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**"A whole lot of conscious effort" : exploring how protective factors contribute to resiliency in parents who have experienced traumatic events in childhood**

Annelies J. Spykman  
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Annelies J. Spykman  
"A Whole Lot of Conscious Effort":  
Exploring How Protective Factors  
Contribute to Resiliency in Parents who  
have Experienced Traumatic Events in  
Childhood

## **ABSTRACT**

The purpose of this research project is to address the multiple variables that contribute to trauma exposure in childhood and how it manifests in the traumatized person's later parenting styles. The over-arching research question is: do protective factors provide sufficient supports to parents who were subjected to traumatic experiences in childhood in order to lessen the transmission of trauma to their own children? This qualitative study is an assessment of interviews with 18 participants who identify as parents who have experienced at least one traumatic event in childhood. Findings of this study implicate a high level of resilience that has provided a framework for participants to engage in more intentional parenting, resulting in improved parent-child relationships between them and their own children.

**"A WHOLE LOT OF CONSCIOUS EFFORT": EXPLORING HOW PROTECTIVE  
FACTORS CONTRIBUTE TO RESILIENCY IN PARENTS WHO HAVE  
EXPERIENCED TRAUMATIC EVENTS IN CHILDHOOD**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

Annelies J. Spykman  
Smith College School for Social Work  
Northampton, Massachusetts 01063  
2017

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## **CHAPTER I**

### **Introduction**

The purpose of this qualitative research study is to assess how childhood exposure to traumatic events influences parenting in adulthood. The over-arching research question is: How do protective factors provide increased resilience for parents who were subjected to traumatic experiences in childhood, and do these protective factors lessen the transmission of trauma to their own children?

Previous research has highlighted many of the difficulties people who have experienced trauma in childhood encounter once they become parents themselves. This study serves to highlight some of the more positive qualities and resilience factors of parents who have experienced trauma in childhood. This qualitative study was conducted through face-to-face and phone interviews with 18 individuals who identified as experiencing at least one traumatic event in childhood. The questions did not focus on specifics of the trauma; rather, participants were asked to explain how they were supported through their traumas, and how, as parents themselves, they reacted the same or differently than their parents.

Some notable findings in the literature on parental transmission of trauma show that parents with a history of trauma often begin their parenting with limited ability to effectively attune to their children, thus creating disorganized and insecure attachment styles in their infants (Chu, 2011; Van der Kolk, 2015). Attachment in infancy prepares the child for future interpersonal relationships, and these compromised children very often grow into adults who enter into abusive relationships. Women who are engaged in abusive relationships have been



shown to be more likely to perpetrate neglect and abuse on their children (Renner, L. M., & Slack, K. S., 2006). Intertwined in this cycle are the vulnerabilities of socioeconomic status, genetic predisposition to mental health disorders, and low IQ, which further predict the likelihood of exposure and susceptibility to lasting PTSD and complex trauma.

## **CHAPTER II**

### **Literature Review**

Over the past 30 years there has been an increasing body of research on complex trauma and attachment. Posttraumatic Stress Disorder (PTSD) was primarily seen as a diagnosis given to combat soldiers, however researchers and clinicians began to recognize similar symptomatology in people who had suffered interpersonal violence such as childhood abuse, sexual assault, and witnessing a violent act. People who had suffered one incident of trauma were more likely to be able to overcome the event with proper processing, however people who had been exposed to multiple traumatic incidents, or chronic trauma, especially since childhood, were showing the same signs of dysregulation and inability to cope as soldiers returning from war (Herman, 1997; Van der Kolk, 2015). Severe childhood trauma is associated with later diagnoses of PTSD, dissociative disorders, and borderline personality disorder (Chu, 2011, p. 21), each of which carry symptoms that interrupt interpersonal functioning. Although it should be noted that not all people who are exposed to traumatic experiences go on to develop traumatic stress, as these instances are often filtered through an individual's internal coping resources (Herman, 1997; Yehuda & Flory, 2007).

When people who have been victims of chronic childhood abuse go on to have children, they often inadvertently enter into a perpetuating cycle due to their damaged capacity to attune to and protect their children (Chu, 2011; Van der Kolk, 2015). Attachment theory divides attachment styles between mothers and children into four separate categories (Chu, 2011; Van der Kolk, 2015; Shilkret & Shilkret, 2011). Children who develop secure attachment

styles typically have a mother who was emotionally attuned and mirrored her child.

However, mothers who display hostile and intrusive behaviors towards their babies tended to raise children who showed insecure and avoidant attachments to others. These children pull away from others and lack in emotional expression. Children with insecure-ambivalent attachment tend to be clingy as children and seek out attention as adults. While not neglectful, the caregiving responses for these children are inconsistent and ineffective. Mothers who tend to be inconsistent and frightened or frightening to their children withdraw emotionally, often with no repair, leaving their children to care for their own needs and guess the response of the parent. These children grow to develop disorganized attachment with a marked “link to aggressive behavior against self and others in young adults” (Van der Kolk, 2015, p. 122). In a study of adolescent attachment style and sense of self, Karavasilis, Doyle & Markiewicz (2003) asserted that parent involvement and nurturing directly shapes the attachment style and functioning of children into adolescence, thus showing the lasting effects of the infant-mother relationship.

There has been some research to indicate that when people with trauma histories enter into motherhood they are likely to develop disorganized attachment with their children. In a PTSD assessment study of women with a childhood history of sexual or physical abuse Stovall-McClough and Cloitre (2006) found that when rated on scales of attachment (secure, dismissing, preoccupied, and unresolved regarding trauma) those with unresolved trauma were 70% more likely to develop PTSD than those who had been able to process and integrate their trauma. The researchers classified those with unresolved trauma as the women who were “unable to speak coherently about their experiences...sudden linguistic changes that are thought to reflect a momentary disorganization of mental state during discussions of loss, abuse, or other trauma” (Stovall-McClough and Cloitre, 2006, p. 220). In relationship with their infants, who are

helpless and in distress, the mother who has experienced unresolved abuse, therefore, is likely to respond with overwhelming feelings of disorganization which transmits to the child.

A study of women with childhood history of abuse showed an association with their becoming victims of violent relationships in adulthood (Renner and Slack, 2006), illustrating a connection to social learning theory, where patterns from the past are brought into present functioning because it is what is known. This research also showed that women who had been exposed to childhood abuse were more likely to have been reported to child protective services for abuse or neglect of their own children. However, women were more likely to inflict abuse on their own children if they also had experienced interpersonal violence as adults (p. 613). Interestingly Banyard et al (2003) also found an increased correlation between adult sexual assault and domestic violence, rather than childhood experience of trauma, and neglectful and abusive parenting. This could lead to a conclusion that childhood exposure to trauma is a predictor of engaging in violent interpersonal relationships, which, in turn, may lead to increased negative parenting practices, rather than the common presumption that child abuse is perpetuated through learned behavior.

Although Renner and Slack's findings in this study show useful correlations, the sample was taken from women receiving cash assistance, and could be influenced by factors of low socioeconomic status that often impede a family's functioning due to the stress of maintaining resources. Koenen et al. noted in a 2007 longitudinal study that those from the lowest socioeconomic status in their cohort of trauma survivors had a "200% increase in the odds of developing PTSD" (p.188). This study used data from a longitudinal study in New Zealand in which researchers followed 1037 participants over 36 years, interviewing them eleven separate times. Of the many findings of the study, some of the most significant were the findings that

low IQ, difficult and antisocial behaviors in childhood, low SES, and the loss of a parent all led to an increased likelihood of developing PTSD. From this they concluded that people with disorganized self-regulation, such as those Van der Kolk had connected with emotionally withdrawn mothers (2015, p. 122), “may be more likely to develop PTSD once exposed to trauma because they lack the affect tolerance necessary for processing the traumatic event” (Koenen et al, 2007, p.189).

Moore, Whaley & Sigman (2004) studied the impacts of maternal and child anxiety and whether child anxiety or maternal anxiety created disruptions in the relationship. They found that mothers of anxious children were more likely to be less warm, grant less autonomy, and to catastrophize in non-emergency events, regardless of their own history of anxiety, raising the question of how child temperament shapes parenting styles versus how parenting styles shape the child. However, as Moore et al. noted, there is some indication that parenting style directly shapes the anxiety of the child. Ionio and Blasio (2014) conducted a study of pre- and postnatal women and their infants, measuring for PTSD and postpartum stress symptoms in relation to the pregnancy or birth. The mother-child dyad was then measured for attunement in a follow up session at two months and three months. The researchers found that babies of women who continued to experience PTSD symptoms at two months after the birth were more likely to show signs of avoidance behaviors (p. 177-178). While useful, it should be noted that the months following childbirth are difficult for many mothers, and a more long-term study should be conducted to measure symptoms of both mother and child years out.

Many studies offer insight into the prevalent pattern of trauma and disrupted attachment intergenerationally. A study of children whose parents were survivors of the Holocaust showed that parents with symptoms of PTSD were more likely to have children with

symptoms of PTSD or depression (Yehuda et al., 2001), however possible causes of the symptoms in the children were not studied. One interesting finding however, was that PTSD may have a genetic component, as it was more likely to develop in people who had a family history of mental illness prior to the traumatic event (p. 267). Another notable finding was that maternal PTSD was more likely to contribute to the child's PTSD than paternal PTSD. This was hypothesized as being due to the traditional norm of mothers being the primary caregivers and the possible disruption of the early mother-child relationship (p. 267).

We know that traumatic experiences in childhood can have long lasting effects. In a 1998 study Dr. Vincent Felitti and his colleagues mailed questionnaires to patients following routine medical appointments, and received responses from 9,508 adults in the U.S. about adverse experiences from their childhoods, and were able to match responses to patients' medical records, uncovering correlations between history of childhood trauma with many current medical and psychiatric problems and conditions. The Adverse Childhood Experiences screening questionnaire is widely used as a tool for practitioners to evaluate both adults and children, and to make recommendations regarding their treatment and needs. The questionnaire contains items regarding whether before the age of 18 the respondent felt in fear for his or her safety; ever was physically or sexually abused; had a parent with a mental health or substance abuse disorder; had an absent parent due to separation, death, or incarceration; or, if they ever felt unseen or unimportant in their households. From their responses, the researchers determined that people who had experienced four or more adverse childhood experiences were 4-12% more likely to develop chronic diseases, including heart disease, cancer, stroke, and mental health conditions, such as depression and suicide, than those who reported no adverse childhood experiences.

However, childhood trauma does not have to be a predeterminant to unsuccessful outcomes in adulthood. Protective factors in childhood have been shown to lessen the impact of traumas, serving as corrective and healing structures in families who experience disruption. The Center for the Study of Social Policy has identified the following five core protective factors as being crucial for maintaining safety and stability in families: parental resilience; social connections; concrete support in times of need; knowledge of parenting and child development; and social and emotional competence of children (Center for the Study of Social Policy, 2015). These factors have been shown to increase childhood safety and development, and to decrease childhood abuse and neglect in families, and may be a crucial piece in protecting and healing families exposed to difficult circumstances.

The research behind these protective factors posits that “a parent’s development and psychological resources” are the most critical foundation for their ability to find meaning and confidence in their parenting role, which is the basis for the need for parental resiliency (Horton, 2003, p. 7). Those researches have also asserted that parents who have been able to process their trauma have an easier time having empathy for their children and, in turn, are less likely to repeat the neglect or abuse they might have experienced (p. 9). When examining social connections, the second protective factor, Horton described isolation as being a risk factor, especially when families are disconnected to extended family and need to rely on more informal support networks that may be unreliable and riddled with conflict (2003, p. 12). Horton identified that parents who did not receive consistent nurturing in childhood may have limited capacity to maintain age-appropriate expectations of their children and may become easily frustrated (p. 16-17). For the third protective factor, knowledge of parenting and child development, it is therefore seen as crucial that parents who have been subjected to less than ideal parenting

themselves take more time to learn about child development and discipline techniques that encourage nurturing and consistency. Poverty has been known to be a risk factor to families as a result of lack of resources, such as food, appropriate and consistent childcare, healthcare, housing security and safety. Horton reiterated what many have found, that chronic stress decreases a parent's ability to respond in a calm and loving way to their children (p. 18). Finally, social and emotional competence of children is seen as crucial to resiliency. Horton asserted that although a child may have other adults who are positive influences in their lives; who help them along in their development of emotional competency, the messages children receive from their primary caregivers have the most lasting effect on their self-esteem and emotional wellbeing (p. 22).

Horton's research served as the preliminary basis for narrowing down the protective factors that would go on to become part of the Strengthening Families framework. It has been 14 years since this report was written and the Center for the Study of Social Policy continues to gather data to track the lasting efficacy of these protective factors for families. Among the findings of the research in protective factors study is the effect of resiliency on families and individuals. Resilience has been defined as the ability to cope and succeed through difficult circumstances (Yehuda & Flory, 2007; Van der Kolk, 2014), or as positive outcomes in spite of adverse factors (Masten, 2001). Chu described some of the tenets of resiliency as believing that life has meaning, having a sense of control over outcomes of life circumstances, and believing that one can grow through even adverse experiences (2011, p. 28).

Masten highlighted the misinterpreted concept that resilience is "extraordinary", asserting that it is an ordinary process that is part of the human ability to adapt and thrive for survival (2001, p. 227). She offered that resilience is developed through adversity, and those who have



not had to face adversity have not had to foster the capacity to overcome hardship. This outlook is a rebuttal to those who imply that resilience is an inborn trait. Yehuda & Foley (2007) questioned whether resilience is a “state” or a “trait”, arguing that until further studies (especially longitudinal studies) have been completed measuring resiliency qualities before and after trauma, we cannot fully know if these qualities are learned or innate.

Researchers have sought to capture the qualities of resiliency in people, as well as define resiliency as a dichotomous factor, either as the opposite of vulnerability, or the opposite of psychopathology (Yehuda & Flory, 2007; Masten, 2001), provoking the question of whether resilient people are less likely to develop psychopathology, such as depression, anxiety, personality disorders, and PTSD following adversity, or whether the development of psychopathology determines that one has limited resilience. Yehuda & Flory found correlations of resilience with the lack of psychopathology troubling, as many who have developed psychopathologies, such as PTSD, have used their strength to allow them to overcome adversities and manage distressing emotions (2007). Van der Kolk considered all trauma survivors to be endowed with some form of resilience, considering “how much energy the sheer act of survival requires” (2014, p. 280). How we define resilience can be subjective, as it is often based on an outside marker of “good” outcomes. While some researchers and policymakers measure resilience by achievements, such as academic and professional gains, others have defined resilience as limited psychological impairment following distressing experiences (Masten, 2001).

Because it has been so difficult to determine the source of resilience in individuals, researchers have found it difficult to identify where it is best to intervene and offer supports to families. Prior research has determined that parental functioning, socioeconomic status, and a

person's intelligence level appear to be the most consistent factors determining outcomes in families and individuals (Chu, 2014; Horton, 2003; Koenen et al., 2007; Masten, 2001). Many researchers have asserted that school or early childhood education, such as day care and preschool, are optimal settings to foster positive relationships with children who may be subjected to neglect or abuse at home (Horton, 2003; Van der Kolk, 2014). Others point to the benefit of parent education and support, including accessing material needs. Much of the research has shown that an integrated approach appears to serve families best, including supports for the parent, as well as for the child's mental and physical health, material supports, child development education, and crisis intervention as needed (Appleyard & Osofsky, 2003; Horton, 2003).

This study examines how previous research on child abuse and neglect, resiliency, and protective factors, combined with new data, can be used to inform the social work field in creating best practices with families and individuals trapped in cycles of abuse and neglect. The qualitative data collected through individual and group interviews highlights the elements of resiliency and a hope for improved outcomes in future generations, offering a fresh look on the subject of intergenerational trauma.

## **CHAPTER III**

### **Methodology**

Research on protective factors has offered some hope that those subjected to challenging childhoods are not destined to repeat the same patterns. Protective factors are systems that, when in place appear to reduce the incidences of child abuse and neglect (Horton, 2003). The Center for the Study of Social Policy has identified the following five core factors that provide a framework for success in families: parental resilience—using inner strength to work through challenges and manage one’s emotions; social connections—having friends and family available as support in times of need; knowledge of parenting and child development—having a basic grasp of age appropriate expectations, and practicing consistent and predictable discipline; concrete supports—access to services that help support a family’s medical, emotional, nutritional, educational and safety needs; and social and emotional competence—finding success and joy in the role of parenting, as well as supporting the emotional needs of one’s child (Center for the Study of Social Policy, 2015). This study used these five protective factors as the basis for the questions asked about participant’s childhoods, as well as their own parenting.

### **Participants**

Parents who identify as having experienced at least one trauma (physical, emotional or sexual) during childhood were recruited for this study ( $N = 18, 16$  women, 2 men, age range 31-64,  $M$  age = 42). I initially recruited via convenience sampling through networks in Keene, New Hampshire and surrounding towns through flyer postings at Monadnock Family Services, a community mental health center, the women’s health clinic at Dartmouth-Hitchcock Medical

Center in Keene, the local Head Start, and in postings at community locations such as the public library, the Co-op, and coffee shops. Although these networks were eager to assist it became difficult to recruit as many participants as I needed locally. After receiving permission from The HSR board at Smith College School for Social Work I expanded my search nationally and recruited via Facebook posts that I shared in professional and personal networks via snowball sampling. Participants in this study are from four U.S. states (New Hampshire, Texas, Minnesota, and Delaware).

Parents were initially screened into the study under the following criteria: Participants had to be at least 18 years old; be a biological, adoptive or foster parent; have regular contact with their child(ren); and have identified as experiencing at least one interpersonal childhood trauma (physical, emotional or sexual abuse.) Participants were not compensated for their participation in the study.

### **Definitions of Terms**

For the purpose of this paper *trauma* is defined as any one devastating event, or accumulation of negatively impacting events that cause lasting distress. These traumatic experiences are categorized into childhood physical abuse, emotional abuse, neglect, or sexual abuse. *Physical abuse* is defined as any sort of physical infliction of harm, regardless of intention. *Emotional abuse* is defined as belittling, criticizing, verbal assault, humiliation, and intimidation by a caregiver to a child, resulting in anxious and depressed feelings. *Neglect* is defined as the failure of a caregiver to ensure the basic needs and safety of a child, or to protect a child from physical or emotional harm. *Sexual abuse* is defined as any form of sexual contact or grooming behavior between an adult and a child. *Childhood* is defined as any time between birth and age 18. *Resilience* is defined as the ability to self-regulate and push through adversity.

*Protective factors* are defined as situations or systems that provide support and stability to families.

## **Materials and Procedure**

This was a qualitative study conducted through one focus group with three participants, and 15 individual interviews. I had originally designed the study to consist of three one-time focus groups, however, due to the difficulty of recruiting enough local participants and scheduling times that worked for all of the interested participants I chose to schedule individual interviews after the first focus group. The focus group was in-person and each participant signed an informed consent (Appendix E), as well as confidentiality agreement (Appendix G) to assure the privacy of other participants. During the focus group participants were asked to use their first name only, or an alias as they feel comfortable.

Individual interviews were conducted both in person ( $n = 6$ ) and over the phone ( $n = 12$ ). Participants who participated via telephone were sent the informed consent for individual interviews form (Appendix F), PCL-C trauma screening (Appendix J), and a demographic questionnaire (Appendix I) via email. Interviews were only conducted after all these documents were filled out and proof of signature was emailed back to me. Every participant was given a list of resources in their geographic location that could be used in the event that they found that they needed extra support following the interview (Appendix H).

Individual in-person interviews were held in private office locations I had secured in Keene, NH. The interviews did not begin until the individual informed consent form (Appendix F), the demographics questionnaire, and the PCL-C were completed and handed back to me.

Before the focus group or individual interviews began, the participants were asked to score their current trauma symptomatology using criteria from the Civilian Posttraumatic Stress

Disorder Checklist (PCL-C) (Lang & Stein, 2005), which is based on criteria from Diagnostics and Statistical Manual (DSM V) for PTSD. This 6-item questionnaire is an abbreviated form of the original 17 question PTSD screening. The abbreviated PCL-C is scored on a 5-point Likert scale (1 = *not at all*, 2 = *a little bit*; 3 = *moderately*; 4 = *quite a bit*; 5 = *extremely*) and poses the following questions:

Please indicate how much you have been bothered by each problem in the past month:

PCL1- Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?

PCL4 - Feeling very upset when something reminded you of a stressful experience from the past?

PCL7 - Avoided activities or situations because they reminded you of a stressful experience from the past?

PCL10 - Feeling distant or cut off from other people?

PCL14 - Feeling irritable or having angry outbursts?

PCL17 – Difficulty concentrating? (Lang & Stein, 2005, p. 586-593).

It should be noted that PTSD is only one possible outcome following trauma, and while a majority struggle with symptoms of depression and anxiety, I chose to only measure for PTSD to get a wider picture of the lasting impacts of trauma on participants.

After all paperwork was completed, participants were led through a series of open-ended questions. I explained that the purpose of this research is to derive a greater understanding of how traumatic experiences were handled in their families of origin, as well of how having a history that includes at least one traumatic event has impacted them as parents. The questions

were created based on the following Strengthening Families framework of protective factors identified by The Center for the Study of Social Policy (2015):

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

Having already determined that each participant has experienced a childhood trauma, I asked participants not to discuss the specific details of their trauma. This serves two purposes. First, it can be very upsetting for other people in the focus group to hear about these experiences, and second, because bringing up the events could be very upsetting to the participant and the interviews were not set up to be able to process those feelings. It was clarified that a trauma can be one very memorable and upsetting or damaging experience, or a series of experiences that create an environment of toxic stress, and that each participant has his or her own unique experience of trauma and how it affected them. The questions were not directly about that experience, but about the environment they lived in, and how they were supported in understanding that and other experiences.

All interviews were voice recorded on my cell phone and I also took notes. Audio recordings were then sent to a password protected online drive. In the case of telephone interviews, I used one cell phone to make the call, and another cell phone to record the interviews.

One potential barrier to confidentiality and accurate reporting may be my status as a mandated reporter. I addressed this during the consent process. Understanding that this could

alter the accuracy of the data as participants may not share information they think would need to be reported to child welfare services.

Participants' full names were recorded during the phone screening to check for conflict of interest. Their full name also appears on the consent form. Consent forms are stored in a locked file separate from other study materials. All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period.

### **Data Analysis**

All interviews were transcribed from the original audio recordings by myself and one other paid transcriber, who signed a confidentiality agreement (see Appendix N). Once all the interviews were transcribed I coded the content, breaking the responses down into themes using Dedoose online qualitative data analysis software. The content is password protected and only I have access to it. The general themes were then placed into the categories outlined in the research questions a) parental resilience; b) social connections; c) knowledge of parenting and child development; d) concrete supports; and f) social and emotional competence. These fields were sorted between the childhood experience of the participants and their experiences as parents. Demographics and the results of the PCL-C were also organized in Dedoose and tabulated to understand themes.



## **CHAPTER IV**

### **Findings**

This chapter is an overview of the results of 18 semi-structured interviews assessing protective factors in the participant's family of origin during childhood, as well as protective factors they have utilized as parents themselves. I will review demographic information of all study participants, results of the PTSD screening, and common themes that emerged from the interviews.

The findings of these interviews highlight the choice many of these parents made to enter into parenting with intention in their discipline skills and emotional connection to their children. They also spoke of wanting to change the persistent feeling of isolation and inconsistent expectations that had made their childhoods confusing and lonely. Lastly, a majority of these parents have taken time to process their trauma in adulthood and identified the need to care for themselves in order to be more present and connected parents.

### **Demographics**

Interviewees responded from four U.S. states, NH ( $n=12$ ); TX ( $n=1$ ); DE ( $n=1$ ); and MN ( $n=3$ ), and were made up of 16 female identifying participants, and two male identifying participants ranging in age from 31-64. 16 (88.9%) participants identified their racial identity as white, and two participants identified as Native American. A majority of participants were married (55.6%,  $n=10$ ), own a home (61.1%,  $n=11$ ), earn more than \$50,000 per year (72.2%,  $n=13$ ), and have earned a bachelor's degree (44.4%,  $n=8$ ) or a master's degree or other advanced

degree (38.9%,  $n=7$ ). The mode number of children the participants are parents to is two (55.6%,  $n=10$ ). Five participants have only one child (27.8%), and one participant is parenting five children, the highest number of children in the study (see Tables 1 and 2).

<b>Table 1</b>			
<b>Demographics of Study Participants</b>			
	Variable	<i>n</i> ( <i>N</i> =18)	%
<b>Gender</b>	Female	16	88.9
	Male	2	11.1
<b>Age</b>	30-35	4	22.2
	36-40	6	33.3
	41-45	1	5.6
	46-50	5	27.8
	55-60	1	5.6
	61-65	1	5.6
<b>Race/Ethnicity</b>	White	16	88.9
	Native American	2	11.1
<b>Marital Status</b>	Married	10	55.6
	Partnered	3	16.7
	Single	1	5.6
	Divorced	3	16.7
	Separated	1	5.6
<b>Number of children</b>	1	5	27.8
	2	10	55.6
	3	2	11.1
	5	1	5.6
<b>Family Housing</b>	Own	11	61.1
	Rent	5	27.8
	Shared Housing	1	5.6
	na	1	5.6
<b>Family Income</b>	\$10,001-\$20,000	1	5.6
	\$30,001-\$40,000	2	11.1
	\$40,001-\$50,000	1	5.6
	more than \$50,001	13	72.2
	na	1	5.6
<b>Level of Education</b>	Some college	1	5.6
	2-year college degree	2	11.1
	4-year college degree	8	44.4
	Master's degree, PhD or other advanced degree	7	38.9

**Table 2**  
**Case Specific Demographic Chart**

<b>Initial s</b>	<b>Gender</b>	<b>Age:</b>	<b>Race/ Ethnicity</b>	<b>Marital Status</b>	<b>Family Income</b>	<b>Highest Level of Education</b>	<b>Number of children</b>	<b>Relationship to children</b>	<b>PCL- C Score*</b>
<b>LS</b>	F	48	White	Partnered	na	Master's or PhD	2	Birth Parent	12
<b>SS</b>	F	39	White	Partnered	\$50,000 +	Bachelor's	2	Birth Parent	19
<b>KP</b>	F	48	White	Separated	\$50,000 +	Bachelor's	2	Birth Parent	11
<b>MB</b>	F	50	White	Divorced	\$30,001- \$40,000	Bachelor's	2	Birth Parent	16
<b>DE</b>	F	37	White	Married	\$50,000 +	Associate's	2	Birth Parent	16
<b>MJ</b>	F	39	White	Married	\$50,000 +	Master's or PhD	5	Birth Parent/ Adoptive Parent	14
<b>JV</b>	F	48	White	Divorced	\$50,000 +	Bachelor's	1	Birth Parent	10
<b>MK</b>	F	34	Native American	Married	\$10,000- \$20,000	Master's or PhD	1	Adoptive Parent	20
<b>VP</b>	F	64	White	Married	\$50,000 +	Master's or PhD	3	Birth Parent	16
<b>KS</b>	F	31	White	Single	\$30,001- \$40,000	Associate's	2	Birth Parent	13
<b>LF</b>	F	47	White	Partnered	\$50,000 +	Master's or PhD	1	Birth Parent	14
<b>JP</b>	M	55	White	Married	\$50,000 +	Bachelor's	1	Adoptive Parent	17
<b>SC</b>	F	33	Native American	Married	\$50,000 +	Bachelor's	2	Birth Parent	22
<b>PS</b>	M	32	White	Married	\$50,000 +	Master's or PhD	2	Birth Parent	8
<b>HM</b>	F	38	White	Married	\$50,000 +	Bachelor's	2	Birth Parent	14
<b>GD</b>	F	36	White	Married	\$40,000- \$50,000	Master's or PhD	3	Birth Parent	8
<b>AR</b>	F	36	White	Married	\$50,000 +	Bachelor's	1	Birth Parent	17
<b>AS</b>	F	42	White	Divorced	\$50,000 +	some college	2	Birth Parent	17

\*Individuals with PCL-C scores 14 and above are considered to have screened positive for PTSD criteria

Children of the study participants ranged in age from one-year-old to 35 years-old. The most common age range was 6-10 years old (30.6%,  $n=11$ ). Participants identified as being a birth parent to 86.1% of the children. Five of the children of study participants were adopted. In some families, there was a combination of biological and adopted children. (See Table 3).

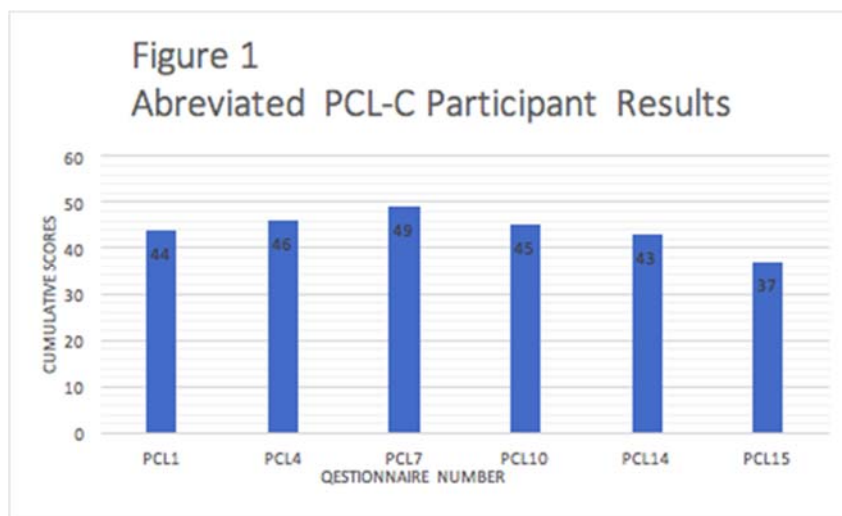
<b>Table 3</b> <b>Information Regarding Children of Study Participants</b>			
	Variable	$n$ ( $N=36$ )	%
<b>Ages of children</b>	0-5	6	16.7
	6-10	11	30.6
	11-15	3	8.3
	16-20	6	16.7
	21-25	6	16.7
	26-30	2	5.6
	31-35	2	5.6
<b>Relationship to child</b>	Birth Parent	31	86.1
	Adoptive Parent	5	13.9

Although not a direct focus of the study, participants disclosed high rates of autism among their own children. 33.3% of all participants interviewed shared that they have at least one child on the autism spectrum (see Table 4). Every parent who identified as having a child on the autism spectrum was a birth parent to that child.

<b>Table 4</b> <b>Autism Reported in Participant's Children</b>		
	$n$	%
<b>Participant with at least one child on the Autism Spectrum</b>	6 ( $n=18$ )	33.3
<b>Children of participants on the Autism Spectrum</b>	7 ( $n=36$ )	19.4

## PTSD Screening

Prior to the interviews participants were asked to fill out the abbreviated PTSD Check List, Civilian Version (PCL-C) (see Appendix J). In this assessment participants are asked to rate how much they have been bothered by markers of PTSD in the last month. In order to screen as positive for markers of PTSD the sum of participant's scores would be greater than 14. Out of the 18 participants, 12 screened positive for markers of PTSD. Question PCL7 (*Avoided activities or situations because they reminded you of a stressful experience from the past?*) received the highest total score (49) from all combined participant's scores (see Figure 1).



## Interview Questions

I have organized the findings of the 18 interviews around the study questions, which were based on the Center for the Study of Social Policy's Protective Factors Framework (see Appendix K). Findings are organized into the following themes: a) Childhood parental resilience; b) Childhood social connections; c) Childhood knowledge of parenting and child development; d) Childhood concrete supports; e) Childhood social and emotional competence; f) Participant parental resilience; g) Participant social connections; h) Participant knowledge of

parenting and child development; i) Participant concrete supports; j) Participant social and emotional competence.

### **Childhood parental resilience.**

The first question I asked participants was to consider how their caregivers responded to stressors, both predictable, like getting out the door in the morning, and unpredictable, like a car accident or an act of violence in their families of origin. Various themes emerged in participants' explanations of their parent's ability to manage stress and care for their own needs during their childhoods.

#### ***Parent's response to stressors.***

When asked how their parents managed everyday stressors, as well as bigger, more unexpected stressors, many participants remembered their parents yelling, becoming violent or using substances to cope. Many participants recalled drinking as an unsettling, yet normal response by their parents. MK shared "They woke up by drinking. So, they responded by resorting to umm — yeah, they drink a lot." Similarly, MB recalled, "Well they drank. They drank and they were short tempered, and took it out on us. That's a good word, drama. Cause it always felt as though they were taking it personally, whatever happened." AR recalled "My dad drank, my step dad drank and my mom yelled...There was violence also."

In addition to substance use, participants shared feelings of confusion and unpredictability. VP stated,

Every night when they came home from work they'd go right to their liquor cabinet, but they weren't sloppy drunk kind of people. They would just have their martinis and high balls. I suppose that was one of the ways that they responded to stress. They responded to large stresses by medicating, self-medicating, and they responded to smaller stressors by,

sort of blame and manipulation. So, there was a lot of anxiety and short tempers, and a lot of—the other way they responded was just by not explaining what was going on. So, there was just an omission of reality all the time. There was just no conversation. So, ignoring...

KP gave an example from her childhood.

I don't know if this is the right terminology, but I'm thinking of transference, or passing the stressor or the guilt onto the child. Cause I can think of one day...So, it was just rushing, you know, everyday rushing, trying to get kids to something, and the macaroni and cheese got dropped. And me and my sister still laugh about this today. My mom literally scooped it back up and put in the container and we went. But there was this sort of underlying transference of blame, that somehow it was something we did that did it. So not only was it stressful that it happened, but it was not processed and it was made more stressful because it was made to be ours. And it wasn't ours.

SS recalled a persistent feeling of feeling at fault and not knowing why.

They didn't know how to calmly work through those sorts of situations. Anger. Being demeaning, in terms of 'why did you do that? That was stupid.' A sense of alienation when you made a mistake. It was like, this stressful thing happened. This is how it was your fault. And how I'm going to alienate you because you annoyed me sort of thing. Go away from me.

LF stated "They yelled a lot and probably got distant emotionally and physically after the yelling would remove themselves." Participants recalled physical responses to stress as well. MJ shared a memory of discord and chaos:

So, my dad, I'm gonna call him my dad but he's not my biological father, but he raised me. My dad was a very trigger-happy I guess, to get upset about anything, just anything. And my mom was a little more level-headed, but she tended to be a drama queen and so when something happened she would exacerbate it by having excessive emotions about it or something like that, and he would exacerbate it by being violent in some way or another. Either physical or mental...He'd throw a chair at the wall and break the wall so I guess he was throwing a chair at somebody; it was destructive.

VP recalled physical punishment that often seemed unwarranted.

I remember a normal stressor was that my mom, if she had a stressful day with us, would tell my dad when he came home, this was before she went off to work. He would get out the big razor strap, and I was the youngest, so I would be at the end of the line. I don't know what that did for them. Who knows. Was that stress relieving to my mother? I can't imagine it was. It's what she set up for however long she did that. I don't know. God, maybe it was the perfect thing, maybe he was so frustrated all day, to come home and whip his kids before, his—who knows. In the mindset of not doing things intentionally you can probably do all sorts of things that probably deeply don't work.

Many of the participants ruminated on the feeling of not knowing that things are out of place when you are a child, because it's all that you know. VP stated, "I feel like, from a child's perspective, you don't even understand that things are weird in your house, or you don't even understand your own stress, or anybody else's stress." Similarly, LS reflected,

So, looking at it as an adult, reflecting on it is very different than how I remember it as a child. Because as a child you just kind of taking it in and you're like, oh this is what's happening, and you're responding because that's your normal. So, it's like maybe you



want to fix it, or maybe you want to respond to it, or hide from it, or whatever. But it's like, that's your normal.

JV shared memories of growing up in a house that appeared high-functioning from the outside, yet internally the lack of communication and inconsistent responses created a skewed understanding of how the family operates.

My mother could possibly have been bipolar and would, like, completely lose her shit, and throw dishes all over the house, and act like I wasn't even there. So, I had no support around that. I thought that was normal. As a small child and I grew up with that and I did not realize that that was not normal until I was very much an adult and my own kid was in school at that point.... Both of my parents had very good income. I remember my mom saying if money could buy love, she would just keep buying me things and that that would be enough. It didn't make up for the flying dishes however.

***Parents as a positive model.***

Some participants spoke with an admiration, or at least a sense of empathy for the way their parents worked through stressful situations. KS recalled the balance of having a mother who tried to manage despite the disruption of her father's drinking.

I remember those things, and I'm like, that's inappropriate. We should never have had to do that, you know. Not that it was my fault or anything. I knew it was my dad's fault for doing that kind of stuff and putting us through it.... He wasn't around for probably five years, if you were to collectively [add them up]—but my mom was a very stabilizing force for all of us. We stayed in school, we all graduated high school.... They had a firm but kind approach. They taught us resilience at a pretty young age.

Others remembered parents who managed stressors in more positive ways as well. SC recalls of her mother,

From what I remember of them my mom was very calm and caring and really supportive in any kind of struggle...I would say she has an anxiety issue but when she needs to she can definitely be strong for others...it's still there, looking at her now she tries to be a strong person and she thinks about others before herself.

KP shared that despite the drinking and the blame:

There were definitely situations in my childhood that required adult competency and response, and my parents did step up. It's not like they weren't—there were times when they really did pull their shit together, they had to, and they—in a response to one of their parent's deaths, or one time we had a fire, you know, just a random fire happened in our house because there were some ashes that fell between some spaces in the fireplace. Anyway, just unpredictable, random things, and there were ways that they really did step up.

Despite her mother's ultimate inability to keep her children in her home MJ shared, "In other ways I do want to be like my mom, she always tried to keep the family unit together." VP reflected on the dichotomous feelings many others expressed towards their parents.

My mom was an incredible model for me in so many ways. She had [a] monastic background and she was really somebody who had an amazing command of English. She used to help college students write their theses, and then after went to work when I was 11. Everyone in my town worked for GE. She started off as a secretary and she just kept getting advanced. I think she spent the last many years of her career writing patents for scientists. She had a brilliance, but she did not see anybody brilliant in me.

*Parents' emotional management.*

So much of parental resilience, as well as emotional connection, comes from a parent's ability to manage and care for their own emotional needs. Many participants reflected on their caregiver's difficulty regulating their own emotions. JP referred to his step-father as a "cold emotionless fish", stating "[he] was not a bad person, but no parenting skills whatsoever." Reflecting on her father's ability to set limits and parent her, DE recalled, "He was also, I think, fairly depressed at that time in his life, so it was kind of a weird combination of possibly intentionally letting go, but also being just depressed and withdrawn." Without naming depression, others alluded to deep difficulties they saw their parents battle through. KS reflected on her mother's struggle to balance her professional and work life:

The thing is, I think she was just emotionally spent. She couldn't talk about it because it was killing her. And on top of that she had a job where she had to do therapy with people, all day, her full-time job with substance abusers and addicts. So, I think this just took a huge toll on her and she really wanted her personal life to be like—She couldn't really process what was going on in her personal life, or at least help us process it. But she did her best I think.

Similarly, VP recalled her mother's struggles being married to such a volatile man.

I'm sure there were many times where my mother felt she would have been better off marrying God than she was marrying my father. She was not going to get divorced. She thought about it. I remember her really sobbing, and that was where she was heading, in the kitchen ironing and just sobbing—oh my God. I think it would have been better if she would have gotten divorced.

Despite the understanding participants found for their parents' struggles, they also noted the negative repercussions on them as children. PS recalled the confusing feelings he would have when his mother was in a psychiatric hospital.

My father particularly, used me as his therapy when I was a child. I used to go to school worrying about how he was going to pay the mortgage...My mother was involuntarily hospitalized for about a year when I was a child, probably about 11 or 12 years old. And so, at the time, and the years prior to that, in her budding mental illness he would kind of use me as a way to process the challenges with my mother, of course. So, I was kind of caught much in the middle between them...I remember, my father coming home and pathologizing my mother's mental illness, and my mother's help as well, as a way to maybe defend against his stuff.

HM also shared a feeling of protecting her mother's emotional capabilities as a child following a sexual assault.

My mom would just say she couldn't believe something was happening and that she had tried to protect us from these things and that we couldn't talk about it. It had already been several years by the time I had told her and there was nothing additional she could have done to help protect me—it was a one-time thing. I tried to tell her. I had a free therapist in college and talked to him about my mom's reaction, he thought it was important. I was 7 when it happened and he said that I probably sensed it was more than she could handle so I chose to deal with it myself. She's different than other people, she doesn't understand, she gets really confused and doesn't have a lot of empathy.

MK reflected on not knowing she was allowed to feel her own feelings as a child.

I didn't actually care about some of the stuff that happened because I didn't think I could.

You know, until I was much older. And then the way she dealt with it was weird but yeah, it didn't feel satisfactory at the time. I felt very alone and not very understood by my mother. As I think about it as an adult, it makes more sense that she was struggling and I can empathize with her as a parent. I can be like holy cow, but as a child I didn't understand.

***Childhood feelings of isolation and denial.***

Many participants shared a common feeling of isolation and denial of reality in childhood, both within their families, and in the greater context of their communities. KP recalled,

There was just an omission of reality all the time. There was just no conversation. So, ignoring...I think when you were raised in some of the similar ways that we were all raised, there's sort of a clannishness that develops because you are so separate from the outside world. The outside world doesn't really know what's going on in your home. If it does it's not really acknowledging it. So, you really are in your own little island of your insanity, of your parents.

MB remembered the feeling of being on her own following a sexual assault by her brother, and the vulnerability that comes from that.

There was no one there. There was no one there when my brother came for me...There was no one there! No one wanted to call the authorities. No one wanted to do anything.

No one believed me. No one ever believed me.

SS shared a persistent sense of isolation in her home, and from her larger family.

So, my mom and my dad separated when I was very little. I was only two and a half, and I feel like that was very traumatic for me, 'cause I was just with my mom who was very young. She had me when she was 19. And then there was my dad who remarried and had two kids. They're kind of living the dream in this alternative universe, and here I am with this angry mom all by myself, you know, very alienated...I felt like somebody was always mad at me. And there wasn't any talking about it. It was just alienating. Just go to your room, or the silent treatment. Really talking down at me, and sometimes about the stupidest things

Eventually she learned to use this distance as a means to cope. "I remember as a child I was hiking in the woods a lot. I was spending a lot of time alone or in my room. I don't know if I was alienating myself, it was just very comfortable to be on my own."

***Parents did the best they could.***

Overwhelmingly, almost every participant reflected on feeling as if their parents did the best they could in their given circumstances. The following sentiments by study participants show a level of forgiveness and understanding of their parents and their abilities. "I don't blame my parents because they were doing the best they could with the tools that they had, they didn't know better" (SC). "I think my parents did the best they could as parents" (LF). "I know that she loves me a lot, she just didn't have good parenting skills" (SS). Of her mother KS reflected, "But she did try, and being a parent you look at that say, you know she did a hundred percent her best." Similarly, AS stated, "I think my mother did the absolute best that she could given who she is, and that's really the best possible answer. She did how she could for who she was. She would have done better if she had known better." PS simply stated, "They tried their damned hardest." VP reflected, "I think, as an adult I am absolutely convinced that my parents did the

best they could with the resources they had. My parents' particular life circumstances gave them only a certain set of tools." GD shared,

I think [my parents did] pretty well overall, especially given the circumstances they had growing up and that they were raised with. They tried hard and did the best they could. They look back and wonder what they could've done differently, thinking they did their best, but like many other parents, acknowledging that there were things they could have done differently...There were definitely things they missed but simply because they weren't equipped to deal with it, because of their own struggles they missed that stuff or couldn't handle it and deal with it.

MB shared that after years of resentment one of her sisters helped put things in perspective for her.

When we would talk about it, my sister, who has a psychology degree, thankfully, would say, 'she did the best she could with what she had', which sort of stopped my judgmental desire right in its tracks. And I think that's how I eventually dealt with it as a human, and as a daughter, and as a mom. You know, she did the best she could with what she had.

### **Childhood Social Connections.**

Social connections are those positive relationships with friends and family that provide emotional, informational and instrumental support (Center for the Study of Social Policy, 2015). Participants were asked to remember if there were people in their lives as children who provided this sort of support to them or their parents.

#### ***Extended family support.***

Participants were asked to remember who was available as social connections during their childhoods, for themselves, as well as their parents. Many people noted that extended

family, grandmothers especially, played an important role in supporting their families. Many spoke fondly of their grandmothers. SS reminisced, tearing up as she spoke, "I would say my dad's mom, my grandmother, she would always let me come live with her in the summer, and she was pretty amazing. She is amazing, she's still alive, thank God." VP also recalled how important her grandmother was in her early years.

My grandmother lived with us until I was 7. She was my everything. She was the thing I had in my life that was stable. Although she didn't live with us all the time. But her home was our home. We actually slept in the same bed. We had an apartment. When I was 7 she had an aneurysm while we were hanging out clothes and she died quickly afterwards. I have a picture of my grandmother in my office. I realize that grandmother is still with me all the time...I don't think my parent had much of anything. I think that my mom was in love with the church. I think she had her mother as much as I had her mother, as just a witness. My grandmother was just a solid character.

LS shared a similar feeling of finding a refuge in her grandmother that helped her through the complicated relationship with her mother.

Because if I think of my grandmother, she was such a steady, interesting presence. Even if she had a firm hand, or as an adult I think, oh I maybe wouldn't have chosen to do it that way, but her loss at nine years old was earthshaking because she was the glue...After my grandmother's death—I think she protected me as much as she could, but by the time she died I was 9...and then it was like, pleasant time with her in the garden. 'This is how I make these foods', and then there were holiday gatherings with the larger family, but I was little.



A couple participants recalled staying with their grandparents for periods of time. PS recalled:

Well my grandmother, when it was really difficult for me, was like a respite really. I would call her and go to her place when I really, really needed another safe place to be. I would spend up to a week at her house at a time.

As for connections JP replied,

Few, very few [connections]. I would say my mother's parents, my grandparents. We moved in and out of their house frequently...My grandparents had a beach house down in New Jersey. We spent most of our summers there. That was one of the places we could just go. Not everybody has that. [My mother] wasn't living in her car. So, I look at that and I think, oh I shouldn't be complaining. On the other hand, not having a home, not having family connections and cousins and siblings and all that, that does its own kind of damage. Not having the village...My grandfather—I loved him dearly. And he was my grandfather. So, there was this man, this man figure. He taught me those things, the whistling, and things like that.

Many people recalled parents who worked or were out of the house a lot, and extended family who served as childcare providers in their absence. GD recalled,

We lived in a really small community so there was a lot of that support for them and for us. We had lots of different babysitters, and we got financial support from extended family, and they would give advice and things like that...so I feel like one of the things was being left alone for long periods of time when we were young. But when they were there, they were trying to be supportive. I would also see my grandparents and sometimes, aunts and uncles.

Others remembered family connections that felt more complicated and confusing. MB shared,

We were—my mom was definitely lower class. My dad came from a very privileged family and was a physician. And they were both—my dad was one of ten, and my mom was one of eight. So was this sort of high class dad's side of the family who had means to help us. And dad—you know when my parents split, cause my dad was unfaithful, his side of the family made sure we had a house... We weren't given any material help from my mom's family, other than a hell of a lot of love, and meatballs. That was okay... My mom was a single mom, that's still not something that was common at all. My dad was a self-absorbed, you know, millionaire with a trophy wife, and didn't want to have anything to do with us—and so that idea that our family support came—it came in unusual ways. I never had to worry about health care. That was a blessing. When I was in college and I needed my wisdom teeth out, you know, it got taken care of. Personal—whatever they call it. There's a name for when doctors to things for each other.

MJ shared how supports could have been helpful, but the ones they had in place were actually pretty harmful.

So, my grandmother on my mom's side definitely provided a lot of financial support, and I guess emotional support, even though she was also kind of emotionally abusive, which didn't help. And on my dad's side he had his family to give ideas and stuff, but they were also kind of not great. So, we had this thing where we lived on this block and everyone kind of knew each other kind of thing, and my mom would go and hang out with her friends, and stuff like that. So, I do feel like for them they had a lot of peers to get advice from and work with each other which was probably helpful, until my mom started doing heroin. So, I don't know.

*Community support.*

Like MJ, others shared that neighbors, friends, and other community members stepped in when family was not available. SC recalled,

I think there's an aspect of living in an air force community where you kind of watch each other's kids, back then, and you just make sure nobody gets into trouble...We had a big following with church as well. Our church was close to family. And the neighbors and parents' close friends on the air force base.

DE recalled pulling together her own supports from her community,

I think that there was one friend of my parents who I spent some time with. So, we had a few family friends. But after my parents split up it was a little more vague like how those people were involved with our family...I started doing a fair bit of babysitting around the age of 12 and I started getting a fair amount of support from the people I did childcare for...And then when I was a teenager I lived—my whole upbringing I lived in a large house that was divided up into apartments—and so when I was a teenager, like a young teen and a little older, I relied a lot on some of the different people living in the house for different things, like transportation and food and company.

KP shared how community could be a support,

I was lucky to have good friends. We also had neighbors. We kind of lived in suburban upstate New York, so there were people fairly close by. It wasn't extremely rural. So, we had neighbors, and we went to their house a couple of times in the middle of the night when things were really crazy. That said, I don't recall that there was ever any real recognition by anyone in the community what was going on in our family. And that may have just been the era at the time.

*Institutional supports.*

Many participants named institutional supports, such as foster care, teachers and social workers as primary social connections in their childhoods. AS recalled, "Um, yeah, there was nobody, not until I had foster parents. I lived in a group home for two years, and then I moved in with my foster parents." AR stated,

I've been on my own since age 14, any support I would have received would have been from social workers or my therapist after 14...I lived in a group home and I had positive relationships with some staff. A lot of those people I've connected with as an adult. Some short term, and some on an annual basis. So, they sort of became my support system. Not daily support, but throughout my twenties...There was a woman who ran the group home I was in, we still are in communication. I'm 42 and she's the only person in the world that I write to. We send cards and, you know, she was very important.

Similarly, MK reflected,

After my sister passed away my mom actually—well it took her a couple of years. I had been in foster care—but the school had noticed that I had some behavioral issues that I had had from a young age from trauma and stuff, and she got me into a school program that had groups for those kinds of things. And she sent me to a school that was academically challenging. So, she was really hands on in that way and utilized those programs, because otherwise, I probably would have been expelled from school.

PS shared his grounding experience of attending boarding school during a difficult time in his family life.

And actually, it's interesting. My mother made sure especially that when I was 11, coming up to 12 years old, that I got sent off to boarding school. It was a private boarding

school. It cost about \$18,000 a year. But they managed to cobble together charitable funding for it. That's what the school represented really, offering scholarships for people to be able to do that. And that got me out of the home and into a structured, loving environment where I flourished completely, and I felt very safe.

In a similar fashion JP shared how entering into a boarding school following his mother's death was a comforting transition.

My family got me into a boarding school for 11th and 12th grade. It was a Quaker school. That was very much in loco parentis. That was very much a community. It's a community I didn't even know I didn't have.

Many others shared memories of teachers stepping in and filling an emotional void. "I had really good teachers who responded well to me, probably just because I was really weird but there were lots of teachers who were super supportive of me which was good because I didn't have a lot of friends" (MK). JP recalled,

There were a couple good, great, wonderful people. There was a teacher in one of the schools that recognized my dyslexia at a time when dyslexia was not widely recognized, and became my advocate at that time when we were at that school. That was first and second grade.

Sometimes social connections came from unexpected sources.

I had a really good English teacher and history teacher in school, both males, I can't remember the grades, but I stayed in touch with them through high school as I moved to different grades I would connect with them. It was funny, but there would be a janitor, he used to clean all the classrooms and stuff, and when we would be finished with school, I would be leaving, just be all in a group of kids after school, and he would be cleaning the

classrooms and be watching Walker Texas Ranger on the TV in each room. He was super friendly, really nice. He had kids of his own. He was always there to listen to us, which is the weirdest thing. So, these were times where, my parents weren't home yet, and we would just be after school, and he was there to bounce ideas off from. Or just goof around. So that was kind of cool. (KS)

MJ recalled, "I was always the best kid in the class so got support from teachers and advice. I would surrogate them a lot for those emotional needs. When I was a teenager I found boys to do that." MB shared her supportive experience in Catholic school,

Nuns. Everyone hates Catholicism, but those nuns saved my fucking life. They did.

When my parents split up, and when it was miserable, all five of us were in a Catholic school, and it was the only place where I felt like I mattered. Cause for me, I was an obese child, because that's where I went—I went to food for comfort. So physically I was not a person that people liked. So, they would just love me for me and for academic achievement, that was all I needed.

### ***Absent supports.***

Although many participants found supports through family and community, many shared that there was a lack of social connections that added to their sense of feeling isolated. LF recalled,

I'm not sure that I had that one person who always had my back. Aside from my parents but they were busy and stretched thin...I had grandparents but they were all out of state. And an aunt in California but not a lot of contact there. No one where I felt that I was super special to them.

AS remembered her feeling of isolation after a huge shift in her family.

So, up until I was 4 it was a very big extended family. And then my father passed away and my mom and moved in with my step-dad quickly, and so that's when things got really bad. That's when she stopped having—There weren't a lot of family around. We moved and it was less of a network. It was more alone, it was just more isolated.

MK also recalled her mother's lack of supports.

I remember when I was a kid, it was really weird, because my mom, she would be in really abusive relationships. A lot of the time she didn't really get good support, and she had kids really young, and my grandparents were like no, no we're not helping you. You have these kids, you have to deal with it...My mom didn't have the stability needed to have good people around her and so it felt like her support network was small.

LS shared how family supports were available to her mother, and consequently turned against her and her brother.

So, my mother had some pretty legitimate health issues, but my mother had Munchausen's, and so there was some Munchausen by proxy with both my brother and myself. So, what would have been traditional supports were all manipulated and distorted...It was all filtered through my mother who needed what she needed. And so, she was mentally ill enough to distort all of those relationships and to give them false ideas about who my brother and I are so that she could get whatever she needed to get.

JV recalled that even when supports were put in place, in her case a nanny, it could not take the place of regular family connections.

I had no support growing up from anybody whatsoever...I had a nanny. But there were things that happened when the nanny wasn't there. I wish my dad would have been around more, not that he and my mother ever broke up, but he traveled a lot for business,

which is probably why they never broke up. But they both worked so we had paid care and occasional grandparent care, but not grandparent care on a regular basis.

### **Childhood knowledge of parenting and child development.**

When participants were asked about their parents' knowledge of their developmental, mental health, and health needs, many discussed how they were pushed to achieve in school, and their physical needs were met; however, their emotional and mental health needs were often neglected. In addition, many spoke of inconsistent discipline and family expectations that perpetuated a feeling of confusion and fear.

### ***Awareness of developmental needs.***

Participant responses in regard to child development fell into categories of: feeling as though their parents did not attend to their developmental needs, feeling as though they focused very well in one area, or feelings of well-rounded support.

### ***Developmental needs not met.***

AR recalled, "No they definitely had no awareness of [my developmental needs] until I became, like in trouble with the law...They were absorbed in their own challenges, and they didn't realize what was going on with us emotionally or mentally." DE shared how neglect and her parents' distraction led to her being sexually abused by her older brother:

But my parents definitely had a lot going on as far as tension in their relationship to one another. Just like, disconnect from each other. So that I feel that there was a lot of time where my siblings and I were very unsupervised. So, I think that really, in a way, left the space open for me to be abused by my brother. Because I was needing attention, and I remember looking around the house for my dad, and I wouldn't find my dad, but I would find my brother.



DE also recalled how this sort of parental absence continued into her young teen years, and the confusion of wanting independence, and internally craving structure from her father after her mother left.

My dad let me live in one of the apartments in his house starting when I was 12. So, he definitely sees independence as a positive quality. I didn't pay rent. I think I would buy some of my own food with money I would earn, and I think he would buy me groceries sometimes too. But I feel like at the time he was wanting to let me have the independence that went along with what he saw as the amount of freedom that I wanted. In hindsight, I feel like it wasn't really enough guidance for me. I would make choices—I was really sexually active and not all of the partners I had were people who like—I dated drug users and people who were much older than me. He sometimes would appear frustrated about that but wouldn't talk directly to me about it. And around the same time, he started dating a woman that was a couple years older than my sister. It was almost like rather than being the authority in the matter he just more came down to my level. So, he didn't really provide a lot of rules around that time in my life. I think it was more like what he saw as letting go.

JP recalled his mother as both providing and being distant. "I don't even remember her helping me with my homework. If I had a question it was like, there's the encyclopedia, go look it up. Her own parenting style was very 'that which does not kill you...'"

***Parents focused well in one area.***

JP, in addition to feeling isolated from his mother's attention, could see the other ways she provided for him.

I do know my mother was aware of the diet [and] behavior thing. I certainly grew up eating well. Junk food was a treat. I definitely grew up in that. She started a co-op. She was a pretty great woman. She always had a big vegetable garden. Always canning and putting things up. When she died we lived on what she put up for a couple years. Freezers full of frozen chickens.

Despite her later feelings of not being attended to, DE recalled how her early childhood tailored to her developmental needs.

In some ways, I feel like my needs were met. Especially I had some...the way our street was situated there was a lot of outdoor space that was safe to play, and I had a few families that lived on my street. It was actually two families that were really poor, but you know, they were good playmates. There was a lot of play outdoors and racing our bikes on the street. That all was really helpful for me. My dad always grew a garden. That was nice because I learned to love raw vegetables.

PS shared how he discovered his parents had been watching out for his mental health at a very young age, even though he could not remember it.

It was only as part of the immigration process, [when] I had to get my full medical record, I actually went back through it and realized that they had me psychiatrically evaluated when I was 7 years old. I didn't know that. So obviously they were concerned about me when I was pretty young.

However, some found the attention to be overbearing and stressful. JV expressed her feelings of never living up to her parents' expectations.

My parents were pushy about my schoolwork. I don't want to say supportive – pushy. They gave me a lot of help if I needed help but I was expected to get straight A's. Which

was some pressure. I was, still am, an equestrian athlete, and I was pressured to exceed, to win, to do all the training; and so, they supported me in that and drove me around and bought me lots of lessons and everything money could buy, but it was a lot of pressure...what kid doesn't want to meet their parents' expectations? It's just really hard if you don't know what those expectations are, which was part of my problem.

SC explained how, following a sexual assault at a young age, she felt overprotected and sheltered. She felt this eventually had negative effects.

I didn't get to do a lot of stuff that my peers were doing because of the choices their parents were making but it was really a bad thing because I sometimes got into some bad issues but I do think that education could have been better at home. I had no clue what I was getting into when I was getting into the adolescent age of having a relationship with a boy. What did that look like or mean? We didn't talk about that stuff at all. My dad came from sexual trauma, though, as the result of his father so I think it was like if we don't talk about it, it won't happen, we don't have to deal with it until it comes.

***Positive developmental support.***

A few of the participants expressed that despite their traumas and a feeling of chaos, that their parents were attentive and provided support. HM shared "I was really lucky in that sense and had a great home. My dad was really supportive and my mom tried – she cared. Which is a lot more than a lot of people have."

***Caring for a parent or other family members.***

Many participants discussed how their developmental needs were often overshadowed by the needs of the family, often due to a parent's mental illness or substance abuse, or other family factors. AR remembered that after her father passed away she and her mother moved in with her

mother's new husband who was abusive and controlling. "that shifted at age 10 when I really started being that support person to my mother and we moved communities and got far away from her family so I sort of filled that role from there." PS recalled how when his mother went to a psychiatric hospital for a year he became his father's support. "My father particularly, used me as his therapy when I was a child. I used to go to school worrying about how he was going to pay the mortgage."

MB recalled how she and her brothers and sisters united to care for the house after her mother slipped into a depression.

My parents fought when they were together, and when they split up my mom never remarried, and she had five of us within a year of each other. So, we became the parents to the parent. So, getting out the door and stuff, I was responsible for making sure that there was dinner on the table. I was the one when the electricity got turned off had to go down to the business and ask them to turn it back on, and bring the money. I think we were forced—we were doing adult things long before we had the capacity or the intelligence, in that the parent in the house was incapacitated. And as happens with lots of these relationships, her incapacitation was something that we accepted as a part of who she was. It just was who she was, it wasn't—you know. We were a family and we took care of each other, and that included her. And if she was too drunk, or afraid to go to the electricity place, then I would go. Or if there was no food, then one of us would shop.

### ***Discipline.***

Participants were asked what discipline looked like in their families of origin. Many shared that the rules and consequences were unpredictable, or lax. A few shared that they felt

that the rules and consequences were clear and predictable. Others shared memories of harsh and sometimes abusive discipline.

*Inconsistent or lax discipline.*

Many, such as AR, described parents letting go of setting limits at a certain age. “By the time I was 13, there was no discipline, I did whatever I wanted however I wanted from that point on.” VP recalled, “I was the fourth child and I think my parents had pretty much given up. My mother—I think that they really figured out that they didn’t know what they were doing.”

DE shared a feeling of not knowing what would get her in trouble. “But I think that expectations were not really so clear. And so, there were certain times when one or the other of my parents got upset, but it was more like blowing a fuse instead of addressing a met expectation.” SS described the isolation and mental anguish that came with inconsistent rules.

I wasn’t hurt or anything like that. I wasn’t spanked. I think it was mostly a lot of mental—I don’t know. Not really abuse, but just like I felt like somebody was always mad at me. And there wasn’t any talking about it. It was just alienating. Just go to your room, or the silent treatment. Really talking down at me.

*Clear rules and consequences.*

PS recalled, despite his father’s inconsistent reactions, feeling secure with his mother.

My mother was very firm, very clear black and white boundaries, very principled, which is good and actually very helpful for me. My mother frequently recalls a conversation when I was in my late teens, 18 or 19 years old: I said, mum, I always knew exactly where I stood with you.

SC recalled how simple emotional consequences affected her as a child. “The one thing I always struggled with was when my parents told me that I disappointed them. Anytime I heard that I would become a ball of mush, it crushed me.”

*Harsh and physical punishment.*

MJ recalled how the rules changed once her step-father entered the picture.

It was very strict. I explain some things to people and they’re like, "What?" We had to have our food separated—like, our mashed potatoes and peas—we had to eat separate. And if you tried to mix it you would get a whack on your knuckle. He did regular bunk inspections of our beds because he thought it was a really great idea from the army. We used to have a joke, we thought it was funny until I was an adult.

AS remembered how corporal punishment was common in her childhood. “It was harsh. There was kneeling on corners, which is awful. There was a paddle”, as did JV:

Oh, spare the rod, spoil the child all the way. You’ve heard that phrase before I bet. Oh, yes. Just wait till your father gets home. And my father was too much of a wimp to disobey by mother. He has since apologized to his credit.

For many, the lines between discipline and abuse were blurred. JV recalled,

The day my mother stopped hitting me was the day I hit her back. At that point, I was 15 and taller and heavier than she was and I think I hit her kind of hard. I only ever hit her that once. It was a really bad lesson for me to learn: that I could solve a problem by hitting someone.

MK illustrated how punishment can turn to abuse in her memories as well.

Oh, Jesus. She was a spanker. Mostly it was just like spankings but not anymore, she realized not to do that. Apparently, I wasn’t very compliant to time-outs, so I think she

had a hard time with that since I've been outspoken since day one. She spanked, and for a while with my grandma, she had a belt that had a buckle on it. Very disciplinary. I was naughty, so one time she had the police called for punching me. I don't think she went to jail for that though, I think she went to jail for other stuff.

*Physical and emotional abuse.*

Some of the memories shared illustrated how participants' parents had lost control over their own reactions, and how this led to a discrediting of participants' developmental needs, and lasting damage. VP recalled how her father—who had a physical disability that left him in chronic pain, and was an alcoholic—would attack her when her mother was away and he was left to care for her.

I think he mostly waited till my mom was out of the house. But as a kid when she would leave and it was his responsibility to take care of me he would hold me on the couch so he could watch his ball games. I remember that he would chase me. One time I remember he chased me and I got into the bathroom and wedged myself in between the door and the bathtub and I could see the hinges moving, but not where I was holding the door shut. He couldn't get in and he was just in a total rage. I shudder to think what would've happened if I hadn't have defended myself in that way. But my mom came home and somehow, he had calmed down, cause I didn't leave the bathroom for the whole time that she was gone.

In her memories of corporal punishment at school and home VP recalled, “You don't have to be beating someone all the time to have them know that that's something they have to look forward to” alluding to the constant fear and hypervigilance she lived in. Later in life, as a teenager, she became suicidal. Of this she reflected,

But, you know, I so totally did not want to live. And I totally get why young people kill themselves, because they've had their heads filled with bullshit from the time they were born, and they believe it. It doesn't work, and it's not a foundation for stepping forward. It just totally other people's distress.

### **Childhood concrete supports.**

Participants were asked to recall if any sort of outside supports were involved in their families as children. Examples of concrete supports include therapy, early intervention, case management, town and state welfare offices, shelters, and other agencies. Participants were also asked to recall what the overall feeling was about these supports. Many participants recalled being involved in therapy at some point, as well as some involvement with social services. Few recalled accessing help with food, shelter, or utilities, and instead highlighted that their physical needs were met by their parents.

### ***Concrete supports.***

Many participants shared that they had spent some time in therapy as a child, although many of them stated that a) the services did not last long, b) they did not know why they were in therapy, and, c) the therapists took the side of their parents and they did not have a voice. MJ recalls her experience as a young teen attending family therapy.

My mom was really into playing the victim a lot, we did a lot of therapy, and sometimes she was a victim so I'm not mitigating the circumstances—but so we did a lot of therapy that was based on how everyone was so horrible to her and not so much about how people did things to us.

She recalled looking for help at school as well and not finding support there.



When I was in high school there was a lot of stuff going on: she was using, and there was all kinds of drama, and I remember the school counselor said ‘You need to stop coming to me—I can’t help you.’ So, there was that.

PS recalled, as a young child, being involved in therapy “At the time I didn’t know with those family meetings, I didn’t really know why I was there, I just went. That’s what my parents wanted me to do.” MB remembered her experience in therapy as a child as an unclear support.

Therapy was—we all went to therapy. When my parents split up we were probably the first family in the catholic school that had divorced parents, so we already felt like shit.

We’re not like people. Then we went to therapy. We didn’t understand why. We knew we went in and we got to play with toys and we got to go to McDonalds on that day. It wasn’t until I was in my 20s that therapy...where I was like oh that’s what it’s really about.

AS recalled therapy being a place where she felt unsafe to say what she was thinking or feeling:

We did do family therapy, but I mean, no, it was a volatile family situation. It wasn’t particularly safe, and it wasn’t a safe space to say what is going on in your head, or what you are feeling. So, there was family therapy briefly.

Social services were seen as a support to some, even when it meant they were taken from their families. Many identified as living in group homes or foster care after periods of neglect or abuse. AR shared how she stabilized after being taken from her parent’s home.

I stopped going to school around age 13, and child services got involved, the school board got involved, my school counselor, because I shortly thereafter I started getting in trouble with crimes. Police and social workers were involved more. I started going to therapy at 14. My relationship with my therapist was good, and I had a good doctor I

worked with who oversaw my drug addiction. I lived in a group home and I had positive relationships with some staff.

MK shared how her removal by the system worked well for her, even though she could see it was painful for her mother.

Well she was going through some tough times after my sister died, and was having a really tough time taking care of us. She asked them to take us, and it didn't actually didn't work towards reunification which was really hard for her. So, in that way it didn't end up being the support she thought it would be. I felt kind of bad for her as an adult, but not as a child. As a child, the foster care program worked better for me than it worked for my brother. But that's because if a placement wasn't working for me I would talk to the social worker and say hey, get me out of here. And I would fight it. I would tell them if they didn't, I would run away, I didn't care. Like, get me out of there. It ended up being okay for me.

Some of the participants identified Al-Anon, AA, and NA as being supportive for them or their parents during their teenage years. KP stated, "it wasn't until my mom got sober and I got into Al-a-teen that there was real conversations going on. Ala-teen was a really great support where reality was discussed." KS shared that when her father addressed his addiction it felt like a support to the family.

### ***Parents' feelings about outside supports.***

Overall, despite the varied amount of outside supports involved in the participants' childhoods, most of them recalled their parents having negative feelings about these supports. AR, who ended up being removed from her family in her early teens, stated, "My mom was always very private so I don't think she liked other people knowing her business; she struggled

with the fact I had so many other people knowing her business.” MK, who was also removed and stayed in foster care shared, “Back then she didn’t really believe in mental healthcare and didn’t think that was something that people needed and so I think that was hard for her as a parent since I ended up needing that kind of help.”

LF recalled her parents, who were both social workers, not wanting to draw negative attention to their family because of their roles.

Of course, you have that message sent that our family is fine... so support wasn’t modeled and I think in most families of my generation it was like, you keep to yourself, you take care of yourself, only *those* people use services. That there is that stigma attached to ways of developing healthy family relationships.

When it came to physical needs being met, most participants felt as though their parents prioritized those needs, often over safety and emotional connections that were missing. MK remembered of her mother,

We would also go to food banks and get services for food, so there was that. She used whatever support she could find, but it was really limited, and I feel like looking back she didn’t have much to fall back on for her. I suppose that’s how her coping mechanisms were, very internal and chaotic, because she didn’t have anyone she could trust. And my dad wasn’t around because he was off doing drugs.

JV stated, “I think they took care of the physical and developmental needs. The emotional needs, not so much. If at all.” SS recalled her mother’s mentality was “I’ll get you on the bus, and I’ll feed you. And I’ll make you a nice birthday cake and have a birthday party, those kind of basic things” when all she wanted was an emotional connection.

### **Childhood social and emotional competence.**

Participants were asked to remember back to their childhoods and recall if their parents were available to them to praise and celebrate their accomplishments, comfort them when they were sad or scared, or encourage their independence and individuality. They were also asked if there were there messages in their childhoods that discouraged expressing emotions.

Social and emotional competence, according to the Strengthening Families Protective Factors Framework, also encompasses a person's ability to self-regulate, communicate, develop a positive self-worth, and healthy interpersonal skills. Many participants were able to identify ways in which their parents made an effort to support their social emotional growth, although it was often clouded by external chaos and unpredictability. Others shared ways in which they were told, directly or indirectly, that their emotions were not allowed or acceptable. This section will explore some of the traumas experienced by participants and the ways in which they were supported in dealing with them. Participants shared the various techniques they developed to cope, or get by in childhood.

### ***Social and emotional support or rejection.***

When asked about how emotions were supported in their families of origin many participants recalled being ridiculed, scolded, or punished for their emotions. GD shared, "Sometimes my dad would mock me when I was having a lot of anxiety, but sometimes it was just not being paid attention to or having the subject changed." HM recalled feeling consistently dismissed by her parents.

My mom would say girly things were bad and that being too emotional was bad. My dad would be stern and happy but wouldn't really show any emotions besides that, he was always laid back. If I went to them really upset they'd say toughen up and let it go. I

didn't come to them after crying my eyes out, for instance, because they wouldn't even notice or ask.

Others echoed the sentiment of masking emotions for safety or self-protection. Regarding emotional expression in her childhood AS shared,

It was frowned upon. There was a big control thing with my step father, so there were all kinds of physical—It was much better to not show that you were affected by anything.

Consequently, I'm very expressive now, but I don't really cry.

VP remembered a similar feeling in her home. "I had not cried because crying was the very worst thing you could do in my life situation, so I had never learned how to cry. I was a real 'bite the bullet' kind of kid."

LF shared that as a child she had a persistent feeling that her emotions were not valid and she was too needy. "I always felt like I was the one who was too emotional. I don't know that anyone ever said that specifically but I felt like I was too sensitive, and cried too much and wanted too much from my parents."

A few participants recalled times when their parents made an effort to recognize them for their accomplishments or just for who they were. DE reflected on her perplexing memories as a child.

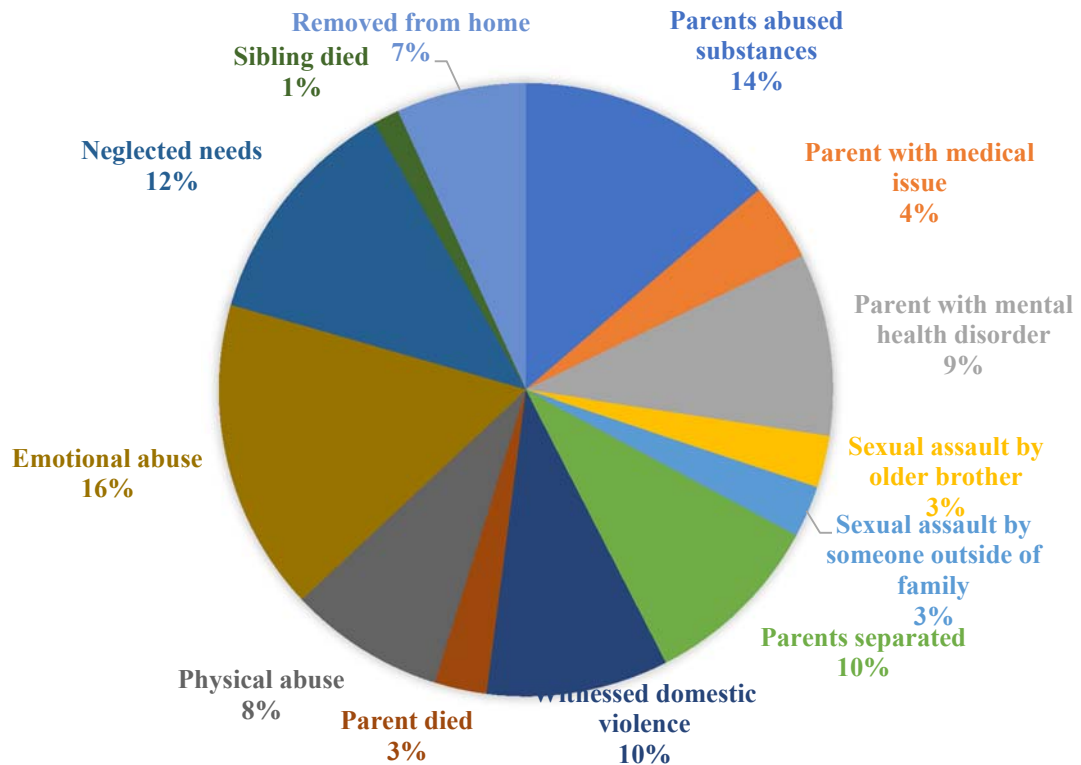
I don't really remember anyone praising my accomplishments. I don't really remember having accomplishments, except maybe singing in chorus or something like that. As far as comforting when I was sad or afraid, my dad was available sometimes. But both of my parents were very self-absorbed. I remember my dad praising me in a letter one time saying he felt proud when we would go out in public and he would see me interacting with people, or people would say how I seemed to them and he felt proud of me.

PS recalled that despite his mother being away for some of his childhood, she was a consistent support. “It was, apart from the year she was in the hospital, my mother was almost always there. My dad sometimes, when he could be bothered.” His father had difficulty making time for him; however, PS felt as though his father’s work as a psychiatric nurse came through sometimes in a supportive way. “Actually, I credit my dad. If there’s one thing he did well it’s was teaching me that expressing my emotions is very important.”

### ***Childhood trauma.***

Participants discussed their various traumas and how they were dealt with in their families. Participants discussed their childhood traumas through the process of the interviews, even though that was not a requirement of the interview. They disclosed that they had been victims of sexual assaults, both by older brothers ( $n=2$ ), and people outside of the family ( $n=2$ ), physical abuse ( $n=6$ ), emotional abuse ( $n=12$ ), and neglected needs ( $n=9$ ). These abuses often ended up in the participants being removed from their households, either temporarily or permanently ( $n=5$ ). They shared their experiences of being parented by caregivers with extreme medical issues ( $n=3$ ) mental health disorders ( $n=7$ ), and substance abuse issues ( $n=10$ ). A couple had a parent die during their childhood ( $n=2$ ). One participant’s sibling died during their childhood ( $n=1$ ). Many felt as though their parents’ separation had a lasting negative affect on them ( $n=7$ ). Others were witness to domestic violence between their parents ( $n=7$ ). (Figure 2).

**FIGURE 2**  
**TRAUMATIC EXPERIENCES IN CHILDHOOD BY PERCENTAGE**



After a sexual assault by a family friend SC recalled how her parents had difficulty knowing how to support her. Even though they took her to get medical and legal help, they did not talk about it with her.

I think that I was 11 when it happened. Initially my parents sent me to the doctor because I was showing symptoms that were not typical, and they told my parents that I just had a ‘good imagination’ and that they didn’t feel like I was being truthful. So, my parents took me back and asked if it happened. I didn’t tell them at first because I was threatened with my life, and when I did tell them, and they were told I was basically just lying. I don’t think my mom ever did not believe me, but my dad had it in his head that military people don’t do this. If you were in the military, like, would you do this?

She recalls how, in the years following this incident, it was difficult for her to process what had happened to her because of the silence.

I still feel like because I didn't deal with my traumas that I had a lot of issues as an adolescent and that I was very emotional. It was a tough time, I battled with eating disorders and [suicidal ideation] and the typical stuff like hating your parents just because they're your parents. Not necessarily hating, but feeling like you don't have any freedom, especially with how my life had gone because I was really sheltered then and didn't have an opportunity to get to know the world because of what had happened to me.

JP discussed how multiple losses in his adolescence led to a feeling of being lost in the world. He was very close to his grandfather and lived with him after his mother died in a car accident. "When his mind went, he did kill himself. All that happened just a few years after my mother died. I was 14, then he died when I was in high school." JP left high school and nursed his younger siblings—who were in the car when his mother died—back to health.

My little brother and sister, who were 3 and 4 at the time, were in the car when my mother was killed in the car accident. I was not. They were actually coming to pick me up. I used to have a lot of guilt about that, but I think it's mostly gone. But it's always there. Grief is always there. It's never really gone, you just learn to manage it, or something...Very shortly after they were out of their body casts, I left and never came home.

KS recalled one of the many times her mother would wake her in the night to find her father.

I remember one time really vividly going out. She woke me up at like 3:00 in the morning, and she'd done this before. But she woke me up to tell me she was leaving to go look for my dad and his work van...and we found it and it was the town next over. She



got out of the car, and she knocked on the lady's door, and found my dad cheating. That kind of stuff, just knowing that that's happening. I mean one time she told me to take all of his stuff out of his closet. And I remember smelling the clothes, you know, it's your dad's smell. You never really forget that...and we didn't talk about it.

***Coping, or getting by.***

Participants identified the many techniques they developed in their childhoods to cope with the traumas. Many worked with their siblings to hide things that had happened. VP shared a memory about hiding her own injury to avoid family conflict.

It was kind of like—I think I found out earlier on that I wasn't going to be believed if two versions were put together. I remember one time my brother, I don't know if he kicked me or what, but I had a big black eye. And together we used my mom's makeup to cover it up. It was like a team thing. It was mainly to get through some sort of a party we were having. I think we figured out that I wasn't going to be the victim and he wasn't going to be the perpetrator. It was just one of those things where you got a black eye and it was automatically down the river with every other thing... I felt I spent an awful lot of time as a child being as good as I possibly could be and trying my hardest to look into the future and figuring out how not to do something that was going to wind me up into trouble.

Some stayed out of the way and hoped to not be noticed, or kept their traumas to themselves, not knowing how they would be received. After she was sexually assaulted by her older brother, DE shared how her older sister convinced her to keep it to herself.

I remember before I shared that I had been abused I felt that if I did share it, it would be a bad thing for my family. I did share it with my sister, but she—when she was 13 was raped at a party at a friend's house, and I think partially because of that—she wasn't

sharing with our parents that, so I think both pieces of information were kind of locked in.

SS recalled a feeling of needing to punish herself, having internalized a message that she was bad or the things she did were wrong:

I can think of school situations where the stressors started to happen and I just remember I would almost self-punish. I would go in the corner and my teacher would be like “why are you in that corner?” That was just my comfortable space, to punish myself. When I was older I did a lot of cutting myself. It made me feel, I don’t know what it was—It’s almost like that’s how the pain gets out, if that makes sense. Like there’s no other way. There’s nobody to talk to. I couldn’t talk to my mom. So, it’s almost like that’s how the pain gets out of your body, through that self-punishment.

MB also recalled needing to find ways to soothe or punish herself to work through the feelings of being alone and not believed following being sexually assaulted by her older brother. “Food made me feel safe. Altering reality is my life’s story. Because it was food before it was alcohol and drugs, and it was sex before. You know what I mean. I would alter reality in any way that I can.”

LS recalled pushing through her childhood with a feeling of problem solving, and forward thinking, which she still uses as a tool today.

Even as a kid growing up I never spoke angrily or poorly or went through a rebel phase, or any of that stuff. It was all forward thinking. Like where am I now, where do I need to go, and how do you do this thing? So, a lot of it was just punting.

### **Participant parental resilience.**

During interviews participants were asked first about their experience as a child, then about their experiences as parents themselves. Through this process the participants were able to visit the past and the present and compare the differences and similarities. One participant shared at the end of her interview “I’m kind of surprised at some of the questions and my answers, looking back, that I behaved similarly to how I was brought up, just in a slightly different way. That was kind of enlightening” (AS). Many were able to notice ways they had been able to manage stress and cope with challenges in more controlled and purposeful ways.

### ***Participants' response to stressors.***

Many of the participants noticed that they are quick to be emotional or angry. Some attributed this as a trigger from their own traumas. HM reflected on how she responded to circumstances having to do with her son:

I worry that I’m sheltering him. I don’t know if I thought I needed to protect him. When kids do something to him in school I feel panic and like I can’t breathe, like this can’t happen. I got raped when I was 7. My reaction is way over the top.

Later she compared her parenting of her daughter versus her son:

I get really frustrated with him. It opens my eyes to what I need to work on. He’s helped me to be a better person. I feel like I’m making all these mistakes with him and not with her which isn’t fair. I also never realized how much my trauma probably plays into my parenting.

SS reflected on her ability, over her 19 years of parenting, to notice how she is reacting and making changes.

My initial reaction is “all these stressful things are happening” and I start pushing it off to my children. Then a trigger goes off and I’m like “wait a minute, you’re just making it worse for everybody, so let’s just reign it back in. So, I feel like I’ve gotten a lot better at identifying the triggers, and I’ve gotten quicker and quicker at it. Cause there are just natural stressors that come from raising children... I always say my kids were given to me for a reason, to develop some better coping mechanisms.

MJ took in her three nephews when she was 22 and has noticed how her parenting has changed since she has matured. She now has two biological children as well.

I’ve had kids since 2002 and the three that are the oldest, my sister handed them to me because she couldn’t raise them. She’s actually a year older than me, and so I got thrown into being a parent, and when I quote ‘had my own’—not that I didn’t do this with the older children, but I feel like when I started to have more kids I started trying to be more cognizant of how I was doing it. But I never—like, I’d get drunk, but I wouldn’t scream and yell at my kids. I’d just get drunk and play with them or dance with them or something which I’ve done before. My oldest kid says I’m a different parent now than I was 15 years ago, but I have learned not to do those kinds of things in front of him.

Some of the participants recognized patterns in their responses, and discussed their attempts to do something different. JP shared,

One of the downsides of [being nonconfrontational] that I’ve recognized is that [stress] tends to bottle up, so that what shit finally does hit the fan, it hits it hard. Where something that could have been dealt with or diffused in a more gentle way earlier ends up being an explosive, unpleasant situation.

GD shared a similar sentiment with a reflection on focusing on taking care of herself:

The stress increased as I had more children. So, I've had to deal with consciously finding better ways to deal with stress cause if I don't pay attention I tend to take one of my parents' roles. Like I'll be focused but not always emotionally available, or I can get upset, or yell at my kids. I meditate and try to take a breath or go outside and try to spend a lot of time thinking about what kind of parent I want to be and think about it ahead of time so it can come from a conscious place instead of an unconscious place in the moment of stress. I also try to take care of myself.

AR also recognized the was that she has learned to respond to stress in a healthier way than in the past.

In my first marriage, I relied a lot on alcohol and would respond in similar ways to my mother in terms of yelling and throwing things...[now] I read and do yoga and I've been in therapy for 17 years on and off. I found other more healthy coping skills in this stage of my life.

VP recalled how she developed coping skills to manage stress when her first child was an infant and she was a single parent living on a homestead:

I used to go—when parenting became too much for me, I had my baby on a cradle board—and I would go out to the woodshed. I was a single parent, and I would just go out there and split wood and have wickedly violent images in my head. You know, ghastly, much probably like the images my father had in his head. Then I'd come back in. I would have cried and raged, but I came back in and I'd be so totally calm. That was how I did it.

KP, who was raised by parents struggling with alcoholism, shared her difficulty managing being an adult who felt as though she lost out on her childhood.

One of the things that you had mentioned was being asked to be an adult way before your time, and all of the responsibilities that happen in an environment where you have to grow up really fast. And that was the case for me and my siblings as well. That has made it a challenge as a parent because there are so many ways I never felt like I had a childhood, and then to have to grow up and be a parent when you don't think you had a childhood is very tricky. How to—I've been conscious about it, but sometimes it's really hard when you have to step up, when all you really want to do is run and hide and cry.

***Participants' emotional regulation.***

The ability to manage emotions is one of the key components of resiliency. For many of the study participants this was not a skill that was taught to them, and they learned to develop skills by watching others or, in many cases, doing the opposite of what had been modeled to them as children. MB recalled making a conscious decision about how she would manage her emotions as a parent.

So, parenting I knew was going to be a minefield for me. I spent many years in therapy, probably about ten, from 28-38, dealing with that whole—the dynamic of the trauma, the dynamic of the mom, the dynamic of all of it. I made a decision that in parenting my emotions weren't as important as making sure that they felt safe and loved...my response to my mom being emotions everywhere...whatever had sparked what had happened was how mom felt or what mom needed. I made a conscious decision that it was not about me, that it was about the kids and that I had learned in adulthood what healthy and happy family looked like, and that I was going to fake that until I made it.

JV responded similarly:

I have definitely learned to count to ten and, sometimes, to fifty (*laughs*). Basically...my whole parenting schema was to not do what my mother did. It was like ok, in this situation my mother would have done this, so I need to do something else.”

SC, like many others, spoke of her continuing aversion to expressing feelings, something many participants stated they learned in childhood: “I tried to be tough and say everything would be fine and if tears come out that’s fine, as long as nobody sees it. It’s unhealthy now that I think about it.” MJ also shared how accessing her emotions has been a challenge for her, based on her history. “I never wanted children ever, probably because of the stuff that happened to me, and I’m not naturally a nurturer. I have love, but I have to work at it. It’s not something that comes naturally.” AS reflected on her difficulty having a range of emotions.

My son would say that I’m emotionally constipated, and he’s not necessarily wrong. So, I’m very good at telling them how wonderful they are and, if they’re not, and saying that. But as far as emotions, I don’t have a huge amount of depth there. There’s not a lot of grey area. I’m either happy, or super pissed off, and that’s pretty much it. I don’t do the middle ground well.

***Participants repeat childhood patterns.***

Although many of the participants noticed ways they were repeating patterns from their own childhoods in their parenting, there was an overall sense among all of them that breaking these patterns was an area where they had focused a lot of energy. VP recalled her fears during her first pregnancy that she would continue her family patterns of abuse. “My father was a stalker and he was a physically abusive person, so I felt like, oh my god, I’m pregnant. What can I possibly do to make it so that I don’t pass this particular thing on?” She recalled meeting with her midwives and sharing her fears with them. “I met these people, four women, and I said, ‘you

know, I'm really afraid that I'm going to be a child abuser.' And they said 'Oh, we can help you with that'."

MJ reflected on her process of finding her own parenting style.

Every once in a while—I'm not beating my children—but sometimes I do swat at them and then realize oh my god I'm stepping over the line, and I get really nervous about that stuff because both me and my husband had stuff like that happen to us when we were kids. We try not to be tough, but sometimes it's automatic because it's how I was raised...I know that my mom loved me but she didn't know how to be a parent. That's pretty clear that my sister did the same thing. She didn't know how to be a parent. It's fallen on me to figure out how to be one.

JV shared a similar reflection of learning to be a different mother, one who did not throw dishes and yell in confusing ways.

It would have been so easy for me to be my mother but my husband and I talked about it, and I didn't want to be my mother. He didn't want me to be my mother either because he knew my mother. And in terms of that, he and I really supported each other and he really supported me in—wait, you said you wouldn't do that, and I'd be like, you're right, I said I wouldn't do that, I'm going to stop doing that right now. I think it really takes a lot of conscious effort, a lot of pre-planning if you just kind of, oh my god I'm a parent, you're going to follow in the footsteps of your parents. If you consciously become a parent and consciously parent then it can change. I don't think it always changes but I think it can change. I think I have changed it.

Despite the lasting effect of the blame and alienation in her childhood, SS found herself disciplining her boys and managing her emotions in much the same way:



Unfortunately, in the beginning it was like ‘here’s the mistake, here’s what you did wrong, and how are we going to fix it next time.’ And I shouldn’t have said [that]. I’m just figuring that out. Cause that’s what my mom used to do.

KS recognized herself slipping into familiar patterns as well, such as resorting to spanking when her children were younger:

I think it's something that parents, if you were spanked as a kid, then it's something you go back to. Its cyclical, but at the same time you don’t have to continue the cycle.

Especially, I don’t feel like it worked for me. If anything, it just made me resent my parents at the time, and not want to work through things.

***Perception of success.***

Many of the participants analyzed how they felt they had succeeded as parents, often displaying a level of critique and self-confidence that defied their early years of invalidation. Others judged themselves harshly and measured themselves against high expectations to rise above their pasts. SS shared a common sentiment of feeling as though her character was being assessed by how her children turned out.

If the boys did something wrong, that was a reflection on me. Even though it probably really wasn’t. And that’s where the stress came in. Cause there was kind of this desire to be a perfectionist because I was a single mom and people were already judging me for that, so let's not give them another reason to judge me.

MB echoed this sentiment when she discussed trying to do all of the right things as a parent according to recommendations of doctors and the latest research. “So, it was like everything I did that I thought was the best thing, it always felt as though—it was achievement-based in the beginning.”

JP felt as though he didn't have a model for how to be a father, and questioned if he did all that he could: "You know, as a parent, and the nature-nurture, that whole thing. What could we have done better? What rubbed off?" Ultimately, however, he feels confident that he did his best for his son. "Best thing I've ever done in my life really. If I've done anything right really, it was being the dad." VP reflected on her own abilities as a parent in comparison to what had been modeled to her as well. "I don't know. I'm thinking that, I'm absolutely convinced that I was not the best parent in the whole world. But I certainly think that I did pretty darn good considering my own background." SS reflected on the possibility for healing through each generation as she considered if her boys will have children someday.

So, I kind of hope that when my children have children that I can nurture them. Like every generation will hopefully get a little bit better. So, then they'll be great dads, and their children will be great parents. I just hope—that's why I'm here, that's my purpose, to let them help the next generation be better.

Many of the participants recognized their own abilities to gain an education, a feat that helped them move beyond their families of origin, often with little or no support. They noted their degrees with a sense of pride and confidence. VP recalled her push to defy her mother's standards of intelligence.

I wanted to be a doctor, and I remember her telling me that the closest thing I was ever going to get to being a doctor was to marry one...I became just really smart. I went to the community college and studied human services and got A's on everything and then I went to Union College and got a psychology [degree].

AS was the only child in her family to graduate from high school. SC pursued a career working in special education which later helped her identify her own children's individual needs.

JV noted, “I had a double major in psychology and chemistry in college, and I had a minor in education, so I might have been one step ahead of the game.” AR also shared how her college training led to her competence as a parent.

My education is in social work so I worked with children and families for about ten years. So, a lot of my awareness about what it means to be a healthy parent just comes through my education, and working with families, and also through transforming and healing the trauma that I experienced.

MJ put herself through grad school after she took in her three nephews, realizing that she would not be able to move forward professionally without pursuing further education.

Compared to how it used to be—I used to live in one room with my kids, and now I live in a four-bedroom house because I make a good deal of money, because I manage a library. I’ve done really well for myself. Just knowing that I’ve helped the kids succeed is the most important. I’m sure it’s really hard for any parent but feel it’s especially hard for people like me.

### **Social connections.**

Participants were asked to consider what social connections they have made as adults with family members and friends that have supported them emotionally, informationally—as in parenting education or medical advice, or instrumentally—as in transportation or financial help.

### ***Family, friends, and community.***

A majority of participants shared their intentional mission to create the community they felt was missing in their childhoods. They described building networks of other parents, as well as some family. AR shared,

We're close to my husband's sister and brother, and they're married with kids. Then I have a core group of other adult women with children all around the age of my son and we have all met on a weekly basis since our kids were born. We go to parenting groups and part of the Waldorf community.

Many others, such as JP, realized that they had found a redeeming sense of family through their partners' parents and family:

Well, my wife's parents have been a big part of things, which is why we moved back here. We moved when he was a baby. We finally moved to this area to be near [my in-laws]. My wife is an only child, he's the only grandchild. They have always been very helpful I have to say. They have been generous with time and resources.

JV, who has since separated from her husband, shared, "His parents were the most awesome people ever so I feel like that was like the best parenting advice we were going to get was from his mother." DE also expressed gratitude for her husband's parents' role in their children's lives.

My in-laws live very near us, like across the street, and they're very helpful. They do provide a lot of rides and company for the younger one, and company sometimes for the older one. They're both pretty helpful in that respect. And they both kind of have had a lot of experience with parenting and kids. I don't always love everything they do; you know, my father-in-law definitely has anger issues. And I don't love everything, but I definitely feel like it helps life be tolerable for my husband and I. Especially in the sense that he and I have the time to do other stuff on our own, separately. That feels really important.

Some participants, such as MB, shared how there was a healing process involved in reuniting with siblings for support after living through traumatic childhoods together. “My mom died early, she died when she was 57. So, in her absence our family recreated itself. A lot of us got sober, me being one of them.” KP also found a renewed connection with siblings in adulthood.

I have two sisters that I am close with. One, unfortunately lives out of the country, and has for 25 years. But she comes to visit. And I’ve visited her twice. They’re emotional support, not every day present, make you soup when you have the flu kind, cause they don’t live around here, but we have good relations. I’m very grateful and I’m aware of that, that that’s not always the case in these environments.

In addition to family support, participants discussed the ways that they had created family through friends, neighbors, and their children’s’ school. GD described the supportive environment in which she has raised her kids.

We live in a community with extended family and friends all in the neighborhood, all on the same piece of land so there’s a lot of support. We have a small school community, so that’s a big part of the support too.

PS, who moved to a new area a year and a half ago, feels as though he’s beginning to build connections for his family.

As we’ve built relationships with adults in the community, [my son is] doing that as well. He loves our neighbors across the street who moved in last year. He’s always asking to play with them, and [our daughter] is falling into place behind him as well.

VP recalled when her kids were young 30 years ago, she moved to a new community and established herself on a plot of land and joined a co-counseling network for peer support and guidance.

I surrounded myself with people. I gave my family the community it takes to raise a child. I did not do anything in isolation. I was a member of the co-counseling community. I used to go to work and occasionally take one of my children to a workshop where I would learn to help them through play. When it came time to send them to the local public school, I established a relationship with [staff]. One of those mornings where I would send my daughter off crying I would call the school and say, 'I just sent [my daughter] on the bus and she's sad today, just give her some special attention.' You know, I had that special relationship.

Some participants shared their difficulties in creating the community they had hoped for. A couple of people who are involved in the military shared the difficulties of starting over and building new connections after frequent moves. Others discussed the difficulties of building relationships because of a lack of trust, such as KS: "I had trouble with relationships growing up too, so that's probably part of it. I found it really difficult to connect with people. I found it hard to develop really good, strong friendships. I had a lot of mistrust." LS shared a feeling of not knowing how to fit in with other parents.

I think I shied away from relationship-building because I don't think I had a lot—I don't think I could relate to a lot of people. My lifestyle just didn't seem to—for one, I was a younger parent, and, you know, so a lot of the parents were 10 years older than I was. Even though I was married—I had the house, it looked all fine and normal—it didn't feel it to some degree. Some of it just didn't make sense. So much of what all these people

valued were just bullshit to me. I was doing all the things, I was cooking, I was making the bread, all that stuff. But sitting around just talking about all this nonsense was just nonsense. You know I have all this stuff in my brain, I had stuff going on. I still wanted to talk about books and music and politics.

***Improved relationship with parents in adulthood.***

One element that emerged in discussing social connections was a level of forgiveness, and an ability to give parents another chance in adulthood. GD expressed this in a heartfelt way.

I actually feel like my parents have done a lot since I've been an adult, and that's meant a lot to me. They really stepped up once I was an adult...they have more time to have with my kids then they had with me. My dad is way more mellow, he used to get so angry and so upset. The repair part has been really huge. Whenever we make an effort to make things better, it can heal a lot, from my experience.

MK, who spent time in foster care in her childhood, has reunited with her mother in a supportive way. "My mom's here. She's a lot more stable than she was in my childhood." Since her father has been sober following medical issues and a kidney transplant ten years ago, KS noted that she has been able to create a closer relationship with him, and this has allowed for her children to have a very different relationship with him than she did in her childhood. Of her father, who moved out when she was two years old and started another family, SS reflected,

We were estranged for a number of years and then he called me out of the blue and now, I have more in common with him than I do with my mom. And so, it's just that whole forgiveness piece, and just letting go, even if really bad stuff happened to you.

VP echoed this sentiment of forgiveness, reflecting that although her sister has disowned herself from the family, VP chose instead to stay in contact until her parents died.

I made it my position to love my parents despite the fact that they were really, you know, had their flaws. Which is something I attribute to learning how to co-counsel. You can't be kind to yourself if you can't extend that kindness to somebody who obviously has less resources than you have. I just felt like the reason I made it through my family.

***Distant relationships with family of origin in adulthood.***

While some participants grew closer with family, others expressed a need to create distance in order to heal and follow their own paths. AS shared her attempts at creating a relationship with her mother and sister in adulthood.

My stepfather went to jail, and I stayed in contact with my mother for quite a while, and after he passed away—but she was still the same person, regardless. So, I just ceased contact... I have a sister, a biological sister, very interesting, she has no children, she doesn't have a job. It's fascinating, but I talk to her sometimes. We don't have very much in common...and I'm not going to lie, it's just being an adult and making the conscious decision that there's just nothing there. It would be nice if it were different, but it isn't.

SS described keeping a distanced relationship with her mother as her children have grown in order to protect them for the same toxic environment that she was subjected to as a child.

We have...family dinners a couple times a year. And when they were little they would go to my mom for daycare. But I don't know, she just had this mentality that—she's just so harsh sometimes that it really was okay with me for them not be around her, or around my family all the time. My mom's family has had some issues with drugs and alcohol abuse, so I felt like it was good. Not really disassociate, cause we would see them a



couple times a year, but to create this environment that was free from those negative stressors.

MJ also expressed how she sheltered her kids from her father in order to protect them.

I stopped talking to him in my teens and started talking to him again in my twenties, but he was a jerk to one of my kids when I was 32, and I said you know, I can handle that because I'm an adult and I've been used to it for 32 years, but you don't get to be that way to my kids. We're done.

LS described the difficulty that being an adult who has survived a traumatic childhood can create socially.

People still want to talk about that stuff, and they want to talk about their childhoods and the want to know where you grew up. And just to say I'm a Sicilian from New Jersey only carries you so far. After that they want to talk about what you did as a kid. And when you leave home at 10 years old you really don't have a whole lot to talk about.

### ***Independence and self-sufficiency.***

Many shared how family messages of independence and self-sufficiency had penetrated their willingness to seek out help. This was the case for LF:

One of our family values was self-sufficiency, and that was huge and pretty huge, and it later played out in my life. Even as a single parent I rarely used the support network as much as I should or could have because of those family rules. I look back at some of the things I did, and it was pretty intense, which also put us in the position not to receive support well. We're bad receivers, and asking for help is terrible. That's a skill I didn't develop well.

AS was determined to not repeat her mother's pattern of needing others to help her through situations. She discussed a resolve to push through life and handle situations on her own.

The way that I parented, because of how I was parented, was the—and it's not necessarily a good thing—but my son will say that I'm too prideful. You know, my mother didn't know how to do anything, couldn't do anything without a man. I am ridiculously independent, to a detriment...because I wanted my whole life not to be indecisive. So, it definitely has affected that way that I parent, because I get controlling about things.

When asked about who would be available to her as a resource in an emergency, SS shared a sentiment of self-reliance, and recalled a time when her boys were young:

It would probably just be me and the boys and we would figure it out. Which is how—like I remember when they were really little and we were having a problem with our electricity, we were just like, let's just scrape our quarters together, we'll rent a hotel room and buy a pizza. I always feel like it's just me and the boys. They can call me for anything. We can definitely count on each other.

### **Participant knowledge of child developmental and parenting.**

Having an understanding of developmental stages, the needs that arise at each stage, and appropriate techniques for managing behavior are skills that allow parents to have appropriate expectations of their children. In addition, many children present special developmental or mental health needs, and require individualized attention.

### ***Child development awareness.***

In the next section of the interview participants were asked what steps they have taken as parents to become educated on their child, or children's specific developmental, health and mental health needs. The most common answer was reading. Most parents felt as though this was

an area that they had to research, being exposed to very few positive examples in their own childhoods. AR responded, “My husband and I read a lot of books, and about emotional intelligence and how to be consistent in discipline and in a positive way, highly evolved perspective.” KS also found herself engaging in research about a variety of subjects:

I did a lot of minorly obsessive reading, trying to get a reality check. I realized that I didn’t have a healthy framework at all for what was normal. I was really just trying to figure out what resonated with me and what didn’t in early parenting. For example, the whole issue about to immunize or not. I obsessed about that for months, weeks—literally it became an obsession. I wasn’t chewing my nails, but was like—I had my baby and I refused to let him get immunized when he was in the hospital. I just researched it, and it drove me crazy. It drove my spouse crazy. I would read, read, talk to people.

LS described studying other people to get a sense of what was normal or acceptable.

I accessed everything and anything. It was movies. It was books, novels, TV, observing people in restaurants. It was anything at all. Whether it was things I had learned from foster families I had been in briefly, anything I could get my hands on. It was such a collage.

She reflected on how, in her makeshift style of parenting she felt disconnected from the world, and as her children grew older they began to realize that they functioned a little differently than others.

But then when they get involved in the functional things of living they realized that they do things a little strange...We’re like a bunch of Mowglis. You know how, like I was raised in the jungle, with jungle law, and then I discovered the village of man, and when I discovered that I was not so comfortable there, but then I couldn’t go back to the jungle,

so now I'm in this strange land in between and figuring out the best of both worlds. But the truth is, I'm a Mowgli, and then I ended up raising a couple of Mowglis, and they didn't even know. They thought they were part of the village of man.

VP shared how she tried to facilitate her children's involvement in all of the things they were interested in, even if they weren't things she, as a peace activist and woman who had lived off the land, was excited about.

I got my kids involved with other people. You know, they did 4H. When [my daughter] wanted to be a model I drove her over to a modeling place, which is totally unlike me. But I just tried to facilitate what it was that they were interested in, no matter what. When my son decided he wanted to go to the cadet, civil air patrol thing, I watched him cut 18 inches of hair and put on a uniform.

MJ also discussed how it was important to her to focus on the interests of her kids in order to build their self-esteem and show her interest in them.

I try to find stuff and learn about it too. I learned how to play Minecraft, even though I can't stand it, and one of my kids was into Dr. Who for a while, so I went and researched all the costumes and bought him one so he could wear it to school. I want him to be himself individually, especially since I was told to be a certain mold. As long as what he wears is clean, it can be weird, it's fine, wear it.

DE reflected on her appreciation of her children's school environment, which has helped her learn about their developmental stages, as well as provided the children with a lot of support.

I feel like both of my kids have gotten a lot of support from being in an environment where their developmental needs were seen and respected. And having that structure to

go to every day during the week that's really appropriate for them has felt like a big part of our family life.

She stated that at times this support has taken the place of her parenting:

I feel like my daughter—her needs have been met so well by people other than me that I don't feel like I've ever felt that I had to learn about her stage of development. And then my son I've read some different books because he was maybe a little more challenging.

Many participants identified that their children have struggled with a variety of mental health, behavioral, and developmental issues. They discussed how they have taken the time to do research on their specific needs and have sought out extra help for them when necessary. MJ noted that each of her five children present with unique needs, especially the three older ones that she took from a neglectful situation.

Each kid is different, one has ODD, one has attachment disorder, one is autism spectrum, one is ADHD, you know so each one needs different things that I have to learn...My oldest went to therapy and learned as an adult, because his early childhood, because his reactive attachment, he's not huggy because he never had those kinds of things [with his biological mother].

Some participants discussed how it was difficult for them at first to recognize they would have to accept a parenting style that was completely outside of their norm to be able to accommodate their children's needs. AS recalled her struggle to parent her son, adding that now that he is grown they have been able to discuss how her reactions affected him as a young child.

But with him—when he was younger—he had Asperger's. And when he was 6, 7, 8 there were a lot of behavior issues. It took a long time. I saw my mom in a lot of me for a few years until I stopped trying to make him behave. I couldn't do that. There was no—You

wash his mouth out with soap, it didn't matter. He was just very defiant. And the more defiant he got the more frustrated I got, and so that was rough when he was younger. Eventually I had to learn, and I think we might have—we went to some like therapy specific to Asperger's and we did some behavioral therapy. We did a lot of star chart things with him, like behavior modification. I had to kind of let go. I don't let go wonderfully, and I had to kind of lighten up in what my expectations were, because it wasn't really fair, and nobody was winning. But definitely there were moments when they were younger where I was like, oh my gosh, I saw my mom.

SC, who was trained as a special education teacher noted, "It's different teaching a child on the spectrum and having a child on the spectrum, so I read books, I joined support groups, I talked to as many people as possible about parenting and making sure your child feels loved." SS shared,

Both my boys are in the autism spectrum. So, we had, they both had IEPs. I had very close ties to their teachers, to the special educators...I had a great therapist with my oldest son. She would do touch therapy with him. He went to physical therapy to kind of desensitize. He's much more high functioning than he was. You wouldn't even know that he had it now. But when he was little we would hit himself, he would bang his head. He would flee out of a room and just run out of the school.

### ***Discipline.***

When questioned about their discipline style participants discussed common themes of consistent expectations, respect, and intentional parenting. Some commonly discussed discipline techniques were counting to three, time outs, rewards for positive behaviors, and loss of privileges for negative behaviors. Some parents stated that they had engaged in spanking at some

point, but many, like SC are still affected by the spankings they received in their own childhoods and have chosen a different way:

I firmly do not raise my hand to my children because I remember what It felt like and I remember how hurtful it was and damaging. My parents would feel bad afterwards and come in and talk about it, I feel like it still affected our relationship so I try not to yell, sometimes it happens, but then I say that mommy is wrong and that mommies and daddies shouldn't yell and I apologize and admit it's not right to do that. I'm fine with admitting when I'm wrong.

VP recalled parenting advice she was given when her son was young, and how she had to work through her morals to discover her own sense of parenting.

I remember the teachers saying, 'oh yes you have to spank', and I said well how do you spank somebody without feeling anger? I remember my son must have been 4 or 5 and I said 'okay, I'm going to spank you now.' And I remember having him stand by my leg to sit over me, and I couldn't do it! It was like, forget it. This is totally ridiculous. So, I never had physical contact with my kids like that.

JV recalled how she navigated discipline with her daughter, who is now 22.

A lot was just straight make it up as I go along. I knew that I wasn't going to use physical punishment or food as punishment or reward because I don't like how that worked for my parents. We were very creative. We didn't actually say no unless we really had to and we didn't ever at any age say no without an explanation. Because mommy said so is not a valid explanation. I can't do this right now; can we schedule it for later? This is why that would be a bad idea. We gave her a lot of freedom. I think it worked.

Many participants shared that they discipline with a foundation of respect. AR shared her philosophy with her young son:

We don't discipline at this age, we just redirect more challenging behavior and use an approach of validation and empathy. We see any challenging behaviors more of an inability to communicate his feelings and needs. It's more like connecting to him emotionally about what he needs in that moment.

PS, who also has a young son, shared his philosophy of creating limited reactions, followed by discussion.

I'm trying to teach [my son] how to handle his emotions, where I see something he's done well, you praise that, you praise the skill very much so. And obviously just positive encouragement following direction. We use what we call "me time", time out eventually became "me time" to recuperate. We really only use that if he's being unsafe, and also, it's just a lot of selective ignoring as well. Example, if he says something antisocial, but isn't clearly not unsafe, then I just go, okay, walk away. And we're noticing that that works well with him, and we'll come back in five minutes. Because that's what would happen in the real world really. So, we use that as a microcosm.

MK spoke about the importance of predictability and consistency, a viewpoint echoed by many.

I don't want him to be surprised or not know what he's being in trouble for. Like I want him to understand exactly what's happened and how to make sure it doesn't happen continuously. I don't know if it's effective or not, we'll know when he's older, but it seems to be working.

LF recalled the balance of encouraging independent thinking and holding firm to expectations.



When he was little, it wasn't exactly discipline, it was corrective action and it was like, do you wanna do this the easy or hard way? He'd ask, and we'd explain, and he could choose—agency. As he got older, it was trying to allow him to have a voice, even when I didn't want him to choose.

Many shared that talking to their children was important because it allowed them to understand the issue and plan a different route next time. This was often identified as the antithesis of their childhood experience of confusion and control. JP laughed as he shared, "I sit down and have very boring conversations. I think the main form of discipline is boring my son to death by thinking about the consequences." DE, who has attended a lot of parent education courses shared,

I picked up from a parent educator the idea mostly of trying to stay in communication and see your kids as, for instance, having a problem, instead of being a problem...So, I guess the model that I'm kind of most bought into currently is just communication over discipline, because the idea is just that everything your kids do is for a reason, to meet some need.

Because of her history of childhood abuse MJ shared her difficulty setting firm limits and following through, stating that often she gives in, rather than holding to a limit.

I'm way more lenient with my kids than I should be because they get away with all kinds of stuff because I have a hard time saying no to them...I don't make them clean their rooms the way that you're supposed to. I try not to baby them—but I guess I know if I don't discipline them at all they're gonna be the opposite of what they're supposed to be like. What I try to do is be disciplinary but I'm not great at it.

AS explored the difficult balance between being loving and holding authority with her boys as a single parent. In remembering her discipline style, she stated, “I did a lot of time outs. I get my mean scary voice. So, I typically didn’t have to do much more than just get like ridiculously angry.” On the other hand, she noted how she tried to give her boys a lot of affection:

Some people would say that maybe I smother a bit. I think that when you haven't had a lot of love, you tend to over-love. So, I definitely do that. On the other hand, I am very strict and very stern about a lot of things. So, I’ve tried to balance that line and maybe not always successfully.

KS, who is also a single parent, shared the complexity of balancing many roles without another parent to support her.

I would say as a single mom I feel like I’m bipolar because you have to be like mom and dad. So, I’m like the nurturer, and the comforter, and the nurse, and everything else, but then, I’m also the enforcer of all the rules. So, it's just kind of tiring that you have to be both.

### ***Intentional parenting.***

One word that was repeated often in the interviews was *intentional*. Participants spoke to a feeling that their parents had practiced unsystematic parenting, and described entering into parenting with an intentional focus that included why they wanted to become parents, and how they would do it in a way that felt grounded and meaningful. AR described how she had a plan in mind before her son was even conceived.

Everything about his childhood has been intentional—who I’m married to, that he’s an only child—was very intentional before I had a child. Just like waiting until my later

thirties, whereas my parents were 18. I waited until I was done with school, we're both very successful in our careers, we had an ability to have a house and pay with all things that come with a child. We didn't want him to worry about how his needs were going to be met.

Reflecting on how her parenting was different from her parents' GD responded, "The trying to be conscious about it part is different I guess. I feel like I put a lot of thought into my parenting in a way that maybe my parents didn't."

Even those who are uncertain about their roles as parents shared that they made a deliberate decision to think through the process and not let it just happen. HM shared,

I'm not a natural mom, I don't trust my instincts, but I read a lot and decide how I'm going to handle things... I try to practice attachment parenting and it's important to me that the kids feel confident that they can come to me with problems or that they have something important to talk about.

### **Participant concrete supports.**

Concrete supports are identified as services and supports that are outside of family and friends, such as therapy, medical resources, educational supports, town or state welfare or other services that allow families to fully function. Participants were asked if, in their role as parents, they had sought out these sorts of supports.

Most participants identified that they had sought out support from therapy at some point for either themselves or their children, with variable results. PS shared that during an episode of depression a few years ago he sought out therapy through his employer's Emergency Assistance Plan (EAP):

I reached out to [my employer's] EAP at the time. And then finally, two years ago, my wife was already pregnant with [our daughter] and our son was just over two years old, I felt that something just wasn't right. And that's when I accessed my own private therapist in town.

As a social worker PS has observed over the years that services for parents are extremely important, and has used this reflection to prioritize his own mental health treatment.

I realize now working with adults that's actually more important because it's more about the parent's mental health needs than the child's...Cause once you're well in yourself, you can parent well. Once you are well in yourself everyone around you has a good chance at being well. Your joy rubs off on other people.

JV shared a couple experiences with therapy that have been influential to her in her adult life.

I started when my ex and I started couple's counseling to save the marriage, which didn't end up happening. [But we] learned how to communicate with each other, which made ending the marriage much easier. That therapist, at the end of 2006, said I think you should go see a PTSD specialist, whom I still occasionally see...she is amazing and wonderful, and I love her—and I can exist in the world now without being completely terrified by it.

LS shared how her relationship with therapy has changed since she was a child and was forced to go. Possibly due to her frequent exposure to therapy, she stated,

I tried counseling myself at different points and I started to learn what a good counselor was and what good counselor wasn't. And there were more bad counselors, like

unqualified, than good ones. And I do definitely seek out counselors still. I need them, and I can smell a bad counselor right away.

Many discussed how therapy has been a benefit to their relationships with their partners.

DE shared,

I've worked with a few different therapists. I think that the therapy helped my husband some. He definitely struggles with being dissatisfied with our relationship some, and with our family functionality, and so he struggles to get perspective on that. And he also struggles to identify and communicate which things are bothering him. I've been seeing a psychiatrist for maybe 4 years now... Sometimes I feel like she doesn't really know what my problems are in real life. So, I'm not totally sure. But I think the relationship with her is helpful.

VP was trained in co-counseling—a form of intentional peer support—in the 1980s and feels it is the only form of therapy that she can trust. “It just feels like, to me, if you've got somebody who's totally trained to listen and not trained to fix you, you have a better ally than somebody who's coming in as a rescuer.”

In addition to psychotherapy, participants shared other forms of interventions that they have found useful for themselves and their children, including acupuncture, physical therapy, speech therapy, and medical attention. MK adopted her son through tribal court on her Native American reservation when he was a year old; he is now 3 and a half years old.

My son had a traumatic first few months so I'm constantly going to the doctor asking is this normal kid stuff? Is this something I should be concerned with, because I don't know, and so his doctors are very responsive... He definitely has different doctors for different things, physical therapy, trauma. I worry that I'm not doing everything I can but

when I look at everything made available to me, I pretty much use all of it. We have WIC right now and that's pretty helpful. I know what's available and I know what I can use and my doctors are really great at giving me different options for possible therapy in the future because it seems like he'll need it from what happened before.

VP recalled reaching out for support with food for the first time and what a relief it was to know she could get that support if and when she needed it:

I remember we didn't have any food in our house at one point, and I just said, well this is it, we're going down to the department of welfare and we're getting food stamps. So, we went down there and right away they gave us coupons for turkey. It felt really good to go down there and get some food vouchers. I think we got about \$100 in food vouchers. And then we were on food stamps and WIC.

As a single parent LS recalled actively seeking out resources to ensure that she and her kids had everything they might want and need:

It was all just like, where am I now, what resources do I have around me? Is there a financial gap, is there a scholarship for that? Okay someone wants to take a violin lesson. Can I afford it, is there a scholarship for that? I need to go to school for something, is there a grant for that? It was all about where am I now, where do I live, what's around me, what are my kids going through, what can I provide for them? And just rolling up my sleeves and getting it done.

### **Participant social and emotional competence.**

In this section of the interview participants were asked to identify ways that they had praised and celebrated their children's accomplishments, comforted their children when they are sad or scared, or encouraged their children's independence and individuality.

*Social and emotional support.*

Participants identified many positive qualities about their children and expressed a general satisfaction in their role as parents. AS shared, “We tell each other everything, we talk all the time, we go to concerts together, we hang out.” SC described her system for managing individual time with each of her children. “I take 15 minutes for each kid, 1 on 1, no TV or music, and we talk or we’ll play a board game, 15 minutes of uninterrupted time with me.” DE shared her process of opening up to her daughter and sharing more about her past as her daughter matures, adding that this has helped their relationship, and has also shown her daughter that she trusts her.

There was so much that I was keeping from her because I didn’t want to do what my mom had done, which is totally oversharing. But there was so much that I was keeping from her that it was making me feel really isolated from her, and like I couldn’t really be myself. Like there was so much I couldn’t talk about that it felt like I couldn’t talk about anything. So, I guess this year has been kind of big in that sense. As far as the two of us meeting in a more honest place. And she’s old enough now and she’s had enough conversations with friends that, you know, I think she can kind of handle it.

Many participants shared the importance of conversation and open communication about all this is happening in their lives. GD stated, “I’m trying to let them know that whatever they’re feeling or thinking is ok. I go back to them and talk about stuff and give them a chance to express themselves.” LS recalled how, when her son was entering into puberty, he found ways to discuss uncomfortable topics in a comfortable way.

I had some really strange conversations with my son. When he was 10, or something like that, he would say things like ‘come with me into the bathroom after I get into the

shower, I have a question to ask you and it's hard to ask.' And I was so thankful that he had that insight.

***Did not plan to have children.***

A majority of the participants expressed that they did not want children, or did not plan to have children, because they did not want to perpetuate the experiences of their own childhoods. HM, mother of two reflected, "I never thought I'm gonna grow up and be a mom. I didn't know what I was gonna do. I didn't even hold a baby before my son was born." MJ, who took in her three nephews and had two biological children of her own shared, "I imagined that I would have no children. I did not want them, I didn't ask for them." She has been able to be honest with her oldest son and talk about the process of becoming a parent unexpectedly at the age of 22.

We talk enough and I say I didn't know what I was doing, no idea. Not something I ever prepared for, or wanted, and he knows that, and he knows that I didn't want them to be in a bad situation, and he understands that. I don't know if the other ones do, but I just have to have my sense of self appreciation too. Most of the time people say you're so amazing for taking care of your sister's kids, and I say no, it's because I had to do it. It ended up being the best thing that ever could have happened to me.

VP discussed how she motivated herself, buying land and building a house, after finding out she was unexpectedly pregnant for the first time.

I never intended to have children. I got pregnant with somebody—and he told me that he was not able to have children—when I was 27. I had long since said goodbye to this person who I absolutely wanted nothing to do with, and then I found out I was pregnant.



JP ended up adopting a child with his wife in his thirties. However, prior to then he had been very careful with birth control and had ended relationships because the other partner wanted to have children.

When I was a kid, and all through my young 20s, I did not want to have children. You know, marriage was obviously a failed experiment in the universe. I remember telling myself at tender ages things like, I will never have a child until I can give them everything, and be there for them, and everything is stable and wonderful. I will never do that.

***Perception of children's childhood.***

When asked to consider in what way they imagined their children's childhoods would be the same or different from their own, many parents identified their hopes for their children, while also comparing the similarities and differences. SS stated simply what many of the participants described:

Well it's definitely different. I feel like they definitely have a lot more love. They definitely have a lot more opportunities. I feel like they've been able to explore their interests a lot more, versus having it be cultivated really late in life, which is the way I am. I still feel like I'm trying to figure out what to do when I grow up.

GD shared her feelings of wanting to reverse the sense of loneliness that she experienced in childhood.

I hoped it would be different because I wanted them to feel less isolated and less overwhelmed. And I think it worked out well because I know I'm with my children more and they're never really alone. There's always a family member or a friend around so that

I feel good about. I hope that they would feel less self-conscious or negative about themselves.

Some participants expressed some regrets, or feelings that things did not turn out exactly as they had hoped. AS had imagined that her children would have the family that she always hoped for growing up in foster care and away from her parents.

I wanted them to have this, a nuclear family, the thing that I never had. And you know, I would have stayed married just for that, because it was really important. And it turned out to be that my divorce was the best possible things that could happen. But at the time, I wanted that tradition. Tradition is very important to me because I didn't have any. Stability and those kinds of things, they mean a lot. It's been different than I wanted, not necessarily worse. And in some ways, it's been better than I thought it could be because the three of us have always been a team, and we have grown together.

JP reflected on the opposite styles of his father, who was unpredictable, and his mother, who was nurturing and kind, as he discussed his hopes for his kids.

I think it's more, so far, it's more consistent really, in terms of parenting approach.

Certainly, from their father's point, versus my father. My dad was kind of hit and miss, depending on the day. For that reason, I try to keep things very—as consistent with the two of them as I can. So that when they grow up, where I went to my mom and said, 'mom I always knew where I stood with you,' I want to hear that when they're 19. Really that's my goal. Hopefully we're on the right track so far.

KS was able to appreciate some of the positive features of her childhood, and expressed hopes that some of the elements of fun and creativity would be present for her kids.

I imagined it would be very different from mine, but some things are the same, because really, just the way we grow up in the nineties, just kind of coming back to that. Having fun and friendships. I still push the kids to do their best with school, or what have you. Anything they're into, just giving it their best go. I think that was a lot how I was raised too. Just go for it, even if you fail, you're still trying.

## **Summary**

Participants were able to identify many elements of their parenting that they had done differently than their parents, by choice, in order to break a cycle of abuse and neglect.

Participants offered great insight into their own parents' abilities, and what they were able to offer them during childhood in terms of guidance and protection. Ultimately, a majority of the individuals in their study found self-reliance and building new community away from their families of origin the most effective way to create new patterns.

## CHAPTER V

### Discussion

This study seeks to understand the protective factors that contribute to resiliency, and how they work to disrupt intergenerational patterns of abuse and neglect in childhood.

#### Key Findings

The participants in this research study each spoke of an internal motivation to move forward, stay positive, and make changes from the last generation. Each of these participants had been subjected to various forms of trauma in childhood, rendering them, to the outside observer, as vulnerable, with a poor foundation for success. Despite their traumas these individuals have somehow managed to cull their inner strengths to make lives of meaning.

Judith Herman (1997) has outlined the stages of recovery for clinical professionals to follow when working with people who have traumatic disorders. The first step is *establishing safety*, both within the therapeutic relationship, and in the person's daily life. Herman cautions that in cases of chronic childhood trauma this first stage can last months, or even years, as the person works to learn to be in a trusting relationship with someone. The second step is *remembrance and mourning*, as the person works to build a narrative of the traumatic events and come to terms with their trauma. They then move into the process of mourning, which Herman stated is often "the most common cause of stagnation in the second stage of recovery" (p. 189) because it is emotional and often uncomfortable. Once a person has worked through this stage they are ready to begin the third stage, *reconnection*, in which they begin to imagine a new

future, which sometimes means pulling away from the established norm, as they differentiate from the patterns of their pasts.

It could be inferred that those who possess resilience are those who are able to push through the second stage of recovery, remembrance and mourning, in order to make it into stage three, where they are able to see their futures independent from their pasts. The participants in this study display incredible resiliency. Although two-thirds (66.67%,  $n=12$ ) of them meet criteria for PTSD based on their answers to the Abbreviated PCL-C, each one of them has been able to pull themselves out of a place of adversity, and into a life of intention.

Each participant confirmed that they had sought out therapy in adulthood, and many felt that this was pivotal to them changing their future orientation and being able to be more attuned and intentional parents. About a third of the participants shared how they had engaged in negative coping skills—such as drinking alcohol, being involved with unhealthy partners, and self-harm, such as cutting—in their teens and early twenties. Many worked through these issues before becoming parents, while some figured out how to make healthier choices in the early years of their children’s lives, seeing the reflection of their parents in themselves, and aspiring to make healthier choices. Many of the participants, like LF in the following quote, found that becoming parents themselves flooded them with memories that they had worked to forget: “I certainly think that as you become parents you pay more attention to the wounds that you had from childhood and if you haven’t done your work around that, there’s serious pain in that.” Participants were able to identify personal qualities they felt prepared them to choose different paths from their parents, including an innate wiring to be fascinated and questioning, the concept of creating one’s own destiny, being prepared for the worst that could happen, having a sense of self-reliance, and embracing a quality of determination and forward motion.

Although therapy was identified as a source of recovery, many of the participants shared how much their children had helped them grow and heal. As MJ reflected, “I’m not saying it fixed the broken part of me, that would be really cliché, but I think that because I had to deal with them, I was able to deal with some of my own stuff too.” Participants were able to recognize how having children allowed them to build better boundaries with toxic family members, as they realized that they needed to protect the next generation from being subjected to the same patterns. Some noted that without taking care of themselves they were putting their kids at risk. These reflections provided a stark contrast to the pictures they painted of their own parents, who were often self-medicating with alcohol or other drugs, or caught up in their own struggles at the expense of their children.

Contrary to the literature on resilience that emphasizes parental competence as a primary factor to children’s resilience, most of the participants in this study recalled parents who had limited capacity to support them emotionally, or keep them safe. It should be noted that very few disclosed physical abuse as their primary trauma. In fact, of those who recalled physical abuse, it was the other parent’s failure to protect them that had a more lasting effect than the abuse itself. Similarly, those who were sexually assaulted in childhood reported that their perpetrators were older brothers, or people outside of the immediate family. All of these participants noted that it was their parents’ inability to help them make sense of the assault, allow them to work through the emotional aftermath, or to even believe them that created a lasting sense of vulnerability, isolation, and self-doubt.

Through these interviews it became very clear that the participant’s parents were, themselves, working through their own traumatic pasts, begging the question, who is the victim. Through the victim-victimizer-bystander dynamic we understand how family members often can

fill each role (Basham, 2011). The parent who has been a victim of child abuse or domestic violence, may turn her back to abuse perpetrated on her own child because of her perceived inability to protect, thus becoming the bystander. Or she may become the victimizer, taking out her own feelings of vulnerability and self-doubt on her child. All the while, she is a victim herself. I believe it is through an innate understanding of this dynamic that the participants in this study showed immense compassion and forgiveness for their parents, each echoing the sentiment that their parents did the best they could with the tools and abilities they had.

While noting stark differences between their own parenting and how they were parented, the participants were honest about how difficult it has been to manage their anger and anxious distress, sometimes resorting to yelling or pulling away from their children. The difference in their descriptions of these events, compared to the stories they shared from their childhoods, was the participants in this study identified the need to apologize to their children after handling a situation poorly, offer an explanation for what had happened, and connect with their children emotionally after the event. Participants unanimously discussed the need for communication, predictability, and clear expectations. The concepts of rupture and repair in attachment theory combines all of these elements in the understanding that disruptions in the parent-child relationship are natural, although should not be the norm. If these disruptions are followed by a repair, such as an explanation and some form of emotional closeness, the child will begin to view the parent as loving and consistent, while learning to trust that when disruptions happen, they are temporary (Bowlby, 2005; Shilkret & Shilkret, 2008).

One notable discovery that came out of this study was the high rate of autism among the children of participants. The CDC has estimated the prevalence of diagnosed autism in children to be about 1 in 68, about 1.5% (Christensen et al., 2016). However, a third (33.3%,  $n=6$ ) of

participants in this study reported having at least one child diagnosed on the autism spectrum, a total of 19.3% ( $n=7$ ) of all of the children participants. All of the children on the autism spectrum were birth children of female participants. This more than ten-fold difference from the CDC estimate is a significant difference, and lends credibility to studies that imply a link between maternal childhood abuse and increased risk for having a child on the autism spectrum. In a 2013 study of 636 women in the United States, Roberts et al. concluded that women exposed to high levels of emotional and physical abuse in childhood were 61.1% more likely to have a child on the autism spectrum than the general population of women. The researchers concluded this jump in likelihood percentage could be due to psychological stressors or epigenetics that influence the growing fetus (2013).

### **Strengths of This Study**

When initiating this research, I had a particular demographic in mind, specifically people who had been trapped in negative cycles of trauma for generations and had been unable to identify pathways out of this cycle. Those who responded, however, identified as having pulled through their trauma and having made choices to remove themselves from the structures that they were raised in. I speculate that this may be because people who have not yet worked through their trauma may not be able to identify themselves as survivors of trauma, since they may still be experiencing the effects of trauma, or be living in situations that perpetuate the same cycle in which they were raised. For people who may have identified as having a trauma in childhood, and see the same happening for their children, the shame of not being able to forge a new path as parents could be a factor in the reluctance of participating in the study. One benefit of this response pattern is the ability to assess the nature of resilience through the experiences of the research participants.



The research questions were based on previous research on protective factors conducted by the Center for the Study of Social Policy. Therefore, the questions were targeted to gain a better understanding of those factors, and compare patterns from the participant's childhoods as well as their own parenting. The benefit of conducting a qualitative study is allowing the voice of each participant to tell the story and frame the data in a way that numbers and statistics cannot.

The sample size of 18 was over the minimum requirement for a qualitative study conducted for a thesis. Such unanimity among participants has provided credence to the theory that protective factors and resilience can interrupt the intergenerational cycle of childhood trauma. Additionally, the participants responded from four separate areas of the country and did not have personal connections to one another, increasing the generalizability of the participant pool.

### **Limitations of This Study**

While participant eligibility was open to any parent over the age of 18 who experienced at least one traumatic event in childhood, the people who responded identified as having worked through their trauma. Therefore, it may not be considered generalizable to the larger population, as the experiences of those who have not yet worked through their trauma might imply less positive results. Additionally, a majority of the participants were white, therefore the data do not fully represent the broad spectrum of experiences by people of color, which has been shown to add unique stressors to the framework of families, such as racism, discrimination, and unequal pay. Although many of the participants came from low socioeconomic status (SES) homes, many of them have been able to achieve higher levels of education and professional development, which have placed them in a higher income than where they were raised. It would be interesting to note how their experiences might have been different if they had remained in a lower SES in

adulthood, since research has shown that poverty is a contributing factor to poor resiliency (Koenen et al., 2007).

Since the interview guide questions were focused on childhood, then parenthood, there was a span of time in early adulthood that was missing where much of a person's understanding of themselves and forays into becoming an individual often takes place. With that in mind, I would have liked to have added a question specifically addressing factors of resilience, or turning points in early adulthood that helped them develop into the parent they became. Lastly, the reports of the participants were based on their memories of childhood and observations of their caregivers, a factor to keep in mind when considering the reliability of the data as historical specifics can fade over time.

### **Implications for Social Work Practice**

Almost all of the participants recalled some form of therapeutic intervention at some point in their childhoods, although only one participant felt that there was a lasting impact or connection to a therapist in childhood. Many spoke of therapy they participated in as children as serving the needs of their parents, or an outside force, such as social services. Social workers have an opportunity to make changes to how we approach work with struggling families by modeling treatment that gives each person in the family a voice. When we remember that each person sees their place in the family from a unique perspective, that becomes critical to putting the puzzle together. One participant described this as “shining a light” and suggested that rather than indiscriminately believing only one perspective, community members and providers should work to recognize “patterns of behavior that would suggest that there [are] really difficult, dangerous things going on in [children's] lives” (KS, Focus group participant).

While most communities today offer myriad supports for families in need, those who might be the most at risk may not be open to asking or receiving help. When contemplating the optimal point of entry for therapeutic intervention in families with cyclical patterns of abuse and neglect, the research is clear that a multi-faceted approach that includes supports for children and parents, as well as offering concrete supports to offset the burdens of poverty, is the most effective. As social workers, we have a unique mission to see the person in context, assessing the history and social context surrounding the family as a means to providing an intervention that is culturally sensitive, multi-faceted, and cognizant of specific family dynamics.

One of the questions remaining in the study of resiliency is, can it be taught? What are the individual components that drive people who have faced adversity to push forward and succeed? Some common personal qualities of the participants in this study were: introspection, empathy, tenacity, emotional management, and ambition. Many of these qualities align with research on the components of emotional intelligence, the internal strengths that assist people in managing emotions, problem solving, and working with others (Golman, 2006). This research has shown that these qualities can be taught through social and emotional learning. So, while some are born with these capacities, others can develop them through watching others, or through therapeutic and behavioral interventions. Social workers provide a diverse range of interventions, such as—infant mental health; parent education; perpetrator intervention various individual therapies (play therapy, psychodynamic therapy, CBT, DBT, EMDR); family therapy; couples therapy; and support groups—each of which have a framework for modeling, teaching or encouraging these resiliency factors.

## **Implications for Theory**

Various literature asserts that a person's resilience can be measured by either, a) the level of success a person is able to reach following adverse experiences, or, b) whether they are able to avoid psychopathology. I argue that resilience can be seen somewhere between these two markers, as many of the participants in this study demonstrated. Resilience might be better defined by a person's ability to not repeat traumatic patterns through engagement in self-care practices that allow them to participate in the world in a meaningful way.

The results of this study also negate some of the assumptions of social learning theory, as participants spoke to making a concerted and intentional effort to overcome the negative parenting styles learned by their parents. Social learning theory implicates that people repeat behaviors that they know, thus getting stuck in cycles for generations as people become conditioned to repeat observed experiences of others. The participants in this study clearly demonstrate their ability to see beyond the behaviors observed around them and to forge a new path based on internal drive to connect and thrive.

This study adds to the literature of strengths-based assessments of adult survivors of childhood trauma, highlighting resiliency, rather than deficit. Further research in this area could expand on pivotal areas of growth and resilience in survivors of childhood trauma.

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## APPENDICES

### Appendix A: Community Recruitment letter

Dear \_\_\_\_\_,

I am conducting a study on the effects of intergenerational trauma in parenting as a part of my Smith College School for Social Work Master's thesis. This study will consist of three focus groups occurring in the months of January and February 2017. I am reaching out to you as a community partner with the hopes that you may be able to assist me in recruitment of appropriate study participants. Eligibility criteria includes the following:

- Participants for the focus groups will be recruited based on the criteria that they are a parent (biological, foster, or adoptive.)
- Participants must have some regular contact with their children.
- Participants must be at least 18 years old.
- Participants must identify with having experienced at least one interpersonal trauma in childhood (physical, emotional, or sexual abuse).

Interested participants should reach out to me directly at [aspykman@smith.edu](mailto:aspykman@smith.edu) or by phone at (xxx) xxx-xxxx.

This study has been approved by the Smith College School for Social Work Human Subjects Review committee.

Annelies Spykman, MSW Candidate, Smith College School for Social Work

## Appendix B: Recruitment Flyer

# Are you a Parent Who Has Overcome Challenges?

## Volunteers needed for research study.

We are conducting research to find out how people overcome childhood trauma when they become parents.

Eligibility criteria includes the following:  
Participants will agree to be a part of a one time focus group with 4-9 other parents, or an individual interview to discuss how childhood experiences have affected their parenting. Participants for the focus groups will be recruited based on the criteria that they are a parent (biological, foster, or adoptive.) Participants must have some regular contact with their children. Participants must be at least 18 years old. Participants will be divided into a group for male identifying parents, female identifying parents, and second generation parents. Participants must identify with having experienced at least one interpersonal trauma in childhood (physical, emotional, or sexual abuse.)

Participants will not be expected to disclose details of their traumatic experiences. There will be no monetary compensation for participation in this research. Focus groups and individual interviews will take place in Keene, NH through April 2017. The data collected from this study will be used to complete my Master's in Social Work Thesis for Smith College School for Social Work. The results of the study may also be used in publications and presentations.



**This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Board (HSRB).**

**Please contact Annelies Spykman for more information.  
aspykman@smith.edu or (603) 738-8136**

Parent Study  
aspykman@smith.edu  
(603) 738-8136

Parent Study  
aspykman@smith.edu  
(603) 738-8136

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(603) 738-8136

Parent Study  
aspykman@smith.edu  
(603) 738-8136

### **Appendix C: Facebook Recruitment Post**

I am recruiting parents who experienced some form of interpersonal trauma in childhood to participate in a research study for my Masters in social work thesis.

I have received approval to expand my participant criteria for my thesis study to people outside of my geographic location, and via phone/skype.

-Participants will agree to be a part of a one-time interview to discuss how childhood experiences have affected their parenting.

-Participants must be a parent (biological, foster, or adoptive.)

-Participants must have some regular contact with their children.

-Participants must be at least 18 years old.

-Participants must identify with having experienced at least one interpersonal trauma in childhood (physical, emotional, or sexual abuse.)

If you know of someone who might be interested in participating in a one hour interview, please have them contact me at [aspykman@smith.edu](mailto:aspykman@smith.edu), or xxx-xxx-xxxx. Thank you!

\*Specific details of the trauma will not be discussed.\*

\*This study has been approved by the Smith College school for Social Work Human Subjects Review Board

\*PLEASE COPY/PASTE/SHARE

## Appendix D: Phone Eligibility Screening

Date screening completed	
Name	
Gender: M/F/T/GNC	
Age (must be at least 18 y/o)	
Date of Birth	
Is the caller an acquaintance, colleague, or former client?	
Would their participation in the study be considered a conflict of interest?	
Are you a parent (biological, foster, or adoptive)?	
How often do you have contact with your children?	
This study is based on the understanding that each participant identifies with having experienced at least one interpersonal trauma in childhood (physical, emotional, or sexual abuse.) Is this true for you?	
To participate in this study, you will need to agree to be a part of a one-time focus group with 4-9 other parents or an individual interview to discuss how childhood experiences have affected your parenting. Your specific trauma experience will not be discussed, however your childhood will be. The group will be video recorded, but I will be the only one who will have access to recordings. Is this something you would feel comfortable with?	
Do you have any questions?	
Eligible for study? (Yes/No)	
Which group?	

## Appendix E: Informed Consent for Focus Group



SMITH COLLEGE

2016-2017

Consent to Participate in a Research Study

Smith College School for Social Work • Northampton, MA

.....

**Title of Study: How Childhood Trauma Affects Parenting**  
**Investigator(s): Annelies Spykman, MSW Candidate, Smith College School for Social Work, [aspymkman@smith.edu](mailto:aspymkman@smith.edu), (xxx) xxx-xxxx**

.....

### Introduction

- You are being asked to be in a research study of parents who have experienced childhood trauma and how their childhood experiences might have affected their relationships with their own children.
- You were selected as a possible participant because you are a parent who identifies that you have had at least one traumatic experience that happened during your own childhood.
- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

### Purpose of Study

- The purpose of the study is to understand the parenting relationships of people who have experienced childhood trauma.
- This study is being conducted as a research requirement for my master's in social work degree.
- Ultimately, this research may be published or presented at professional conferences.

### Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things:
  - Fill out basic demographic information and a simple screening form for trauma symptoms.
  - Participate in a one-time focus group with 4-10 other parents.

### Risks/Discomforts of Being in this Study

- The study has the following risks. First, the questions I will ask may bring up painful or unpleasant memories. Second, the study will take up about 90 minutes of your time.
- If you find that participation is too uncomfortable, you can stop at any time and leave the group, but since we will be recording the group, I won't be able to remove any information from the recording that you provided before leaving the group.
- If you feel as though you need some extra support following the interview I've attached a list of local resources available to your copy of this Consent Letter:
  - Monadnock Family Services, 17 93rd Street, Keene, NH (603) 357-4400
  - Emergency Mental Health Assessment
  - Parenting Classes

- Monadnock Center for Violence Prevention, 12 Court Street, Keene, NH (603) 352-3782
- National Suicide Prevention Hotline (800) 273-8255
- I ask you to **NOT** share information regarding any abuse or neglect of your own child. I am a mandated reporter so I am required to contact the Department of Children Youth and Families if I have any concerns that your child might have been abused or neglected.

### **Benefits of Being in the Study**

- The benefits of participation might include gaining better understanding into past and present experiences, having an opportunity to talk about issues important to you, and hearing and discussing the experiences of other parents.
- The benefits to social work/society are: having a better understanding of how childhood experiences affect parenting relationships.

### **Confidentiality**

- I will keep your participation confidential, although participation in a focus group means that other participants will know you participated, and will hear what you have to share. You may choose to use a different name during the focus group to protect your identity. Consent forms will be the only document with participant's names, and no one but me will see those, and I will be the only person to see and listen to the video recordings. I will keep Consent forms separately in a private file that is locked, and not accessible by others. In addition, I will keep the records of this study I collect strictly confidential.
- I will store all research materials including recordings, transcriptions, analyses and consent/assent documents in a secure location for three years according to federal regulations. In the event that I need materials beyond this period, I will keep them secured until I no longer need them, and then will destroy them. All electronically stored data will be password protected during the storage period. I will not include any information in any report I may publish that would make it possible to identify you.

### **Payments/gift**

- You will not receive any financial payment for your participation.

### **Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. If this is an interview and you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2017. After that date, your information will be part of the thesis or final report.

### **Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to

contact me, Annelies Spykman at [aspykman@smith.edu](mailto:aspykman@smith.edu) or by telephone at (xxx) xxx-xxxx. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

### Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study

.....

Name of Participant (print): \_\_\_\_\_  
Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix F: Informed Consent for Individual Interviews



SMITH COLLEGE

2016-2017

### Consent to Participate in a Research Study Smith College School for Social Work • Northampton, MA

**Title of Study: How Childhood Trauma Affects Parenting**

**Investigator: Annelies Spykman,**

**MSW Candidate, Smith College School for Social Work,**

**[aspikman@smith.edu](mailto:aspikman@smith.edu), (xxx) xxx-xxxx**

#### Introduction

- You are being asked to be in a research study of parents who have experienced childhood trauma and how their childhood experiences might have affected their relationships with their own children.
- You were selected as a possible participant because you are a parent who identifies that you have had at least one traumatic experience that happened during your own childhood.
- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

#### Purpose of Study

- The purpose of the study is to understand the parenting relationships of people who have experienced childhood trauma.
- This study is being conducted as a research requirement for my master's in social work degree.
- Ultimately, this research may be published or presented at professional conferences.

#### Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things:
  - Meet with me individually in a private space, where I will ask you to fill out forms providing basic demographic information and a simple screening form for trauma symptoms.
  - Answer prompting study questions.
  - This interview will be recorded.

#### Risks/Discomforts of Being in this Study

- The study has the following risks. First, the questions I will ask may bring up painful or unpleasant memories. Second, the study will take up an hour and fifteen minutes of your time.
- If you find that participation is too uncomfortable, you can skip any question or even stop the interview at any time, and I will stop recording.
- If you feel as though you need some extra support following the interview I've attached a list of local resources available to your copy of this Consent Letter. :
  - Monadnock Family Services, 17 93rd Street, Keene, NH (603) 357-4400
    - Emergency Mental Health Assessment



- Parenting Classes
    - Monadnock Center for Violence Prevention, 12 Court Street, Keene, NH (603) 352-3782
    - National Suicide Prevention Hotline (800) 273-8255
- I ask you to **NOT** share information regarding any abuse or neglect of your own child. I am a mandated reporter so I am required to contact the Department of Children Youth and Families if I have any concerns that your child might have been abused or neglected.

### **Benefits of Being in the Study**

- The benefits of participation might include gaining better understanding into past and present experiences, having an opportunity to talk about issues important to you.
- The benefits to social work/society are: having a better understanding of how childhood experiences affect parenting relationships.

### **Confidentiality**

- I will keep your participation confidential. Consent forms will be the only document with your name, and no one but me will see those. I will keep Consent forms separately in a private file that is locked and not accessible by others. In addition, I will keep all the records of this study I collect strictly confidential.
- I will store all research materials including recordings, transcriptions, analyses and consent/assent documents in a secure location for three years according to federal regulations. In the event that I need materials beyond this period, I will keep them secured until I no longer need them, and then will destroy them. All electronically stored data will be password protected during the storage period. I will not include any information in any report I may publish that would make it possible to identify you.

### **Payments/gift**

- You will not receive any financial payment for your participation.

### **Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study *at any time* without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. If this is an interview and you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by May 1, 2017. After that date, your information will be part of the thesis or final report.

### **Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Annelies Spykman at [aspikman@smith.edu](mailto:aspikman@smith.edu) or by telephone at (xxx) xxx-xxxx. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

### Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study

.....

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix G: Assurance of Research Confidentiality



### Assurance of Research Confidentiality Form

This research project is firmly committed to the principle that research confidentiality must be protected and to the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- Non SSW person(s) who will have access to confidential study materials/activities *focus group membership* purposes shall sign this assurance of confidentiality.
- The undersigned focus group member has been made aware that the identity of participants and all related information in this study is confidential information. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the study subject matter, and the purpose are confidential information. Specific research findings and conclusions are confidential until they have been published or presented in public. Only the researcher has the authority to divulge anything related to the study and will do so within the context of the final report.
- The researcher for this project, Annelies Spykman, shall be responsible for ensuring that the focus group members who work with or participate in the project are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that that s/he has signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

### PLEDGE

I hereby certify that I will maintain the confidentiality of all of the information related to the study in which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Annelies Spykman, or within the context of the focus group - for this project. I understand that, according to Federal Regulations, violation of this pledge may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Signature of focus group member

Researcher, Annelies Spykman

Date:

Date:

## **Appendix H: Additional Resources in Participant's Geographic Location**

Thank you for participating in my study. If you find that you are needing support following our interview please reach out to the following supports in your area.

### [National Suicide Prevention Lifeline](#)

Call 1-800-273-8255

#### Resources near Conway, NH:

Northern Human Services

(Therapy, emergency services, victim's assistance, parenting education)

The Mental Health Center

25 West Main Street, Conway, NH 03818 603-447-2111

#### NAMI Family Support Groups

Facilitator: Elaine and Brooks 603.539.6031

Location: Conway Village Congregational Church, 132 E. Main St., Conway

Date: 3rd Thursday of each month; Time: 6:00-8:00 pm

NAMI NH Contact: Susan 603.225.5359 ext. 328

#### Starting Point (Domestic violence, stalking and sexual assault advocacy)

Conway Office: 603.447.2494

PO Box 1972, Conway, NH 03818

#### Resources in Arlington, MA:

##### Arlington Youth Counseling Center (AYCC)

Community-based mental health counseling center serving Arlington youth (ages 3-21) and their families.

[670R Massachusetts Avenue Whittemore Robbins House \(behind Robbins Library\)](#)

[Arlington, MA 02476](#)

(781) 316-3255

##### Advocates - Psychiatric Emergency Services

24-Hour Crisis Support 1 (800) 640-5432

“Jacob’s Mother” in Arlington offers a support group for parents and caregivers of children and adolescents. The group runs twice a month on the first and third Sunday nights from 7:00-8:30pm at the First Parish Unitarian Universalist Parish of Arlington, 630 Mass Ave., corner of Pleasant Street (Rt 60). Parking is in the library lot. No childcare is available.

#### Resources near Brooklyn Park, MN:

Healthwise in Maple Grove  
(psychological and psychiatric services)  
11280 86th Avenue North, Maple Grove, Minnesota 55369  
Main: (763) 400-7828

Canvas Health - Crisis Connection  
If you are in crisis, call (612) 379-6363 or (866) 379-6363 to reach Crisis Connection.

Resources in Dallas, TX:  
NAMI Dallas  
Educational classes, support groups and a helpline service available from 9AM-5PM through phone or email support. Please call (214) 341-7133 or email [namidallas@namidallas.org](mailto:namidallas@namidallas.org).

Metrocare Services  
(Outpatient and emergency mental health)  
Tel: (214) 743-1200  
Toll Free: (877) 283-2121  
Fax: (214) 630-3469

Resources near Dover, DE:

MOBILE CRISIS INTERVENTION  
24 hours/day, 7 days/week. Psychiatric Crisis Help.  
Kent/Sussex Counties 1-800-345-6785

The Mind & Body Consortium Dover  
Counseling and mental health services.  
156 S. State Street | Dover, DE 19901  
Tel: (302) 674-2380

24 Hour Domestic Violence Hotlines & Shelters  
Kent & Sussex Counties  
302.422.8058 or 302.745.9874 (bilingual)

Resources near Big Lake, MN:

Family Prospective Resources, Inc.  
Outpatient, in-home and group therapy, crisis counseling.  
763-367-6080 or EMAIL: [fpr@familypros.com](mailto:fpr@familypros.com)  
101 Jefferson Blvd, Suite A, Big Lake, MN 55309

Rivers of Hope  
(Support and referral services for victims of family violence)  
**Error! Hyperlink reference not valid.** or 24HR CRISIS LINE: 763-295-3433

Resources near Walker, MN:

Family Safety Network of Cass County  
Domestic violence/sexual assault support  
7165 Dewdrop Trail NW, Walker, MN 56484  
[family\\_safety34@hotmail.com](mailto:family_safety34@hotmail.com)  
218-547-1636 or Crisis Line 800-324-8151

Northern Pines Mental Health Center  
Outpatient therapy, Crisis outreach  
520 5th St NW, Brainerd, MN 56401  
218-829-3235 or 800-566-3235

Resources near Denison, TX:

Texoma Community Center  
Outpatient mental health and crisis services  
315 W. McLain Drive, Sherman, TX 75092  
24 Hours a Day, 7 Days a Week: (903) 957-4701

Child & Family Guidance Center  
Provides children, teens, adults and families with the following outpatient mental healthcare services: Assessment, counseling/therapy, psychological testing & evaluation, parent and family education services, links to community services.  
804 E. Pecan Grove Road, Sherman, TX 75090  
Office: 903-893-7768 or Fax: 903-893-4979

Crisis Center  
Support services to victims of family violence and sexual assault  
24 hour hotline number is: 903 893 5615

Resources near Arlington, TX:

Mental Health America of Greater Tarrant County  
[www.mhafc.org](http://www.mhafc.org) or 817-335-5405  
3136 W. 4th Street, Fort Worth, TX 76107  
Mental health information and referral available by phone and on the Web site. Community education and training, peer support and supported employment services for persons with mental illness. Advocacy and long-term-care ombudsman services

NAMI Tarrant County  
(National Alliance on Mental Illness)  
[www.NAMITarrant.org](http://www.NAMITarrant.org) or 817-332-6677  
A grassroots, family and consumer self-help, support, education and advocacy organization dedicated to improving the lives of people with serious mental illnesses

The Parenting Center

[www.theparentingcenter.org](http://www.theparentingcenter.org)

2928 West Fifth Street, Fort Worth, TX 76107

817-332-6348 or Parenting Advice Line: 817-332-6399

Counseling, including play therapy for children, parent education, case management and a telephone Parenting Advice Line (P.A.L.)

SafeHaven of Tarrant County

[www.safehaventc.org](http://www.safehaventc.org)

6815 Manhattan Blvd., Suite 105, Fort Worth, Texas 76120

Administrative offices: 817-535-6462 or 24-hour Hot Line: 1-877-701-SAFE (7233)

Provides shelter and supports for adults and children who are victims of domestic violence

Resources near Southampton, NH:

Seacoast Mental Health Center

Emergency support, outpatient mental health

Address: 30 Prospect Ave, Exeter, NH 03833

Phone: (603) 772-2710

Statewide NH Hotlines

Domestic violence or stalking: 1-866-644-3574

Sexual assault: 1-800-277-5570.

Resources in Keene, NH:

Monadnock Family Services

Emergency Mental Health Assessment and Parenting Classes

17 93rd Street, Keene, NH (603) 357-4400

Monadnock Center for Violence Prevention,

12 Court Street, Keene, NH (603) 352-3782

## Appendix I: Demographics Questionnaire

1. **Date Survey Completed:** \_\_\_ / \_\_\_ / \_\_\_
2. **Sex:** \_\_\_ Male \_\_\_ Female \_\_\_ Other 3. **Age** (in years): \_\_\_\_\_ **Date of Birth** \_\_\_ / \_\_\_ / \_\_\_
4. **Race/Ethnicity: (Please choose the ONE that best describes what you consider yourself to be)**
- \_\_\_ A) Native American or Alaskan Native
  - \_\_\_ B) Asian
  - \_\_\_ C) African American
  - \_\_\_ D) African Nationals/Caribbean Islanders
  - \_\_\_ E) Hispanic or Latino
  - \_\_\_ F) Middle Eastern
  - \_\_\_ G) Native Hawaiian/Pacific Islanders
  - \_\_\_ H) White (Non Hispanic/European American)
  - \_\_\_ I) Multi-racial
  - \_\_\_ J) Other
5. **Marital Status:**
- \_\_\_ A) Married
  - \_\_\_ B) Partnered
  - \_\_\_ C) Single
  - \_\_\_ D) Divorced
  - \_\_\_ E) Widowed
  - \_\_\_ F) Separated
6. **Family Housing:**
- \_\_\_ A) Own
  - \_\_\_ B) Rent
  - \_\_\_ C) Shared housing with relatives/friends
  - \_\_\_ D) Temporary (shelter, temporary with friends/relatives)
  - \_\_\_ E) Homeless
7. **Family Income:**
- \_\_\_ A) \$0-\$10,000
  - \_\_\_ B) \$10,001-\$20,000
  - \_\_\_ C) \$20,001-\$30,000
  - \_\_\_ D) \$30,001-\$40,000
  - \_\_\_ E) \$40,001-\$50,000
  - \_\_\_ F) more than 50,001
8. **Highest Level of Education:**
- \_\_\_ A) Elementary or junior high school
  - \_\_\_ B) Some high school
  - \_\_\_ C) High school diploma or GED
  - \_\_\_ D) Trade/Vocational Training
  - \_\_\_ E) Some college
  - \_\_\_ F) 2-year college degree (Associate's)
  - \_\_\_ G) 4-year college degree (Bachelor's)
  - \_\_\_ H) Master's degree, PhD or other advanced degree
10. Please tell us about the children for whom you are (or have been) a primary caregiver:



Child's Age	Your Relationship To Child (check one)	Birth parent	Adoptive parent	Grand parent	Foster Parent	Other relative

## Appendix J: PTSD Check List, Civilian Version (PCL-C) (PTSD Checklist - Civilian)

### Abbreviated PCL-C

The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by each problem in the past month. For these questions, the response options are: “not at all”, “a little bit”, “moderately”, “quite a bit”, or “extremely”.

		Not at all	A little bit	Moderately	Quite A Bit	Extremely
<b>PCL1</b>	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5
<b>PCL4</b>	Feeling very upset when something reminded you of a stressful experience from the past?	1	2	3	4	5
<b>PCL7</b>	Avoided activities or situations because they reminded you of a stressful experience from the past?	1	2	3	4	5
<b>PCL10</b>	Feeling distant or cut off from other people?	1	2	3	4	5
<b>PCL14</b>	Feeling irritable or having angry outbursts?	1	2	3	4	5
<b>PCL15</b>	Difficulty concentrating?	1	2	3	4	5

## **Appendix K: Focus Group/Individual Interview Script**

### **Introduction**

- The purpose of this focus group is to get a greater understanding of how traumatic experiences were handled in your families of origin, as well as how having a history that includes at least one traumatic event has impacted you as a parent. We have already determined that all of you have experienced a childhood trauma. So the questions today will not be directly about that experience, but about the environment you lived in and how you were supported in understanding that and other experiences.
- I want to clarify that a trauma can be one very memorable and upsetting or damaging experience, or a series of experiences that create an environment of toxic stress.
- I want to remind you all, and be very clear that we are not bringing up the specific details of your childhood trauma here today. This serves two purposes. First, it can be very upsetting for other people to hear about these experiences, and second, because this is not a therapy group, and so bringing up the events could be very upsetting to you and we are not able to process those feelings here today. If any of you feel overwhelmed by what is brought up today please see the list of resources on your consent, or feel free to speak to me afterwards so that I can help connect you to a resource. If any of you feel uncomfortable you may leave this group at any time.
- We will talk for about 90 minutes. I ask that each member of this group follow basic group norms:
  - Respect the confidentiality of other people in the room. People may share personal information and we ask that it stays in this room.
  - Listen respectfully, even if you have a different belief or opinion.
  - One person speaks at a time.
  - Please turn cell phones and all other devices off or to “silent” for the duration of the group. If you must attend to a call or text, please take it out of the room.
- I will ask a series of questions. I ask that you speak one at a time so that I am able to listen and record all that is said. You are not required to answer all of the questions, however I do appreciate the range of voices and opinions in the room and would like to be able to hear from all of you.
- Are there any questions?

### **Research Questions**

### Parental resilience

- There are many stressors in our lives, some are predictable, like getting out the door for school and work every morning, or soothing a crying baby. Some are unpredictable, like a car accident, or an act of violence. In your family of origin, how did your caregivers respond to stressors?
- Now that we've had a chance to reflect on childhood experiences, I wonder if each of you would be willing to share how you handle stressors as a parent?

### Social connections

- Families tend to work within a network of support. There are people in our lives who provide emotional support, informational support (like parenting education or medical advice), and instrumental support (like transportation or financial help.) These people can be family members or friends. When you think back to your childhoods were there people who provided this sort of support to you or your parents? Who were they and what did they, and how did they help?
- In your own lives as parents do you have social connections with family members, friends that help and support you emotionally, informationally (like parenting education or medical advice), or instrumentally (like transportation or financial help)?

### Concrete support in times of need

- Sometimes we need to look beyond our immediate circle of support for help and support. Many families have found support through therapy, early intervention, case management, town and state welfare offices shelters and other agencies. Do you remember any sort of outside support of this kind being involved in your family as a child? What was the overall feeling about these supports?
- As a parent have you received support from therapy, early intervention, case management, town and state welfare offices shelters or other agencies? What has your experience been?

### Knowledge of parenting and child development

- Parenting is a difficult job, and often we are learning as we go along. Thinking back to your family of origin how well do you feel that your caregivers attended to your specific developmental, health and mental health needs?
- What do you remember about discipline in your family?

- What steps have you taken as a parent to become educated on your child or children's specific developmental, health and mental health needs?
- How do you discipline in your family?

#### Social and emotional competence of children

- There is evidence to support that success in school, work and relationships is based on how much social and emotional support we receive in our lives. Thinking back to your childhoods, who was available to you to praise and celebrate your accomplishments, comfort you when you were sad or scared, or encourage your independence and individuality?
- Were there messages in your childhoods that discouraged expressing your emotions?
- As a parent today how do you try to praise and celebrate your child's accomplishments, comfort your child when they are sad or scared, or encourage your child's independence and individuality?
- In what way did you imagine your child's childhood would be the same or different from yours, and how has it turned out?

## Appendix L: HSR Approval Letter



### School for Social Work

Smith College

Northampton, Massachusetts 01063

T (413) 585-7950 F (413) 585-7994

January 6, 2017

Annelies Spykman

Dear Annelies,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.

Co-Chair, Human Subjects Review Committee

CC: Michael Murphy, Research Advisor

## Appendix M: HSR Revision Approvals



**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

January 15, 2017

Annelies Spykman

Dear Annelies:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Michael Murphy, Research Advisor



**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

April 9, 2017  
Annelies Spykman

Dear Annelies:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Michael Murphy, Research Advisor





**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-  
7994

May 3, 2017

Annelies Spykman

Dear Annelies:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Michael Murphy, Research Advisor

## Appendix N: Professional Transcriber Confidentiality Form

2016-2017

### Volunteer or Professional Transcriber's Assurance of Research Confidentiality Form

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.
- A volunteer or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.
- The researcher for this project, Annelies Spykman shall be responsible for ensuring that all volunteer or professional transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that that they have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

### PLEDGE

I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Annelies Spykman for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Signature of transcriber  5/3/2017 Date

\_\_\_\_\_  
Researcher, Annelies Spykman  
Date

