot like my mom. Drugs and stuff." Her friend's mom gave them the heads up that the dad had found out his vehicle was missing and reported it to the police. They brought the truck back to the house and were confronted by the police. "The officers gave us this big lecture and they were going to arrest us and blah blah blah." All the charges were dropped on her friend, but Cymone was placed on probation; she was in middle school and on probation. Cymone took a deep breath. "And I just didn't want to be in school and just wanted to smoke . . . weed and cigarettes. Yeah."

Adam was 15 when he got in trouble with the law for bringing an explosive to school. "They said it could have blown up the whole restroom. And I got caught. So they sent me to the boys' school. I was there for a year. I got out." Adam exhaled a sound of disgust through his teeth. "I didn't learn. I mean within three months I was in trouble

again, on the ankle bracelet. And I got in a fight at school. And I cut it off." Adam went to live with one of his friends.

> We started robbing houses. And the cops found out and I got, went to jail for a few months. So, I spent two and a half years in the boys' [home] and didn't have one visit at all. I really had an attitude and I didn't care. Fights.

> Adam got friendly with some of the staff and they would smuggle marijuana in for him. "I was like a corrupt little mind." After Adam's release, he went to live with his sister but he returned to his grandma's house. And then he'd go over to his sister's again and they could not handle him. "They'd be smoking crack and doing their thing. . . . I mean I've been through at least eight or nine raids. My school bus passed by once and I was laying in my boxers and handcuffs, all of us on the floor."

Cymone's first long incarceration came when she was with a boyfriend who pulled a gun on someone who owed him money. A safety aid officer spotted them and reported the incident. They went on a high-speed chase and eventually were caught and arrested. Cymone and her boyfriend were sent to a detention center. She was later sent from New Mexico to El Paso, Texas. "I didn't work the treatment there. I wasn't ready to change. I wanted to smoke. I wanted to hang out with my friends still. So, I did what I had to do to get out."

She started going to high school and was doing okay when her mother "hooked up" with a new boyfriend. Her tragic story continued.

> He [her mom's boyfriend] was a really, really heavy heroin addict. He wouldn't allow my mom to do anything. She was in her room day and night locked in there with him when he did drugs and she smoked her weed. I know she had to be doing crack with him because her weight dropped. I could tell, you know? So, me and my sister were neglected around that time a lot. Like I said, she was in her room all the time and we really resented him. I was 14-15 and my sister was about 11 or 12. I started doing pills and coke. I never did heroin. My mom really didn't care what I did. She was in her own world, you know?

Relying on her transient lifestyle, Cymone instinctively left her mom's place, dropped out of high school, and moved in with a friend. She started hanging out with older guys doing drugs and a few times got into fights or riots. As with Adam, violence became a way of life for Cymone. She was also involved in gang initiations, which involved beating other girls. Cymone cautiously told the next part of her story. "It was right before [a gang initiation] and I was at a party with a friend. Really, really older guys." Cymone hesitated. "I just remember waking up and his hand was on my mouth and he was raping me and I was trying to figure out and he ended up leaving with his girlfriend. . . . I never told anybody." Cymone emotionally stumbled over her words.

An incident that still haunts her and of which Cymone now takes full responsibility can only be communicated in her lament and own words.

> So this one night we found out that there was somebody selling meth. So we ended up doing meth and on top of it smoking and drinking and doing coke. And there was this boy and he was homosexual and um, I remember people talking about him. What ended up happening was we . . . I say we because I was involved in it. We beat him up pretty bad. And the guys tied him up, tied him up with I think barbed wire. We were kicking him and throwing him around. We took him into a field and continued just hitting on him and went back to the trailer where the party was. . . . The next morning it was in the newspaper and all over the news. I later found out from my attorney that his mom couldn't recognize him.

Someone "ratted" on Cymone. She was arrested, placed in a juvenile detention center, and later indicted; thinking she may be tried as an adult for false imprisonment and attempted murder, she was looking at 10 years' imprisonment. Cymone stayed in the detention center for almost a year before she was sentenced. It took awhile but she was eventually sentenced to a girls' school for a year. Cymone tried contacting B., the boy she beat up, and wrote him letters explaining how sorry she was. "And I just . . . I'm very sorry about something I never let it go I'm always sorry. . . . He never wanted to let it go. He never wanted to talk to me. Never wanted to accept my apology. I can't blame him."

During her time in detention Cymone "worked the treatment" and really connected with

her therapist. "So, I think that made an impact on what the judge sentenced me. I was 16

and that's when I met Adam."

Coping With Support

During the second year of his stay at the boys' home, Adam was entrusted to help

with other children as they attended group meetings on grieving and Post Traumatic

Stress Disorder (PTSD). He watched a video where a father killed himself. He did not

notice until this time that he still had resentment for not having his dad.

> I'm um. There's kids in there crying and I'm supposed to be watching the kids
> and um, I felt tears and I finally realized um, I think I had a lot of anger from that
> growing up and I really never noticed. You know what I mean? Now I'm working in
> a place similar to that and I love it. Because I can relate to those kids so much. And I
> mean I love it. Perfect job.

Adam was very candid in answering my questions. His maturity stood out. "How

did you get to where you are now from then. . . . I mean you've had just a radical

change?"

> Me growing up as time went on. I was heavily into gangs. And I think me being
> locked up as time went on people not visiting. I don't know. It was dumb. You know
> what I mean? Stupid. I think the big thing of it, the honest truth, was me having a
> baby. Because I don't want none of that to happen that happened to me.

Adam explained about his education during incarceration at the juvenile detention

home in Springer, New Mexico. A requirement was to participate in the Youth

Diagnostic and Development Center (YDDC). He needed only one whole credit to finish

high school. Adam informed me that Springer is now closed down and is a penitentiary.

"They said it was too much like a prison. It looked like a prison literally. You came out

30 minutes a day and that's it. They closed it down." I asked him how his grades were.

He replied, "I got all As. But . . . there's a twist. I was still deceiving, remember?" Adam

responded with a hearty laugh. "One day I made copies of all the tests." Cymone

continued and said that she started her GED and studying at the detention center. When

she went to the girls' school, she took the test and passed with average scores.

Cymone explained how she and Adam were rescued from their juvenile

incarceration and violent, angry, drug- and crime-infested lifestyle by her biological

father. "My mom always showed me love. I never felt she didn't love me. My dad's side

of the family, none of them do drugs or curse. . . . My dad is just the opposite of what my

mom is. Complete opposite." I asked Cymone if she was surprised at herself.

> I kind of always knew that I was going to be okay. I always had my family's
> support, not my friends, always family support. Family and counselors and people I
> connected with. So I always knew that I was going to be okay and I was going to go
> to college. . . . I'm a sophomore getting my bachelor's. But when I was in my
> younger ages I refused. I wanted to party, I wanted to do what I wanted to do until I
> was ready. But I mean . . .

Cymone became silent, as if she was time traveling backwards, lost in space, and

finally commented about Adam. "He certainly had it rough." Both Adam and Cymone

have had extremely difficult lives. We discussed the difference between male and female

stories and the things they had to fight against; female and male vulnerability is different.

Cymone agreed. She firmly stated that she did not go whoring around but respected

herself. I shared about my experiences teaching leadership courses to convicted felons at

two state penitentiaries and what education does for the men; how they become resilient

by telling their stories and writing journals. I told Adam he was honestly a miracle and

has a miracle story. He very humbly responded, "I could be a lot better. There is a lot I

need to work on."

After Cymone's father divorced her mom, he moved to the Midwest, away from

New Mexico, his wife's drug-infested lifestyle, and his daughter. When Cymone became

pregnant, she and Adam knew it was time for life changes. I expressed my thoughts out loud, "Having a child really changed your life."

Resiliency Within the Process of Being Rescued

Adam and Cymone exclaimed, "Wow." And Cymone added, "It's crazy. The day I found out I was pregnant my mind switched from off to on. In that second, in that very moment, I was this completely different person now. Since I had her our minds are straight." Adam and Cymone drove a U-haul truck all the way from New Mexico to Indiana when she was 9 months' pregnant. Cymone laughed. "It was a long drive plus we had my cat in the U-haul. It was crazy."

The young couple was fortunate to be able to live with and find work with Cymone's dad. They all work at a residential treatment center for children and teens ages 5-20. Some of the kids at the facility were taken from their houses by the Department of Family Services (DFS). Some have nowhere to go. The center tries to find foster families for them. Adam was going to school majoring in criminal justice when he got the job at the treatment center. His daughter had become a full-time job, as well as working full time at the facility, so he quit school. Cymone works the night shift because she is attending college during the day and wants to be a juvenile probation officer or a case worker. They take turns staying with their little girl. Cymone does not want to work too much right now so that she has some time in the day with their daughter. Adam added to the conversation. "There's a lot of issues between us at times but we are good parents. She's really a good mom. . . . We've both matured a lot." When Cymone graduates, Adam plans to go back to school. "We are babies having babies." I asked Adam if where he's working is his support system. He replied that it was partly his support, especially

one man at work who has been like a mentor to him. But Cymone was his biggest

support. She has given him a lot of motivation and "been in my corner through

everything." Adam said he loves his job.

> I was in treatment growing up and in that lifestyle so much that I could relate to
> them even more than a lot of other people that even have a BA and everything else. I
> am surprised I even got the job because I was honest with them. . . . I was just honest
> with them and told them practically what I told you and I have more experience than
> you guys, I told them. I could relate to them a lot. . . . There's a lot [of kids] that open
> up to me even that don't open up to their therapist. You know what I mean? So I like
> it. I feel like I'm helping someone. . . . I'm their advocate.

Adam confided that he thinks a lot of kids get in trouble nowadays because of

pride. "Someone tells them to shut up and they act all hard . . . or they don't do good in

school because their friends don't." Adam lets the kids know that they can take the

information he gives them or not. He never really trusted anyone. So, he understands. He

knows how it is. He tells the kids he works with that they do not have it so bad, not like

he did back in New Mexico. Adam and Cymone have learned compassion.

I asked Adam if he went back home to New Mexico whether he would have the

strength to not get involved in his previous lifestyle.

> I've been there and we try to go visit because everyone wants to see my baby of
> course. And my baby deserves to see her family. I think even if I move back that it
> would be all right. I think it would be good. I think we both matured a lot. I think a
> job, honest truth, I think of almost anyone, people start thinking different. You know
> what I mean? I really don't want her living in the same house with them. I was raised
> to provide for my family anyway I had to.

Cymone's father never remarried. He does not date. He believes in his faith and

the right woman will come along at the right time. Cymone and Adam started taking their

daughter to a Christian church every week to Sunday school. Adam boasted, "Cymone's

dad is a really good man." But living with Cymone's father has had its difficulties.

Recently, there have been contentions as Adam, Cymone, and their daughter are their

own family unit, while Cymone's father is used to doing things a certain way. They have

decided that they are going to move out soon and get their own place. "But regardless,

my dad is still there for us. My dad has been . . . I don't know what I would do . . ."

CHAPTER V

SUMMARY, FINDINGS, DISCUSSION, AND EPILOGUE

You need a history and you need a theory, then you must forget them both
and let each hour stand for itself. Erik Erikson

Introduction

This study explored the lives of eight courageous individuals who suffered

childhood trauma yet found the resources and support to develop positive and healthy

outcomes. They overcame insurmountable obstacles and now lead lives with normalized

adult behavior (Terr, 2008, p. 337). The problem is that people who are not able to

overcome childhood trauma often waste their human potential on drugs and alcohol

abuse, end up in prison, are uneducated, or develop self-destructive behavior. People with

childhood trauma also experience poor learning and social skills. Fortunately, victims of

childhood trauma can find help to heal. Traumas overcome include child neglect, which

is a criminal offense and includes abandonment, lack of supervision, failure to provide a

child's basic needs, including mandatory education (De Bellis, 2005, p. 151). The

individuals in this study personally witnessed and/or experienced family violence; high

levels of anger; sexual abuse; chemical, emotional, and psychological abuse; the death of

a loved one; prolonged hospitalization; childhood disfigurement; and disability, which

are all categorized as traumatic events (Adams, 2006; Condly, 2006; Elam & Kleist,

1999; Terr, 2003). The results of childhood trauma are often behavioral and emotional

challenges, such as fear, anger, violence, crime, and substance abuse. Abnormal cognitive

and social development, including hopelessness, preoccupation with danger, and criminal behavior were some of the other effects of childhood abuse.

The purpose of this study was to answer the research question: How do adults traumatized as children describe childhood trauma, results of the trauma, and their ability to move through the trauma to normalized adult behavior? In part, this question can be answered by saying that adults in this study described their childhood trauma and results of the trauma candidly and with humility. They reported remarkable journeys, which revealed evidence of extraordinary resiliency in the face of childhood adversity.

Research Design

This qualitative research used narratives collected through personal contacts and snowball referrals from eight adults over the age of 18 who were traumatized as children but have been able to move through the trauma to normalized adult behavior. This study offers insights into the background of individuals interviewed. This includes valuable information into the individuals' past traumatic experiences and how each was encouraged and nurtured to develop normal adult behavior. Narrative research was used for individuals willing to tell his or her story. "Telling stories is a natural part of life" (Creswell, 2008, p. 512). The open-ended questions during the interviews allowed each participant to comfortably disclose their sensitive stories. Ethical principles and protocols were followed to protect the privacy of interviewees and to maintain anonymity, and using pseudonyms provided confidentiality (Becker-Blease & Freyd, 2005, p. 408). Interviews were recorded, transcribed, and coded by using a variety of methods and themes.

Theoretical Framework

Childhood trauma can create terror and serious challenges to individuals and others (Lewis et al., 1985). Some adults who committed murder and other crimes had been the recipient of severe physical abuse as children. A study by Roe-Sepowitz (2008) of 25 juveniles charged with homicide revealed that 96% came from chaotic backgrounds that included spousal and drug abuse at home and multiple transitions of caregivers. Ninety percent had been either physically or sexually abused by a family member (pp. 602-603).

My present work as a higher education correctional educator has helped to confirm my understanding of the seriousness of childhood trauma. The negative results have also been thoroughly documented in the literature by Lewis et al. (1985) and other researchers (Adams, 2006; Adler, 2004; Anderson, 2007; Angold et al., 1995; Paris, 1998; Perry, 2006; Roe-Sepowitz, 2008; Schwartz & Davis, 2006; D. K. Smith et al., 2006; Stuewig & McCloskey, 2005; Terr, 1990, 1994, 2003; Thomas & Hall, 2008; Urman et al., 2001; Wilson, 2009). I ask adult students in my leadership classes to write reflection papers and keep journals. These writings reveal that most of the convicted felons that I work with have been the victims of trauma as youth, resulting in drug, alcohol, and spousal abuse as well as criminal behavior, and several have been convicted of and are incarcerated for voluntary manslaughter. Few convicted felons have the educational and social skills and abilities to be resilient in their communities and society after being released from prison.

I have worked with high-risk youth as a counselor, advocate, and liaison. The adolescents were from various socioeconomic backgrounds. They had different levels of

100

abuse, for example, rape resulting in teen pregnancy or neglect, which resulted in educational and social dysfunctions such as dropping out of school, drug addictions, untreated mental disorders, homelessness, and juvenile incarceration. These encounters and experiences were my professional introduction to the effects of childhood trauma. They shaped my conceptual framework.

Childhood Trauma Construct

My conceptual framework was also informed by Lenore Terr's (1990, 1994, 2003, 2008) theory of childhood trauma. Dr. Terr is one of the pioneers and an expert in this field. She concluded that childhood trauma has four long-lasting characteristics: visualized memories, repetitive behaviors, trauma-specific fears, and changed attitudes about people, life, and the future (Terr, 2003, pp. 322, 333). She also stated that studies of adults in mental hospitals suffering from multiple and borderline personality disorders and adolescents who commit murder show that these adults and adolescents very often were abused or shocked in their childhoods (p. 322). Her research guided me in understanding the broader constructs that framed my research.

The Challenges of the Caregiver

This study was about how adults describe their journey through childhood trauma and how each participant took different paths on this journey towards healing. I believed from past experiences and a review of the literature that family and social environment played an important role in healing from trauma. Caregivers and parents had the responsibility of deciding when and if a traumatized child needed help such as psychiatric, educational, or social services. Personal risk factors may prevent parents from seeking such services. These factors can include poverty, substance abuse, anxiety

or depression, marital problems, religious beliefs, and the caregiver's own personal history of mental illness or childhood trauma (Angold et al., 1998, pp. 77-79; Banyard et al., 2003, pp. 334-336, 340). These caregiver issues also helped me conceptually approach this study.

<div align="center">Resiliency</div>

In addition to personal experiences, Terr's work, and understanding about caregivers and family resiliency also guided this study. Resiliency is defined as "a quality of character, personality, and coping ability, which connotes strength, flexibility, a capacity for mastery, and resumption of normal functioning after excessive stress that challenges individual coping skills" (Agaibi & Wilson, 2005, p. 197). The *Oxford Dictionary* online defines resiliency as "the ability of substance or object to spring back into shape; the capacity to recover quickly from difficulties; toughness." Williams et al. (2001) define resiliency as a cluster of processes, when overcoming traumatic events, that enable people to adapt to risks that are unavoidable in life (pp. 235, 339). Zimmerman and Arunkumar (1994) add that resiliency is the ability to fend off maladaptive responses to risks and their potential negative consequences, to deal with change, and "a repertoire of social problem-solving skills" (pp. 2, 3). For the purpose of this study, areas of support that affect individuals' resiliency, such as psychological and psychiatric counseling and services, educational and social support, familial and community support, spiritual support, and internal/self-directed support, were also part of my conceptual framework.

Results Through Cross-Case Analysis

The purpose of this section is to summarize the findings of Chapter 4 to address the research question: How do adults traumatized as children describe childhood trauma,

results of the trauma, and their ability to move through the trauma to normalized behavior?

Table 1 describes themes and analyses across cases, including similarities and differences. It is a concise explanation of many details that participants shared, and each case provoked imagination as stories were told. It is organized by (a) reported childhood trauma, (b) effects of the childhood trauma, (c) main childhood caregiver, (d) support system reported, and (d) evidence of resiliency. The reason for choosing these themes was that each interview revealed similarities. Each individual reported various traumas that affected their behavior and emotions. Each individual had a main childhood caregiver and support system, though the support system was not necessarily the main caregiver. All gave evidence of resiliency.

The remainder of this section discusses each of the findings of this study related to these areas.

Reported Childhood Trauma

This section contains and explains child neglect, the context of neglect, and the effects of that trauma on participants' behavior and emotions and their cognitive and social development.

Child Neglect

Child neglect can be defined in many ways, such as abandonment, lack of safety, and basic needs not being met. All of the participants had similarities in their stories regarding childhood neglect with the exception of Leney, who grew up in a stable home environment.

Table 1

Themes and Analyses Across Cases: Similarities and Differences

Name	Reported Childhood Trauma	Effects of Childhood Trauma	Main Childhood Caregiver	Support System Reported	Evidence of Resiliency
Michael	Divorce Physical Poverty Transient	Anger, resentment, drugs, crime	Mother	Wife, God, church, pastors	Giving back through Christian prison ministry
Denise	Neglect Alcohol Violence Poverty Transient	Fear, shame, insecurity, low self-esteem, lazy	Mother, stepfather	Aunt, older co-workers	Independence, self-respect, hard working, supports others less fortunate
Lee	Neglect Physical Emotional Bullying	Resentment, alcohol abuse, withdrawn, anger	Grandparents	College coach, God, self, church, therapy	Giving back through Christian prison ministry
Leney	Incest	Fear, emotional eating, intimidation, withdrawn, stress	Parents	Parents, church, pastors, self, spirituality, nature, therapy	Compassionate, forgiving, community involvement, secure with self
Gabriel	Neglect Divorce Alcohol Poverty Homeless	Anger, withdrawn, drug abuse, embarrassed, recluse	Mother	Mother, therapy, uncle, step-grandfather, girlfriend	Mature, forgiving, thankful for mother, hard working
Scarlet	Neglect Alcohol	Embarrassed, anger, internal conflict, isolation	Parents	Boyfriend and his mother, self	Compassionate, caring, self-respect, community involvement
Adam	Death Drugs Poverty Transient Violence	Anger, resentment, reckless, drug abuse, crime, grief	Grandparents	Treatment in detention, girlfriend and her father	Giving back to high-risk youth, a good parent
Cymone	Drugs Rape Poverty Violence	Fearful, resentful, violence, drug, crime	Mother, grandparents	Treatment in detention, father, boyfriend	Giving back to high-risk youth, a good parent

Michael, Lee, Gabriel, and Cymone suffered from the loss of their fathers through divorce. Before the divorce, Gabriel witnessed his mother being verbally and emotionally abused by his father, which he described as, "horrible verbal abuse." Michael's mother was physically abused by her husband. She remarried, but her second husband was also physically abusive. Denise and Cymone's mothers were physically, verbally, and emotionally abused by their husbands. With perfect memory recall, Denise told about the time when her mother was seven months' pregnant. "He beat the hell out of her. He blackened her eye and hit her in the stomach." This is only one of the many horrifying details of childhood trauma that Denise holds deep in her memory.

Michael, Denise, and Cymone were not safe and received regular beatings from their stepfathers as well as suffering trauma from watching their mothers get battered. "He beat us and his own children," Michael grieved. Michael's and Denise's mothers were deceptive, and they lacked maternal support. Michael's mother would leave her children at night and go partying. Cymone's mother would leave her children alone, go searching for drugs, and stay out all night.

Separation from siblings was traumatic for Lee, Adam, and Cymone. Lee lamented that his parents' neglect and divorce "hurt his entire family." He was separated from his two brothers who went to an orphanage; his one sister was adopted by their great-grandparents, while his other sister came to live with him and his grandparents. Adam's father was married several times and had 10 children. His father was an estranged husband who eventually went to jail. More neglect occurred because Adam occasionally lived with his older sisters who were drug addicts. Cymone and her sister lived with their mother most of the time, while her brother was raised by her

105

grandparents. This brother became successful in life without childhood trauma, crime, or abuse, while Cymone and her sister became involved in violence, drug, and alcohol abuse.

Divorce caused families to become transient. The participants reported that their transient lifestyles included a lack of safety and supervision. All participants, with the exception of Leney, admitted to childhood poverty and lack of physical needs being met. "I was surrounded by a lot of love and a lot of support," she said. Leney felt safe with her family except for one relative, the perpetrator of abuse.

Because of alcohol and/or drug abuse in the home, Michael, Denise, Gabriel, Adam, and Cymone led transient and sometimes homeless lifestyles. Cymone confessed that when they moved into the projects, she started on a downward spiral of negative decision-making: "a lot of gang activity and a lot of drug use." Part of Cymone's trauma was caused by watching her mother abuse drugs.

When Michael's mother went to work, she left her children in the care of babysitters. The children received regular beatings from babysitters. Denise was terrified when her stepfather would leave the family alone at night and intruders would invade their property. "So, on Friday night for a long time we went through this trauma. There's men looking in the windows and beating on the doors." Denise and Michael reported feeling helpless.

Lee was left alone and neglected in his crib for years, was beaten by his father, and was sick and vulnerable. He was an unwanted child with a deformity. Lee's most traumatic event was when he "took a knife" for his mother. He was later told by prison psychiatrists that the stabbing by his father was the main cause of his childhood trauma.

106

Although Scarlet's parents remained married, her father was neglectful, verbally and emotionally abusive, and destructive of her personal belongings. Her father was an alcoholic, and they were poor but not transient. She lived in constant fear of her father. Denise also lived in continuous fear of her stepfather due to alcohol abuse.

Leney suffered the horrific trauma of incest from age 2 to 12. She said she did not tell anyone about the abuse until she was in her late 20s. She was young and did not know the right vocabulary to tell anyone what was happening to her. She suffered terrible inner turmoil and suffering.

Adam and Cymone suffered neglect due to the incarceration of one or more parent. Adam's father was incarcerated when he was a year old. He finally met his mother when he was 14 years old because she had been incarcerated for 11 or 12 years. Cymone's mother was put in prison for stealing, a behavior that Cymone also developed when she was a teen, which resulted in incarceration.

Denise and Scarlet had extreme social restrictions. Denise lived in isolation on a farm. Neither girl was allowed to socialize outside of school or within their communities. As indicated, all of these individuals experienced traumatic neglect. Next, we review the impact of all the individual developments.

Effects of Trauma on Behavioral and Emotional Development

Severe emotional and behavioral effects of childhood trauma were experienced by all eight participants. Michael and Adam said they were frustrated over the loss of their fathers, felt angry and lonely, and engaged in foolish, reckless criminal behavior. Adam suffered severe emotional trauma when his father and two brothers were murdered.

Lee, Adam, and Cymone were impulsively and violently aggressive, and Adam and Cymone had gang affiliations. Michael, Lee, Adam, and Cymone all expressed feelings of resentment for authority. Michael's resentment caused confusion, frustration, and rebellion. He also suffered from cluster headaches beginning in his mid-teens. Michael said his life was purposeless and filled with selfishness. Adam and Cymone were incarcerated in juvenile detention centers for theft, violence, and truancy. In contrast, Leney described herself as loving, outgoing, and kind as a child.

Drug and alcohol abuse became part of Michael, Lee, Gabriel, Adam, and Cymone's lifestyle. Michael, Lee, and Gabriel included sexual promiscuity as part of the behavioral consequence of childhood trauma. Cymone would excessively party and used a lot of drugs and alcohol, but said she always respected herself and was not sexually promiscuous.

Because of the trauma of incest, Leney became fearful and leery of men, and had poor relationships with them. She also became an emotional eater, which caused weight gain resulting in "body armor," her protection against men.

Poor health caused emotional and physical trauma for Michael, who experienced cluster headaches. Lee, who suffered from a physical deformity as a child due to a hernia, experienced severe physical and emotional pain.

Feelings of shame and insecurity were the result of childhood trauma for Lee and Denise. Denise and Cymone lived their childhoods in terror and constant fear. Lee suffered from feelings of confusion and self-loathing. He also had severe psychological damage from getting knifed by his father.

Lee, Denise, Gabriel, and Scarlet became withdrawn, introverted, and lazy with

low self-esteem.

Gabriel and Scarlet were embarrassed by their fathers' alcoholism and erratic behavior. Adam confessed that he realized later on in life that he had been grieving for his father's absence.

**Effects of Trauma on Cognitive and
Social Development**

Michael, Denise, Gabriel, Scarlet, Adam, and Cymone became indifferent and lacked interest in their school studies. Poverty drove Gabriel to go to work at an early age to help support himself and his mother. Michael and Cymone eventually dropped out of high school. Leney was able to focus through elementary, junior, and high schools, but in college became withdrawn and stressed, had poor learning and social skills, and was intimidated. Consequently, Leney dropped out of college.

Denise and Scarlet lacked social skills due to extreme childhood isolation and disconnection from peers and community.

Denise had an intense preoccupation with danger and still relives her trauma through vivid memories.

Lee's parents eventually divorced, which was unacceptable at that time and caused shame, and Lee was bullied in school. After hard farm work that helped boost his anger and self-confidence in sixth grade, Lee became physically aggressive and was the new bully at school. "I guess I hurt the boy pretty bad."

Main Childhood Caregiver

This section reviews the role of the childhood caregiver's relationship to those traumatized. Six of the participants' caregivers, except for Leney and Scarlet, were raised

109

by their mothers and grandparents. Scarlet's mother basically had the responsibility of supporting and raising her and her sister because of the father's disability, disengagement with his family, and alcoholism. Gabriel lived alone with his mother from about the age of 7 after his parents divorced. However, Leney's parents were close, involved, and loving.

Michael's parents divorced when he was 4 years old. Shortly after the divorce, Michael's mother remarried. His mother became divorced and single again when Michael was a young teen. When Denise was very young, her mother married an older man, who became her stepfather. Lee lived with his parents only until he was about 4 years old and was basically raised by his grandparents. Likewise, Adam and Cymone lived only a short time with their biological parents and were raised by their grandparents.

Unfortunately, Cymone's mother remarried an abusive man when she was 11 years old. Her mother divorced 1 year later and lived with various boyfriends. As a young teen, she smoked cigarettes and marijuana with her mother. Cymone eventually went to live with her grandmother.

Adam was moved to his older sisters' homes but because of his reckless behavior ended up back at the grandparents' home. Adam grew up without structure, selling drugs for his grandparents, and never had a role model to set rules and standards in the home.

Divorce, abuse, crime, and being the sole supporter of a family are three causes of stress for the eight participants' caregivers. A portion of Michael's mother's stress was from abuse by her second husband. He also abused his own children as well as Michael and his siblings. Michael's mother later divorced her second husband, becoming sole provider for her children. She employed babysitters who were also abusive to her

children. Due to emotional and family instability, and his mother's irresponsibility, Michael was rarely home.

Denise's mother suffered from the shame of having a child out of wedlock. When she finally married, she carried the shame with her. She was severely controlled and emotionally and physically abused by her alcoholic husband, lived in poverty, and submissively let him have absolute control over finances and how her children were raised.

Lee did not mention his mother except when he said his parents tried to make their marriage work. His grandfather rescued Lee from the physical abuse of his father. His grandparents cared for a child who had been physically handicapped, was severely abandoned and beaten, had major surgery, emotional trauma, and anger issues. These characteristics of an abusive older son, coupled with caring for a severely abused child, surely caused stress for Lee's grandparents.

Leney was blessed with loving, caring parents who were not aware of her abuse by another family member. She felt safe when with her parents, but was the victim of incest, therefore, also lived with intense fear.

In contrast to Leney's stable family life, Gabriel's single mother battled the repercussions of an alcoholic ex-husband. Gabriel's mother's stress stemmed from being the sole supporter of herself and Gabriel. Gabriel's mother had the weight of poverty and sometimes homelessness, as well as a son with emotional problems. Gabriel's mom sometimes worked two or three jobs at a time and later put herself through college and university and earned two master's degrees. She took on the responsibility of making the

important decision of getting therapy for her son. Though poor, she always made sure Gabriel had good clothes and plenty of outfits to wear when he went to school.

Scarlet's mother was stressed because of her alcoholic husband. But she was co-dependent and made excuses for his abuse and neglect as she took on the role of sole provider and decision maker of the family, except for her daughters' lack of socialization, which resulted in isolation.

It is difficult to pin down the origin of Adam's grandparents' stress as they not only were drug addicts but also dealt heavily in addicting drugs such as heroin. Although they were essentially Adam's caregivers, he had a lot of freedom because of their neglect. Also, Adam's father, who was their son, was incarcerated and later murdered in prison, which would cause any parent an enormous amount of stress. It is tremendously disheartening to think of having to raise your grandchildren under these circumstances. Furthermore, the grandparents suffered from the murders of several of their grandchildren due to drug deals gone wrong.

Cymone was brought up in a single-parent household and raised by her mother from the age of 1 until she was 11 when her mother remarried. Her mother was a drug addict, irresponsible, and never held a steady job. She had poor decision-making skills and was abused by her second husband and boyfriends.

It is not known, nor was evident in the stories, if the stress incurred by their reported caregivers was amplified by an intergenerational cycle of abuse and lack of coping skills.

Support Systems Reported

The importance of support systems is described in this section. As participants told their stories, each told of systems and people that helped them on their journeys towards healing from childhood trauma. The systems included: psychological and psychiatric counseling and services, education and social support, familial and community support, spiritual support, and internal/self-directed support.

Psychological and Psychiatric Counseling Services

There was very little mentioned by participants about the use of psychological or psychiatric services as a child. Gabriel had a personal therapist and attended Alateen group meetings, which were sponsored by Alcoholics Anonymous. Adam and Cymone attended mandatory treatment sessions while incarcerated in juvenile detention centers. At first, Cymone did not "work the treatment." Upon receiving a second term in "juvi," she decided to cooperate and became close to her therapist. Lee also attended mandatory psychological screening while incarcerated as an adult. Leney finally received therapy in her late 20s when she first revealed her childhood trauma of incest.

Education and Social Support

When asked about educational and social support, participants reported that they had little or no support from these systems. All participants are intelligent and educated, but some did not have the opportunity to seek out educational or social support. Lee was the only interviewee who spoke about any such support. He spoke about eventually receiving stability from his college football coach. In college he also became friends with other youth with similar backgrounds. Lee was part of a group that was organized with the goal of learning how to cope with past trauma.

Familial and Community Support

Participants were mostly from broken homes resulting from divorce, drugs, domestic violence, and crime. Michael now has his beloved wife who is his main supporter, though he implied that an older stepbrother rescued him from his teenage criminal lifestyle when he persuaded Michael to join the Navy with him.

When Denise left home after high school, she was taken in by her maternal aunt. She later found comfort and support among older female co-workers. Lee was fortunate to have loving grandparents to raise him. He said he learned good ethics from his grandfather.

Leney lived with both parents, had solid family relationships, and was raised in a home filled with love that was her safe haven. Although Scarlet lived with both parents, she did not have any support from family or community. Gabriel spoke proudly and with strong emotion about the continual love and support he receives from his mother. Gabriel also has an uncle and step-grandfather who mentor him. "The thing I still get pretty much emotional about is my uncle because he means more to me than my dad." Gabriel also commented,

> We're just grateful, I'm grateful that I found Scarlet. You know my mom has been able to help her through some stuff since she hasn't had the ability to get counseling. . . . I'm just glad Scarlet has been able to come into this support group, too [referring to his mom's family].

Gabriel's mom is now Scarlet's mentor and family. Scarlet confirmed, "I call her mom. She's everything to me. I'm so grateful."

Adam and Cymone were not fortunate as children to have a loving family support system. They both lived transient lives and occasionally lived with their mothers but

114

more often with their grandparents. They now have each other and Cymone's father, with whom they live. Adam expressed thankfulness for a co-worker who is like his mentor.

Spiritual Support

Spiritual support was stated as important to most all of the participants. However, during their childhood, most participants reported that they did not have a belief system to rely on. Leney was different. Growing up she leaned heavily on her church and pastor for support. She said that they were her strength and safeguard, though they did not know about her trauma. Spirituality was important to her as a child, which she connected with through nature. Leney recently has a strong spiritual support community, especially through the spiritual center that she co-founded.

Lee was introduced to God at an early age when going to church with his grandparents. But he did not follow his faith until later in life. Lee professed present fervent belief in Jesus Christ and has a strong support system through the Baptist and Adventist churches. Michael also expressed his present faith in God and church affiliation through the Adventist church, though during childhood he had no spiritual support system. While incarcerated as an adult, Lee met people working in a Christian ministry. He said, "I began to deal with some emotional things." The ministry helped Lee with focus and vision for his release from prison. Lee and Michael are passionate about sharing the Gospel and are deeply involved in Christian prison ministry. Michael describes his journey through childhood trauma as a gradual ascent. He gives credit to God working through other people. Giving lectures to convicted felons is lonely work

and a part of the Christian prison ministry that enables Michael to give back to those in need of faith-building.

Denise went to church with her mom and stepfather but found most of the people hypocritical, especially her stepfather. She believed in God but not the church system and did not find solace there. Because she lived in isolation, Denise went to church to try to meet boys.

Adam was raised a Catholic. He did not mention any type of spiritual support system as a child but now takes his daughter to Sunday school. Cymone, Gabriel, and Scarlet did not mention any affiliation with spirituality or a faith-based support system now or in the past.

Internal/Self-Directed Support

Internal and self-directed support was implied by all participants, though not all spoke openly. Lee was more candid than the others. He said, "Basically, I did it on my own." Lee motivated himself by playing football and continued with his education and graduated from college. Michael explained that the negative in his life was a form of being self-directed. He acquired his GED and became self-sufficient. Michael described himself as a faithful husband and father.

Leney's inner search for spirituality was her form of internal support, and Scarlet added that her strategy through trauma was "mostly from within herself until she met Gabriel." Denise was self-directed and gained her independence through hard work and self-respect.

Cymone takes personal responsibility for poor choices of drugs, violence, and alcohol abuse by eventually accepting therapy and furthering her education. It was difficult for both Adam and Cymone to care for themselves as children. But as they matured they were able to accept the help that was offered, through treatment in juvenile detention and maturing through the birth of their daughter. Adam and Cymone are learning to take care of themselves. They have become hard-working individuals at a home for displaced, abused children, are good parents, and protect and keep their daughter in a safe home and environment.

Ultimately, each of the participants developed positive self-direction and problem-solving skills, and moved away from destructive relationships and habits. They have been able to set personal boundaries, and to set priorities for healthier living and healing from past trauma and abuse.

Evidence of Resiliency

In the process of lecturing to prisoners, Michael is able to evaluate his own life and to self-reflect. As he shares his personal experience of childhood trauma and his journey through the trauma, Michael inspires the men to become involved in the prison ministry and to commit to Christ.

Denise now leads a fairly normal life. She has increased self-esteem and has the capacity to face stress without debilitation. She has a daughter who battles a lifelong chronic disease and a young grandson who is physically disabled. She has strong family values and a close relationship with her daughter and two grandsons.

Lee explained that he has a lot of trauma to overcome, including physical, emotional and mental trauma: In adulthood, he was incarcerated for a crime he said he

did not commit, and he went through two divorces. He praised God continually for his deliverance from the evil influences in his life and for giving him the ability to fight through his childhood trauma to normalized behavior. Lee is doing all he can to help convicted felons find resilience through Jesus Christ and Christian prison ministry in spite of their incarceration. Lee strongly believes that a faith-based support system is the key to finding purpose in life and to acquire the ability to move through childhood trauma. He understands that the children and families of the men in prison need someone whom they can count on and he intends to be that person.

Leney is a loving, compassionate individual. She has moved through childhood trauma with resilience and great stamina. Her fortitude and strength come from her value of family, spirituality, and nature. Leney's ability to give back to her community through the spiritual center she co-founded has provided a safe place for others. She turned a very negative experience into a positive response. Without the trauma and incest she would not be who she is today. She would not be able to give back to others like she does on a daily basis. Leney tells her story with confidence, knowing that she is making a difference in other people's lives.

Both Leney and Scarlet lived with their biological parents. But unlike Leney, who had full support of both her parents and a church family growing up, as a child, Scarlet did not have support from her mother and father, nor did she have a church or community support system. Their childhood traumas were extremely different but the result, as they described their journeys, is the ability to move through their trauma to normalized adult behavior. Both Leney and Scarlet are secure with themselves, compassionate and caring.

I asked Gabriel if he considered his resiliency and being able to move through his childhood trauma as the result of the support he had from his mom and therapy while still a child. He laughed and replied, "I definitely am resilient." Gabriel repeated his statement two more times. "I think I am resilient. I definitely think I'm resilient." The counseling helped Gabriel to be able to express his feelings and to mature. Through maturity he has been able to forgive his father. Gabriel describes himself as hardworking and is thankful for his mother and her support.

Adam and Cymone also talked about maturing as they grew older. They both came from drug-infested, violent, crime-filled homes in the Southwest U.S. They encountered the temptations of truancy, had gang affiliations and transient lifestyles, and were neglected and abandoned. They both were incarcerated in juvenile detention centers, where they met. They credit their ability to endure extreme hardship and move through their childhood traumas to support from each other, the birth of their daughter, and Cymone's father. Cymone added that her therapist during her second incarceration helped her to move through her trauma. Adam and Cymone now have the ability to cope with the biological and social risks that they encountered as children and are making a positive difference today in the lives of displaced and abused children.

Discussion

Each story and trauma is different. Neglect, abandonment, poverty, and substance and physical abuse are observable experiences. But when a child does not know how to speak up and report the hidden sexual assault they incurred or emotional abuse, the trauma becomes less obvious. All of the stories must be told and voices heard. A young boy who was shunned and abandoned by his father, partly due to his physical disability,

119

ended up with feelings of rejection, self-loathing, and shame. Born addicted to heroin in a drug-infested family, another boy led a life of abandonment, anger, reckless behavior, corruption, and eventual incarceration. A young girl suffered the abuse of incest from the age of 2 to 12. These eight stories shared by adults described childhood trauma and the results of the trauma, and reported how they rose through support and resiliency to have normalized adult behavior.

Each adult interviewed was traumatized as a child and described their ability to move through the trauma by including the effects of the trauma, not only on themselves but their families and the communities they lived in. "Traumatic events effect great damage not so much because of the immediate harm they cause but because of the lingering need to reevaluate one's view of oneself and the world" (Condly, 2006, p. 221).

Participants openly described their support systems and their ability to move through the trauma, with resiliency, to normalized adult behavior. Each individual has taken their pain and negative past and turned it into a positive experience, which includes the ability to give back to various communities that they deem less fortunate than themselves.

Participants spoke positively of support systems that helped them move through childhood trauma and the effects of the trauma, to normal adult behavior. Negative comments were directed only towards their primary caregivers. The support systems were not necessarily the primary caregiver but an individual or individuals who took on the role of a caregiver to assist and motivate the interviewees, all intelligent and self-directed, on their difficult journey through childhood trauma.

The Trauma

Childhood trauma had lasting effects on the eight participants, some of whom experienced all of the following symptoms: visualized memories, repetitive behaviors, trauma-specific fears, and changed attitudes about people, life, and the future (Terr, 2003, pp. 322, 333).

Child neglect is the most prevalent trauma in this study, which concurs with the literature. It is hypothesized that poor cognitive development may be caused by adverse brain development due to child neglect (De Bellis, 2005, p. 150). All but one of the eight participants' childhood traumas stemmed from some form of neglect (see Table 1).

> Neglect has been defined by Child Protective Services and by law as a significant omission in care by a parent or caregiver, which causes or creates an imminent risk of serious physical or mental harm to a child under 18 years of age. Child neglect is defined as physical, medical, educational, and emotional neglect. (De Bellis, 2005, p. 151)

Each participant discussed trauma that happened in early childhood, and some experienced trauma into their teen years. The battling of emotional, physical, and mental abuse continued for participants into adulthood, resulting in insecurity, lack of trust in those in authority, and internal conflict. Breire and Jordan (2009) report that because childhood maltreatment or neglect usually occurs at a relatively early age, "adult survivors may experience sensitivity to rejection, abandonment issues, unstable or chaotic relationships, problems trusting others, and ambivalence regarding intimacy" (p. 377).

Emotional neglect can result in adverse behaviors such as attachment disorders (Gabler, 2004) and is defined as "refusal or delays in psychological care; inadequate attention to a child's needs for affection, emotional support, attention, or competence; exposing the child to extreme domestic violence; and permitting a child's maladaptive behaviors" (De Bellis, 2005, p. 151). Other abnormal behaviors spoken of by

interviewees include substance abuse, self-medication, and disassociation with feelings

and memories. Participants told of compulsive sexual behavior, eating disorders,

aggressive and violent behavior as the result of childhood trauma (Briere & Jordan, 2009,

p. 378). Childhood traumatization can cause skewed adult worldviews (Brown, 2008).

All of the participants disclosed some or most of the symptoms of child abuse, with the

most frequent symptoms being anger, fear, resentment, substance abuse, and withdrawing

from society. It is interesting to note that the men expressed anger as a result of the

trauma:"I guess I hurt the boy pretty bad," "I had a lot of anger." In contrast, the women

used the word fear or implied fear to express their abuse: "I learned to walk through

fear," "We were terrified" (see Table 1).

The Caregiver

Researchers agree and this study concurs that parental divorce disrupts children's

attachments to the social order (Chiriboga, Catron, & Weiler, 1987, pp. 163, 166;

Zelenko & Benham, 2002): Low-self esteem, self-blame, hopelessness, shame,

depression, attempts to avoid people, preoccupation with danger, anxiety, poverty, crime,

truancy, violence, lack of opportunity, and decline of academic performance are

indicators of childhood trauma (Bassuk, Rubin, & Lauriat, 1986; Briere & Jordan, 2009;

Browne & Winkelman, 2007; Cohen & Mannarino, 2008; Condly, 2006; Feinauer,

Hilton, & Callahan, 2003; Forehand, Brody, Long, Slotkin, & Fauber, 1986; Little, 1998;

Maschi, Bradley, & Morgan, 2008; Mordock, 2001; Stuewig & McCloskey, 2005).

Studies over the past several decades reveal significant association between long-term

psychological and physical dysfunction in adults with a history of child abuse or neglect,

which include and confirm participants' symptoms of the above-mentioned results and

behaviors (Adams, 2006; Angold et al., 1995; Angold et al., 1998; Briere & Jordan, 2009; Browne & Winkelman, 2007; Carlson et al., 1997; Condly, 2006; Crozier & Barth, 2005; Elam & Kleist, 1999; D. W. Smith, Witte, & Fricker-Elhai, 2006; Terr, 2003, 2008).

Participants' primary caregivers did have an abundance of stress. For example, all but one of the participants spoke of their mother's, father's, or stepfather's emotionally abusive behaviors, which caused reduced support from both the abused and non-abusive parent, and the effects of always living in poverty (Elam & Kleist, 1999; Kiser, 2008, 2010). Family violence also had a "significant negative effect on the health of the caregiver and their quality of interaction with the children" (Adams, 2006, p. 335). One participant told the story of how her pregnant mother was beaten, endangering the life of the mother and baby. Another participant told of how her mother would be locked in a room by her drug-addicted boyfriend, leaving the children to fend for themselves. "Single-parent families often have reduced parental monitoring, which has been shown to increase child delinquency, particularly for boys" (Coyle et al., 2009, p. 1608).

> Although a great deal of work has been done on the effects of parental psychiatric disorders on children and on the links between parent-child relationships and psychopathology, little attention has been paid to the impact of children's problems on parental mental disorder. The psychological burdens described by parents as resulting from children's problems suggest that this issue is worthy of more attention. In addition, some parents reported that their children's problems had substantial effects on their family and social relationships; this situation might be expected to increase the risk of future psychological problems. (Angold et al., 1998, p. 79)

It was unclear if some mental instability from the stress of divorce and single-parenting impacted the homes of the participants. Two participants commented that their divorced mothers could not keep jobs or keep their families stable. Another said divorce caused his mother to have to work two or three jobs at a time.

123

Risk factors of negative parenting include parents' own personal histories of

childhood trauma, which is categorized as an "intergenerational cycle" of abuse,

developmental history, personality, and coping resources (e.g., relationships, support

systems, poverty, low-marital relationship quality, religious beliefs, and work

environment and/or unemployment) (Banyard et al., 2003, pp. 334, 335, 336, 340).

Alcohol abuse was a major trauma factor in participants' stories.

> Alcohol abuse has a significant impact on families. Families with parental alcohol
> abuse are more likely to experience increased family hostility, poor parenting, and
> decreased child monitoring. Mothers with alcohol and other drug problems were more
> punitive toward their children, and that punitiveness continued even after the
> substance abuse problem subsided. Children in these families are at increased risk for
> early alcohol use and problem behavior. (Coyle et al., 2009, p. 1607)

Most of the interviewees shared that alcohol and drug abuse within their families

resulted in hostility and neglect. They themselves became substance abusers. Cultural

values that sanction violence and parenting techniques like corporal punishment are also

factors that are part of caregiver stress and burdens. One participant was severely beaten

as a baby because he was an unwanted child with a physical disability.

 Not all researchers agree that those who report childhood neglect or sexual abuse

are more likely to abuse and show lack of support for their own children. Banyard et al.

(2003) state that Kaufman and Zigler analyze in the intergenerational transmission

hypothesis that the theoretical mechanism in social learning or attachment is too limited

(p. 335). Participants in this study who are now parents have testified that they, who were

abused and traumatized as children, are supportive caregivers of their own children.

Storytelling and Role of Researcher

Participants spoke of memories that were and continue to be vivid and intact.

Only one participant said he chooses to forget the details of the abuse his mother received

by his alcoholic father. Some gave more information about their traumas. All were candid about their support systems, why they are resilient, and what they are presently doing with their lives. Resiliency can be described as "the ability to withstand and rebound from adversity" (Walsh, 2002, p. 130). "Resiliency can only occur following significant risk. Risk is described as any factor expected to result in adverse outcomes" (Coyle et al., 2009, p. 1607). All participants said that they are risk takers, in that they choose to work through the results of child abuse, abandon former destructive lifestyles, and move forward to improved adult behavior.

The effects reported by participants through storytelling coincide with Terr's (2003) theory of childhood trauma. Results also confirm Terr's comment that adults traumatized as children can heal (Terr, 2008). Participants described their ability to move through childhood trauma to normalized behavior to include a variety of support systems, including spouses and significant others, relatives, therapists, self-support or self-directed support, and spiritual support systems.

The healing process through storytelling cannot be underestimated. Incarcerated students rarely have the opportunity to tell their personal stories. They express gratitude for the chance to tell their stories through journal writing, which help them begin to move through their past trauma and look forward to a future of normalized behavior. Part of their vision for their futures is in giving back to their communities, either in a support system such as a secular or religious prison ministry or through owning small businesses that will contribute to their families' and communities' success. Participants in this study expressed gratefulness for their support systems and are involved in giving back through hard work and community involvement; Christian prison ministries; the ownership of a

spiritual center that provides a safe environment for adults who were abused as children; and working at a youth home that gives displaced, abused children mentors, protection, and guidance toward normalized adulthood.

<div align="center">Support Systems</div>

Each participant identified three of the four resilience factors or patterns of resilient behaviors as researched by Montgomery et al. (2000): (a) a caring adult role model, (b) the impact of school or some form of persistence of education, whether self-educated or by a system, (c) a strong sense of spirituality and moral purpose in life, and (d) low family stress (p. 388). The only resilience identifier that participants did not describe is low family stress. All presently have some form of stressor in their lives including the ever-present stress of an alcoholic parent, though not living with them; financial difficulties; educational worries; divorce; and being care-giver to parents, children, or grandchildren.

An interesting observation is that few participants had access to childhood or adult psychological or psychiatric counseling or services, but yet all managed to move through their childhood trauma. Education and social support systems were even less available or accessible to participants. As mentioned, participants' caregivers were not necessarily their main support system. But each eventually had someone who loved and nurtured them to normalized adult behavior.

The most poignant part of each story is the individual's ability to self-motivate and self-direct themselves through their trauma by taking responsibility for personal poor choices. These choices were the results of their trauma and their move towards maturity in adulthood. Several participants mentioned that they have forgiven their perpetrator(s).

<div align="center">126</div>

Although not all of the participants had a spiritual support system to rely on as children, most found some form of spirituality in their adult lives that has been an asset and motivator to their growth and healing.

The next section concludes and draws together the themes that evolved from the narratives and key understandings taken from the interviews.

Conclusion

The purpose of this section is to summarize the integration of themes. It provides a conclusion and synopsis of the interviews. The themes addressed in this study are interconnected and can be related to the research question: How do adults traumatized as children describe childhood trauma, effects of the trauma, and their ability to move through the trauma to normalized behavior? The themes that emerged are: (a) reported childhood trauma, (b) effects of childhood trauma, (c) main childhood caregiver, (d) support systems reported, and (e) evidence of resiliency. Each adult interviewed volunteered and was willing to describe his or her childhood trauma. Neglect, which included divorce, poverty, substance abuse, and violence, was the most prevalent of traumas. Subsequent was behavioral and emotional trauma. All participants told of childhood trauma that affected cognitive and social development. The majority of the trauma was caused and inflicted by caregivers due to neglect. It is unknown if there was intergenerational trauma or if caregiver stress was the initiator of the childhood trauma. Substance abuse of caregivers was also described as a baseline for familial stress. Most support systems were not available to participants as children. These systems include: (a) psychological and psychiatric counseling, (b) education and social support, (c) familial

and community support, (d) and spiritual support. Internal and self-directed support and motivation were implied by all participants, which were fueled by love, faith, and encouragement from external support to motivate participants to normalized adult behavior.

Evidence of resiliency was shared by each individual. Giving back to communities in a compassionate manner was major evidence of healing as well as reported self-respect, hard work, maturity, forgiveness, and the development of a secure lifestyle.

All participants' stories reflect human brokenness. Each individual has an understanding of what it takes to be resilient and overcome childhood trauma and abuse. Each celebrates and expressed their ability to continue to endure hardships and cope with present stressors through different processes, at different paces, and by a variety of paths.

Recommendations

The following recommendations are based on the results of the cross-case analysis, what past literature and researchers have studied and the results of their studies, as well as my conclusion for this study. They are recommendations for (a) those traumatized by childhood neglect, (b) service providers, including educational facilities and teachers, (c) prison systems and policies, (d) researchers including family and psychological and neurological research, (e) spiritual communities, and (f) victims of childhood trauma and their families.

Service Providers

School-based support groups with trained professionals need to be incorporated into our educational system to bring awareness to teachers and facilitators who observe

abnormal behavior of students. They also need to recognize signs of abuse and what resources are available for victims and their families. This type of support system will help teachers bear lighter burdens in their classrooms because abnormal behavior will be curbed. Children must know that they need not be ashamed or take blame for caregivers' neglect and abuse.

Further research is needed regarding the connection with mental health issues and addictions that may affect academic and social learning skills. More cooperation between departments of correction and education facilities is needed.

Prison Systems and Policies

Upon release, former convicted felons need to be involved in transitional support systems to encourage them to share their stories of past trauma, eventual incarceration, and to take advantage of the positive effects of correctional education, especially ministries of spiritual support on their present behavior.

Further studies of correctional programs, especially faith-based programs, are needed. The social stigma of negative attitudes towards correctional education needs to be addressed and success stories shared.

Awareness programs are needed that are designed to educate community members on the potential pitfalls of ex-felons and the difference that support groups can make in their lives and the lives of their families. Community members need to be educated on the intricacies, difficulties, and complexities of prison life.

Many offenders are incarcerated because of domestic violence and acting out from personal childhood trauma. The next section recommends more research of family

129

violence, childhood neglect, caregiver stress, childhood development and resiliency, psychological and neurological research, and gender issues related to childhood trauma.

Research

More research is needed to explore the areas of neglect and the cognitive effects of family violence. Although participants were able to overcome their childhood trauma and move towards normalized adult behavior, research shows that these outcomes are not necessarily the norm. More research on neglect is needed. As told by participants through storytelling, neglect was the main source for their childhood trauma.

Family researchers have documented that parents treat their children very differently depending on how each child behaves, and caregiver stress factors vary. This study shows that children do not necessarily treat their offspring as they themselves were treated. Studies of behavior and personality traits originating from genes or intergenerational cycles of abuse, developmental history, personality, and coping resources shared between parents and offspring are needed.

More research is needed to help understand the phenomena why children facing similar levels of social hardship and demonstrating similar levels of a competency can demonstrate noticeably different developmental trajectories.

More psychological and neurological research on understanding gender factors and trauma is needed. As told by participants in this study, males shared their abuse in terms of anger; females expressed their trauma in terms relating to fear. Though individuals shared differences in expressing their feelings about their trauma, each needed a stable family home to feel safe. The next section gives recommendations for spiritual communities as safe havens for trauma victims and youth.

Spiritual Communities

Spiritual communities need to provide a safe facility, with an "open door policy,"
which is attractive and available to today's youth. Less discrimination of today's youth
within churches and religious organizations and more intergenerational acceptance may
be needed with less looking on the outward appearance and more looking at the heart. In
addition, spiritual communities need to share the importance of internal value systems
with youth. Collaboration with various secular and non-religious trauma facilities needs
to be strengthened. Understanding and respect of diverse cultural and religious traditions
and worldviews needs improvement and religious beliefs concerning childhood trauma
victims.

Victims of Childhood Trauma and Their Families

The availability and promotion of support groups needs to be widespread, with
parenting classes and workshops available on various socioeconomic levels. Victims and
their families need to know somebody cares.

Epilogue and Afterthought

My role as a researcher grows from my own past childhood trauma and my ability
to work through my trauma with self-direction and social, psychological, and spiritual
support systems. I have worked for 45 years in secular and Christian organizations and
educational facilities as an advocate and teacher of traumatized children, adolescents, and
adults who have been traumatized as children. My work as a higher education
correctional educator and work with convicted felons who report childhood trauma as an
origin of their crimes reinforces for me the seriousness of childhood trauma. See Lewis et
al. (1985) and other researchers (Adams, 2006; Adler, 2004; Anderson, 2007; Angold et

al., 1995; Paris, 1998; Roe-Sepowitz, 2008; Schwartz & Davis, 2006; Stuewig & McCloskey, 2005; Terr, 1990, 1994, 2003; Thomas & Hall, 2008; Urman et al., 2001; Wilson, 2009). This motivation and desire to help and support these individuals was and remains the driving force behind this research.

In my work I encourage storytelling to adult students in prison in leadership classes to write reflection papers and keep journals. Their writings reveal that most of them have been the victims of trauma as youth, resulting in drug, alcohol, and spousal abuse as well as criminal behavior, and several have been convicted of and are incarcerated for voluntary manslaughter. Few convicted felons have the educational and social skills and abilities to be resilient in their communities and society after release from prison. Three of the participants in this study discuss their positive experiences while incarcerated with prison treatment programs. I also have used journal writing in secular and private college psychology courses to encourage students to get to know themselves on a deeper level. These adult students wrote stories in heartbreaking detail of childhood abuse and their journeys through the trauma. Class discussions were more meaningful, and students encouraged each other through their storytelling.

All participants in this study were still on the journey of recovery from childhood trauma at the time of the interviews. Thankfully, none were homeless, lived in poverty, abused drugs or alcohol, were involved in criminal behavior, or were in abusive relationships. An interesting after-thought was that three of these caring adults discussed their need, as children, to care for their caregiver, though they were the object of their caregiver's abuse. All participants were responsible adults who were giving back to others within their communities to reciprocate support that they received; to give hope,

132

love, and faith through personal contact. The emotional telling of the stories was recorded in this study to preserve the bravery and resilience of each individual. Each participant described their ability to move through childhood trauma, the results of the trauma, and their present lives of normal adult behavior. Moving through childhood trauma is a life-long process.

APPENDIX

APPENDIX A

REQUEST TO INTERVIEW LETTER

Date:

Name:

My name is Alice (Kay) Katherine Schaaf. I will be conducting research with adults over the age of 21 who are willing, of free choice, to tell their personal stories of childhood trauma resulting in resilience through support. This research will be in personal fulfillment for the purpose of completing my PhD in Leadership and Administration from the School of Education at Andrews University.

The purpose go this study is to describe how adults who were traumatized as children received support and became resilient and developed good learning and social skills. More research is needed regarding this problem to evaluate the effectiveness of support. Your participation in the study will benefit ways to increase the use of support for adults who have been traumatized as youth, to promote resiliency and improve normalized adult behavior within educational, familial, and professional settings.

The study requires a short period of your time, around one hour of face-to-face interview (unless you choose to be interviewed for a longer period of time) to be audio recorded and that the interview will take place in private, comfortable surroundings. There will be a member check to validate the written, transcribed information.

By your participation in the study there will be no implied liability whether oral or written of your legal rights. Your participation in this study may have psychological risks, stress, or discomfort due to revisiting childhood trauma. If needed, referral to a professional will be given.

Your participation in this study is fully voluntary. Refusal to participate in the study will involve no penalties or loss of benefits to which you are entitled. Your identity in this study will not be disclosed in any published documents and there will be no cost to you for participating in this study. You will not receive any monetary compensation or other type of inducement for participating in this study.

You may contact my advisor, Dr. Duane Covrig, or any impartial third party not associate with this study regarding any complaint that you may have about the study. You may contact him at Andrews University, School of Education, Bell Hall, Suite # 173, Berrien Springs, MI 49104 or call (269) 471-3475 for information and assistance.

If you are interested in participating in this study, please respond to this request within two weeks upon receipt.

Thank you.

Kay Schaaf
618 E. Coolspring Ave.
Michigan City, In 46360
C (219) 561-1873
H (219) 878-9256

APPENDIX B

INFORMED CONSENT FORM

Andrews University

INFORMED CONSENT FORM

The purpose of this study is to describe the process by which adults who were traumatized as children received support and became resilient and developed good learning and social skills.

_____ I have been told that Alice (Kay) Schaaf will be conducting research with adults individuals who are willing, of free choice, to tell their personal stories of childhood trauma resulting in resilience through support. This research will be in partial fulfillment for the purpose of completing her doctoral degree in Leadership and Administration from the School of Education at Andrews University.

_____ I have been told that the purpose of the research is to describe the process by which adults who were traumatized as children received support and became resilient and developed good learning and social skills. I have been told that more research is needed regarding this problem to evaluate the effectiveness of support.

_____ I have been told that my participation in the study will benefit ways to increase the use of support for adults who have been traumatized as youth, to promote resiliency and improve learning and social skills.

_____ I have been told the study requires a short period of my time, around a one hour of face-to-face interview (unless I choose to be interviewed for a longer period of time) to be audio recorded and that the interview will take place in a private, comfortable surroundings. I have been told that there will be a member check to validate the written, transcribed information.

_____ I have been told that by my participation in this study there will be no implied liability whether oral or written of my legal rights.

_____ I have been told that my participation in this study will result in this study may have psychological risks, stress, or discomfort due to revisiting childhood trauma. I have been told that if needed, I will be referred to a professional.

_____ I acknowledge that my participation in this study is fully voluntary. I have been told that refusal to participate in the study will involve no penalties or loss of benefits to which I am entitled.

_____ I have been told that my identity in this study will not be disclosed in any published documents.

_____ I have been told that there will be no cost to me for participating in this study.

_____ I have been told that I will not receive any monetary compensation or other type of inducement for participating in this study.

_____ I have been told that I may contact Kay's advisor, Dr. Duane Covrig, or any impartial third party not associated with this study regarding any complaint that I may have about the study. I may contact him at Andrews University, School of Education, Bell Hall, Suite # 173, Berrien Springs, MI 49104 or call (269) 471-3475 for information and assistance.

_____ I have read the contents of this consent form and received from A. Kay Schaaf and received verbal explanations to any questions I had. My questions concerning this study

have been answered to my satisfaction. I hereby give voluntary consent to participate in this study. I am fully aware that if I have any additional question or concerns that I may contact A. Kay Schaaf in writing at her home address, 618 E. Coolspring Ave, Michigan City, IN 46360, by email at akayschaaf@yahoo.com, or phone at (219) 878-9256.
_____ I have been given a copy of this consent.

_____   _____
Signature   Date

_____   _____
Witness   Date

I have reviewed the contents of this form with the person signing above. I have explained potential risks and benefits of the study.

_____   _____   _____
Signature of Investigator   Telephone   Date

APPENDIX C

INTERVIEW QUESTIONS

PROJECT: The purpose go this study is to describe the process by which adults who were traumatized as children received support and became resilient and developed good learning and social skills. The adult interviewees will reveal personal experiences of trauma, support, and the nurturing process of development of resilient behavior and attitudes and how these behaviors and attitudes influenced the development of learning and social skills, which have been instrumental in leading in family, community, and/or job.

This face-to-face interview will take one hour to conduct, but if you (the interviewee) wish to continue longer, and at the discretion of the interviewer (A. Kay Schaaf), the interview will continue. Any further questions arising from the initial questions will remain within the framework of the research.

TIME OF INTERVIEW:

LENGTH OF INTERVIEW:

DATE:

PLACE:

INTERVIEWER: Alice (Kay) Katherine Schaaf

INTERVIEWEE (Pseudonym):

QUESTIONS:

1. Please briefly introduce yourself, your background, and any information you wish me to understand about your childhood trauma.
2. How did this (these) incident(s) affect your general behavior and attitudes?
3. How did these behaviors and attitudes affect your learning and social skills?
4. Talk to me about your life now – how would you describe life with your family? – learning? Community?

5. What type of support system(s) was (were) key(s) to helping you overcome your childhood trauma?
6. How has support helped to nurture you to develop resiliency to improve learning and social skills?
7. How has this support system helped you move from trauma to leading in your family and/or community?

Thank you for your participation and cooperation in this interview. The confidentiality of your personal information is of utmost importance.

REFERENCE LIST

REFERENCE LIST

Adams, C. M. (2006). The consequences of witnessing family violence on children and implications for family counselors. *The Family Journal, 14*(4), 334-341. doi: 10.1177/1066480706290342

Adler, L. A. (2004). Attention-deficit/hyperactivity disorder in adult patients with posttraumatic stress disorder (PTSD): Is ADHD a vulnerability factor? *Journal of Attention Disorders, 8*(1), 11-16. doi: 10.1177/108705470400800102

Agaibi, C., & Wilson, J. P. (2005). Trauma, PTSD, and resilience: A review of the l iterature. *Trauma, Violence, & Abuse, 6*(3), 195-216. doi: 10.1177/1524838005277438

Anderson, N. (2007). *Students who experience emotional crises: How to ensure that learning takes place in the classroom* (Unpublished master's thesis). Regis University, Denver, CO.

Angold, A., Prendergast, M., Cox, A., Harrington, R., Simonoff, E., & Rutter, M. (1995). The Child and Adolescent Psychiatric Assessment (CAPA). *Psychological Medicine, 25*, 739-753.

Angold, A., Messer, S. C., Stangl, D., Farmer, E. M., Costello, E. J., & Burns, B. J. (1998). Perceived parental burden and service use for child and adolescent psychiatric disorders. *American Journal of Public Health, 88*(1), 75-80.

American Psychological Association. (2000). *Desk reference to the diagnostic criteria from DSM-IV-TR*. Washington, DC: Author.

Banyard, V., Williams, L. M., & Siegel, J. A. (2003). The impact of complex trauma and depression on parenting: An exploration of mediating risk and protective factors. *Child Maltreatment, 8*(4), 334-349. doi: 10.1177/1077559503257106

Bassuk, E. L., Rubin, L., & Lauriat, A. S. (1986). Characteristics of sheltered homeless families. *American Journal of Public Health, 76*(9), 1097-1101.

Beaver, K. M., & Wright, J. P. (2007). A child effects explanation for the association between family risk and involvement in an antisocial lifestyle. *Journal of Adolescent Research, 22*(6), 640-664. doi: 10.1177/0743558407306343

Becker-Blease, K. A., & Freyd, J. J. (2005). Beyond PTSD: An evolving relationship between trauma therapy and family violence. *Journal of Interpersonal Violence, 20*(4), 403-411. doi: 10.1177/0886260504269485

Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing, 14*(1), 33-55. doi: 10.1177/1074840707312237

Briere, J., & Jordan, C. E. (2009). Childhood maltreatment, intervening variables, and adult psychological difficulties in women: An overview. *Trauma, Violence, & Abuse, 10*(4), 375-388. doi: 10.1177/1524838009339757

Brown, A. (2008). *The effects of childhood trauma on adult perception and worldview* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3297512)

Browne, C., & Winkelman, C. (2007). The effect of childhood trauma on later psychological adjustment. *Journal of Interpersonal Violence, 22*(6), 684-697. doi: 10.1177/0886260507300207

Carlson, E. B., Furby, L., Armstrong, J., & Shlaes, J. (1997). A conceptual framework for the long-term psychological effects of traumatic childhood abuse. *Child Maltreatment, 2*(3), 272-295. doi: 10.1177/1077559597002003009

Carrion, V. G., & Hall, K. (2009). Treatment manual for trauma-exposed youth: Case studies. *Clinical Child Psychology and Psychiatry, 15*(1), 27-38. doi: 10.1177/1359104509338150

Chiriboga, D., Catron, L., & Weiler, P. (1987). Childhood stress and adult functioning during marital separation. *Family Relations, 36*(2), 163-167.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Bass.

Clayman, C. B. (1989). The American Medical Association encyclopedia of medicine. New York: Random House.

Cohen, J., & Mannarino, A. P. (2008). Disseminating and implementing trauma-focused CBT in community settings. *Trauma, Violence, & Abuse, 9*(4), 214-226. doi: 10.1177/1524838008324336

Condly, S. J. (2006). Resilience in children: A review of literature with implications for education. *Urban Education, 41*(3), 211-236. doi: 10.1177/0042085906287902

Cordón, I. M., Pipe, M., Sayfan, L., Melinder, A., & Goodman, G. S. (2004). Memory for traumatic experiences in early childhood. *Developmental Review, 24*, 101-132. doi: 10.1016/j.dr.2003.09.003

Coyle, J. P., Nochajski, T., Maguin, E., Safyer, A., DeWit, D., & MacDonald, S. (2009). An exploratory study of the nature of family resilience in families affected by parental alcohol abuse. *Journal of Family Issues, 30*(12), 1606-1621. doi: 10.1177/0192513X09339478

Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Creswell, J. W. (2008). Educational research: Planning, conducting, and evaluating quantitative and qualitative research (3rd ed.). Upper Saddle River, NJ: Pearson Education.

Crozier, J. C., & Barth, R. P. (2005). Cognitive and academic functioning in maltreated children. *Children & Schools, 27*(4), 197-206.

Datta, S. S., Russell, P. S. S., & Gopalakrishna C. S. (2002). Burden among the caregivers of children with intellectual disability: Associations and risk factors. *Journal of Intellectual Disabilities, 6*(4), 337-350.

De Bellis, M. D. (2005). The psychobiology of neglect. *Child Maltreatment, 10*(2), 150-172. doi: 10.1177/1077559505275116

Den Hartog, D. N., Van Muijen, J. J., & Koopman, P. L. (1997). Transactional versus transformational leadership: An analysis of the MLQ. *Journal of Occupational and Organizational Psychology, 70*, 19-34.

Elam, G. A., & Kleist, D. (1999). Research on the long-term effects of child abuse. *The Family Journal, 7*(2), 154-160. doi: 10.1177/1066480799072008

Feinauer, L., Hilton, H. G., & Callahan, E. H. (2003). Hardiness as a moderator of shame associated with child sexual abuse. *The American Journal of Family Therapy, 31*, 65-78. doi: 10.1080/01926180390167115

Forehand, R., Brody, G., Long, N., Slotkin, J., & Fauber, R. (1986). Divorce/divorce potential and interparental conflict: The relationship to early adolescent social and cognitive functioning. *Journal of Adolescent Research, 1*(4), 389-397. doi: 10.1177/074355488614004

Gabler, J. A. (2004). *Childhood trauma and attachment disorder: A literature review* (Unpublished master's thesis). University of Wisconsin-Stout.

Hughes, R. L., Ginnett, R. C., & Curphy, G. J. (2009). *Leadership: Enhancing the lessons of experience* (6th ed.). New York: McGraw-Hill/Irwin.

Johnson, K. (2006). *After the storm: Healing after trauma, tragedy and terror*. Berkeley, CA: Hunter House.

Kaufman, J., & Zigler, E. (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry, 57*(2), 187-192.

Kiser, L. J. (2008). Understanding the impact of trauma on family life from the viewpoint of female caregivers living in urban poverty. *Traumatology, 14*(3), 77-90. doi: 10.1177/1534765608320329

Kiser, L. J. (2010). The role of family processes in childhood traumatic stress reactions for youths living in urban poverty. *Traumatology, 16*(2), 33-42. doi: 10.1177/1534765609358466

Lewis, D. O., Moy, E., Jackson, L. D., Aronson, R., Restifo, N., Serra, S., & Simos, A. (1985). Biopsychosocial characteristics of children who later murder: A prospective study. *American Journal of Psychiatry, 142*(10), 1161-1167.

Little, L. (1998). Severe childhood sexual abuse and nonverbal learning disability. *American Journal of Psychopathology, 52*(3), 367-381.

Maschi, T., Bradley, C. A., & Morgan, K. (2008). Unraveling the link between trauma and delinquency: The mediating role of negative affect and deliquent peer exposure. *Youth Violence and Juvenile Justice, 6*(2), 136-157. doi: 10.1177/1541204007305527

Miller, E. D. (2003). Reconceptualizing the role of resiliency in coping and therapy. *Journal of Loss and Trauma, 8*, 239-246. doi: 10.1080/15325020390233057

Montgomery, D., Miville, M. L., Winterowd, C., Jeffries, B., & Baysden, M. F. (2000). American Indian college student: An exploration into resiliency factors revealed through personal stories. *Cultural Diversity and Ethnic Minority Psychology, 6*(4), 387-398. doi: 10.1037//1099-9809.6.4.387

Mordock, J. B. (2001). Interviewing abused and traumatized children. *Clinical Child Psychology and Psychiatry, 6*(2), 271-291. doi: 10.1177/1359104501006002008

Paris, J. (1998). Does childhood trauma cause personality disorders in adults? *Canadian Journal of Psychiatry, 43*, 148-153.

Perry, B. D. (2006). Fear and learning: Trauma-related factors in the education process. *New Directions for Adults & Continuing Education*, *110*, 21-27.

Punamaki, R., Qouta, S., & El-Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development, 25*(3), 256-267. doi: 10.1080/01650250042000294

Rew, L, Wong, Y. J., & Sternglanz, R. W. (2004). The relationship between prayer, health behaviors, and protective resources in school-age children. *Issues in Comprehensive Pediatric Nursing, 27*, 245-255. doi: 10.1080/01460860490884156

Roe-Sepowitz, D. (2008). Comparing male and female juveniles charged with homicide: Child maltreatment, substance abuse, and crime details. *Journal of Interpersonal Violence, 24*(4), 601-617. doi: 10.1177/0886260508317201

Saldaña, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage.

Schwartz, E., & Davis, A. (2006). Reactive attachment disorder: Implications for school readiness and school functioning. *Psychology in the Schools, 43*(4), 471-479.

Smith, D. K., Leve, L. D., & Chamberlain, P. (2006). Adolescent girls offending and health-risk sexual behavior: The predictive role of trauma. *Child Maltreatment, 11*(4), 346-353. doi: 10.1177/1077559506291950

Smith, D. W., Witte, T. H., & Fricker-Elhai, A. E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment, 11*(4), 354-360. doi: 10.1177/1077559506292277

Stuewig, J., & McCloskey, L. A. (2005). The relation of child maltreatment to shame and guilt among adolescents: Psychological routes to depression and delinquency. *Child Maltreatment, 10*(4), 324-336. doi: 10.1177/1077559505279308

Terr, L. C. (1990). *Too scared to cry*. New York, NY: Basic Books.

Terr, L. C. (1994). Unchained memories: True stories of traumatic memories, lost and found. New York, NY: Basic Books.

Terr, L. C. (2003). Childhood traumas: An outline and overview. *FOCUS: Journal of Lifelong Learning in Psychiatry, 1*(3), 322-334.

Terr, L. C. (2008). Magical moments of change: How psychotherapy turns kids around. New York, NY: W.W. Norton.

Thomas, S. P., & Hall, J. M. (2008). Life trajectories of female child abuse survivors thriving in adulthood. *Qualitative Health Research, 18*(2), 149-166. doi: 10.1177/1049732307312201

Urman, M. L., Funk, J. B., & Elliott, R. (2001). Children's experiences of traumatic events: The negotiation of normalcy and difference. *Clinical Child Psychology and Psychiatry, 6*(3), 403-424.

Vacca, J. S. (2004). Educated prisoners are less likely to return to prison. *The Journal of Correctional Education, 55*(4), 297-305.

Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations, 51*(2), 130-137.

Williams, N. R., Lindsey, P., Kurtz, D., & Jarvis, S. (2001). From trauma to resiliency: Lessons from former runaway and homeless youth. *Journal of Youth Studies, 4*(2). doi: 10.1080/1367626012005700 4

Wilson, D. R. (2009). Stress management for adult survivors of childhood sexual abuse: A holistic inquiry. *Western Journal of Nursing, 32*(1), 103-127. doi: 10.1177/0193945909343703

Yukl, G. (2002). *Leadership in organizations* (5th ed.). Upper Saddle River: NJ: Prentice Hall.

Zelenko, M. A., & Benham, A. (2002). Attachment theory, loss, and trauma: A case study. *Clinical Child Psychology and Psychiatry, 7*(2), 199-209.

Zimmerman, M. A., & Arunkumar, R. (1994). Resiliency research: Implications for school and policy. *Social Policy Report, 8*(4), 1-20.

VITA

A. KAY SCHAAF, PHD

EDUCATION

2012

Andrews University, Berrien Springs, MI
   PhD: Leadership Program

University of Phoenix, AZ   2006
   MA : Education
   Concentration: Curriculum & Instruction

College of St. Scholastica, Duluth, MN   2004
   BA: Organizational Behavior
   Concentration: Psychology & Management

HIGHER EDUCATION TEACHING EXPERIENCE

2008 - 2011

Purdue University North Central, Westville, IN
   Limited Lecturer – Organizational Leadership & Supervision

Indiana Wesleyan University, Merrillville, IN   2007 - 2010
   Adjunct Faculty – College of Adult & Professional Studies

Brown Mackie College, Michigan City, IN   2004 - 2008
   Adjunct Faculty - Adult Education

PROFESSIONAL MEMBERSHIPS

2009 - present

Pi Lambda Theta International Honor Society and Professional Association in Education

Tri-Kappa Sorority, Delta Mu Chapter, Michigan City, IN   2008 - 2009
   Public Relations Chair, Scholarship Committee Member

RELATED EXPERIENCES & VOLUNTEERISM

2007-2010

Shifting Ideas Through Education for African Women (S.I.T.E.A.W.), IN
   Akendo Magazine Editor, fund raising for girl's school in Uganda

Stepping Stone Shelter for Women, Michigan City, IN   2007-2009
   Father of the Year Award: volunteer and coordinator

Michigan City Area Schools, Michigan City, IN   2005-2007
   Action Team Leader for Strategic Plan Process

Youth for Christ, Encounter Youth Center, Duluth, MN   2002-2003
   Administration and YFC Board Assistant, Public Relations

Life House, INC, Duluth, MN   1998-2000
   AMERICOR VISTA, Case Manager, Housing Liaison, Youth Advocate

Family Int'l, US, Philippines, Hong Kong, Japan, S. Korea, Belgium, Netherlands   1973-1996
   Administrator & Teacher of Montessori Schools, Public Relations