

Resiliency After Childhood Maltreatment

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According to the United States Department of Health & Human Services [USHHS] (2021), there were 656,243 reported victims of childhood maltreatment in the year 2019. Twenty-eight percent of these victims were under the age of three — over a quarter of the victims had not even started public education. Those who experience childhood maltreatment are at risk for post-traumatic stress disorder and other mental health issues. Thankfully, all individuals have the “ordinary magic” of resiliency (Masten, 2001). Ann Masten, a key figure in research on resiliency, defined resilience as the experience of having “good outcomes in spite of serious threats to adaptation or development.” In other words, resilient individuals thrive despite any past traumatizing experiences. The number one protective factor for individuals who experience trauma is having a meaningful connection with at least one adult (Werner, 1993). Children who have survived traumatic abuse can flourish through building relationships and having a supportive community.

This current study explored the protective factors of an individual who experienced childhood maltreatment to understand how to foster resilience in others in similar situations. He had experienced sexual abuse, physical abuse, emotional abuse, and neglect throughout his childhood and was able to identify various protective factors that helped him overcome his trauma. Though he has a diagnosis of post-traumatic stress disorder (PTSD), he stated that he is now in a good place and has overcome substance abuse and suicidal ideation. Particularly, he demonstrated high self-efficacy and self-compassion, bolstered by supportive relationships.

Childhood Maltreatment

According to the World Health Organization [WHO] (2006), childhood maltreatment is defined as “the physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children.” This definition encompasses a wide range of different types of abuse. The definitions of the different types of maltreatment may vary but are all generally intentional acts committed by a perpetrator intending to harm the child. Physical abuse is an intentional act

resulting in physical harm to the child (Child Welfare Information Gateway [CWIG], 2019). For instance, smacking, choking, shoving, burning, stabbing, and burning are all types of physical abuse. On the other hand, emotional mistreatment adversely affects children's relationships and impairs their socio-emotional development (Harmarman & Bernet, 2000). This is done through actions such as withholding affection, isolating the child from others, and verbal assaults. Another of childhood maltreatment, sexual abuse, is when a minor is involved in sexual activity that they do not understand, did not consent to, and are not developmentally prepared for (Centers for Disease Control and Prevention [CDC], 2021). Examples are forced sexual acts with an adult and child pornography. Lastly, neglect and negligent treatment occur when caregivers fail to provide basic needs for their child to a point where the child is in danger (CWIG, 2019). Children may be deprived of sustainable food, safe housing, and essential medical attention. The different types of childhood maltreatment are not exclusive. Victims may, unfortunately, be experiencing more than one of them at a time.

Impact on Wellbeing

Childhood maltreatment is concerning in itself, but also has important implications for an individuals' greater wellbeing and health as a whole. As an adverse childhood experience (ACE), childhood maltreatment and trauma can lead to impaired health as an adult. In fact, increased exposure to multiple ACEs can lead to increased risk for mental health issues, substance abuse, unsafe sexual behavior, high stress levels, and aggressive tendencies (Anda et al., 2006). These negative consequences impact all aspects of an individual's life and, without any interventions, may result in damaging permanent effects. When children are repeatedly being mistreated, their stress response systems are constantly activated and in more severe cases, can lead to altered brain structures and complications with their immune and hormonal systems (Harris, 2014). In addition to increased health issues with stress response, increased occurrences for risky behaviors such as substance abuse may lead to other health complications later in life. Individuals who experience physical abuse and females who

experience neglect are more likely to use illegal drugs (including marijuana) in young adulthood, possibly as a coping mechanism (Huang et al., 2011). With so many negative influences on an individual's wellbeing, childhood maltreatment is a public health concern that needs to be addressed as early in a child's life as possible.

Impact on School Performance

Not only does exposure to ACEs lead to possible health issues, but it can also cause decreased performance at school. A study examining elementary-aged children's academic status in relation to their ACE exposure found that higher rates of ACE exposure were associated with higher rates of academic failure (Blodgett & Lanigan, 2018). Furthermore, children exposed to at least one ACE were more likely to have issues with attendance and behavior problems at school. Another study found similar results with maltreated children having problems involving academic failure, attendance concerns, behavior problems, and increased referral rates for special education services (Shonk & Cicchetti, 2001). Childhood maltreatment and other ACEs have a significant impact in determining a child's success in school. Schools are vital in providing essential education to children and thus impact children's life trajectories. Given that childhood maltreatment negatively influences children's formative years, children may have other difficulties later in life if no interventions are implemented.

Impact on Future Life

Adults who had ACEs are at risk of other complications even when they are not being traumatized anymore. One study found that these adults report more perceived inequality at work, at home, and in their family relationships (Campbell et al., 2020). Not only that, but they are also more likely to report perceived discrimination in their daily lives. Some examples of perceived inequality and discrimination from the study include feeling worse off than others in their community, feeling that others lack respect for them, and being threatened or harassed. These findings have important implications for an individual's sense of belonging, safety, and mental health. If adults who had ACEs do not feel comfortable in their community, they may

have other adverse outcomes later on, such as mental illness. A study by Henry et al. (2018) investigated adults who had experienced maltreatment as children and their financial situation after having children who were at least eight years old at the time. They found significant effects of self-report maltreatment on financial strain as well as possible earlier parenthood. These findings imply that those who experience childhood maltreatment are at risk of undesired economic outcomes during parenthood. To summarize, those who have ACEs and experienced childhood maltreatment may suffer negative effects years after the traumatic events. Therefore, it is vital that those who work with children know how and when to intervene to support those who need it.

Protective Factors

Even though childhood maltreatment can lead to many adverse impacts in future life, there is hope. While the effects of the different types of childhood maltreatment may vary, there are some similarities in the ways resilient individuals respond to them. Multiple studies have identified the main themes: beneficial personality traits, caring and responsive caregivers, and outside support from the community (Heller et al., 1999). Protective factors do not necessarily result in successes when they are the sole factor — a combination of different variables creates effective coping strategies and strengths.

Personality Traits

Although many advantageous personality traits cultivate resiliency, the most impactful ones relate to an individual's self-autonomy. Self-autonomy is an individual's ability to make impactful decisions regarding their personal beliefs and goals. Resilient individuals tend to have above-average cognitive abilities, which help create coping strategies, a good sense of ego-control, and an external locus of control regarding the traumatic event (Heller et al., 1999). Other valuable traits help individuals respond better to adverse situations. Individuals who have high self-efficacy, a positive sense of self, and a sense of control over their environment are more likely to create meaningful changes for themselves (Hass et al., 2014). Without the sense

of self-autonomy to create meaningful change, individuals may lose hope or feel stuck in their situation. Another useful trait in this case is self-compassion. Self-compassion is when an individual can feel a sense of normalcy about their situation and treat themselves kindly. Neff and McGehee (2010) found that adolescents and young adults with higher self-compassion levels were less likely to report symptoms of depression or anxiety. Although they reported that self-compassion is positively correlated with supportive family situations, this finding is impractical for children whose abusers are their family members. Regardless, children may be able to find other supportive relationships outside of their family.

Caregivers

Caregivers play a significant role in nurturing children to become confident, resilient adults despite any adversity in their lives. Resilient children have at least one close bond with an attentive and affectionate caregiver who acts as emotional support and positive role model (Werner, 1993). This caregiver does not necessarily need to be a parent, so long as they sincerely care for the child and check-in with them often. Other possible caregivers can include grandparents, siblings, or extended family members. Later in life, resilient individuals can find relief in the form of emotional support from a spouse. However, family is not the only beneficial support system. Most resilient individuals also look to their communities to find non-familial confidants.

Community

A child's community typically includes school, neighborhoods, extracurricular activities, and possibly religious organizations. Children who are successful in their social lives outside of the home tend to fare better later in life. Schools are especially important as most children have access to and spend a large portion of their time at school. Schools may even be "safe havens" where children can escape from traumas in their lives and find encouraging confidants in their teachers and classmates (Hass et al., 2014). Involvement in extracurricular activities, such as sports, can promote self-esteem and create friendships that allow children to have enjoyable

social lives (Heller et al., 1999). Being a part of a larger social group can reinforce resilient children's strengths and create support systems that may not be present in their homes.

Methods

Procedure

The participant for the current study was recruited through a friend of the researcher. Data was collected through two semi-structured interviews. The participant met the following criteria: is an adult, had enough time between the adverse events and the interview to discuss their situation, and was not the researcher's family member or close friend. Furthermore, the participant experienced childhood maltreatment and later demonstrated resiliency as he overcame his trauma through a combination of protective factors and medical treatment. Prior to the interview, the participant was informed of the study's purpose and procedures. The participant gave informed consent in the form of a signed permission document.

Communication with the participant was mainly in the form of text messages and emails. Interviews were conducted via Zoom due to the Covid-19 pandemic and physical distance between the participant and researcher. Both individuals were in private settings for the duration of the interviews. The first interview lasted about an hour, and the follow-up about 30 minutes. First, the participant was asked to describe their life story from the beginning, emphasizing any ACEs and what they thought helped them overcome their trauma. There were minimal follow-up questions related to the actual traumatic events to avoid possibly distressing the participant. Questions mainly focused on clarity, coping strategies, turning points, key relationships, and his current situation. A pseudonym will be used to protect the participant's identity.

Case-Study of an Individual Who Experienced Childhood Maltreatment

Joey is a 35-year-old White man who had experienced childhood maltreatment since birth. He grew up in a small town in southern Idaho and now lives in New Mexico. He was born as a result of an affair and had six half-siblings and ten step-siblings. He described how he was emotionally abused, physically abused, sexually abused, and neglected. As a young child, he

lived with his mother, who abused drugs, and his stepfather, his abuser. At age 16, he was kicked out of his house for stealing drugs and sent to live with his uncle and aunt. Joey believes that they were the biggest influences in helping him turn his life around. He slowly got better, relapsed into suicidal ideation and substance abuse multiple times, and later found success through a combination of a loving family, a mental health facility, and self-growth.

The conditions in which Joey grew up were far from ideal for children. Before his birth, his mother had gone through multiple traumatic events of her own and was usually not around to care for him. The first time he realized something was not quite right was in school. His teacher had asked about the burn marks on his arms and neck, which his stepfather had caused.

Throughout the interview, Joey spoke of various instances of abuse. When he was around five or six years old, he was locked in a room with no food, water, or bathroom for four days as a form of discipline. Around the same time, he started being sexually abused. He reported sexual abuse instances as family events where his stepfather acted as a facilitator, and the children were all expected to participate. A particular instance he mentioned occurred when he was six or seven years old. This memory especially stood out to him as he later used it in court to put his stepfather in jail. He remembered sitting in a circle with his siblings, naked, and forced to partake in sexual activities. Joey disclosed that there were countless more instances of abuse, but the researcher did not push for more examples or details.

Substance abuse was an issue in their household early on and later became a coping mechanism for Joey. He started smoking and drinking around age five or six and used marijuana for the first time at nine years old. Furthermore, by age 13, he was a meth addict, and by 16, a heroin addict. He had easy access to drugs through his family as his older brother would bring drugs home. Everyone, including the younger children, would use them together. Joey recalled feeling “ashamed” at the time and felt like he had no one to talk to. Despite feelings of shame, Joey kept abusing substances because he believed that if he used enough,

he “would not be in pain anymore.” He expressed being “really interested in suicide” around age ten and had seven to eight friends who had killed themselves by age 12. Thankfully, even though he attempted to overdose multiple times, he was never successful.

A big turning point for Joey was when he went to live with his aunt and uncle in Montana. He credited them as “super helpful” in helping him get out of his traumatizing situation. Despite previously failing, Joey was able to finish high school with a 3.4 grade point average. Joey’s uncle recruited him to work together in horseracing during their time together. Joey also enjoyed playing on the school rugby team. After high school, Joey moved out and suffered a relapse in substance abuse. Soon after, he fell in love, married, and had a child. He stopped using substances and “wanted to do the right thing” for his family. Unfortunately, his wife cheated on him in less than a year. Joey then moved to the mountains to “become a hermit” for about six months – he proclaimed that this was “healing” and “the best thing [he had] ever done.”

After his mountain trip, Joey moved to California in search of a new life. Although he applied to about 700 jobs, he was unsuccessful and moved back to Montana. He met his second wife while using drugs and had a second child. Similar to his first marriage, Joey attempted to “become clean” again, but his second wife cheated on him as well. After this experience, he “wanted to do something for himself” and moved back to California, leaving both children with his ex-wives.

Back in California, he found a job. He also started going to a mental health facility, got officially diagnosed, and started a medication and recovery regimen. Shortly after, he became sober. In the span of a couple of years, he married his current wife, had another child, and found a previously estranged brother. Joey’s wife helped him cope with his trauma by talking through his anxiety attacks together. He also found a companion in his brother who “had similar life experiences [as Joey] but a good upbringing.” Joey stated that his brother helped with his healing process. He is grateful for his family and in-laws. Currently, Joey works a high-paying

job in New Mexico, doing “amazing” things. He lives with his wife and their child. His brother lives nearby, and they often spend time together.

Findings

Consistent with previous research, Joey found himself in multiple adverse situations as part of and possibly as a result of his experience with childhood maltreatment. Despite that, he overcame his struggles through a combination of positive social support systems, self-compassion, and self-autonomy. He especially stressed the importance of his relationships with those who showed him empathy and gave him strength.

Social Support Systems

Joey emphasized that the turning point in his life was when he moved in with his aunt and uncle. They showed him what a supportive family could look like and encouraged him to pursue new interests.

Between taking care of horses and playing on the rugby team, Joey had no time to think about drugs or alcohol. He seemed especially proud to report that his rugby team was the first high school team established in Montana. He worked hard, was involved in school, and his school supported his endeavors by supplementing his classwork with 45-page packets to do each week. His school allowed him a method of catching up to his peers while still having him put in the work to educate himself. Although this may or may not be best practice for helping students catch up, it worked for Joey as he finished high school on time with a high grade point average. His aunt, uncle, and community allowed him to funnel his energy into constructive activities that got him away from the detrimental situations he used to be in.

Joey had a few ups and downs and eventually met his current wife, who he described as kindhearted and understanding. After two failed marriages, he found someone who accepted him despite knowing his past. In fact, she and her family all care for him deeply, and he knows that he can always count on them. Moreover, he reunited with his brother and claimed they “are the same person” and have the same personality. Together, they decided to become sober and

would check up on each other to make sure they did not relapse. They also spend quality time together quite frequently and had just gone on a hunting trip together the week before the first interview. Joey's family strengthened his resiliency and is helping him maintain his optimism for life.

A child's caregivers and community are key protective factors, which Joey was lucky to have (Werner, 1993; Heller et al., 1999). His aunt and uncle were surrogate parents for him during his stay with them. They nurtured his work ethic, and his uncle was a positive role model for him. Prior to living with them, the only male role models in Joey's life were his abuser and substance-abusing older brothers. Joey also found confidence when participating in sports at school, consistent with Heller et al.'s (1999) findings that membership in sports teams can improve self-esteem. On the contrary, Joey did not find school to be a "safe haven" but still appreciated his school for allowing him the opportunity to finish on time (Hass et al., 2014). Later in life, he was able to find emotional support through his wife, in-laws, and brother. These positive relationships have enabled him to maintain his resiliency and give him strength to keep going.

Self-Compassion

Joey spoke highly of his stay in the mountains. He acknowledged that he needed to get away from all the negativity in his life, and this trip provided some clarity for him. As he expressed during the interview, this was the first time he did something for himself and no one else. While he still went to work to be able to provide child support, he enjoyed the commute up and down the mountain. Joey accepted his situation with his first ex-wife and moved on from it after some time. He found peace with himself and realized that there was nothing wrong with him and that who he was did not cause his ex-wife to sleep with someone else. He was able to normalize his situation and restructured how he thought of his self-worth, demonstrating self-compassion.

Another time Joey put himself first was when he moved back to California the second time, even though it meant leaving his two kids behind in Montana. He wanted to do something for himself, and California was where he wanted to be. Though his second marriage was unsuccessful, he was, again, able to bear the situation after some time. It helped that he found a job and met his current wife around that time. He discussed the move back to California as a time when he knew that he had to take care of himself and better himself before he could take care of others.

Joey's self-compassion did not result in a lack of depressive or anxious symptoms as predicted in Neff and McGehee's (2010) study. Granted, self-compassion may have lowered the amount or severity of Joey's detrimental symptoms. A more recent study by Ross et al. (2019) suggested that the experience of shame can predict depressive symptoms more strongly than the experience of emotional abuse. Joey recalled feeling ashamed of his experience with childhood maltreatment when he was an adolescent. He did not have anyone he could confide in comfortably and endured his feelings of shame alone. However, Neff and McGehee reported that self-compassion is positively correlated with affectionate family interactions, which Joey later got from his aunt and uncle. Once Joey got away from his abusive situation, he strengthened his sense of self-compassion, leading to fewer mental health issues in adulthood.

Self-Autonomy

Joey disclosed multiple instances of removing himself from hurtful situations. He knew to leave situations distressing him and that leaving would give him a better chance at success. First, he was able to escape from his abuser. Though he was kicked out, he knew that living with his aunt and uncle would be better and left willingly. Likewise, he knew to leave his ex-wives right after finding out about their infidelity. He made the difficult decision of leaving his children but knew that, at the time, leaving was the best option for him. Furthermore, when Joey failed to secure a job in California the first time he moved there, he knew to leave the state as

he was getting more and more distraught with each job rejection. Ultimately, he made decisions to protect himself and his wellbeing.

Similarly, he exhibited self-autonomy when taking steps to better his mental health. He resolved to become sober multiple times and ended up succeeding in the end. He also accessed a mental health facility, accepted his diagnoses, and stuck to his treatment regimen. Though he stated he will always be an addict, he thought of this trait as a strength and divulged that he is now addicted to working rather than detrimental substances and activities.

Joey's experiences corroborated Hass et al.'s (2014) findings that individuals who exhibit high self-efficacy and a sense of control over their environment are more likely to be self-autonomous in creating positive changes in their lives. Joey had an external locus of control regarding adverse events and knew not to blame himself (Heller et al., 1999). Accordingly, he was able to distance himself from those who made negative impacts in his life. After multiple disappointments, Joey knew he wanted to better himself to succeed in his relationships with others and his career. He ended up becoming sober and living a comfortable life with his family.

Conclusion

The findings of this study are largely consistent with prior research regarding the impact of ACEs and childhood maltreatment. Joey demonstrated common negative impacts of childhood maltreatment such as mental health issues, substance abuse, and utilizing drugs as a coping mechanism (Anda et al., 2006; Huang et al., 2011). He was also at risk of academic failure due to his poor attendance before moving in with his aunt and uncle (Blodgett & Lanigan, 2018; Shonk & Cicchetti, 2001). However, he did not report other complications in adulthood, such as perceived discrimination or financial difficulties (Campbell et al., 2020; Henry et al., 2018). This can be explained by the protective factors which strengthened his resiliency and allowed him to have a more satisfying adult life.

Werner (1993) found that positive role models, emotional support, and participation in extracurricular activities strengthen individuals' resilience – all of which apply to Joey. Heller et

al. (1999) had similar findings and elaborated that these relationships lead to more social enjoyment. Joey found and maintained mutually caring relationships as an adolescent, leading to more relationship successes later in adulthood. His social support system helped him cope with his trauma, and he found people he could confide in, which he yearned for as a child. They showed him unconditional warmth and support. These relationships may have played a part in strengthening his self-autonomy and self-compassion. Consequently, Joey was able to take steps towards his goals and follow through with them.

At the end of the interview, Joey shared some words of advice for anyone going through something similar:

Find somebody who loves you...anybody who loves you is going to care enough to pull you out. ...Don't sell yourself short, trust your instincts, and just know that every person is capable of molding their own future. If you want to do it, you can do it. If you don't want to do it, then you probably aren't going to.

His words of wisdom further emphasize the importance of sustaining caring relationships and self-autonomy. He may not have known it at the time, but he followed this advice and has now accepted his past. Despite his diagnosis of PTSD, he has found coping strategies in talking through his anxiety attacks and is otherwise doing well.

Implications

Unsurprisingly, as established by prior research and this study's findings, there is a multitude of adverse effects resulting from childhood maltreatment. Children who find safe havens in either their schools or elsewhere in their communities are more likely to show resiliency later in life. As most children have access to schools, it is vital for educators and school practitioners to understand the importance of a supportive school environment. Furthermore, school staff should be taught how to identify children who may be suffering and intervene when appropriate.

The National Association of School Psychologists [NASP], in collaboration with Tracy K. Cruise (2010), provided a resource for identifying and reporting childhood maltreatment. They point out that while there is no standard response pattern for maltreated children, there are some clues to look out for. Some examples are “sudden changes in behavior or school performance...anxiety....learning problems...[and] learning problems” (p.12). School staff are typically mandated reporters of suspected abuse and neglect. NASP and Cruise further advocate for schoolwide training to educate and prepare staff for any possibilities of reporting. Consistent with the findings of this study, they also encourage safe school climates where children can feel respected.

Schools are critical in supporting children’s mental health as schools are one of children’s primary sources of mental health services (Ko et al., 2008). Some interventions can include schoolwide mental health programs and trauma-informed services such as counseling. Schools should also have crisis response plans in place in the unfortunate case of a tragic event affecting a large population of the school (for instance, the death of a student or teacher). The participant in this study did not have mental health support through his school, but he may have had positive outcomes earlier in adulthood if he did.

Though this study only looked at one individual’s adverse experiences, it can serve as an example of resiliency despite repeated traumas. In conclusion, this study has found that at least one individual has been able to persevere and find success after severe childhood maltreatment. This finding reinforced many prior studies but can be further explored as many of the participants’ siblings did not have favorable outcomes.

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Postscript: Reflection

As someone who is highly empathetic, I found it challenging to listen to Joey's story. I found myself tearing up at times and thus stumbling over my responses. I tried to remember to give him (solution-focused brief therapy style) compliments and constantly reinforced the idea that he deserves all the good things he has now. However, I am grateful that he agreed to share his experiences with me, as I know how difficult it can be to bring up traumatic memories. Before the interview, all I was told was that "he's been through some stuff," but I had no idea just how much he would divulge. I was horrified at all the abuse he had gone through, and he had only described a few examples – I know there are countless more, which is appalling to think about. With all that said, Joey is truly an example of resilience as he overcame a traumatic childhood and a rocky young adult period. He amazed me with his perseverance in the face of adversity. I am so glad he made it this far and can share his story with others.

Before the interview, Joey briefly mentioned that he had practice sharing his story as he used to speak at assemblies. He said sharing his story helps him cope with his situation, and though he is not reflecting fondly, he is able to realize how far he has come. When I asked him how he felt about the interview, he said that he was appreciative of me as I would be able to take his story and use what I have learned to help others. This was incredibly inspiring to me as he demonstrated the depth of his compassion. I was also inspired by his ability to accept his situation. He stated many facts genuinely and without omission or embellishment. I doubt that I would be able to face similar adverse situations with the strength he did, but I know that I, too, have the "ordinary magic" of resiliency.

When Joey shared how appreciative he was to his family and extended family, it struck a chord with me. I also find strength in my family. They are the ones who I know will love and care for me unconditionally. Knowing what I know now about resiliency, I am grateful for the relationships in my life and how my family and friends support me through any difficulties.