



# Portraits of Success and Resilience in South Carolina

## A Qualitative Study

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Children's Trust of South Carolina conducted a qualitative investigation in 2018 to explore the factors that contribute to the definition of success for individuals who experienced as children disadvantage and trauma, also known as adverse childhood experiences (ACEs). As the leader of the South Carolina ACE Initiative (Children's Trust, n.d.), Children's Trust was interested to learn from individuals who grew up in South Carolina in order to gain a better understanding of the role played by our state's unique cultural, social, and environmental contexts in their childhoods and how that helped shape their resilience and well-being. The goal was to inform our future efforts within the initiative.

### Introduction

Childhood experiences of abuse, neglect, and household dysfunction (e.g., mental illness, domestic violence, incarceration of a parent, household substance abuse), or adverse childhood experiences (ACEs), coupled with general disadvantage such as poverty, can have long-term negative effects well into adulthood (Felitti, et al., 1998). Studies show that ACEs are rather common and are experienced by individuals across the socioeconomic spectrum (Felitti, et al., 1998). The negative consequences of ACEs in childhood include poor physical and psychological health, delayed social and emotional development, and low academic achievement. In adulthood, evidence suggests those who have experienced ACEs have an increased risk of health and social problems such as heart disease and diabetes (Marmot, et al., 2001) and are more likely to be diagnosed with anxiety, depression and substance abuse (Collishaw, et al., 2007).

Many individuals thrive and succeed despite having ACEs. Studies show that through the presence of protective factors, a child can be resilient and overcome ACEs (Afifi & MacMillan, 2011). Protective factors include nurturing caregivers or role models when young, individual intelligence, personal drive and an ability to socially connect with others (Dumont, et al.,

2007; Luthar & Brown, 2007; Masten, et al., 1990; Masten & Coatsworth; 1998). Given that much of the research on child and adolescent trauma focuses on risk (Afifi & MacMillan, 2011), this study focuses on adversity from a resilience perspective. Limited research has been conducted that directly explores the lived experiences of those who may have come from traumatic and disadvantaged childhoods but who have succeeded. The overall goal of the study was to discover the individual traits, life circumstances, and factors that contribute to those who identify as resilient and successful within the context of their own life experiences and communities. This research can inform and strengthen future research as well as policy and program development to help prevent ACEs and build resilience, health and well-being in South Carolina.

### Methods

In August 2018, 19 people were interviewed for the purpose of understanding the individual traits, life circumstances and contextual factors that contribute to resilience for those who identify as successful despite having experienced childhood disadvantage and ACEs. The interviews were semi-structured and guided by the perspectives of the participants. The general goal of the interviews was to explore what childhood and adolescence was like for each participant and what people, circumstances and personal attributes they feel contributed to their adult successes. Each interview was conducted face-to-face and recorded on audio. Each participant was assigned an alias. Dedoose Version 8.0.35 (Socio-cultural Consultants, Los Angeles, CA) was used to organize and code the data. The research team engaged in standard qualitative data analysis techniques (Patton, 2014; Saldana, 2009) to organize the data into a priori and emergent themes. For coding accuracy, a subsample of five interviews was double-coded by the two researchers using the same codebook at the beginning of data analysis. A summary of key themes and their accompanying excerpts were discussed with all of the research team members before they were finalized.

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## Results

All participants resided in South Carolina during the time of the interview, each ranging in ages from 19 to 59 with a mean age of 37. Sixteen participants identified as African American and thirteen as Caucasian. The majority of participants were employed at nonprofit organizations in South Carolina, several others were educators, and a few were students. Many had reported growing up in poverty or were of middle-class or upper-middle class backgrounds. Educational backgrounds varied among participants. A few having attained a high school diploma or GED, although most earned a college degree. On average, study participants experienced 5.47 ACEs, emotional abuse, physical abuse, and caregiver substance use or misuse, with the latter being the most common. Many of the participants

expressed other family challenges during their childhoods, which includes intra-family conflict, death of a family member, and an absentee or estranged parent.

The main themes that emerged from the interview data highlight the commonalities among the majority of participants and fall under four key areas: the types of childhood adversity/challenges experienced, identified struggles associated with these experiences, protective factors that helped individuals cope with these experiences, and their definitions of success and resilience (Table 1). Prominent themes from the participants are discussed in more detail below.

Table 1

Interview Themes	
CHALLENGES AND RISK	LIFE STRUGGLES
<b>Adverse Childhood Experiences</b>	<i>Academic/School Challenges</i>
Emotional Abuse	<i>Emotional Challenges</i>
Physical Abuse	<i>Financial Struggles</i>
Caregiver Substance Use	<i>Romantic/Sexual Relationships</i>
Caregiver Mental Health	
Parental Involvement with Law Enforcement	
Sexual Abuse	
<b>Other Family Challenges</b>	
Intra-Family Conflict	
Death of a Family Member	
Absentee or Estranged Parent	
PROTECTIVE FACTORS	DEFINITIONS OF SUCCESS
<b>Academics/Love of Learning</b>	<i>Financial Security</i>
<b>Personal Determination</b>	<i>Happiness</i>
<b>Helping Others</b>	
<b>Social Support</b>	
Tangible Support	
Emotional Support	
Mentors	



### Emotional and physical abuse

Emotional abuse by a parent, guardian or caregiver was experienced by nearly all of the participants. Specifically, the most common forms of emotional abuse among participants included disparaging of accomplishments, interpersonal manipulation, pitting family members against one another, and a sense of not receiving care. One participant shared experiences of emotional abuse and the feeling of belittlement that remained.

*She always told me that I look like my mom and that I was never going to be nothing, nothing like but like my mom. It hurt so bad...*

Several participants also confirmed physical abuse, which includes an array of behaviors such as violence or threat of violence toward a child. Many shared that they lived in fear of their safety and some found ways to adjust to living in an abusive household and described how they were able to cope.

### Challenges experienced

Participants also described several challenges they experienced outside of the home during childhood and into adulthood. The most common life struggles were academic/school related, emotional challenges, financial problems and romantic/sexual relationships. Participants expressed hardship in maintaining their grades and continuing their education. However, many also expressed that academics were a source of achievement and positive influence in their lives.

*I think education helped me break the cycle of abuse.*

Despite academic struggles at some point in their education, most participants viewed academic success as a way of overcoming their abuse.

Furthermore, some expressed that economic concerns often served as a barrier to their education and livelihood. Many experienced struggles in making ends meet and often depended on public assistance to provide for their basic living necessities. Participants commonly discussed struggles with negative emotions, low self-esteem, anger, shyness and aggression throughout their lives due to their childhood experiences. Similarly, participants found that their emotional challenges carried over into their romantic relationships, which were also viewed as difficult. Despite these challenges, many were able to overcome them through social supports, mentors, helping others, personal determination, and love of learning/academic achievement.

### Social support

Tangible and emotional supports were the two most common types of social support that had an impact on the lives of participants. Examples of tangible support includes employment, needed expertise from a friend for little or no cost, or a family friend providing a place to live.

*She just said, "You guys, we'll take you home, and you'll pack a bag, and you'll come stay with us, no questions asked."*

Participants reflected on the importance of emotional support from caring friendships that helped them get through challenging times. Many spoke of having someone to express their innermost feelings to and the sense of security that it provided.

*As long as you have that support person that you feel safe talking to, I think it makes the biggest difference, even if you can't tell them everything. My best friend was one of those.*

### Mentors

Mentors were another source of support for participants. Many frequently mentioned teachers as their mentors but also included coaches, older family friends, or anyone who provided support and encouragement.

*We had a choice when we went to high school to do college-prep, tech-prep, or general. I remember during our conversations [my teacher] telling me, I know your friends are going this route, but consider something else for yourself, and I did. So there have been a lot of people throughout my life who stepped in at the right time like she did. People who gave me the same type of encouragement.*



### Helping others

As child-serving professionals, those interviewed also discussed the importance of helping others. Having experienced childhood trauma themselves, many were inspired to have an impact on the lives of others experiencing the same traumas. By helping others, participants have discovered a positive effect on their own lives.

*I just wanted to help kids who were in that same situation that were with toxic parents. But I also wanted to go to school with social work because, like I said, I want these kids to have something good to turn to*

### Personal determination

Personal determination was a motivating factor for almost all interviewees, specifically in contexts such as the workplace. Overall, personal determination drove participants to achieve their goals and live a better life.

*I think it's that I had enough self-awareness to say, "This is a bad spot to be in, and these actions can make it better, so I will do them," and then you just do them.*

### Love of learning/academic achievement

While academic struggles were prevalent for most participants at some point in their lives, all 19 interviewees spoke of the significant positive impact that academics or a love of learning had in their lives. Participants cited various successes attributable to academics. Many spoke of the impact it had on yielding to family expectations, having a safe place to go to when there was family conflict at home, and having a means of achieving better social, financial or emotional stability.

*I love school. School is where I felt safe. So in school nothing ever happened. I was a good student.*

### Definitions of success:

As participants reflected on their personal definitions of success, many initially associated it with financial security. After discussing their perspective, it was demonstrated that a lack of financial security while experiencing childhood trauma was challenging. However, many were able to overcome this challenge through hard work and determination.

Another definition of success that participants mentioned was happiness or the absence of conflict or worry and a sense of contentment with their daily lives.

*I think it's not so much looking at where I am in my job or how much money I make or what size house I'm in but really seeing, seeing success more from the things that, not to sound cheesy, but that money can't buy.*

### Discussion and Implications

Many participants reflected on their path to success, which included protective factors such as a safe, stable, and nurturing relationship or environment during childhood (Crouch, et al., 2018). Few recognized significant programs or services that helped them to cope and respond to their traumatic childhood experiences. It is also possible that many were not connected to such providers or agencies. While resilience does not look the same for all, the stories shared by participants uncovered common themes and can be used to inform and improve practices and policies in health care, child welfare, and education. For example, efforts could be made to strengthen partnerships between educators and the child welfare systems to build capacity within schools and strengthen overall support for those experiencing childhood adversity.

School environments were a source of challenge and happiness for participants in the study. Many described their education as having a profound impact on their lives despite their childhood trauma. Children with ACEs may be more likely to struggle with traditional education standards. Studies show that individuals who experienced trauma were likely to have neurological and psychological damage, which may lead to challenges in a child's educational journey (Brunzel, et al., 2015). Therefore, it is important to provide strategies and support to teachers so they can meet the complex needs of their students. There are many holistic approaches that can be taken in classrooms to benefit children, such as providing qualified psychologists in the classroom; having rhythmic, patterned and regulatory activities like mindful breathing or music-based activities; and short exercise breaks for the brain (Brunzel, et al., 2015). All of these approaches to education would be beneficial for these children and could influence their future success in educational environments.



Many participants shared that school was a safe place, and many of their teachers became their mentors despite a lack of resources to provide appropriate services. Training teachers on ACEs and resilience could help create a trauma-informed environment equipped to support children experiencing ACEs. This includes School-Based Health Centers and School-Based Wellness Centers to provide mental and physical health services in schools. This is consistently supported in the literature, which demonstrates that while the implementation of mental and physical health services into schools can be a challenge (Guerra & Williams, 2003), it can help students experiencing childhood adversity and create a normative aspect in a school community environment (Stone, Whitaker, Anyon & Shields, 2013).

Participants emphasized the importance of tangible and emotional support to children experiencing trauma. Participants shared that their experiences with friends and family provided tangible and emotional support during their childhoods and significantly impacted their lives. However, not all children experiencing childhood trauma have the capacity to connect with others or accept friendship due to their focus being primarily invested in overcoming adversity. Research shows that the ability to connect with others is a robust protective factor (Glass, et al., 2007; Harper, et al., 2005; Post, 2005). By creating programs and initiatives that provide opportunities for positive social interaction in educational environments, support systems can be strengthened, and children will be able to develop connections with others. School systems may have the most impact in this area but connecting with existing social networks, such as church groups or after-school programs, may also help prevent ACEs.

Finally, all of the participants shared the significance of volunteering and giving back to their communities. Evidence shows that programs that promote volunteering and community service contribute to life satisfaction and hope for the future (Levy, et al., 2012). Programs that provide children who have experienced trauma an opportunity to focus on volunteering while also building mastery of a specific skill could contribute to their determination for success in the future and build resilience along the way.

## Conclusion

ACEs and disadvantage can occur in any family context and those experiencing it may react in a multitude of ways. The individuals in the study shared many protective factors that helped them overcome their experiences of adversity. Those factors include help from nurturing caregivers or role models in childhood, academic achievement, personal drive and socially connecting with others. Programs and initiatives intended for children experiencing trauma should shift toward building capacity to learn the benefits of hard work, establishing social connections with others, and gaining a sense of accomplishment. Examples include bringing mental health services to schools and destigmatizing ideas around mental health care, improving the quality of services provided by child- and family-serving systems, expanding economic opportunities for families across South Carolina to be able to access basic needs, and providing adequate volunteer opportunities. This study helped shed light on the ways in which policies and practices can be shaped in a way that will benefit children and families experiencing adversity, specifically by emphasizing the role of protective factors such as a positive, nurturing environment; a safe, stable, nurturing relationship outside the home; and access to social networks.



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