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Breaking the cycle: the association between Adverse
Childhood Experiences (ACEs) and protective factors;
hope spirituality and cultural identity on the quality of
future parent- child relationships.

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Table of Contents

Acknowledgments	6
Abstract.....	8
Introduction	10
Chapter One: Literature Review.....	14
1.1 The origin of ACEs.....	14
1.2 ACEs within the New Zealand context.....	16
1.3 ACEs within overseas contexts.....	19
1.4 How ACEs get under the skin	20
1.5 How the body carries the burden: the long-term effects of ACEs	27
1.6 Adaptations through ACEs	39
1.7 Protective Factors and locus of control	42
1.7.1 Hope	47
1.7.2 Spirituality	54
1.7.3 Cultural Identity.....	59
1.8 Summary.....	65
Chapter Two: Methodology	66
2.1 Rationale for implementing Qualitative Methodology	66
2.2 Ethical Considerations	69
2.2.1 Avoidance of Harm (non-maleficence).....	70
2.2.2 Beneficence	71
2.2.3 Justice	71

2.2.4 Confidentiality	72
2.2.5 Non-deception	73
2.2.6 Informed Consent	73
2.2.7 The Treaty of Waitangi Principle and Obligations	74
2.3 Participant recruitment process.....	78
2.4 Sample size and participant demographics	79
2.5 Data Collection	80
2.6 Data Analysis: Thematic Analysis	82
2.6.1 What is a theme?.....	83
2.6.2 Conducting a thematic analysis	84
2.6.3 Evaluation of Thematic Analysis	88
2.8 Summary	89
<i>Chapter Three: Results.....</i>	91
3.1 An overview of participants' exposure to ACEs	91
3.2 Analysis of exposure to ACEs	94
3.2.1 Overarching theme: Distress	94
3.2.1.1 Sub-theme: Instability.....	95
3.2.1.2 Sub-theme: Forsaken	97
3.2.1.3 Sub-theme: Fear.....	98
3.2.2 Overarching Theme: Coping	99
3.2.2.1 Sub-theme: Radical Acceptance.....	99
3.2.2.2 Sub-theme: Escape.....	101
3.2.2.3 Sub-theme: Precocious	103
3.2.2.4 Sub-theme: Rationalisation.....	104
3.3 Analysis of protective factors.....	106

3.4 Hope	107
3.4.1 Overarching theme: Positive Expectations.....	107
3.4.1.1 Sub-theme: Optimism.....	108
3.4.1.2 Sub-theme: Purpose	109
3.5 Spirituality	111
3.5.1 Overarching theme: Higher Power.....	111
3.5.1.1 Sub-theme: Protection.....	111
3.5.1.2 Sub-theme: Stability.....	112
3.5.1.3 Sub-theme: Unconditional love	113
3.6 Cultural Identity.....	114
3.6.1 Overarching Theme: Sense of belonging.....	114
3.6.1.1 Sub-theme: Connectedness	114
3.6.1.2 Sub-theme: Acceptance	116
3.7 Analysis of current parent-child relationships	117
3.7.1 Overarching theme: Parental resilience	119
3.1.1.1 Sub-theme: Self-care.....	119
3.7.1.2 Sub-theme: Seeking support.....	120
3.7.1.3 Sub-theme: Experiences-make-us-who-we-are.....	122
3.8 Summary	123
<i>Chapter Four: Discussion.....</i>	<i>125</i>
4.1 Detriments of ACEs.....	125
4.2 Adaptation, accommodation and coping	131
4.3 Deficit prediction of the ACEs	136
4.4 Importance of internal protective factors	143
4.5 The protective effects of hope, spirituality and cultural identity	145

4.5.1 Hope	146
4.5.2 Spirituality	149
4.5.3 Cultural Identity.....	153
4.6 Connecting the dots: ACEs, protective factors and parent-child relationships	156
4.6.1 How the cycle of ACEs was broken	157
4.7 Limitations of the Present Study	162
4.8 Recommendations for Future Research Endeavours	165
4.9 Summary	167
<i>Chapter Five: Conclusion</i>	<i>169</i>
<i>References.....</i>	<i>170</i>
<i>Appendix One: Interview Questions</i>	<i>193</i>
<i>Appendix Two: Participant Consent Form</i>	<i>194</i>
<i>Appendix Three: Participant Information Sheet</i>	<i>195</i>
<i>Appendix Four: Mini Study Flowchart</i>	<i>199</i>
<i>Appendix Five: Research Advertisement</i>	<i>200</i>

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Abstract

Adverse Childhood Experiences (ACEs) was a framework originally proposed by the health maintenance organisation, Kaiser Permanente and the Centre for disease control and prevention of the United States in 1990's. The influential framework was developed for the purpose of predicting adversities relating to childhood trauma and is now widely used as a prominent screening tool. ACEs are linked to a plethora of detrimental effects that permeates through an individual's lifespan; however, a prime concern is that the effects of trauma are often carried forward through intergenerational cycles. A powerful intervention could be the introduction of protective factors, such as hope, spirituality and cultural identity to mediate the effects of ACEs and break intergenerational cycles to foster healthy parent-child relationships in the future.

Using thematic analysis, the present study conducted a qualitative investigation into determining the mediating effects of hope, spirituality and cultural identity on the exposure of ACEs. Ten adult participants within New Zealand, who met the criteria based on the 10-point ACEs questionnaire, were recruited for the purpose of the study and interviewed via zoom. The participants were first asked retrospective questions about their experience of ACEs, followed by questions on the relevance of hope, spirituality and cultural identity in their lives. Finally, the participants were asked about aspects of current relationships with their children, to piece the three areas; ACEs, protective factors and parent-child relationships together.

Results showed that the protective factors not only played an important role in mediating the effects of ACEs in childhood, but also formed an instrumental foundation upon

which current parent-child relationships were based. The thematic analysis revealed overarching and sub-themes for the three significant areas of; ACEs, protective factors (hope, spirituality and cultural identity) and parent-child relationships to demonstrate a web of interconnected meaning systems.

A conclusive statement and important revelation of the present study was a need for more holistic and strengths-based approaches in addressing ACEs, such as focusing on the *taonga* (treasure) embedded in all human beings.

Introduction

Our experiences within the first few years of life are understood to be a crucial predictor for future physical and mental health status, health risk behaviours, employment, education, interpersonal relationships and in shaping social behaviours (Wolff et al., 2019). Explicit findings within existing research show that negative experiences in our childhood not only expose us to an abundance of detrimental effects through our lifetime, but also create vulnerabilities for future generations through intergenerational cycles of trauma (Wolff et al., 2019). The negative experiences in childhood are best summarised by the categories within the Adverse Childhood Experiences (ACEs) framework, developed through the study undertaken by Felitti et al. (1998), for Kaiser Permanente and the centre for disease control and prevention in the United States.

The ACEs framework was a revolutionary tool for screening ACEs and predicting long-lasting effects of the traumatic events in a child's life (Finkelhor et al., 2013). Within this framework, trauma was assessed on 10 questions based on three categories; abuse, neglect and household dysfunction and suggested that, the higher the individual scored on the self-report questionnaire, the higher the likelihood that they would experience adverse biopsychosocial effects in adulthood. The most significant tragedy of ACEs is that it is preventable for the most part, but the covert nature of it prevents early detection and prevention. ACEs are also a consequence of multiple layers of dysfunction and therefore addressing the issue would require multi-faceted interventions, which means that often, a singular focussed intervention may not be sufficient nor appropriate (Herzog & Schmahl, 2018).

An enormous amount of existing research continues to focus on the detriments of ACEs in the hope of raising awareness and preventing the source. However, the causes of ACEs are deeply rooted within layers of biopsychosocial problems and thus, a sole focus on raising awareness by predicting long term effects is not always sufficient. An alternative approach could be a focus on individual strengths (for both children and parents) to break the cycle of childhood trauma that pervades within society. Moreover, increasing evidence is suggesting the need for more strengths-based approaches which are empowering and encouraging for various cultural groups. Also, as per evolutionary theories, humans are already equipped with an inherent desire for survival and resilience and therefore, are more likely to respond better to interventions that strengthen these pre-existing survival skills (Perry et al., 1995).

Increasing research is now being conducted on protective factors, as a strengths-based approach to better protect individuals from tragedies such as ACEs. Hope, spirituality and cultural identity are three such protective factors and form an important focus of the present study. All three protective factors are internal meaning systems and therefore, concerned with strengthening intrinsic motivation and resilience. A focus on strengthening internal motivation through internal protective factors could be deemed as more advantageous, especially in situations where there is an absence of external protective factors.

In introducing the three, important protective factors of the present study, the first concept, hope, can be described as a future-focused, motivational construct relating to positive expectancies of future events. The concept of hope was best theorised by Snyder (1990), suggesting it to be a goal-directed motivation that deters individuals from feeling trapped in a situation. Spirituality is described as a transcendent relationship with an entity that is considered to be greater than oneself and thus, protective, as it creates feelings of safety and

security within the individual in times of stress (Delgado, 2005). Finally, cultural identity is described as the strengthening of one's values, beliefs and sense of self through affiliation to a social group where there may be mutual values and feelings of interconnectedness and belongingness (Over, 2016).

If the above-mentioned protective factors are implemented into the lives of individuals who have been or are currently being exposed to ACEs, an enhanced way of coping may be seen, as individuals would be able to rely on these internal meaning systems to enhance their resilience during stressful times. It is also likely that these protective factors would have longstanding benefits, therefore, lessening the likelihood of intergenerational cycles of trauma. Drawing on an individual's protective factors and strengthening those could also be deemed as a more holistic approach, as compared to subjecting individuals to treatment when majority of the damage has already been assumed. Cultural contexts such as New Zealand are more so in dire need for approaches such as these, due to the worldviews of *tangata whenua* (Māori people of New Zealand) who would benefit from therapeutic interventions that are holistic (Brougham & Haar, 2013).

The above-mentioned needs formed a compelling focus for the present study. A qualitative approach was undertaken and thematic analysis was conducted with three main aims:

1. To investigate the effects of ACEs on individuals within a small New Zealand based sample of adults.
2. To explore whether the protective factors; hope, spirituality and cultural identity had mediating effects to the exposure of ACEs.

3. To investigate whether the protective factors contributed to breaking intergenerational cycles of trauma to foster healthy parent-child relationships.

With these aims, the thesis will present a literature review of findings, followed by a section focussed on the methodology that informed the present study and methods undertaken in analysing the findings. The following sections will present the results (the themes and sub-themes revealed through the thematic analysis), followed by a discussion to coherently draw links between the aims of the present study. The final section will provide a conclusion of the overall research.

Chapter One: Literature Review

The present chapter provides a literature review on the topics relevant to this research. First, an overview of ACEs is provided with a clear definition, followed by its effects on individuals who are exposed to it. One section is dedicated to the findings of ACEs within the New Zealand context, followed by a section on ACEs in overseas contexts.

The protective factors/meaning systems, hope, spirituality and cultural identity are then discussed in relevance to ACEs and how these have the potential towards breaking intergenerational cycles of trauma and building healthy parent-child relationships.

1.1 The origin of ACEs

Adverse childhood experiences were originally explored in the United States of America by the health maintenance organisation, Kaiser Permanente and the Centre for disease control and prevention. ACEs were assumed to have a strong correlation with leading causes of death in adults, however, previously to this study, not much was known about this correlation. For the purpose of the ACEs study, a questionnaire about adverse childhood experiences was mailed out to 13,494 adults who had completed a medical evaluation. This unique questionnaire was constructed from previously published surveys such as the Conflicts Tactics Scale, which was used to define the questions based on psychological and physical violence and violence against the mother in the household (Felitti et al., 1998). Other questionnaires that were used included, the Wyatt questionnaire which helped to define the

questions on sexual abuse and the 1988 National Health Interview Survey defined the questions on substance use (Felitti et al., 1998).

Out of these adults who were contacted, 70.5% had responded. Based on those responses, 3 broad categories of adverse childhood experiences prior to the age of 18, were discovered to be most commonly relevant, including, abuse, neglect and household dysfunction (Finkelhor et al., 2013). The category of abuse further included sub-categories of emotional, physical and sexual abuse towards a child by a parent or other adult within the household, the neglect category was also divided similarly into two sub-categories including emotional and physical neglect by their parents or family members and lastly, the household dysfunction category was divided into 5 sub-categories including, experience of parental separation or divorce, witnessing domestic violence, household substance abuse, household mental illness and incarcerated household member (Finkelhor et al., 2013).

These adverse childhood experiences were then linked to adult risk behaviours, health status and diseases (Felitti et al., 1998). The results of the study showed that more than half of the respondents had experienced at least one category out of the seven that were studied. A graded relationship was found between exposure to the number of adverse childhood experiences and adult health risk behaviours, diseases and poor health status (Felitti et al., 1998). The participants who were exposed to four or more of the adverse childhood experiences, as compared to those who experienced none, were at a strong and increased risk for alcoholism, depression, drug use, suicide attempts, sexually transmitted disease, physical inactivity, obesity, other medical health issues and poor self-rated health status in later adulthood (Felitti et al., 1998). Results from this study also showed that those who were exposed to one category of childhood abuse or household dysfunction were usually also

exposed to one other (Felitti et al., 1998). This study also led to the development of the ACE pyramid, which shows the mechanism by which ACEs impact wellbeing throughout a person's life and contributes to premature death (Felitti et al., 1998). The ACE pyramid is a visual depiction of how adverse childhood experiences lead to social, emotional and cognitive impairments, adoption of health risk behaviours, disease, disability and other social problems and finally premature death (Felitti et al., 1998).

Although a revolutionary tool of its time, the ACEs framework is starting to receive a fair amount of criticism due to its deficit predictive nature, which can be demoralising and disempowering for an individual who was exposed to ACEs. Some researchers argue that the solitary use of the ACEs framework within healthcare, without an established multimodal network of interventions, could produce more harm than good, as it is not strengths based and does not abide by the principles suggested within trauma informed care, which is an uprising approach towards working with trauma. The principles of trauma informed care include, trust, safety, choice, collaboration, and empowerment (Knight, 2019). Since the ACEs framework is a narrow, predictive questionnaire, these principles of trauma informed approach remain unfulfilled, unless used in conjunction with other tools.

1.2 ACEs within the New Zealand context

In New Zealand, it was the Growing up in New Zealand (GUiNZ) study which initially produced important findings on ACEs and its impact on children in later years. The GUiNZ study is the largest, longitudinal study on childhood development in New Zealand which started in 2009/2010 and has been following children from a prenatal stage to date. The children are visited approximately every three years by the researchers for collection of multidisciplinary

information for better understanding the lives of children who are growing up in New Zealand ("About Growing Up | Growing Up in New Zealand", 2021). The key focuses of this study included child health and wellbeing, family and whānau, education, psychological development, neighbourhood and environment, culture and identity. The findings from this study have been used for policy developments and in service delivery especially within the health and education sectors ("About Growing Up | Growing Up in New Zealand", 2021).

The standard ACEs as discussed in the original study by Felitti et al. (1998) were mapped into this study to explore the impacts on developing children and school readiness. The study found that by the age of 4 ½, at least 50% of the children from the GUiNZ cohort had experienced one ACE and 2.6% had experienced 4 or more ACEs. It was also found that Māori children were at disproportionately higher risks of ACEs as compared to non-Māori. From this cohort, physical and psychological abuse were the most common ACEs experienced at 23.6% and the least common ACE experienced was parental incarceration at 1.8%. An important finding from mapping ACEs among the GUiNZ cohort was the expected, prominent graded association, where increased exposure to ACEs led to lowered school readiness, which could be attributed to the children's affected cognitive, psychological and physical states from prolonged exposure to the ACEs ("About Growing Up | Growing Up in New Zealand", 2021). Another finding from the GUiNZ study, which is relevant to this research, is its predictive risk study on ACEs and protective factors. The protective factors were described as buffering agents in mediating the impacts of the ACEs, and as such, the term, "beating the odds" was used to describe these within the study. Five main domains were identified as most important including, strength of the parent-child relationship, strength of the mother-partner relationship, parental health and wellness, community and neighbourhood characteristics and family finances (Ministry of Social Development, 2019). The final findings from the study showed

that the mother-partner factors (parental relationship) were the most important mediating factors for ACEs (Ministry of Social Development, 2019).

Another New Zealand based study further explored the GUiNZ results on protective factors for ACEs and used predictive risk models to identify the most important protective factors for 790 children who presented with the highest risk factors for experiencing ACEs from the cohort (Walsh et al., 2020). Factors that determined potential high risk included parental age, income, education, health behaviours, ethnicity, employment status, relationship status, beneficiary status, and household and car ownership, among others (Walsh et al., 2020). Out of the 790 children identified to be at high risk, 164 children presented with nil experience of the ACEs. The results showed that out of 164 children who were at high risk but experienced no ACEs, 40% identified with protective factors within the domain of mother-partner relationship (parental relationship), also as seen within the original GUiNZ study on protective factors (Walsh et al., 2020). These findings show that introducing protective factors may be important in mediating or preventing ACEs who may be at high risk of exposure to it.

The GUiNZ and the replication studies were mentioned in this thesis as they are both New Zealand based and as such, relevant to the researcher's home location and the contextual base of the participants who took part in this study. The findings from these studies may also be used to compare to the findings from the present study to see the similarities, differences, strengths and weaknesses, especially between protective factors mentioned, as the present study focusses on intrinsic as compared to the extrinsic protective factors highlighted as important within the GUiNZ study. Finally, these studies not only emphasised the susceptibility of New Zealand children to ACEs, but also the scarcity of research conducted in New Zealand on this topic. A noticeable gap includes a lack of clarification on ethnic differences for the

exposure to ACEs, especially as New Zealand is culturally diverse. A particular concern noted was the lack of studies in exploring the disproportionate burden of ACEs upon Māori within New Zealand.

1.3 ACEs within overseas contexts

ACEs within overseas contexts present similar findings to that of the GUiNZ study conducted in New Zealand, where a graded relationship was observed with the exposure to ACEs to a variety of detrimental effects through the lifespan. It is also noted that ACEs affect minority groups in a disproportionate manner, as evidenced with Māori through the GUiNZ study. Studies based in the United States show that minority groups such as African Americans, who are exposed to systemic racism and discrimination are at higher risk of being exposed to ACEs as well as bearing increased risks of intergenerational trauma (Patterson et al., 2018).

Another study found similar results where African American and Hispanic children had experienced disproportionate effects of ACEs as compared to their Caucasian counterparts in the United States. The overall results showed that African American children experienced more within-household ACEs than Hispanic children, including forced separation and incarceration of a family member, whereas, Hispanic children experienced more bullying and violent media exposure from their caregivers (Choi et al., 2021). A noteworthy finding was also the disproportionate effects of ACEs on sexually diverse children regardless of their cultural context (Schnarrs, 2019).

One study based in India, found gender differences between the experience of ACEs, with female children experiencing more sexual abuse, while male children were exposed to

higher rates of household dysfunction and physical abuse as compared to female counterparts (Santoro et al., 2016). Another study conducted in Minnesota showed differences in the exposure to ACEs between Asian, Pacific Islander and Caucasian adolescents, with Asian and Pacific Islanders reporting increased exposure to physical abuse, verbal abuse and sexual abuse, as compared to their Caucasian counterparts. These findings differed to similar studies conducted with Asian children living within an Asian cultural context, where experiences of physical and verbal abuse were reportedly high, but very low level of responses indicated exposure to sexual abuse (Sieben et al., 2021).

These findings highlight the various race and sex differences within the exposure to ACEs in different cultural contexts. A disproportionate burden of ACEs was noted upon minority groups across various cultural contexts.

1.4 How ACEs get under the skin

A great deal of importance was placed on the original ACEs framework conjured by the Kaiser Permanente study, due to its alleged revolutionary potential within health promotion, prevention and promoting early interventions. Other potential benefits of understanding the ACEs framework included, economic benefits to society, especially if early interventions could be implemented through predictions of risk factors, thus minimising or eradicating potential costs associated with future treatment of diseases linked to ACEs.

ACEs continue to be a significantly researched topic around the world, especially due to the lasting effects from the exposure to trauma, which is not only detrimental on an individual level, but also on a societal level as an epidemic creating financial burdens (Herzog

& Schmahl, 2018). Researchers have shown a keen interest in understanding the actual biological processes behind trauma and how it manifests into physical and mental health issues over time (Herzog & Schmahl, 2018). Strong correlations to ACEs are commonly seen with mental and physical health disorders such as depression, post-traumatic stress disorder, borderline personality disorder, obesity, diabetes and heart disease (Herzog & Schmahl, 2018). In fact, studies have also suggested that there are correlations of exposure to ACEs with delinquency, teenage pregnancy, substance abuse, low socio-economic status and other psychosocial problems (Herzog & Schmahl, 2018).

The predominant theory behind the lasting effects of ACEs is that, alterations occur to brain chemistry when being exposed to ACEs, whilst the child is going through important developmental phases (Herzog & Schmahl, 2018). Alterations are specifically noted in the anterior cingulate cortex, amygdala and hippocampus, in not just their functionality but also the volume (Herzog & Schmahl, 2018). Further physical changes to the brain that are noted include, a reduced volume of the prefrontal cortex, greater activation of the hypothalamic-pituitary-adrenal (HPA) axis, and elevation in inflammation levels, as compared to those who are not exposed to ACEs in childhood (Danese & McEwan, 2012).

A study, by McLaughlin et al., 2015 emphasised on the impact of childhood adversity on neural development, specifically on stress pathways and allostatic load. It is suggested that when a child experiences stress due to adversity, the HPA axis is activated, resulting in the release of glucocorticoids, which then leads to structural and functional changes in brain regions including the hippocampus, amygdala, and prefrontal cortex (Danese & McEwan, 2012; McLaughlin et al., 2014). Since the HPA axis is high in plasticity, exposure to extreme or chronic stress leads to changes in its functionality, resulting in excessive glucocorticoid

release and other related structural changes within the brain (Danese & McEwen, 2012). Early exposure to adverse experiences can also permanently disrupt the development and functioning of the HPA axis, which plays an important role in stress management, by ensuring that the body can respond to stressful events and rapidly return to a normal state of homeostasis (McLaughlin et al., 2014; Stephens & Wand, 2012). Therefore, when the HPA axis is unable to function properly, the individual is no longer able to regulate stress as efficiently. Ineffective stress regulation is linked to a range of different illnesses including mood disorders, chronic fatigue syndrome, anxiety disorder, bipolar disorder, insomnia, post-traumatic stress disorder (PTSD), borderline personality disorder, ADHD, major depressive disorder, irritable bowel syndrome and substance use issues (Keller et al., 2014).

Author and psychiatrist, Bessel Van Der Kolk, paid immense attention to PTSD (a condition that ACE victims are at heightened risk of), which is supposedly linked to a dysfunctional HPA axis and its inability to return to a state of natural homeostasis (Karl et al., 2006; Kolk, 2014). Although the exact mechanism is still under research and not fully understood, it is suggested that trauma causes the brain to remain stuck in survival mode, often long after the exposure has taken place (Kolk, 2014).

Another theory that explains how trauma gets under the skin, is neurobiological deficits linked to the deviation from a species expectable environment, due to family dysfunction, abuse and neglect. This concept was originally discussed in a publication by Cicchetti and Lynch (1995), and suggests that abuse, neglect and family dysfunction are all factors that create chronic stress, which is harmful to the developing brain, requiring a set of conditions in order to thrive. A species expectable environment consists of a range of conditions that support and are conducive to typical human development, and includes factors such as, being nurtured and

protected by caregivers till a human is able to protect themselves, as well as opportunities that promote exploration and learning within the environment. Therefore, when child maltreatment occurs, it creates an atypical environment that is not matched to the human genotype and thus, not conducive to healthy human development (Twardosz & Lutzker, 2010). Situations where there is extreme deviance from a species expectable environment, may result in a lack of healthy neurobiological foundation and therefore, outcomes are based entirely on neural pathways created through interactions between the child and multiple aspects of their environment such as their immediate family, peers, social institutions, and culture, even though some of these may not be conducive (for example, in an abusive household) (Twardosz & Lutzker, 2010).

Cicchetti, 1989, further suggested that early life caregiving experienced by children is an important factor in organising neurobiological systems that promote stress and affect regulation (Cicchetti, 1989). The sensitive and responsive care that is provided to an infant, for example, being comforted when the child is crying, promotes the infant's ability to control and modulate their affective states, which in turn helps to organise the neurobiological systems that play a crucial part in regulating stress and other affective states (Cicchetti, 1989). It is also suggested that parents who abuse or neglect their children may often lack the coping skills to manage their own stress due to deficient neurobiological systems as a result of maltreatment in their childhood and thus, contributing to the intergenerational cycle of childhood maltreatment and trauma (Cicchetti & Valentino, 2006).

A few studies have focussed on the deviance from a species expectable environment and associated neurobiological deficits, resulting from a neglectful childhood with a lack of adult care and supervision. Neglect is described as a deprivation of basic necessities such as

clothes and food, comfort, reassurance, physical and emotional affection and safety, and is considered as a more severe form of abuse within developmental psychology as it leads to the absence of critical experiences that are key to the developmental stages (Perry, 2002). It further leads to the deviance from a species expectable environment that requires opportunities for meaningful interactions with the environment and people within the life of a developing child (Perry, 2002). Studies conducted with foster home children in institutionalised settings concluded that neglect leads to decreased sensory inputs and stimuli, which results in cortical atrophy enlarged ventricles, and a small head size when measured through MRI or CT scans. These alterations to brain chemistry were noted to be increased if the neglect occurred in more than one domain (Perry, 2002). Similar findings were found by Chugani et al. (2001), who studied the brains of ten, post-institutionalised Romanian orphans, by subjecting them to cognitive, linguistic and behavioural measures as well as positron emission tomography (PET) to measure patterns of brain glucose metabolism. Results showed that these orphan children, who were subjected to severe neglect at important developmental stages, had significantly decreased metabolism in limbic areas of the brain, as compared to a control group. The limbic region of the brain includes the amygdala, hippocampus and the hypothalamus which are involved in the regulation of emotional responses as well as play an important part in the brain's response to stress. However, severe neglect in important developmental stages in childhood may cause prolonged stress that can damage or affect development of the limbic area (Chugani et al., 2001).

Research also suggests that neglect and abuse often co-exist with household dysfunction, including violence towards mother, mental illness, substance abuse or incarcerations of family members, which are all factors that directly or indirectly create deviance from a species expectable environment (Chugani et al., 2001). As a result, the children

that live in these households, are not only deprived of a safe, stable and expectable environment that is required for healthy development but are also subjected to a secondary form of trauma, known as parentification or parental-role-reversal (Alridge, 2005). Parental role reversal is commonly found within dysfunctional households, and is defined by children playing the roles of caretakers for their parents, younger siblings and/or carrying out duties and responsibilities that are not age appropriate (Alridge, 2005). Children who are subjected to parentification as a result of adversities are often expected to carry out a variety of tasks and bear responsibilities that are atypical to their developmental stage, including carrying out domestic duties of washing, cooking, cleaning as well as emotionally and physically demanding duties of tending to younger siblings and looking after their parents by carrying out nursing type responsibilities of bathing and toileting them, as they may be too hungover or going through the highs and lows of their mental health illness (Alridge, 2005). Once again, this type of secondary trauma creates a further deviance from the species expectable environment, as the child is directly or indirectly coerced into carrying out activities that are incompatible with their developmental stage and as such, deprived of a healthy neurobiological foundation.

Parentification of young children was researched by Baker and Engelhardt, 1993, who followed the lives of 15 young carers, by gradually building relationships of trust and honesty to discuss their lives as carers of their parents, through qualitative research methods. One of the main themes found through this study included, children feeling like they were being punished, which often prevented them from talking about their experiences to receive help. Some of the children reported that even though there may have been an able or present parent (one without a mental health or substance use issue) living in the same household, often, these children would still be expected to take on the role of responsible adults and were punished or guilt-tripped if they refused (Alridge & Becker, 1993). Physical abuse was another common

theme that was found, where these children were victims of violent outbursts from their parents who had mental health or substance use issues (Alridge & Becker, 1993). Researchers have made the link to parental role reversal and parentification of children to the disruption of healthy, secure attachment and consequentially, the development of insecure attachment to primary caregivers, which often leads to deficits in intrapersonal and interpersonal relationships in adulthood (Engelhardt, 2012).

Neglect and parentification of children were also found as highly common in households where parent(s) suffered from personality disorders (Rutter & Quinton, 1984). Results from a four-year study conducted with 137 psychiatric patients, to understand the lives of their children (who were under the age of 15 at the time), showed that the patients with personality disorders were more likely to be hostile towards their children. These children were more likely to display behavioural/emotional and conduct issues outside of their home environment as they were deprived of a species expectable environment required to establish a healthy neurobiological foundation for social and psychological functioning (Rutter and Quinton, 1984).

Substance use disorders (SUDs) of parents within a household is another form of household dysfunction, which again may coexist with other forms of ACEs such as abuse and neglect. A study by Khemiri et al., 2019, showed that children who lived with parents who had a SUD (one parent or both) seemed to have more cognitive deficits as measured by children's cognitive tests, as compared to a control group of children who did not have parents with a SUD. The findings also showed evidence of a dose response, where having two parents with a SUD had a greater effect on cognitive deficiency, as compared to having one parent with a SUD (Khemiri et al., 2019). The researchers suggested the findings could be attributed to the

different parental behaviours displayed by parents who have a SUD, leading to the child receiving too much, not enough or ambiguous stimulation which can deter developmental processes (Khemiri et al., 2019). A similar study showed a correlation between parental SUD and abuse potential and suggested that parents who have a SUD are also more likely to engage in violent outbursts towards their children and/or neglect them, which again disrupts the species expectable environment (Ammerman et al., 1999).

Overall, this section focussed on the possible neurobiological processes that occur when a child is exposed to trauma, and as such, highlights that trauma is not necessarily the bad things that happen to a person, but rather, the result of what happens inside a person because of the adversities that they go through (Maté, 2003). Deviations to the species expectable environment was the predominant theory discussed in relation to the various malfunctions observed within neurobiological processes. A noticeable trend within existing literature was the focus on biological processes (neurodevelopmental effects) of childhood trauma, however, with significantly less focus on the social and psychological aspects of it, i.e., the conditions that fostered childhood trauma in the first place, socioeconomic issues, lack of mental health and addiction support for parents and so on.

1.5 How the body carries the burden: the long-term effects of ACEs

The previous section focussed on the myriad ways through which trauma becomes an internal experience through exposure to external, adverse events. The present section will further focus on the ways through which trauma from ACEs is internalised and manifested into

complex, long-term psychosocial problems. The long-term detrimental effects of ACEs mentioned in this section include, unhealthy attachment styles, socio-economic issues, physical health problems and finally, the manifestation of intergenerational cycles.

The correlations with childhood trauma to insecure attachment styles have been a topic of particular interest. Attachment styles are one way through which the individual carries the effects of what once happened to them, throughout their life, even in relationships with other people (Thomson & Jaque, 2017). Attachment styles have their basis in early relationships with caregiving figures in one's life and it is suggested that when caregivers are attuned to the child's need for safety and security, the child is able to establish a healthy relationship and attachment style with their caregiver as their reliable and secure base (Carr & McNulty, 2016). However, when a safe and secure base is unable to be established by caregivers, for example in a household where there is abuse, neglect and dysfunction, the child develops a view of themselves as insecure, which leads to insecure attachment styles that continue through to adulthood (Carr & McNulty, 2016). Four different attachment styles were originally described by John Bowlby, and these included, secure, avoidant, anxious-ambivalent and disorganised. The attachment styles, avoidant, anxious-ambivalent and disorganised are insecure attachment styles that are often correlated with the exposure to ACEs (Bowlby, 2005).

According to Carr and McNulty (2016), parents who are intermittently available for their children, as unreliable and inconsistent (physically and emotionally) due to their own mental health issues, substance use or other factors such as incarceration, the child may become anxiously attached and these attachment patterns are later continued into adulthood in other important relationships. Anxiously attached adults tend to be overly and unhealthily attached to others including romantic partners, friends and children, however, they remain dissatisfied

and insecure in these relationships (Carr & McNulty, 2016). Avoidant attachment in a child usually arises from parenting that is neglectful and where children perceive rejection (emotional and physical) from their parents. The avoidant child may grow up as distant, avoidant and disengaged in important relationships (Carr & McNulty, 2016). Finally, children who demonstrate disorganised attachment styles are linked to abusive and neglectful early relationships with their caregivers. These children usually demonstrate behaviours such as alternate clinging and sulking and grow up as disoriented, disorganised adults, who may be involved in frequent approach-avoidance conflicts within important relationships (Carr & McNulty, 2016).

Lewis (2017), in his article, compellingly discusses how the development of all human behaviours is essentially based on early life feedback loops between experience and resulting brain change. In other words, the way one experiences things through their senses, changes synaptic configurations, which then change and shape the way they experience things subsequently and thus, determines the behaviours they exhibit (Lewis, 2017). Based on this explanation, insecure attachment styles resulting from early life experiences, becomes an easier concept to grasp, as infants (and children) who receive inconsistent or little to no stimulation, go through specific synaptic configurations that eventually change and shape the way they perceive all things, and as such, shapes the way they behave or attach with others throughout their life. A topic of much interest and debate within this field is the Ferber-method or Ferberization technique of sleep training infants, where parents are encouraged to allow their children to self-soothe, if they cry and awaken through the night (Lewis, 2017). Many attachment theorists have critiqued this technique by suggesting that it can lead to insecure attachment styles, especially if the infant is repeatedly made to self-soothe, as the primary way

through which infants attach is, through physical contact and proximity to caregivers (Lewis, 2017).

A study by Lewis, 2017, examined mother–infant night-time interactions and mother–infant attachments when infants were 12 months old. When the infants were 12 months of age, results were collected through replication of the Strange-Situation experiment by Mary Ainsworth, which showed that the securely attached mother-child dyads usually had a responsive mother, who generally picked up and soothed the infants if they fussed or cried through the night (Lewis, 2017). The study concluded that, since the children were receiving appropriate stimulation and responses from their mother, their synaptic configurations led to secure and stable neurobiological foundations through feedback loops and as such, a secure attachment style was established (Lewis, 2017). The findings from this article are relevant to the present study, as it highlights the importance of early life experiences of children and how that may shape their attachment style. According to attachment theorists, attachment styles also remain fairly stable throughout the lifespan, as such, it is an important predictor of social relationships and individual psychosocial wellbeing (Jones et al., 2018).

Other than effects on attachment styles from traumatic experiences, researchers in this field have also suggested correlations of trauma to a range of psychosocial detriments in adulthood, including, lower levels of education, employment, financial status, delinquency and imprisonment, psychiatric issues and social isolation (Currie & Widom, 2010; Barnhart & Maguire-Jack, 2016). Currie and Widom (2010) demonstrated this correlation through their study which used a prospective cohort design from historic court substantiated cases of children with exposure to abuse, neglect and household dysfunction, and compared it to a group of non-abused children. These children were followed through to adulthood (mean age = 41 years).

Results from the study showed that the adults who had experienced trauma in their childhood had lower levels of education, employment, financial status, and fewer assets, as compared to the control group of the adults who were not exposed to childhood trauma (Currie & Widom, 2010).

Another study by Springer et al. (2007), also showed a similar correlation between the exposure to ACEs and psychosocial deficits. Data was analysed from a population-based survey of over 2000 middle aged respondents, who completed self-reported measures of ACEs. The results from this study showed a graded increase in depression, anxiety, anger, physical symptoms, and medical diagnoses with exposure to ACEs. Those who were exposed to adverse childhood experiences were also more likely to be lower on the socioeconomic ladder. The study concluded that a possible explanation for the correlation between ACEs and adverse psychosocial effects in adulthood could be due to the predispositions of these individuals to physical and mental health issues, resulting in lowered performance at school and jobs as compared to those who did not go through trauma in their childhood (Springer et al., 2007).

Direct and indirect associations between exposure to ACEs and health risks, as mediated by adult socioeconomic conditions including, marriage, divorce and separation, educational attainment, income and insurance status, were found in a study by Font & Maguire-Jack (2016). The study used data from the 2012 Behavioural Risk Factor Surveillance System and conducted structural equation modelling to estimate the correlation between the exposure to some types of ACEs with five health issues/health risk behaviours in adulthood, including depression, obesity, tobacco use, binge drinking, and self-reported sub-optimal health (Barnhart & Maguire-Jack, 2016). The study further assessed whether adult socioeconomic conditions including marriage, divorce and separation, educational attainment, income and

insurance status played a role in the association between ACEs and health risks (or behaviours) as mediating factors. The results showed a strong correlation between exposure to ACEs and health risks in adulthood, as mediated by socioeconomic factors. It was found that the greater the number of ACEs experienced in childhood, at least 15-20% of the association between ACEs and adult health risks could be attributable to other socioeconomic factors. In the instance of exposure to three particular ACEs including exposure to domestic violence, parental divorce, and residing with a person who was incarcerated, to health risks in adulthood, the correlation could be almost entirely explained by the socioeconomic factors in adulthood. The overall conclusion made by this study was that the experience of ACEs is a strong determinant of socioeconomic factors in adulthood, which is also a strong predictor of health issues or health risk behaviours and thus, the more ACEs one is exposed to, the more likely they are to have a reduced socioeconomic capital and the more they are at risk of health issues and health risk behaviours (Barnhart & Maguire-Jack, 2016).

Copeland et al. (2018) also drew similar conclusions through their study, where the exposure to ACEs were seen to significantly determine psychosocial effects in adulthood. 1420 young participants living in rural counties of North Carolina were recruited for this longitudinal study and were visited at least 8 times between the ages of 9-16 years. The participants were followed up again, 4 times in adulthood at ages 19, 20, 25 and 30 years. It was found that by the age of 16 years, 30.9% (451 children) had experienced at least one traumatic event, 22.5% (289 children) were exposed to at least 2 traumatic events and 14.8% (267 children) had experienced at least 3 or more (Copeland et al., 2018). Exposure to childhood trauma by the age of 16 years of age was associated with increased rates of adult psychiatric disorders and poorer functional outcomes, including the inability to hold a job and social isolation. This correlation remained significant and the future risks of psychiatric and functional outcomes

remained high, despite of adjusting for childhood risk factors such as psychiatric functioning and family hardships (Copeland et al., 2018).

An interesting finding while reviewing existing literature on this topic was the emphasis on more trauma informed approaches, especially within the criminal and justice system, as those who were exposed to trauma as children were seen to be at heightened risk of being involved in crime, delinquency and antisocial behaviours as adults (Stinson et al., 2016). The Compassion Prison Project by producer, Fritzi Hortsman is one such trauma informed approach with incarcerated men at a high security prison in Central Carolina. Majority of the men in this facility were exposed to childhood trauma and a powerful short film, “step inside the circle”, where prisoners were asked to step inside a circle if they had suffered trauma, depicted the high prevalence of exposure to childhood trauma amongst the incarcerated population (Compassion Prison Project, 2021).

Finally, a plethora of existing literature was focussed on the association between the exposure to ACEs and aetiology of diseases in adulthood and as such, suggesting at a compelling need towards early interventions, preventive measures and a life-course approach to the study of chronic illnesses (McCrory et al., 2015). A few journal articles were picked as examples to show the correlation between ACEs and physical health issues in adulthood, for the present study. McCrory et al., 2015, found relevant evidence for the correlation between the experience of adversity during childhood and increased risk of chronic illnesses (physical and mental health) in midlife and older ages, across a variety of disease types including cardiovascular disease, lung disease as well as emotional, nervous or other psychiatric disorders amongst Irish participants. The study involved a sample of 6912 participants who were aged 50 years and above, who participated in the Irish Longitudinal Study on Ageing.

Childhood adversity was measured using a 4-item measure that captured adversities in childhood including exposure to socioeconomic disadvantage, substance abuse among parents, physical abuse, and sexual abuse. The experience of the ACEs was then matched to a medical professional's diagnosis of disease across 9 chronic disease types in adulthood/late adulthood (McCrory et al., 2015). The results from this study showed a significant correlation between the exposure to ACEs and chronic illness in adulthood as well as revealed a dose-response pattern and positively graded association between the number of ACEs experienced in childhood to the likelihood of developing chronic illnesses in later life (McCrory et al., 2015). Explanatory models discussed in this research suggest that the outcome of chronic illness as a result of exposure to ACEs can be attributed to multiple layers of psychosocial factors that interplay to give rise to these chronic illnesses. For example, the experience of ACEs can be seen as a central cause for many psychosocial experiences in later stages of life, such as lower educational attainment (attributed to possible neurobiological deficits from neglect and abuse), inability to focus at school due to child parentification, absenteeism due to effects of neglect and abuse and so on), this in turn, may lead to a lower occupational status and financial status, which determines several material conditions of living in adulthood, including standard of housing, dietary quality, inadequate heating, sanitation and compromised healthcare, which are proximal factors that may cause health issues directly or indirectly through health risk behaviours (such as smoking, drinking or eating unhealthy foods) (McCrory et al., 2015). The conclusions made by this study were very similar to the ones made in the study by Font & Maguire-Jack (2016), who strongly suggested the mediating effects of socioeconomic factors in the relationship between ACEs and physical health issues in adulthood.

Monnat and Chandler (2015) found similar results depicting a strong correlation between ACEs and adult health risks. Data from 52,250 adults in the US, aged between 18-64

from the 2009-2012 Behavioural Risk Factor Surveillance System (BRFSS) was used for the purpose of the study. The results showed that exposure to childhood physical, verbal, or sexual abuse, witnessing parental domestic violence, experiencing parental divorce, and living with someone who was depressed, abused drugs or alcohol, or incarcerated, were all adverse childhood events that were associated with one or more of the adult health outcomes including, low self-rated health, functional limitations, diabetes and heart attack. Again, as per the findings by McCrory et al. (2015) and Font and Maguire-Jack (2016), this study too found evidence for adult socioeconomic status, mental health and health risk behaviours that significantly mediated the association between ACEs and adult health issues.

A final point worth mentioning within this section, which is also a significant focal point for the present study, is the potential intergenerational cycles of trauma from exposure to ACEs. Several studies have been conducted on intergenerational cycles of trauma and the burden that this puts on the society, especially as the detrimental effects do not end at the victim, but rather gets carried over to multiple generations through layers of complexities (Crepaldi & Andreatta, 2021). Intergenerational cycles of trauma mainly have its basis in psychodynamic theories and predominantly, the attachment theory.

The original concept of cumulative trauma (intergenerational trauma) was introduced by Masud Khan in 1963, who suggested that this type of accumulated trauma results from repeated exposure to frustrations, unpredictability and fear in the absence of a protective shield (Crepaldi & Andreatta, 2021). He further discussed that the parent's ability to provide a safe and reliable foundation and a protective shield for their children is crucial for the development of important psychological functions and a safe inner world for the child, as the absence of this can lead to significant psychological distress and insecure attachments which usually continue

into adulthood. Terr (1991) further added to this, in explaining that childhood trauma is a product of unpredictable events in the child's world that overwhelm their state of homeostasis as well as the absence of a protective and reliable shield from parents and caregivers. When this happens, the natural coping strategies and defence mechanisms are significantly suppressed resulting in four distinct characteristics emerging within the traumatised individual, that appears to last for long periods of their life, regardless of whether they receive a diagnosis or not. The four characteristics included, visualised or repeatedly perceived memories of the traumatic event, repetitive behaviours, trauma-specific fears, and changed attitudes about people, life, and the future. According to Terr (1991), these characteristics were the primary sources that created and perpetuated the psychosocial difficulties through the individual's life, and then passed onto future generations through complex biopsychosocial mechanisms (Terr, 1991).

San Christobal et al. (2017) also suggested that one of the detrimental and long-term effects of childhood trauma is its potential effects on future parent-child relationship, which was again attributable to attachment style and parental reflective functioning (the parent's inherent ability to perceive and interpret their infant's needs). The study assessed 125 mothers by using the Child Trauma Questionnaire (CTQ), Experiences in Close Relationships (ECR) and the Parental Reflective Function Questionnaire (PRFQ). The results from the study showed that mothers who experienced physical neglect were high on insecure attachment, which significantly affected their maternal reflective functioning. In their study, San Christobal et al. (2017) specifically discussed the early exposure to maltreatment and abuse, which could significantly disrupt a child's need for security and safety which were deemed as imperative to a secure attachment style. Children who were exposed to ACEs had a perception of their

caretakers as unreliable and unpredictable and as such a source of distress rather than solace, thus disturbing the foundation that was required for the development of a secure attachment style. These attachment styles remained constant and were particularly evident in close relationships, including future parent-child relationships. It was further suggested that parenthood is a period of drastic transition and reorganisation of oneself, which in itself is a difficult period in one's life cycle and thus, this period of transition could potentially trigger memories and traumatic experiences of one's own childhood and thus activate existing unhealthy attachment system (San Christobal et al., 2017).

The research undertaken by further proposed that human beings were born with mechanisms that promoted and supported mentalisation, which is the ability to interpret and understand mental state of oneself and others. The infant's interaction with the parents in early childhood and the parent's ability to reflectively function is what primarily supports this initial development of mentalisation. When a parent responds to the child's needs through the process of mentalisation, for example, when a mother responds to a crying, distressed child by picking them up and comforting them, they are modelling healthy reflective functioning, which leads to the child being able to identify their own affects, feelings and cognitions and those of others around them, which fosters healthy intrapersonal and interpersonal relationships in the future. A child who has experienced parental reflective functioning is also better able to empathise with others. However, when there is trauma or neglect involved in childhood from caregivers, there is limited opportunity for this mutual interaction between the parent and child that fosters mentalisation, and as a result, a significant part of their social relationship forming abilities is compromised (San Christobal et al., 2017). These compromised interpersonal skills translate to various relationships in the individual's life, including relationships with their children in the future and as such, an intergenerational cycle is perpetuated.

Lastly, the role of transference was also discussed within existing literature, as another possible mechanism in driving intergenerational cycles of trauma (Terr, 1991). Terr (1991) suggested that parents who had experienced trauma in childhood, may present with tendencies of negatively transferring and projecting their own dissatisfactions from their childhood onto their children. For example, a parent who was abused and neglected as a child, may see their children as an object of transference and project onto them their own unmet needs by refusing them love and affection, once again perpetuating an intergenerational cycle (Terr, 1991).

As evidenced, much of the research on intergenerational trauma had its basis in insecure attachment styles that resulted from unresponsive, early life relationships with caregivers and translated across different contexts throughout the lifespan. Based on this, it can be assumed that the intergenerational cycles of trauma are largely perpetuated through complex layers of psychosocial factors such as attachment styles, however, the exact mechanisms still remain ambiguous.

In summary, this section highlighted the different ways through which ACEs manifest into long term problems. Insecure attachment styles were noted as a particularly significant, potential consequence of exposure to ACEs, as attachment styles remain fairly stable through the lifespan and as such, determine an individual's psychosocial wellbeing to a great extent. Another important summarising point from the evidence presented within this section is that the various long-term effects of ACEs are all interconnected in complex ways and socio-economic factors were deemed as a strong mediator in the association between ACEs and adult health risks.

1.6 Adaptations through ACEs

The previous sections presented the range of deficits that a child who is exposed to ACEs may potentially go through. While reading the above sections, the reader may perceive an individual who was exposed to ACEs as a hapless and condemned victim, with predispositions to multiple biopsychosocial adversities through the lifespan. However, the alternative to this perception is the myriad ways through which human beings actually cope and adapt, despite of the adversities they face, thus suggesting that the victims of trauma are not always feeble, but rather, resilient survivors (Perry et al., 1995). This section presents some of the findings from existing literature on the various ways through which ACE victims adapt and cope with adverse situations and/ or the memories of it. It is important to note that, often, adaptations may be neither healthy nor favourable in the long run, however, they served an important function as short term solutions for minimising the effects of something that is uncomfortable.

Developmental psychology suggests that humans and especially children are fundamentally adaptable (Perry et al., 1995). Children who are subjected to physical and sexual abuse adapt to the trauma, through neurobiological processes that are designed to protect them from severe damage in the short-term, even though causing detrimental effects in the long-term as a result of atypical ways of responding to threatening external stimuli (Perry et al., 1995). Adaptation to maltreatment can be manifested through the trauma responses of hyperarousal or dissociation. These adaptations are initially short-term adjustments by the brain to protect the individual, however prolonged exposure and chronic stress may lead to these turning into lifelong traits (Perry et al., 1995).

Existing literature on adaptations to trauma has much evidence on dissociation, described as an autohypnotic ability for psychological conflict resolution by isolation of experience, memories and mental content from one's conscious awareness (Carrion & Steiner, 2000). A specific type of dissociation, which is an adaptation to trauma, is discussed by Roland C. Summit, in his theory of Child Sexual Abuse Accommodation Syndrome (CSAAS). CSAAS is a theory coined by Roland Summit on children who do not overtly display traumatic symptomology despite of being sexually abused (Weiss & Alexander, 2013). In his work, Summit proposed that many children who are sexually abused are met with disbelief, rejection, horror, blame and neglect, which are deeply destructive to the child's neurobiology at their developmental stage, and as such, neurological and psychological processes intervene to preserve the child's need for love, approval, endorsement, and exculpation, through dissociation and adaptation. This adaptation allows the child to devote cognitive and socioemotional resources into developing competencies that are typical to that developmental stage (Weiss & Alexander, 2013). Summit further suggested that dissociation plays an important function in the accommodation of sexual abuse to anesthetize and alleviate physical, psychological and emotional experiences. Kolk (2014) explored the experiences of dissociation amongst abused children, where many children drew or spoke about floating away from their physical bodies into the clouds or the ceiling while being abused, so the experience was no longer theirs, but somebody else's and thus allowing for psychological accommodation of a traumatic external stimuli.

Another common response or adaptation to trauma includes engaging in avoidance coping strategies or effortful attempts to avoid or reduce negative affect, through behaviours such as substance use (Ullman et al., 2013). A plethora of existing research is focussed on the

correlation of trauma and using substances to anaesthetise or minimise affective states associated with a dysregulated biological stress response (Khoury et al., 2010). A study by Khoury et al. (2010) tested this correlation by recruiting 587 participants from a clinic waiting room and conducting a survey and interview, with results depicting a strong correlation of childhood abuse with substance dependence in adulthood (39% alcohol, 34.1% cocaine, 6.2% heroin/opiates, and 44.8% marijuana). The study especially found a strong correlation to childhood physical, sexual, and emotional abuse to cocaine use in adulthood, as mediated by PTSD symptoms, which suggested that individuals were using the drug to cope with the potential uncomfortable symptoms of PTSD that eventuated from the adverse experiences in childhood (Khoury et al., 2010). Another study by Farrugia et al. (2011) also showed similar results in regard to the correlation between childhood trauma and substance use. For this study, 103 individuals seeking mental health and substance use treatment were recruited, with results depicting that 77% of the participants had experienced at least one ACE prior to the age of 16 years. Those who had experienced trauma in childhood, also reported earlier age of first intoxication, more severe substance use with greater number of drug classes used in their lifetime, higher severity of dependence scores and greater number of drug treatment episodes (Farrugia et al., 2011). Majority of these participants also reported experiencing prolonged PTSD symptoms and using drugs as self-medication to cope with the uncomfortable physical and mental symptoms (Farrugia et al., 2011).

Other than substance abuse, other avoidance coping strategies in response to childhood trauma as evidenced in existing literature, included, eating (too much or too little) or engaging in behaviours to overcompensate for the feelings and emotions that were left unfulfilled through the experience of childhood trauma, for example, engaging in a profession (i.e. helping professions) or behaviours (i.e. “people pleasing or fawning) to create more opportunities to

feel wanted by others, especially if the individual went through severe neglect in childhood. The fawn-response or the quick avoidance of conflict by overt people-pleasing tendencies, has seen a recent rise in research with its correlation to childhood trauma. Research suggests that this behaviour is a learnt coping strategy in response to diffusing conflict or protecting the self from a potential abuser, by pre-emptively agreeing, saying things to please and appease and suppressing personal feelings or desires in order to prevent the abuse (Kozłowska et al., 2015).

Overall, this section summarised some of the adaptations or potential coping mechanisms individuals engaged in, in order to get through the short or long-term effects of trauma. It is worth noting that even though these adaptations had long term ramifications, they served an important purpose in protecting the individuals through the uncomfortable effects of trauma or post trauma, thus highlighting the fundamental adaptability of humans even through adversity. Another interesting observation made, was that the correlation of childhood trauma and adult substance use was significantly mediated by PTSD symptoms, therefore, suggesting that individuals purposefully used alcohol and other drugs to mediate the uncomfortable symptoms of PTSD (potentially as a result of childhood trauma), which negates the moral vision often imposed upon addiction and instead, elucidates the biopsychosocial basis of it (Peele, 1987). A reflection point for this section was the over-abundance of literature highlighting coping behaviours with long term ramifications, as opposed to possible healthier alternatives, such as cognitive adjustments and engaging in hobbies.

1.7 Protective Factors and locus of control

The previous section mentioned evidence from existing literature on some of the ways through which individuals adapt to trauma or the effects of post-trauma from ACEs. As already

mentioned, these adaptations although served a purpose in the short term, they still presented with long term ramifications and as such, creating a dire need for more sustainable, protective alternatives. A substantial amount of this literature review also went into reviewing the ACEs framework which suggests a graded relationship with intensity and number of ACEs exposed to, with myriad psychosocial adversities through the lifespan. Some suggestions were also present within existing literature on combating the adversities linked to ACEs, such as education, preventive measures and health promotion, however, very little evidence was observed on how to realistically implement interventions, respond effectively, provide adequate resources for healing and/ or empower those who are exposed to it, which raises the question of whether the ACEs framework is at all strengths based (Leitch, 2017). One way to approach the dilemma of over-abundance of negativities associated with ACEs is to counter it with a deliberate focus on more strengths-based approaches into addressing ACEs (Leitch, 2017). A focus on protective factors is a strengths-based alternative to addressing the issue of ACEs, which is almost impossible to completely eradicate from society, due to the multi-layered, complexities involved which require early, integrative interventions. Protective factors are also an important focus of the present study, and therefore this section is dedicated to presenting some findings on the significance of it, in relevance to ACEs.

Protective factors are external or internal factors that contribute to an individual's adaptability and resiliency during stressful times (Shonkoff & Meisels, 2000). A shifted focus on individual protective factors rather than a tunnel vision on the potential deficits of ACEs, offers a more pragmatic, strengths and resilience-based approach. It may also be more pragmatic to focus on building protective factors in early stages as it is more cost-effective than treating families who are already in distress or at a later stage with adults who have experienced damaging and often irreversible effects of childhood trauma. The ACEs framework, although

a revolutionary tool within many levels of healthcare, also has a potential for scaremongering, leading to pathologisation and perpetuation of stigma (Shonkoff & Meisels, 2000).

In relation to ACEs, protective factors are best described as buffers that ameliorate a person's reaction to stressful and adverse life experiences, so that their adaptation is more successful as compared to in the absence of the protective factors. Having protective factors does not mean that these eliminate the risks and stress involved with the exposure to the adverse events, but rather, possessing these enables the person to deal with them more effectively (Shonkoff & Meisels, 2000). A person may also have multiple internal and external protective factors that co-occur at a time in order to increase adaptability of an individual during stressful times. In many instances, an existing protective factor may give rise to other protective factors in the long run, for example, a child with a high self-esteem (internal protective factor) may be more likely to make friends easily, leading to another protective factor, social support (an external protective factor) (Shonkoff & Meisels, 2000).

There has been much research conducted on protective factors, an individual's predominant locus of control and how that contributes to overall adaptability in times of stress (Reknes et al., 2019). Locus of control is best defined as the degree to which individuals perceive the outcomes of situations to be in their control (internal locus of control) as opposed to being in control of external forces (external locus of control) (Reknes et al., 2019). Existing research on protective factors highlights the importance of having protective factors that are more aligned with a predominant internal locus of control. An individual with a high or dominant internal locus of control believes that much of the outcomes in their life is a product of their own actions and therefore, the protective factors that best align with this worldview are internal protective factors, such as, beliefs, value systems, self-worth, self-confidence, self-

esteem and other personal life skills. In contrast to this, a predominant external locus of control creates a view where outcomes of one's life is perceived to be a result of external forces such as other people and situations and therefore, protective factors that best align with this worldview include, interpersonal bonds, stable environment, family, friends, pets, material resources and so on (Reknes et al., 2019).

The main psychological reasoning behind favouring an internal locus of control aligned with internal protective factors for adaptability in adverse situations is that, this type of a worldview promotes motivation and self-efficacy, which is the belief that one has the capacity (including strengths and resources) to execute behaviours required to achieve something (Hoelterhoff & Chung, 2020). Whereas, an individual with a predominant external locus of control may believe that the outcomes of their life are fundamentally the product of external forces, which has the potential to reduce self-efficacy and motivation, as the person may believe that no matter what they do, they will never have the capacity nor the autonomy to change the outcome of a situation. Research has also shown an external locus of control to be aligned with a "victim mentality", where individuals may perceive themselves as hapless victims of external forces, with minimised autonomy (Reknes et al., 2019).

Although, there is research suggesting better outcomes associated with an internal locus of control, much of the existing research on childhood abuse and protective factors are focussed mainly on external protective factors that align mostly with the external locus of control. An example of this is seen within the New Zealand based GUiNZ study itself, which found five main protective factors including, strength of the parent-child relationship, strength of the mother-partner relationship, parental health and wellness, community and neighbourhood characteristics and family finances. As evident, all the listed are external, contextual factors,

and although, together they contribute towards a safe and stable environment to potentially minimise the risks of ACEs, these factors are difficult to change, require complex and integrated interventions and are subjects of external control. A sole focus on external protective factors could minimise personal agency, which is the individual's capacity for engagement in intentional, goal-directed action (Tyler et al., 2020).

A study by Crouch et al. (2019) looked at the mediating effects of protective factors over ACEs and found two factors to have a strong or partial moderating effect, including, adequate social support in the form of a loving, stable adult or living in a safe, supportive neighbourhood. The study results showed that those who experienced four or more ACEs had less access to the above-mentioned protective factors and had poorer mental and physical health outcomes and those who experienced less than four ACEs, had better access to these protective factors and had less severe mental and physical health issues. The results demonstrate that those who had access to a loving and stable, nurturing adult and/or supportive neighbourhood had better outcomes than those who did not. Having these protective factors also mediated the overall number of ACEs experienced by the participants, suggesting that the support from the stable adult(s) and/or the supportive neighbourhood led to emotional or physical safeguard from abuse and/or neglect from the perpetrators (Crouch et al., 2019). Although these protective factors led to beneficial outcomes, they are once again, external factors, outside of one's locus of control and thus, in situations where there is an absence of it, the individual has less resources that are protective, which further highlights the dire need for building on internal protective factors also.

Overall, this section discussed the significance of protective factors in addressing ACEs and suggested that having an internal locus of control aligned with internal protective factors,

is more beneficial in mediating the effects of ACEs. Despite of this, a significant amount of existing literature focused on external protective factors that aligned more with the external locus of control. To address the issue of the lack of existing literature on ACEs and the role of internal protective factors, the present study deliberately focussed on three, internal meaning systems (protective factors) that have potential value in mediating the effects of ACEs and breaking intergenerational cycles. The three factors that the present study aims to look closely at are, hope, spirituality and cultural identity, with the term “meaning system” being used alternatively with “protective factor” in describing these.

1.7.1 Hope

The original science of psychology was mostly focussed on pathologies and weaknesses to treat and eliminate them, however, in recent times, a shifted focus has been placed upon understanding human strengths which can help to build resilience. One such promising, human strengths-based candidate is hope, a cognitive-motivational construct, usually associated with positive expectations (Valle, 2006). In its literal sense, hope is described as the feeling of expectation or desire for something in the future usually with positive connotations (Valle, 2006). It is one of the three main meaning systems that the present study will focus on, in its relevance to mediating the effects of ACEs and breaking intergenerational cycles.

Hope is an important cognitive construct in the life of individuals and is associated with positive expectations, however, the origin of hope was not always a positive construct and rather, started off as negative and cynical, as an internal aspiration that captivated one’s thinking but could not be fulfilled in actual life, almost as if it were an unachievable, fictional

dream (Snyder, 2000). The early cynicism associated with the concept of hope was captured within quotes by famous philosophers and poets, for example, according to Hesiod (1914), who stated, “little good can come to the idle man who waits on empty hope, and Plato (1972), who suggested, “hope is among the irresistible affections of the mortal soul that are man’s foolish counsellors.” The cynical and negative view of hope was possibly linked to how the future was perceived in those times, with little focus on autonomy and agency but with more emphasis on fate (Miceli & Castelfranchi, 2010). The positive view of hope emerged later on in history and was initially linked to the Judeo-Christian perceptions, in viewing hope as linked to divinity and spirituality, as a benevolent, divine gift. The positive view of hope resonated well with multiple groups and as such, further stress was placed on this concept especially within the fields of psychiatric and medical practice as an individual and social resource for its innovative power (Miceli & Castelfranchi, 2010). Evidence of the concept of hope within the medical and psychiatric fields was seen in American psychiatrist, Karl Menninger’s 1959 presidential address to the American Psychiatric Association, where he suggested that hope plays a significant role in fostering recovery from mental illness. The concept was further emphasised by psychologist, Erik Erikson, as playing a pivotal role in human evolution and personality development as well as by holocaust survivor and psychiatrist, Victor Frankl, who suggested a strong relationship between prisoners’ hope and their capability to endure adversities, including diseases during the holocaust and as such, emphasising the link between a positive mind-set and the body (Miceli & Castelfranchi, 2010).

An important theory of hope, originally termed as hopeful-thought was conceptualised by Snyder (1990), who suggested that the concept of hope consisted of three separate components, including, goals, pathways and agency. Snyder’s theory emerged through the process of him asking people about their thought processes about particular events in the future.

The results from this depicted that normally, the process of people's hopeful-thought appeared to be guided by goal thoughts, which encompassed both motivational and planning components. These conscious, goals thoughts were the most significant component within the concept of hope, and could be related to both short term or long term goals and/or fall on a spectrum in terms of their importance to the person or the probability of its attainment. The next component within this concept was suggested to be the pathway or the individual's perceived ability to be able to set out achievable routes towards achieving their goals. The internal speech that usually aligned with pathways, included affirmatory statements such as "I will find a way to get this done". Generally, those who had higher hope, had multiple imagined routes (pathways) towards achieving their goals. Finally, the last component within the concept of hope was described as the agency, or the main motivational component that ensured the person would be able to sustain the efforts required towards following a particular pathway. Agency could be characterised by internal speech such as, "I am not going to be stopped". Within the theory of hope (hopeful thought), successful goal pursuit led to positive emotions, and the failure to attain a goal led to negative emotions (Valle, 2006). Based on this theory by Snyder, 1989, it is evident that hope is closely linked to future goals or aspirations and thus, may be deemed as a positive, future-oriented, motivational construct.

Based on the above paragraphs, it is evident that hope is a positive, psychological construct, often associated with motivations and goals for the future. Even though, the concept started off with underlying, negative connotations, as a futile imagination or expectation of unrealistic outcomes, most people nowadays consider hope as a positive, future-oriented cognition that drives motivation to a great extent (Valle, 2006). According to the researcher, hope is relevant to the present study as a motivational, cognitive construct and meaning system, that may have a powerful effect as an internal protective factor in mediating the effects of

trauma and breaking intergenerational cycles. The next few paragraphs will focus on some existing evidence within literature on ways through which the cognition of “hope” (as an internal protective factor) has been deemed as effective.

When addressing, positive, meaning-based therapeutic interventions, psychiatrist, Viktor Frankl’s name comes up frequently. Viktor Frankl, as mentioned previously, is a holocaust survivor, psychiatrist, neurologist, philosopher and founder of the theory, logotherapy, which suggests that that the will-to-meaning, or the passionate desire to discovering the unique meaning and purpose to one’s life, is the most important form of motivation in human beings (Joshi et al., 2013). Also, according to the underlying theory of logotherapy, will-to-meaning and hope are closely aligned and can be used as interchangeable terms as the driving force that pushes human beings to discover meaning within their life. When an individual’s desire or expectation of a particular thing to happen (i.e., the hope) is met, meaning is experienced, which reinforces people’s ideas of who they are, the kind of world they live in, and how they relate to people and environments around them, leading to the feeling of being whole and integrated within oneself (Joshi et al., 2013). However, when adverse life circumstances and behaviours interfere with the will-to-meaning and make it difficult for an individual to attain a sense of meaning and purpose, it causes a state of discouraged will-to-meaning and a lack of hope, where the person stops anticipating or desiring for a particular thing to happen, leading to existential frustration, which has shown to have negative effects on physical as well as mental health (Joshi et al., 2013). The effects on negative mental and physical health may be attributed to a feeling of helplessness and a what’s-the-point attitude that are core components of an existential frustration, leading to individuals feeling a lack of motivation to look after themselves in all areas of their life (i.e., neglecting physical and mental health). Therefore, as agreed within multidisciplinary fields including, philosophy, theology

and psychology, hope is an important concept or cognition, frequently linked to health, growth and transformation and as necessary for personal or collective change. Research also suggests that, having hope, provides an essential force for survival, as it promotes recovery from illnesses and contributes towards one's physical and psychological health (Gottschalk, 1985).

To demonstrate the above points made, one study assessed a large (N = 8756), American sample across four age groups and found that the presence of hope and purpose to one's life significantly and consistently predicted positive outcomes such as, positive affect, happiness, and life satisfaction (Steger, Oishi, & Kashdan, 2009). In addition to this, a wide variety of positive personality traits (e.g., extraversion, agreeableness, and conscientiousness) and self-empowering traits (e.g., internal locus of control; Ryff, 1989), were also linked to having meaning, purpose and hope in one's life and overall, acted as a mediating factor during times of stress (Joshi et al., 2013).

The association between hope and its effects on physical health have also been frequently studied, suggesting a graded relationship between the two. From this view-point, hope appears to be linked with favourable expectancies of goal attainment or an overall perception that goals can be met, which incidentally contributes to improved physical and mental health, as originally described by Snyder (1989), in his theory of hope. In contrast, somatic disturbances and psychopathology are linked with exceptionally low expectancies for goal attainment (lack of hope). Although the association between a hopeful attitude (i.e., favourable expectancies of goal attainment) and improved physical and mental health may seem almost miraculous, the thorough analysis of this relationship suggests that there is a practical component that explains the association, as compared to miraculous, emotional manifestations. Firstly, because hope is defined as a positive, motivational construct, an

individual who is more hopeful is likely to possess a higher level of energy and determination required to pursue their goals. When the will or determination is strong, individuals may be able to search for more viable strategies or pathways in achieving their goal, which leads to higher chances of successful goal attainment, further strengthening their hope. This concept can be illustrated with the example of a physically ill individual, who is more likely to look for viable treatment options (pathways) due to their strong determination or will-power towards staying alive (agency), which overall contributes towards higher chances of them succeeding in their goal attainment, as compared to an individual who lacks hope (who therefore lacks agency for pursuing pathways required to achieve their goal) (Snyder, 1990). Some specific evidence for the association between hope and physical health outcomes include, the correlation of a higher hope with superior coping mechanisms and less depression in spinal cord injury patients (Elliott, Witty, Herrick, & Hoffman, 1991). A positive correlation was also noted amongst adolescent burn victims with higher hope to positive interactions with friends and caregivers and avoidance of behaviours that were harmful for their recovery and rehabilitation (Snyder, 2000).

Other positive effects of hope included, its effects on cognitions and affect, for example, one study showed that those with higher hope, reported daily reports of more positive thoughts and fewer negative thoughts over a period of one month. Related research also showed that those with higher hope to be more inclined towards listening to positive, self-referential information as compared to those with less hope. Furthermore, it was noted that those with higher hope reported feeling more challenged and exhilarated by their goals, as compared to their low-hope counterparts, who reported feeling increasingly demoralised by their goal thoughts. Links were also found in children with higher hope and elevated levels of self-worth

and confidence (Snyder, 2000). Results from one study by Saint Arnault and Sinko (2019), also revealed that a high level of hope had positive impacts on individuals who experienced child sexual abuse, and that it promoted more positive coping strategies. The study also found that feeling hopeful led to feelings of joy, optimism, self-acceptance, forgiveness, helping others and promoted the ability to let go of the past and lingering resentments. It was suggested that the main mechanism behind this was that, those who had a higher level of hope in their lives had an optimistic view and expectation of the future, which motivated them.

According to Snyder (1990), when discussing hope, it is important to consider its opposite cognitive state, “hopelessness” and the effects of this, which in turn, may help to amplify the protective effects of hope to an individual. The most defined theory of hopelessness was developed by Beck et al. (1974), who suggested that hopelessness was a cognition that comprised of negative generalised expectations of the self and future outcomes. It was further suggested that a high level of hopelessness contributed to multiple physical and psychopathologies (such as suicidal ideation). A well-defined scale was developed by Beck et al. (1974), the Beck’s Hopelessness Scale to measure hopelessness. The measure was primarily created to be used with depressed adults who were at potential risk of suicide, based on the hypothesis that a loss of hope (low level of hope), contributed to a lack of motivation and therefore, a lack of purpose and will to live (Beck et al., 1974).

In summarising this section, firstly, it was established through existing literature that hope is deemed as a positive, future-oriented cognition, an internal meaning system and protective factor that could protect one against multiple psychosocial issues. Hope was best described by a model which suggested that it was associated with one’s personal goals, the pathways (towards achieving their goals) and their agency (motivation) towards achieving their

goals. Based on this it can be hypothesised that hope is an important internal protective factor that may act as a mediating factor for ACEs and to potentially break intergenerational cycles. This hypothesis is based on the assumption that hope will provide individuals who were exposed to ACEs with a sense of purpose and that situations have the potential to get better, thus, the increased motivation to achieve future goals that will be conducive to their overall wellbeing. This in turn will further promote healthy parent-child relationships to break the cycle of intergenerational trauma.

1.7.2 Spirituality

The previous section saw evidence for the ways through which hope acted as a mediating factor through adverse life events and promoted more positive ways of coping. The present section will focus on another strengths based, meaning system, spirituality, which has potential mediating effects on adverse life events, such as childhood trauma.

Before Western medical models took over, much of the healing traditions in ancient times were focussed on spirituality to a significant extent. The ancient view-points on wellbeing were largely holistic, where a person's spiritual, social, psychological and physical states were assumed to be intertwined in a complex, yet necessary manner. As such, without spirituality, the individual was perceived to be devoid of this transcendent relationship to a greater being, which contributed to and perpetuated the experiences of adversities in their life. In more recent times, spirituality, is a concept beyond the boundaries of cultural and religious beliefs. Although, for many, spirituality is synonymous to their religious belief in a supreme being and the creator of all things, research within the field of humanistic psychology suggests that the concept is rather associated with an individual's belief in a divine being (force/energy)

that is bigger and more powerful than them, to see them through the adversities of life, even if they are not religiously affiliated and/or are not believers of a God (Delgado, 2005). To further clarify the difference between spirituality and religion, Shafranske and Malony (1990) presented the view of spirituality as a unique and personal experience, whereas, religion as adherence to the beliefs and practices of an organised collective. Even though, religion can be perceived as a collective movement, there are aspects of religion that have personal, spiritual significance, and as such, the present study will incorporate findings from both perspectives (religion and spirituality) within this section.

Existing research has seen the use of a myriad terms in defining this celestial, greater, spiritual being, including, God, Higher Power, Creator, Universal Power, Holy Spirit, angels, heavenly being and in Māori, the Wairua Tapu, or the sacred and holy spirit (Durie, 1997). The connection to or the desire to connect with the spiritual being has also long been understood as an inherent human quest, which manifests in many different forms or experiences usually as partly influenced by the person's socio-cultural context, for example, as a religious, supreme being if the individual grew up in a religious context or an undefined, divine being(s) as collectively understood amongst many indigenous cultures (Delgado, 2005). It is also noted that for many people, spirituality constitutes of their faith and willingness to believe in a Higher Power (spiritual being), which it turn strengthens and supports the search for meaning or purpose to one's life, and in that way, very similar to the concept of hope discussed in the previous section (Delgado, 2005). It is further suggested that a strong sense of spirituality may contribute towards improvement to one's quality of life and life satisfaction, especially within indigenous cultures that tend to be more holistic (Delgado, 2005).

The need for a spirituality framework in therapy is highlighted by Sharma et al. (2009), who suggest that spirituality is a strengths based, internal protective factor for reasons including, the feeling of being connected or being able to find a sense of belonging within the universe, the ability to believe in and trust a power outside of one's self (particularly important when experiencing adversities that are beyond one's control), being able to find a sense of meaning or purpose, being able to search for one's ultimate and personal truth (an inherent purpose), being able to trust in an intangible, often indescribable entity and finally, being able to experience a close relationship with a divine, transcendent being to encounter limitless, unconditional love, and therefore, be able to move towards a feeling of wholeness. Based on this understanding, the need for a spiritual framework within psychology and mental health becomes more evident. More specifically to the present study, the concept of spirituality may be important for survivors of ACEs because it may provide a deep sense of connection and belongingness, the experience of unconditional love and may foster trust in an entity that is more powerful than them, all of which are experiences that many of those exposed to ACEs were deprived of. Moreover, it is suggested that those who have experienced spirituality in their lives, demonstrate noticeable changes to their psyche, have a more positive outlook and approach towards life, are more protected from unhelpful behaviours and personality characteristics, and demonstrate a range of personal values that are conducive to personal and collective benevolence (Sharma et al., 2009). Peres et al, (2007) also suggested spirituality to be a strong internal protective factor for traumatic experiences, as it may help to build healthier perspectives to make sense of it as more meaningful and tolerable.

Spirituality may also promote rituals or practices that may be deemed as psychologically and physically beneficial, such as the practice of meditation, singing, dancing, praying, chanting (a form of mindfulness), engaging in meaningful faith rituals or collaborating

with others of similar spiritual beliefs (i.e., by attending church, practicing yoga, or praying the rosary) (Peres et al., 2007). As evident, these practices may not only be therapeutic in themselves, but may also promote social connections with others of similar values (Peres et al., 2007). The core beliefs that are at the foundation of certain spiritual practices may also lead to profound positive effects for a person who has experienced adversities such as trauma, for example, the belief behind the Catholic sacrament of reconciliation is that, once an individual has confessed to a Priest, they are relieved of their burdens and a loving relationship with God is re-established (Worthen, 1974). From a psychological point of view, this practice may relieve inbuilt hurt, anguish, guilt, and shame (often feelings associated with childhood trauma) to reduce stress and foster a relationship with a divine entity who is always unconditionally loving and forgiving (Worthen, 1974). Another example is the spiritual practice of synchronised singing, such as singing hymns at church, devotional songs at a temple or Hindu religious gathering or the practice of singing waiata in a marae. Trehub et al. (2015) suggested that synchronised singing and action promote synchronous arousal and are an essential means for facilitating social bonding and connection, which is a strong external protective factor.

The indigenous Māori were particularly spiritual and prioritised the needs of the wairua (spirituality) to their overall wellbeing. Māori spirituality (wairuatanga) is emphasised within this section, due to the contextual basis of the present study as well as to highlight the importance of a spirituality framework for Māori and other indigenous cultures. Māori are also overrepresented in mental health records and experience higher rates of depressive disorders, anxiety disorders, substance related disorders and eating disorders than non-Māori within New Zealand and their suicide rate was documented as 1.6 times higher than non-Māori between the years 2010 to 2012 (Bennett & Liu, 2018). Since the mentioned mental health risks are

often closely associated with the exposure to ACEs, it makes sense to emphasise on the concept of wairua as a protective factor for Māori (Bennett & Liu, 2018). Originally, to address the lack of holistic approaches in health care and to emphasise the importance of a spirituality informed framework, the Māori health model, Te Whare Tapa Whā was developed by Sir Mason Durie in 1984. This model illustrated the four cornerstones (pillars) of wellbeing from a Māori worldview, with spirituality being one of these. According to this model, the spirituality pillar was concerned with transcendent experiences or relationships with an intangible, energy or force crucial to one's overall wellbeing and from the perspective of this particular pillar, pathologies could be traced back to damages to the wairua. Indigenous Māori also valued ancestral (tupuna) connections as well as their connections with inanimate beings, based on the spiritual view that all beings, living and non-living, shared the same essence of life (Bennett & Liu, 2018). This holistic view is evidently protective in many ways, for example, in fostering a sense of belongingness within the world, finding a purpose, a sense of identity and in fostering recovery and healing.

As per the evidence provided in the previous paragraphs, spirituality can be deemed as a strong protective factor, however, it is particularly relevant as a protective factor for trauma associated with ACEs, as it can help to re-establish trust and security in the life of a person who has been exposed to it (Smith, 2005). A compelling view-point on trauma and spirituality is conveyed by Smith (2005), who suggested that childhood trauma creates insecurity, lack of trust and fractures a sense of safety and fairness that is imperative to a healthy psychological development, therefore, leaving the person feeling betrayed, abandoned, confused and distraught. It is noted that the experience of trauma is often the driving force that leads one to experience spirituality through the search for new meaning and purpose and once this is experienced, the previously lost existential meaning is again re-established, which is conducive

to their healing (Smith, 2005). Through the quest of finding and navigating through spirituality, individuals may also find a set of new resources that not only help to process the previously experienced trauma but also promote more positive perspectives on life (Smith, 2005). For example, when spirituality is experienced, it could lead to an array of factors that are deemed as protective, such as, social congregations with others with the same spiritual views, access to and relating to a spiritual text when looking for answers and meaning, praying/meditating and seeking help from a spiritual leader (Smith, 2005). Experiencing spirituality may also promote spiritual-coping, defined as the interpretation of adverse experiences to have divine intentions behind them, to help create a more meaningful, alternative narrative (Smith, 2005). The findings by Pargament et al. (1998), provide a specific example for positive spiritual coping after trauma, where survivors of trauma reported less psychological stress, enhanced cooperative interactions with others and more positive narratives of their traumatic experiences, if they were spiritual, as compared to those who were not.

Overall, this section identified spirituality to be a strong internal protective factor and especially conducive to the experience of childhood trauma, as it may help to re-establish trust, security, identity and purpose in the life of an individual. An emphasis was placed on the importance of spirituality to Māori, due to their holistic worldview, thus suggesting at more spirituality informed frameworks within interventions.

1.7.3 Cultural Identity

Cultural identity is the final protective factor that the present study focuses on, in regard to its mediating effects to the exposure of ACEs and in fostering healthy parent-child relationships to break intergenerational cycles of trauma.

Cultural identity and its relevance to individual wellbeing originates within the inherent social nature of human beings, who thrive on forming social relationships for collective and individual benefits. Humans are social beings from birth, who engage in a vast range of social behaviours to survive and prosper (Over, 2016). From the time a child is born, they are innately conditioned into displaying social behaviours to have essential needs met, such as crying, as a form of communication to convey feelings such as hunger, pain and discomfort. As the child goes through the developmental phases, their social behaviours become sophisticated and include behaviours such as cooperation and communication with others during play, and finally, engaging in more complex behaviours such as inferring the mental states of other people and engaging in non-verbal communication (Over, 2016). As social beings, one important characteristic of humans is their core motivation for belongingness and forming attachments (Over, 2016). According to the theory by Baumeister and Leary (1995), belongingness is not just a desire for human beings but rather a need, to satisfy two criteria, firstly, the need for individuals to have positive interactions with at least a few people and second, that these interactions must take place within a reciprocated framework of long-lasting concern for each other's welfare. This theory is supported by other influential names within the field of psychology, such as, Maslow (1968), who placed the need for being loved and belongingness in the middle of the human needs' hierarchy, taking precedence over self-esteem and self-actualisation (Baumeister & Leary, 1995). Even though the primary evolutionary motivation for belongingness is still unclear, it is suggested that this need can be regarded as an effort to replicate the early attachment and intimate contact with one's mother, which has

prolific positive effects to one's overall wellbeing throughout the lifespan (Baumeister & Leary, 1995).

As a child progresses through their developmental stages, their need for attachment and belongingness extends from the mother, caregivers and immediate family onto other people within their environment, such as the desire for belongingness within a group of friends at school, being included by siblings and so on. An innate social motivation is also seen in connecting, collaborating and belonging with others who appear to be similar on some level (i.e., in physicality, values, goals, interests). Over time, this motivation leads to the individual's affiliation into various social groups to facilitate a sense of mutual understanding, collective and individual wellbeing and thus, a unique cultural identity is formed (Over, 2016).

Cultural identity is best described as the distinctness of a community of people with their common defining characteristics and therefore, broader than national, ethnic or religious identities (Karjalainen, 2020). It is also suggested that individuals can be a part of several cultural groups (for example, a Māori, heterosexual, agnostic, male, who is a member of a soccer club and employed as a nurse), and together each of these unique identities contribute towards an overall cultural identity (Karjalainen, 2020). These cultural groups also do not present an innate way of being that is static in nature and therefore, the identities assumed within each group is significantly influenced by the individual's interpretation of it and therefore, no two individuals could possibly identify as being identical in their cultural identities, which makes it all the more exclusive (Karjalainen, 2020).

A profound cultural identity has been suggested as a strong protective factor as it provides identity clarity and a positive sense of self, which in turn, promotes self-esteem and

psychological wellbeing (Usborne & Taylor, 2010). Whether this cultural identity is acquired from an individual's membership to a gender, culture or any other social group, the self-concept that is derived is principally produced through the emotional significance associated with the attachment to the group (Usborne & Taylor, 2010). Furthermore, as with any social group, there are ideologies, values, behaviours, history and meaning shared only by the members of that group, which is then internalised by the individual to create their personal cultural identity (Usborne & Taylor, 2010). Affiliations to cultural groups also helps to gratify the human desire for validation, recognition, approval and a sense of being valued, which is important to overall motivation and often surpasses emotions associated with solitary achievements (Over, 2016). When an individual is provided with this validation from their affiliation to a social group, it enhances their self-esteem, strengthens their self-concept and cultural identity. An affiliation to a social group also enables access to multiple protective resources that is unique to the culture of that particular group, such as, access to religious leaders and specified religious text or guide if the cultural group is an organised religion, knowledge from others who share similar beliefs and values, a shared sense of empathy, ancestral knowledge and language.

Possessing a strong cultural identity has shown particularly longstanding benefits and protective effects on many indigenous populations who have a history of loss and generational trauma through colonisation (Shepherd et al., 2017). Indigenous cultures are collectivist cultures that prioritise the goals and wellbeing of the entire social group as compared to individual goals, needs and desires. Cultural identity is an important feature for collectivist cultures as their individual sense of being is largely influenced by the role they play within their larger social group (Shepherd et al., 2017). Unfortunately, many indigenous cultures, such as the Aboriginals of Australia and Native Indians in the United States are currently living in an individualist context due to the effects of colonisation and as a result, a significant

component of what was considered as protective within these cultures (interconnectedness and belongingness) is compromised (Shepherd et al., 2017).

A relevant example of a collectivist, indigenous culture are the New Zealand Māori, living in a largely individualistic country, due to the effects of colonisation. The collectivist Māori were concerned with the view of themselves as a member within a complex web of relationships, as compared to an independent individual, with self-serving motivations (Brougham & Haar, 2013). The Māori prioritised not only relationships with their whānau, but also with their tūpuna (ancestors), the land, sea and other tangible and intangible aspects of their environment (Brougham & Haar, 2013). As such, the cultural identity of the Māori was significantly based on whanaungatanga or kinship, and as per the te ao Māori (the Māori worldview), the individual existed within a harmonious constellation of interconnected relationships with living and non-living entities (Brougham & Haar, 2013). Research within this topic suggests that the current individualistic and self-serving culture within New Zealand is a strong determinant for susceptibilities of the Māori to various biopsychosocial problems including ACEs (Brougham & Haar, 2013). An emphasis is placed on the loss of te reo Māori (the language) and various other factors considered as important to te ao Māori, thus, many efforts within New Zealand are now concerned with restoring the cultural identity of Māori to enhance their wellbeing. A relevant example of protective effects of cultural identity to an indigenous culture can be evidenced through a study conducted in the United States with American Indians, who are similar in their worldview to Māori. The purpose of the study was to assess the protective effects of social support and connectedness in enhancing overall wellbeing in adults who were exposed to ACEs. The results showed that connectedness and social support were positively and significantly associated with physical and mental health, as it strengthened the individual's cultural identity and sense of belonging (Brockie et al., 2018).

Studies have also been conducted with cultural identities within the rainbow community and its effects on overall wellbeing. The rainbow community has experienced enduring stigma and ostracisation, leading to higher rates of mental and physical health detriments as compared to heterosexual, cisgender counterparts (Wolowic et al., 2018). Individuals within this community often face a lack of family and social support and experience internalised stigma. One study showed that the symbols such as the pride can be a particularly important and inclusive cultural feature for individuals who identify as sexually diverse. The pride symbol helps to create a cultural identity by promoting a sense of comfort, accomplishment within oneself and their community (Wolowic et al., 2018). Results from a particular study on benefits of the pride symbol to the rainbow community showed that, participants expressed positive emotions in association to the pride symbol, which served as an important part of their identity as a group. The ways in which individuals narrated stories about the pride symbol also revealed that there were meanings associated with the symbol that were unique only to the members of the community, which helped them actively navigate towards health, emotional, social and other supportive services (Wolowic et al., 2018). Therefore, this example can be used to demonstrate that symbolism may also promote a strong sense of cultural identity, which in turn has positive and protective effects on individuals.

Overall, this section discussed the ways through which cultural identity can be deemed as a protective factor. Some examples were provided of minority groups to whom a cultural identity may serve as particularly efficacious, as it can restore and enhance feelings of interconnectedness and a sense of belonging. There was limited existing literature on the direct protective effects of cultural identity to the experience of ACEs, however the above examples

shed light on the importance of cultural identity as an inherent human need, thus suggesting that it is likely to be conducive in mediating the effects of ACEs.

1.8 Summary

Overall, the literature review provided a brief history on the development of the ACEs framework and a snapshot of its relevance within the New Zealand context compared to overseas contexts. This was followed by evidence highlighting the ways through which the exposure to ACEs led to physical and mental health problems, with a particular emphasis placed on neurobiological deficits linked to the deviation from a species expectable environment. The following section focussed on more long term, biopsychosocial effects of ACEs and provided evidence from existing literature. Despite of the detriments, a positive shift was observed in the various adaptations that individuals engaged in, to cope with the imminent and long-term effects of ACEs. This highlighted the resilience and intrinsic motivation for survival that is inherent to all human beings, despite of the ramifications associated with long term implementation of these adaptations.

Following this, findings were presented on the strengths-based approach of implementing protective factors with long term benefits with a focus on protective factors that best aligned with an internal locus of control (i.e., internal protective factors). Finally, the literature review presented findings on the three protective factors that were of primary importance to the present study, including, hope, spirituality and cultural identity and aligned them in the context of ACEs as mediating factors that could help prevent intergenerational cycles of trauma.

Chapter Two: Methodology

This chapter will discuss the methodology used in this research. Firstly, the rationale for conducting a qualitative study will be provided as well as a discussion on the underlying theoretical and philosophical framework for the methodology. This will be followed by an overview of the participants and procedures used within this research.

2.1 Rationale for implementing Qualitative Methodology

Historically, significant amount of psychological research undertook quantitative approaches due to an underlying positivist outlook on the world, with the idea that reality is only which, that can be explained through tangibility, however, much of the research conducted in recent times is starting to see a shift to more qualitative approaches (Haverkamp & Young, 2007).

A positivist outlook which underlies most quantitative methodologies suggests that the only “valid things” that exist are those that can be experienced through one’s senses (sensory experience) and thus, disregards the possibility of the existence of metaphysical, intangible causal reality (Mittwede, 2012). This research undertakes a qualitative methods approach to acquire a depth of understanding of the metaphysical, intangible, and subjective experiences of trauma and protective factors, hope, spirituality and cultural identity. In the opinion of the researcher, there is no valid, positivist measurement to reliably capture human experiences of trauma, their perception of hope, spirituality and cultural identity, which are concepts that hold different meanings to different people. Implementing a qualitative methods approach for this research also holds the underlying assumption that there is no truth, fixed reality or answers to the questions raised within the research and therefore, an inductive research was deemed as

most appropriate, where the role of the researcher was of a reflective, naïve-explorer in gathering subjective accounts of the participants involved (Haverkamp & Young, 2007).

This particular research is informed by an interpretive/constructivist paradigmatic framework, which suggests there are multiple, valid social realities, rather than a single truth. In a qualitative research with interpretivist foundations, meaning and knowledge is co-created by the researcher and participants through their individual values, beliefs and characteristics (Haverkamp & Young, 2007). An interpretivist paradigm has its base in philosophies such as phenomenology, a philosophical stance founded by Edmund Husserl in the early twentieth century to endorse subjective, human experiences within research and to highlight the disadvantages of applying rules and methods of the natural sciences to human issues (Lavery, 2003).

Through his construction of phenomenological philosophy, Husserl's main arguments were that the science of psychology deals with living subjects who are not just merely reacting to external stimuli, but are rather responding to their perceptions of these stimuli and what these mean to them. He critiqued the work of positivist researchers who solely attended to external, physical and tangible stimuli to create knowledge and believed that in doing so, not only are important aspects missed but also an artificial, reified situation is created and the true essence of being human is dismissed (Lavery, 2003). As the researcher resonated with the stance held by Husserl in handling human issues within psychological research, this research too holds phenomenology as its philosophical context, especially as it deals with human participants and intangible concepts that the researcher believes, cannot be explained through measurements and positivism. Contrary to the beliefs held by positivists, the researcher also believes there to be no absolute truth or reality to the above concepts and thus, cannot be quantified by numbers

and statistics. The researcher further believes that to understand the above objects of investigation better (i.e. the experience of ACEs, protective factors and parent-child relationships), one must first shift focus to recognise the individuals (i.e. the participants) as the main objects of investigation as it is their interpretation of these concepts that emphasises on the authenticity and humanness of the project to elucidate the essential properties of the phenomena in question (Throop & Murphy, 2002).

Consequentially, in accordance to the ontological and epistemological basis of qualitative research underpinned by a phenomenological philosophy, the role of the researcher shifts from an expert to a participant within their own study. The researcher in this study endeavours to be more immersed and emic and thus acknowledges their own assumptions, values, reflections and autobiographical roles within the society (Pascal, 2010). For this particular research, the researcher acknowledges their own stance as an individual who has not been exposed to ACEs in childhood, but has had vicarious exposure to it through their field of work in addiction and mental health. The researcher also identifies with the protective factors of hope, spirituality and cultural identity that have acted as buffers during periods of stress in their life. Being aware of their stance and values in relation to participants, provides the researcher with empathy and knowledge to acknowledge each participant's subjective experience in a sensitive and respectful manner for co-creation of meaning (Throop & Murphy, 2002).

Upon deciding on phenomenology as the philosophical context for this qualitative study, the researcher considered methodologies that are founded in phenomenological principles. Initially, Interpretive Phenomenological Analysis (IPA) was considered, however,

Thematic Analysis was selected for data analysis in this research. The process of selection between the two is discussed in impending sections.

The following section in this chapter discusses the process of gaining ethical approval for this research.

2.2 Ethical Considerations

This project was approved by the Massey University Human Ethics Committee for recruitment of participants and data collection under Albany Application NOR/50 on the 2nd February 2021, for 3 years.

Ethical considerations were particularly important to this research, as research involving human participants cannot progress without approval from the Human Ethics Committee.

Also, as this study was dealing with sensitive topics such as trauma, several components of the study were reassessed and amended after recommendations made by the Ethics committee, the supervisor and cultural advisor. Prior to starting the project, the Researcher also reviewed the Massey University Code of Ethical Conduct for Research with Human participants, the Code of ethics for Psychologists working in New Zealand and reviewed existing research on universal ethical standards for better understanding on ethical principles deemed as necessary for research. The researcher also had previous knowledge on ethics from courses taken in Undergraduate and Postgraduate study to guide this process along with frequent consultations with the supervisor and a Māori cultural advisor for ethical considerations regarding culture as well as to meet the obligations and principles associated with the Treaty of Waitangi .

2.2.1 Avoidance of Harm (non-maleficence)

The ethical principle, “avoidance of harm” (non-maleficence), obligates researchers to avoid or minimise psychological/physical harm. Since the semi-structured interview consisted of questions on participant’s exposure to trauma and ACEs, the researcher acknowledged the potential psychological distress this could cause for the participants. To minimise potential psychological harm from taking part in the research, the researcher implemented ways through which potential harm could be minimised, in accordance to the ethical principle of non-maleficence.

Firstly, prior to beginning the interview, the researcher advised participants that they are able to exit the interview at any point and/or take breaks, should they start to feel uncomfortable. To minimise the potential harmful impact of taking part in an emotionally triggering interview, the researcher placed strengths-based questions regarding protective and resiliency factors towards the end of the interview to ensure participants are left feeling affirmed and empowered, as compared to helpless, triggered or unsafe. The researcher was also mindful that even though they work in the mental health and addictions field as a clinician, they were unable to provide counselling support to the participants, due to a conflict of interest with their role as a student researcher in the project and as such, a mental health helpline brochure obtained from the Mental Health Foundation of New Zealand was kept available to be provided to the participants at the end of the interviews instead. The researcher spent approximately five minutes in debriefing with each participant after the interview and encouraged them to use the helpline brochure for support if required.

2.2.2 *Beneficence*

Beneficence, a universal ethical principle for research, is concerned with the extent to which doing research creates, supports or makes likely benefits. This principle is closely linked to non-maleficence and harm avoidance, whereby, suggesting that even though there may be some unavoidable risks to conducting research (such as potential psychological harm to participants from taking part in an emotionally triggering semi-structured interview), there should be overall benefits that supersede the potential harm to those involved. This research is focussed on addressing ACEs as a significant issue within society that has short-term and long-term effects that are often passed down through an intergenerational cycle. Findings from the study will not only help to raise awareness around ACEs as a significant issue within society, but also create awareness around the protective factors that may help to break the intergenerational cycle. The findings from this study could particularly benefit young people and communities that are seeing an uprise in exposure to ACEs. In the opinion of the researcher, the findings from this research could be of compelling benefit to society, which therefore outweighs the potential, minimal risks attached to conducting the interview with participants.

2.2.3 *Justice*

Together, the ethical principles of non-maleficence (harm avoidance) and beneficence closely align with the principle of justice, which obligates researchers to ensure that benefits and burdens associated with the research are fairly distributed and that benefits should outweigh potential risks. The principle of justice is also concerned with non-discrimination and urges those benefits and harms are equitably distributed; therefore, one group should not be

exposed to all potential burdens, risks or harms whereas another reaps all benefits from the research. Non-discriminatory practice should also be implemented during the participant recruitment process, unless logistically explained by the research aims. To ensure this research was ethically-just, the researcher ensured non-discriminatory practice was implemented at all levels of the research, especially with the goal that the research findings would produce benefits that outweigh potential risks and well as the benefits be experienced by the wider society in an equitable manner. The recruitment criteria were solely based on the research aims and as such, non-discriminatory in its approach.

2.2.4 Confidentiality

Confidentiality was understood as a significant ethical principle within this research, as with any other research conducted with human participants. Furthermore, due to the sensitive nature of the study, the researcher identified that, the potential breach of confidentiality could impose serious risks to participants, including, psychological distress, shame, embarrassment and guilt, which in itself is a form of harm or loss to the participants that supersedes the benefits of the research. Several precautionary measures were taken to ensure confidentiality is achieved and maintained, including, anonymity and removal of identifiable features of participants (i.e. names, names of family members) within the recorded interview that was transcribed. Also, to ensure the protection of participant privacy and confidentiality, the researcher took safety measures to store all relevant data in password protected folders within a hard drive, that was stored in a lockable storage unit and later transferred to the Massey University storage.

2.2.5 Non-deception

Non-deception was another ethical consideration that was taken into account for this research. The researcher ensured that the participants were aware of the purpose of the research, the purpose of the interview and all the steps that would be taken through the study, including interviewing of participants, recording and transcribing of interviews. The researcher further maintained transparency and overtness with participants by providing them with a participant information form, a detailed document which included mention of possible risks to the participant, information on the researcher and purpose of the study.

Participants were made aware that they had the right to withdraw from the study without having to provide any explanation within 2 weeks after completion of the interview, thus encouraging and increasing participant autonomy. The two-week timeframe to withdraw from the study allowed participants to freely exit the study without the fear of being penalised as well as allowing the researcher to re-recruit in the situation where a participant withdraws.

2.2.6 Informed Consent

Informed consent is closely aligned with the principle of no-deception, and obligates researchers to inform participants of all aspects of the research (unless logistically explained by research aims) including all potential harm and risks and to ensure participants understand their role within the research. A consent form was developed for the purpose of this and explained to participants prior to the interview and data collection. Participants were encouraged to read through the participant information form thoroughly prior to digitally

signing the consent form and were provided with a copy, which was sent to their e-mail afterwards.

2.2.7 The Treaty of Waitangi Principle and Obligations

Massey University as an institution has agreed that all research that is conducted as part of the university will comply with the principles of partnership, protection and participation as stated within the Treaty of Waitangi. As such, these obligations and principles were also considered in depth and details for the ethical component of this research. The Massey University “Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants” discusses a Māori ethics framework which extrapolates the Treaty principles to make it more applicable within mainstream research contexts. As per the Māori ethics framework the main points to focus on within mainstream research include, the notion of whakapapa, tika, manākitanga and mana.

The notion of whakapapa in this context is concerned with the relationships being established, developed and maintained with iwi, hapū, whānau and Māori communities. This principle is closely linked to the principle of partnership within the Treaty of Waitangi and encourages meaningful consultation and engagement with communities as well as demonstrating reciprocity to them. The researcher ensured this principle was fulfilled, firstly, by engaging in consultation with a Māori cultural advisor at their workplace and with the research supervisor, who identifies as Māori. Frequent discussions were had regarding how the research fulfils its requirements for relevance to Māori communities. Pre-existing knowledge from the researcher’s previous formal education and the literature review process for this study once again highlighted the health disparities between Māori and non-Māori and the

overrepresentation of Māori children in the system care due to exposure to ACEs, thus proving that the findings from this research could be relevant and beneficial to Māori communities (Ellison-Loschmann & Pearce, 2006). The protective factors of hope, spirituality and cultural identity are important aspects being explored through this research and are also factors that are discussed within the Te Whāre Tapa Wha model formulated by Mason Durie in 1984, which emphasises on four dimensions Taha Tinana (physical wellbeing/health), Taha Hinengaro (mental and emotional wellbeing), Taha Whanau (social wellbeing) and Taha Wairua (spiritual wellbeing) that are imperative to Māori wellbeing as understood through their worldview. Through the initial exploration of the protective factors of hope, spirituality and cultural identity, the researcher found that they fit in well within all four dimensions of the Te Whāre Tapa Wha and as such, making these findings particularly beneficial to the Māori worldview and as such, demonstrating reciprocity to Māori through the research.

The second principle within the Māori ethical framework, tika, is concerned with the purposefulness of the research to Māori in building capacity and welfare. This principle is closely linked to the principles of participation and protection within the Treaty of Waitangi. Similar to the principle of whakapapa, the researcher discussed the potential ways in which this mainstream research could still be seen as building capacity and welfare for Māori, through meaningful consultations with the Māori cultural advisor and the research supervisor. Discussions were mainly around the protective factors this research focuses on, which have a close relevance to Māori especially within the dimensions discussed in the Te Whāre Tapa Wha, a model describing the highly indigenous concept of the interrelatedness of mind, body and spirit in contributing to overall wellbeing, also an important focus of this research.

The third principle within the Māori ethics framework is manākitanga or cultural and social responsibility and is closely linked to the Treaty principle of partnership. This principle within a research context is particularly concerned with ensuring that the dignity and respect of all involved parties is upheld. The researcher ensured this was met, again through consultations with the cultural advisor and research supervisor. **Gyure et al., 2014**, discuss that respect and dignity of participants is also upheld through recruitment etiquettes, appropriate contact with participants and informing prospective participants of research endeavours while respecting their right for privacy and confidentiality. The researcher ensured that all participants were treated with respect and dignity, by maintaining confidentiality, engaging in appropriate contact over email, informing them of research endeavours as well as maintaining a non-judgmental stance through the research process. The inclusion criteria for participants within the study was informed by the research aims, to prevent possible judgment and unconscious discrimination.

Finally, the fourth principle, mana, ensures justice and equity and is closely linked to the treaty principle of protection. This principle is concerned with the ways in which this research strengthens and protects Māori culture, values, practices and language to be deemed as bi-culturally appropriate. Since this research falls under the mainstream category, the researcher closely followed and implemented the values as listed under the 'Researcher values in the New Zealand context' in section 2 of the Massey University Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants, which was adapted from a research by **Smith (2005)**, around indigenous perspectives on research. The first cultural value listed is aroha ki te tangata, which can be implemented into the research by ensuring that respect is given to all people especially by allowing people to define their own space and meet on their own terms. The researcher ensured this value was implemented into their research by

allowing participants to make their own decision about taking part and not subjecting them to any form of pressure or coercion. Participants were also provided with the opportunity to engage in the interview at a day and time that suits them to enhance their autonomy within the research. The next cultural value, He kanohi kitea is described as the importance of meeting people face to face, especially when introducing the research and “fronting up” to the community before sending out letters and materials. This value was difficult to meet due to the safety guidelines imposed by the university during Covid-19 and as such, the researcher ensured that a face-to-face meeting was conducted with participants over zoom instead. This value also helped with rapport building while introducing the study to the participants. The third cultural value listed is titiro, whakarongo, korero, which suggests looking and listening (and then maybe speaking). This value emphasizes the importance of looking/observing and listening in order to developing meaningful understandings, which is highly important in qualitative research. The researcher ensured this was met by allowing participants to speak freely, only to prompt them with the semi-structured interview questions when necessary. The researcher did not subject participants to their personal opinions on the subject matter, thus creating a safe environment for participants to be able to share their view-points.

The fourth cultural value listed is manaaki ki te tangata, which encourages sharing, hosting, and being generous. The researcher ensured this was met by compensating participants for their time with a gift voucher as well as agreeing to share results to bring closure to the participants and the project upon completion. The fifth cultural value stated is, kia tupato, which suggests being cautious while conducting research and thus encourages being culturally safe and reflective. Cultural safety was ensured through regular, meaningful consultations with cultural advisor and the research supervisor as well as asking participants when in doubt to avoid miscommunication. The fifth value listed is, kaula e takahia te mana o te tangata, which

is explained as being cautious and respecting the mana or dignity of a person, by maintaining cultural safety, asking and not assuming and consulting with cultural advisor and research supervisor. The final cultural value listed is, *kaua e mahaki*, which encourages being humble rather than flaunting knowledge. The researcher ensured this value was implemented by listening to participants as compared to flaunting their own knowledge on the matter as well as maintaining an open mind to be able to gather knowledge and learn from research participants.

2.3 Participant recruitment process

A qualitative study was to be conducted with 10-12 participants. A recruitment criteria was set for participants that have experienced at least 1 ACE from the ACEs questionnaire, prior to the age of 18 (their 18th birthday) and be parents of children. The recruitment criteria was set with the hypotheses and research aims in mind. Recruiting participants who had experienced ACEs would allow for important themes to emerge through the interview process. An important goal of the research was to understand the effect of the internal protective factors and meaning systems; hope, spirituality and cultural identity for those that have experienced ACEs, on the quality of future parent-child relationships, therefore the recruitment criteria of participants also needing to be parents. A small sample size between 10-12 participants was set in order to produce in-depth case analysis and meaningful narratives, which would later be transcribed for a thematic analysis. Other studies used as reference had also reached saturation point with a similar sample size that produced meaningful data.

Participants were recruited via social media advertisement. It was presumed that the recruited participants would be from New Zealand as it was shared on social media pages that were predominantly based in New Zealand, and those viewing and sharing the advertisement

from the Researcher's personal social media pages would also be based in the country. The advertisement posted on social media included a QR (quick response) code that interested applicants could scan to send an email directly to the Researcher. A brief ACEs questionnaire was created on Qualtrics (10 items) which was attached to the advertisements. Participants were requested to complete this brief questionnaire to determine their eligibility (answered "yes" to at least 1 out of the 10 questions), prior to approaching the Researcher for the interview. The advertisement stated that participants would receive a \$20 gift voucher (either a Supermarket or Westfield shopping voucher) as compensation for the time dedicated to the study.

The social media advertisement initially involved posting on the Researcher's personal social media accounts. The advertisement was also shared by followers and other people who were interested in the topic to their own personal accounts. The advertisement comprised of the research title, the description and purpose of the study, eligibility criteria, time/commitment, compensation (koha) and contact details of the researcher. A QR code was generated and attached to the advertisement for interested applicants to be able to send a quick, automatic email to the Researcher.

2.4 Sample size and participant demographics

The sample size of this study was 10 participants (Female = 6, Male = 4) who responded to the advertisements on social media on the researcher's page and through those who had shared the advertisement. All participants were resided in Auckland, New Zealand and were between the ages of 27 to 55 years. Out of the 6 females that took part in the study, two identified as New Zealand European, one as African, one as Laotian-Kiwi and one as

American-Kiwi and one, as New Zealand Māori. Out of the male participants, two identified as New Zealand European, one as New Zealand Maori and one, as British. All participants had children aged between 5 to 17 years.

2.5 Data Collection

Semi structured interview over zoom (due to COVID) was the main method of data collection for this project. A semi structured interview was deemed as appropriate for this research because this method of data collection is largely compatible with most qualitative data analysis methods. It is also an easy and efficient way of gathering relevant data, as compared to organising longitudinal studies which may involve getting access to schools or other organisations to observe participants or keeping an observation diary, which may take longer and are lengthier processes in general. According to Curtis and Curtis (2011), a semi-structured interview is an effective way of data collection as it encourages both the interviewer and interviewee to think in new ways to create new knowledge and understanding of their own experiences.

The semi structured interview for this research, included 10 questions that were specifically designed to steer the conversation towards obtaining data for the research question. The interview questions were merely used as a guide and most questions within the interview were delved deeper into. Willig (2013), suggested it is important for the researcher to consider their own social identities (i.e. gender, social class, nationality, age) and its possible effects on the interview and interviewee, in order to understand the essence of what is being communicated. It is possible that the interviewer's social milieu may lead to administrative distrust on the part of the interviewee, who may feel judged or uncomfortable, which may

impact their responses. To overcome this, the researcher ensured to briefly familiarise themselves with each participant and their social identities (through brief conversation exchanges over social media and emails) prior to the interviews, to build rapport and create an interview platform that was safe and comfortable for the interviewee.

Each interview conducted with the participants was between 20-45mins long on average over zoom at a time that was convenient. The interviews were held in a private space in the participant's home, mostly at the dining table, study and one participant completed their interview in their garage. The researcher allowed at least 10 minutes prior to each interview to discuss the project rationale, participant information form, confidentiality and consent forms, as well as to build rapport. These forms were emailed to each participant prior to beginning the interviews to obtain a digital signature and returned back to the researcher. At the completion of the interview, the researcher switched the recording device off and engaged in a brief, informal conversation to ensure participants were not feeling unsafe from the nature of the content discussed in the interview. The researcher provided each participant with the mental health helplines brochure and encouraged them to contact appropriate services, if they felt at risk in any way.

The participants were also asked if they would want to receive a transcript of the interview or if they wish to edit the transcripts before it is used for the study. Nine out of the ten participants indicated that they do not wish to receive the transcript, but were sent the transcript release form anyway for the researcher to gain consent to release extracts within the research. The participants were advised that upon the completion of the research, the transcripts would be destroyed.

These interviews were recorded on a portable audio recorder and transcribed verbatim. In discussing the recording procedure of the interview prior to starting the interview, the researcher provided assurance that each recording would be handled with utmost safety and stored securely in an external hard drive in a lockable drawer along with the consent form hard copies. The researcher also provided assurance that no names would be used in the actual interview and any identifiers would be removed prior to being used within the study. The audio recordings were transcribed, initially through the help of otter, an automated, downloadable transcription facility. The researcher corrected the inaccuracies within the transcripts, manually, by listening to each audio recording. To ensure further security of these audio recordings and transcripts, they were securely transferred to storage at the Massey university along with the hard copies of the signed consent forms, where they are to be kept for a five-year storage period.

2.6 Data Analysis: Thematic Analysis

As mentioned previously, the rationale behind taking on a qualitative approach towards this study was to increase the humanness of the project and to develop insights on intangible concepts, including subjective experiences and the way people understand or relate to the concepts of childhood abuse, hope, spirituality and cultural identity, and how these shape their relationships with their children. As such, a rigorous data analysis method that captures the essence of subjective, human experience without reducing it down to objective data, would be imperative in doing justice to this study. Upon conducting research on various data analysis options and discussion with the Supervisor, the researcher decided that an appropriate way to disseminate the data would be through the method of Thematic Analysis.

Thematic analysis is a way of organising qualitative data, to recognise important themes, concepts or meanings that arise. This section discusses the aims and objectives of thematic analysis as a method of analysing qualitative data as well as why it was chosen as the most appropriate tool in analysing data within this research.

Thematic analysis can be best described as a way of searching for themes that are deemed as important in explaining or describing a phenomenon. (**Fereday & Muir-Cochrane, 2006**). For this research, the researcher discussed phenomenology as their epistemological orientation that underpins their philosophical basis and outlook on the world, and, based on that, the researcher believed it to be appropriate to choose a method for data analysis that highlights the subjective meanings of phenomenon held by participants to give them an active voice. Thematic analysis is a method that aims to capture the voice of the participants, as the process requires the researcher to engage in a search for “themes” by re-reading and coding interview transcripts from participants.

2.6.1 What is a theme?

For the purpose of this study, the researcher took on an inductive approach to analysing the interview transcripts. An inductive approach is best described as a “bottom up” method, whereby the researcher approaches the data without any previously thought of coding frame for “themes”. For this study, the researcher approached the data with loose ideas around themes as determined by the literature review and research aim of investigating whether hope, spirituality and cultural identity act as protective factors in breaking intergenerational cycle of trauma. The semi-structured interview also helped to steer conversations towards potential themes. **Fereday and Muir-Cochrane, 2006**, describe a theme to be representations or

patterns of meaning embedded within data that can be used to describe or explain the phenomenon in question.

2.6.2 Conducting a thematic analysis

For the purpose of this research, the researcher followed the step-by-step accounts of carrying out a thematic analysis by Braun and Clark (2006). Before carrying out the data analysis, it was important to consider the purpose of carrying out thematic analysis over other analytical methods and in this case, the main reasons were the technicalities including the flexibility, sample size and the analytical focus of identifying common themes across data sets, as compared to themes within individual data set (IPA). The first step in conducting a thematic analysis was to familiarise oneself with the data that was produced through the interviews. Willig (2013) suggested that this is ideally done with the researcher reading and re-reading the texts several times. This was an especially important process for the researcher in this project, as the interviews were not manually transcribed, and as such, reading the transcribed text multiple times enabled complete immersion into the data. For this research, the researcher read each transcript at least 5 times. However, upon initial encounter with the data, some ideas and possible themes had already begun to develop in relevance to the research aims. Smith and Sparkles (2016) suggested that critical engagement with the data requires the researcher to consider the following points while familiarising themselves with data for coding; firstly, why might the participants be making sense of things in this way (rather than another way), secondly, to consider one's own stance as a researcher and question, how would I feel in this situation, how could the participants accounts have been different (if at all), what worldview does the participant's account imply or rely on, what assumptions underpin the data and finally, what implications could this account have?

The following step was the coding of the data and an inductive approach to analysing the data meant that the researcher did not go in with pre-existing and predetermined ideas around possible themes and rather allowed for themes to emerge organically within the data that were relevant to the research aims. Coding within the context of thematic analysis, can be defined by the identification of units of meaning containing features that are relevant and important to the research. Willig (2013) also discussed the importance of being able to distinguish between a code and a theme, whereby a code is a descriptive unit of meaning within the transcribed text, which eventually lead to broader themes that may contain a cluster of codes. Coding of data may either take on a semantic or latent focus. Semantic focus refers to the identification and coding by obvious and explicit things stated by participants, whereas latent focus refers to coding by implicit, covert meanings that may underpin what is explicitly stated by participants (Smith & Sparkles, 2016). The researcher decided to take on a semantic focus while coding the data for this study, as latent meanings are not only difficult to identify and code, but are also prone to researcher-bias, as the researcher might interpret meanings based on their own understanding of it, which could differ from the meaning as intended by the participant, and, lastly, latent meanings are usually more difficult to generalise and map onto broader socio-cultural settings, which this project eventually intends to do (Smith & Sparkles, 2016). For this study, the researcher manually coded the data by reading the transcripts multiple times and colour-coded codes (using coloured highlighter) that emerged from the text. The text was tagged with the code(s) as relevant and left untagged if irrelevant. The researcher also decided to be flexible with the coding and created new codes if the existing ones were not applicable when encountering a novel unit of meaning within the text. On completion of coding the text, the researcher found that a few codes had to be tweaked, by either expanding the codes, splitting existing single codes into two or more codes or collapsing

similar codes that were originally coded separately, into a single code (Smith & Sparkles, 2016). This step was carried out with frequent discussions and guidance from the research supervisor.

The next step in thematic analysis is interpreting, refining and naming the themes. Themes within the context of thematic analysis can be defined as higher levelled, patterned response or meaning within the data set (Braun & Clarke, 2006). As mentioned previously, an inductive approach to conducting thematic analysis meant that the researcher went into data analysis with no pre-existing ideas around possible themes and rather allowed for themes to emerge naturally within data sets through the cluster of codes. It was, however, important to acknowledge that even though an inductive approach was undertaken towards interpreting themes, the knowledge acquired through the literature review process and the semi structured interviews may altogether have contributed towards researcher bias while identifying and interpreting themes, as some themes may have been more emergent and prominent to the researcher, simply due to pre-existing knowledge on the topic, which also steered conversations towards certain tangents through the semi-structured interview process. Mackieson et al. (2018) questioned the extent to which inductive research can be deemed as a bottom-up or “blank-page” approach, especially as multiple parts of the research is already assumptions and value-laden, for example, the framing of the research question, the selection of data source for literature review and/or use of data collection or analysis methods. As such, it is recommended that the researcher is aware of and acknowledges their pre-existing stance and potential bias on the topic while interpreting themes, to avoid highlighting their own voice or stance as compared to that of the participants.

While interpreting themes, it is also recommended that the researcher adopts a set of criteria that guides the process of what is and is not classified as a theme, especially within inductive thematic analysis (Willig, 2013). For the purpose of this research, the researcher was guided by the research question and aims in identifying and interpreting relevant themes. The researcher also took on a semantic focus in interpreting themes to avoid complexity, reduce researcher-bias and highlight the participant voice. Smith & Sparkles (2016) recommended the researcher consider these points while interpreting, refining and naming themes; firstly, does each theme have a central organising concept or meaning that the data and codes all correspond to, whether the central concept (meaning) of each theme can be differentiated from one another, the possible relationships, interconnections and boundaries between the themes and finally, whether the themes altogether tell a compelling story to address the research question. Braun and Clarke (2006) also discussed the possibility of three different levels of themes emerging when interpreting themes, but recommended there be no more than three levels to prevent complexity. The three levels of themes include; overarching themes, which can be described as a central idea that underpins a number of themes but are in themselves not a part of the overall analysis within thematic analysis, themes, described as a detailed account or meaning in relation to a concept that is important to the research and finally, sub-themes, defined by the units of meaning that capture an important aspect of a theme (Braun & Clarke, 2006). The researcher found there to be two layers of themes forming in this study and decided to go with the terms; overarching themes and sub-themes in addressing these. Overarching themes were revealed in the three broad areas of ACEs, protective factors (hope, spirituality and cultural identity) and parent-child relationships. Two overarching themes were revealed within the topic of ACEs, including [Distress], which led to three sub-themes; instability, forsaken and fear and the other overarching theme, [Coping], which led to four sub-themes; radical acceptance, escape, precocious and rationalisation. The topic of hope revealed one overarching

theme, [Positive Expectations] which led to two sub-themes; optimism and purpose. The topic of spirituality revealed one overarching theme, [Higher Power] which led to three sub-themes; protection, stability and unconditional love. The topic of cultural identity led to the overarching theme, [Sense of belonging] which led to two sub-themes; connectedness and acceptance. Finally, the topic of parent-child relationships revealed one overarching theme, [Parental Resilience], which led to three sub-themes, self-care, seeking support and experiences make us who we are. All of the overarching themes and sub-themes were discussed with the research supervisor to ensure validity.

The next and final step within thematic analysis is the analytic narrative or telling of a compelling story to address the research question and aims. This process includes defining each theme that were interpreted through the thematic analysis with depth and detail and providing interpretative commentary for the reader (Smith & Sparkles, 2016). The researcher wrote a paragraph or two for each overarching and sub-theme to best define it in a succinct manner within the discussion section.

2.6.3 Evaluation of Thematic Analysis

The researcher found the use of thematic analysis to be comprehensive and flexible in its use for data analysis within this research. This method of data analysis allowed for the right balance between observation-based analysis and subjective interpretation of the observations made by the researcher, which was ideal given the research aims of this qualitative study (Alhojailan, 2012). The researcher also found the process of conducting a thematic analysis to be straightforward, although, time consuming, since the data was manually analysed as per the traditional way, rather than using computer software for analysis. The researcher chose to

manually transcribe the data to avoid deterministic and rigid analysis and the reification of data, which may result from using computer software (St John & Johnson, 2000). Moreover, the researcher attempted to maintain the humanness of the project by analysis data manually as well as to allow complete immersion into the data through the processes.

As mentioned in previous sections, thematic analysis is a method that is flexible in terms of theoretical framework that it is based upon. In simpler terms, thematic analysis, unlike other qualitative analysis methods, such as IPA (underpinned by phenomenology as a theoretical framework), does not come with a pre-determined theoretical basis, which contributes to its flexibility to be used as an analysis method for various research types, however, this flexibility may also be seen as a limitation, as the lack of empirical and theoretical basis of this method has the potential to create a lack of consistency and cohesion through the study, especially through the process of theme development. Willig (2013) advised researchers to be aware of the tendency to create a “shopping list” of incoherent and inconsistent themes that are mere reflections of the questions or key points from the semi-structured interview agenda. when conducting a thematic analysis. In keeping this in mind, the researcher critically evaluated the themes with the supervisor to ensure they were not repetition of ideas and agendas from the interview and rather, meaningful themes that helped to address the research aims, with a coherent philosophical basis, which was phenomenology in case of this study.

2.8 Summary

Overall, this chapter provided a thorough analysis of the methodology that informed the present study. The study was informed by a phenomenological philosophical stance and undertook a qualitative approach to address the research aims. Semi-structured interviews were conducted with participants who were recruited via social media and a thematic analysis was

conducted to analyse the data. The chapter also presented a set of considerations that are imperative to conducting research with humans and placed them in context of the present study. The following chapter presents the results acquired through the thematic analysis of the interview data.

Chapter Three: Results

This chapter sets the scene by providing a general overview of the ACEs as experienced by the participants that were interviewed and the themes that were found to be common through their exposure to ACEs. This is followed by introduction of further themes that were derived from the discussions on hope, spirituality and cultural identity as protective factors, and finally, the themes that were revealed through the discussions on parent-child relationships. The overarching themes will be contained within brackets to help the reader distinguish these to the sub-themes that emerged. Furthermore, the letters within the square-brackets after a quote or interview extract indicates the code allocated to the specific participant it belongs to.

3.1 An overview of participants' exposure to ACEs

Across the ten participants interviewed, nine reported having experienced some form of physical abuse, eight reported emotional abuse and four reported sexual abuse. All ten participants reported exposure to emotional neglect and one reported both emotional and physical neglect. All ten participants had experienced some form of household dysfunction, with six reporting mental illness, nine reporting substance use, three reporting divorce, seven reporting witnessing violence towards their mother and two reporting the incarceration of a relative in the household.

All ten participants in this research indicated having protective factors and personal strengths that protected them through the adversities. Another interesting finding was the lack of long-term, negative predictions from the ACEs framework amongst the participants that

were engaged in this research. All participants within this research were engaged in full-time employment, with six participants working in a helping profession, one participant as a builder, one participant in primary school teaching, one employed in accounts management and one, as a musician. None of the participants reported having a chronic physical health illness or a Diagnosis Statistical Manual (DSM-5) formally diagnosed mental health disorder. However, all participants did report undergoing periods of situational low mood and anxiety. Furthermore, all participants disclosed a close and functional relationship with their children.

Table 1 provides a brief snapshot of these participant demographics. All the participants within this study, were provided with a unique code, which is reflected in the table below. These codes are used through the present study while making references to quotes made by each participant.

Table 1

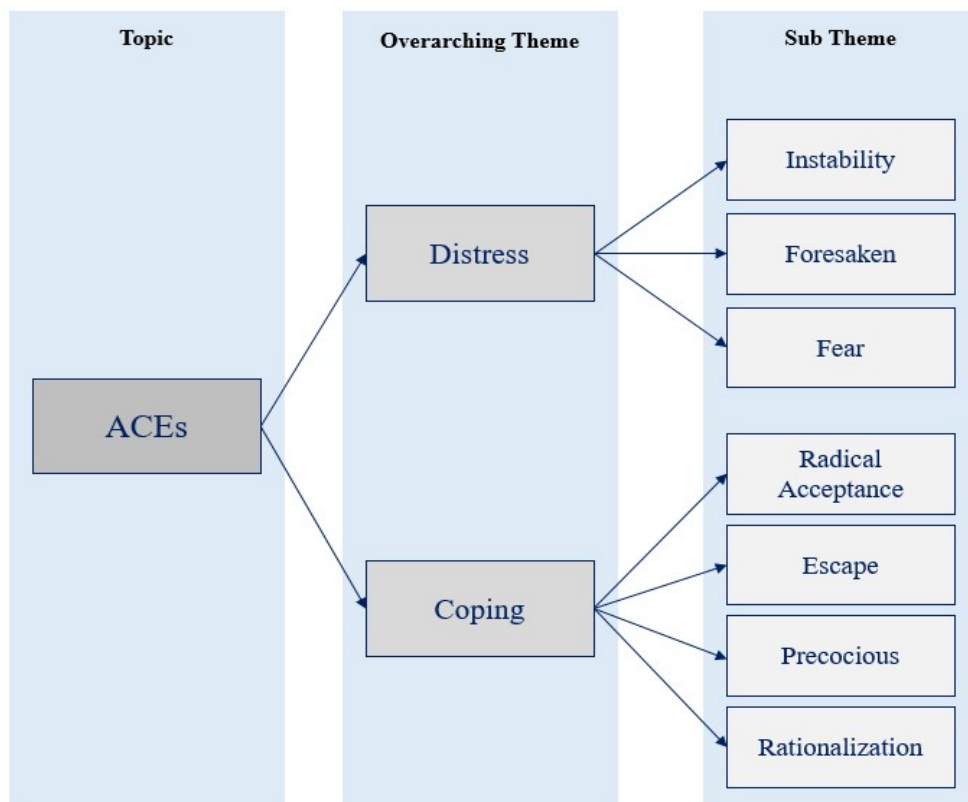
Demographic Characteristics of the Participant Sample

PARTICIPANT	GENDER	RELIGIOUS AFFILIATION	AGE	JOB TITLE	ETHNICITY
AWNZE	Female	Christian	51	Health Professional	NZ Caucasian
EBNZA	Female	Christian	47	Health professional	African
HCNZE	Female	Spiritual	37	Teacher	NZ Caucasian
LFNZM	Male	Spiritual	27	Builder	NZ Maori
JJNZA	Female	Christian	49	Health Professional	American
MONZB	Male	Christian	51	Health Professional	British
SMNZL	Female	Spiritual	35	Accountant	Laotian
RLNZE	Male	Christian	55	Health Professional	NZ Caucasian
GFNZM	Female	Spiritual	37	Support Worker	NZ Maori
CWNZE	Male	Buddhist	37	Musician	NZ Caucasian

A noteworthy observation made within the data, through the analysis of exposure to ACEs was a possible lack of attachment and/or an unhealthy attachment style that the participants identified with, in regard to the relationship with their parents. There was a lack of overt expression of this across the data, and therefore did not develop as an overarching or sub-theme on its own, however, insinuations were present throughout the interview, especially in discussing childhood exposure to trauma. The only salient statement was made by one participant who stated, that after doing some research, she identified as having an anxious-ambivalent attachment towards her caregivers as a child [HCNZE].

Figure 1

Overarching themes and sub-themes from the analysis of ACEs



3.2 Analysis of exposure to ACEs

Figure 1 depicts the analysis of ACEs, which revealed 2 overarching themes, (Distress) and (Coping) in describing participant exposure to ACEs. These broad, overarching themes contained more specific, sub-themes which are discussed below with examples extracted from the data.

3.2.1 Overarching theme: Distress

A sense of feeling distressed, was a core theme that appeared from interview data around exposure to the ACEs. (Distress) was understood to be a vast theme, with 3 sub-themes including, instability, forsaken and fear, which describe the theme in more detail. These are discussed with specific examples from participants through the following sections.

3.2.1.1 Sub-theme: Instability

The first sub-theme that emerged within the overarching theme (Distress) was a lingering state of instability, as defined by frequent feelings of uncertainty and unpredictability.

The experience of instability as a result of exposure to ACEs was conveyed by all 10 participants. Majority of the participants recalled feeling like there was no stability, that they lacked control over their circumstances and that things could change at any given moment without prior notice, leaving them feeling unsettled and uncertain about what was to come. This theme was conveyed through statements made such as:

It wasn't a stable childhood [JJNZA]; My childhood was unstable, unreliable, unpredictable [RLNZE]; There was no routine, no certainty [HCNZE].

Other expressions in the interview that were indicative of instability included:

I moved around a lot when I was little...There was lots of violence and it was unpredictable [RLNZE];

It wasn't a stable childhood.. My dad had PTSD from the Vietnam war, so he had anger and trauma issues and found it hard to stick to one job... So we moved around a lot, I went to different schools. I worked it out that I actually went to a different school every single year of my schooling, sometimes two or three different ones in a year [JJNZA];

My parents were unpredictable... It was constantly like as if I felt no sense of relational safety to anyone, and I had no one who was reliable [HCNZE].

Similar comments were made by [AWNZE] who expressed a lack of emotional safety and stability from the primary caregivers; *Dad was in and out of mental hospitals throughout. He was unwell on and off and he'd be quite volcanic, like he'd be fun and then just erupt over the smallest things.*

A similar example of instability was also made through the comment; *My parents were unpredictable..One day they could be nurturing and available, so like emotionally present and I'd feel like my needs are being met, but then they could be completely unavailable and scary.*
[HCNZE]

Instability is also communicated in reports of day-to-day uncertainties, for example:

My Dad used to drink and come home and beat my Mum..we never knew what he would be like on the day..[EBNZA];

They had all these drink-ups and parties and fights between themselves and their friends and fights between gangs, every night, every weekend, it wasn't like a home no routine nothing, every day was different [LFNZM]

3.2.1.2 Sub-theme: Forsaken

The theme of being forsaken or abandoned was a common, repetitive theme across majority of the interviews and was categorised under the overarching theme of (Distress). Eight out of ten participants indicated a sense of being forsaken in their recollections of exposure to the ACEs. Statements such as the following, were saliently indicative of this sub-theme:

There was definitely that emotional neglect and abandonment...like I have memories from being very young, like age 5, walking myself to school and back and taking myself to play at the beach by myself or you know, going on adventures alone on my bike from a very young age. [HCNZE];

So one day my Mum just packed-up with my younger sister, leaving me in the US and came back to New Zealand..this was when I was eleven I think. [JJNZA] and;

My mum put a lot of affection and attention to my sister and was never emotionally available to me [JJNZA].

Some participants communicated feeling like they were left to fend for themselves, for example;

We all went to a tractor fair when I was six and for some reason, I just got left behind and sexually assaulted by someone I didn't even know..and then I don't know how I made my way back home, but I did...I was also growing up by myself a lot or just with the other kids..[AWNZE]

A lack of supervision and neglect was a core aspect of “being forsaken” as communicated through comments such as;

My experience was one that was pretty neglectful, the house was just always messy, but probably one of the big impacting things was that I used to wet my bed till I was at least twelve and I didn't know you were supposed to change your sheets and stuff, so I just used to get back into a wet bed. [AWNZE] and;

There was a constant lack of supervision, like Mum would always just be in her book. [AWNZE]

3.2.1.3 Sub-theme: Fear

A state of fear was communicated by all ten participants who took part in the interview. Fear was communicated as a response to the various adverse experiences the participants were exposed to and saliently communicated through comments such as;

We always had that fear with my Dad when he was out and what will happen when he comes home later...and it was worse if he was drunk.. we would run and hide because we always had that fear that he would find us and beat us. [EBNZA] and;

We were terrified of Dad, like we would just be sitting at the table and I don't know what I would've said and he'd just grab my head and bash it down into the table. [AWNZE].

Fear was again communicated through comments such as; *Dad had PTSD from the Vietnam war, so he had anger and trauma issues.. he was quite violent so there was a lot of hefty spankings..we would get hit with a belt quite a lot, now thinking back to it, it was really very scary. [JJNZA]*

Overall, the overarching theme, (Distress) led to three sub-themes, instability, forsaken and fear, which highlighted the atrocities of ACEs as participants were going through it. The next overarching theme within the topic of ACEs is (Coping) and provides examples of how participants coped with the distress they experienced.

3.2.2 Overarching Theme: Coping

(Coping) was the next overarching theme revealed within the topic of ACEs and concerned with participants finding ways to cope with the adversities they were exposed to. Various ways of coping were expressed by participants, which form a core aspect of the sub-themes within this overarching theme. (Coping) included four sub-themes; radical acceptance, escape, precocious and rationalisation.

3.2.1.1 Sub-theme: Radical Acceptance

Radical acceptance, a term coined by Psychologist, Marsha Linehan, is defined as a person's internal mechanism in accepting a situation (usually which cannot be changed) as it is, without trying to fight or resist it, no matter how dire the situation (Linehan & Wilks, 2015). Five out of ten participants expressed a form of radical acceptance and three out of the five participants used the term acceptance in their recollections and therefore, highlighted in bold. An example of radical acceptance can be seen in comments made such as:

Yeah it was difficult, but you know, we just learn to live with it [EBNZA]; and:

*Back home we didn't have counsellors or social workers or anybody to help us, so we just lived with it and **accepted** it and treated it as the norm [EBNZA]; and:*

When you are young, you don't really have the freedom and power to say things like, "Dad, I don't like the way you treat Mum", and as kids, we had no voice, so we just said, okay, what to do, and carried on like that [EBNZA].

Radical acceptance is again expressed in comments such as: *You know, when you are little and can't escape it, you just learn to live with it and just find your own ways to **accept** your reality as it is [AWNZE];*

I just got used to it, I was too young to change anything so I just decided not to care about it and made peace with it ([LFNZM] in discussing how it was living in a gang house).

Other expressions indicative of radical acceptance includes:

What could I have done? I was the youngest of nine siblings and there was very little help and even when there was help, it was just a visit from social workers here and there, so most of the time, it was just me by myself and that's just how it was [HCNZE]; and:

My parents came from a country where that type of physical violence and psychological violence from what I understand now was just normal, so that's what they did to us too, and we thought it was normal and just learnt to deal with it [SMNZL]; and:

*Eventually my sister and I just **accepted** what had happened, it wasn't really in our control ([JJNZA] in discussing the separation from a sister as a result of their mother suddenly leaving for a different country without telling anybody).*

3.2.1.2 Sub-theme: Escape

Escape, as a sub-theme within this context, is defined as a physical or mental distancing from adversities, as a way of (Coping). Seven out of ten participants expressed that they would look for ways to escape from their traumatic realities. Four out of seven participants used the exact term, escape, therefore, highlighted in bold. Escape as a means of (Coping) was expressed in comments including:

I always wanted to go away to the sea when I was young, because I just wanted to get away..and I was happiest when I was away and when I wasn't home [RLNZE]; and:

*Even though my family system was quite complex and like all over the show, I found my own peace by just exploring and **escaping** to new parks, beaches, all on my own [HCNZE]; and:*

*I remember, I started running, like actually **escaping** from all that, we all actually had our turns running away from the house from quite a young age [AWNZE].*

Some participants also expressed using mind altering substances to escape from their traumatic realities, through statements such as:

*I used drugs to help me cope, it was another form of **escape**...The only time I felt real love and warmth was when I had my first shot of heroin [RLNZE]; and:*

I started to get involved in very antisocial behaviours in adolescence and began to socialise with all these other troubled, really naughty kids, and started to use with them...and I thought it was lots of fun and the only time I actually felt at peace [JJNZE]; and:

I just started to push things aside and became a drug user, I used to sniff petrol till I blacked out, I don't know who showed me or how I found out, but that's what I did..I was also smoking cigarettes, sniffing solvents and by the time I was 14, I was drinking alcohol to black out and by the time I was 15, I was using cannabis and just about anything and everything [AWNZE].

Indication of a psychological escape from the trauma was expressed by some participants through comments such as:

I don't remember so much of what happened in my childhood, it was just too traumatic..I couldn't remember so much of what I told you till I was like an adult, so there is definitely that dissociation or like forgetting on purpose or something [AWNZE]; and:

A lot of my childhood is just popped away somewhere and I am too scared to re-visit it
[HCNZE].

*I was selectively mute till the age of ten, so that was my **escape**, pretending like I was invisible*
[MONZB].

3.2.1.3 Sub-theme: Precocious

The sub-theme precocious is defined by children taking on adult roles and responsibilities as well as having abilities and inclinations appropriate for a more mature developmental stage (i.e., adulthood). The precociousness and child parentification (a child taking on the role of a parent or adult) was understood as a way of physical and emotional survival in the absence of a reliable, trustworthy caregiver. Five out of ten participants expressed precocious behaviours and inclinations from an early age indicated in statements such as:

Even as a kid, I was highly self-reliant as I knew I couldn't depend on my parents [HCNZE];
and:

I wish my parents had their mental needs met, so that they could meet my emotional and developmental needs, so like I could have a childhood where I felt comfortable being a child, I was mostly just a grown, self-reliant, responsible adult in a child's body [HCNZE].

Other expressions indicative of precociousness included:

We needed money, so I grew up earlier than I should've and just followed what my older brothers did..I never had time to do all the things I do with my kid now, even though I was the same age when I got involved in all that [LFNZM]; and:

I think it was all the trauma, especially the sexual abuse that made me all promiscuous and highly sexualised from a very early age, I was only 13 you know...and I think I thought all these people were in love with me or something and I liked the affection and attention because I never got any from my parents [AWNZE]; and:

I was just so mature and responsible for all the younger siblings from such a young age, like it was expected of me as the oldest child, except I wasn't allowed to be a child [SMNZL].

3.2.1.4 Sub-theme: Rationalisation

Rationalisation in this context is defined as an internal, self-deceptive mechanism where exposure to day-to-day adversities were minimised or justified with supposed logical reasons to help the individual cope. Two participants overtly expressed that they rationalised some of their experiences to come to an acceptance with the adverse circumstances that were beyond their control. The rationalisation of adverse experiences was saliently expressed in interviews by six out of ten participants.

Expressions indicating rationalisation of adversities was found in examples including:

The house was just always so messy and we were all just so sad and isolated...but then at least we had food, like they always gave us enough food [AWNZE]; and:

Mum was an incest victim and she was married to my Dad who had also been through quite a bit of abuse, incest and quite extreme violence, so they got together and Mum had me when she was only 19, so you know, I thought they just did what they knew and what they could with the kids, though now I know it just wasn't okay [AWNZE]; and:

We would get hit with a belt quite a lot when we were young, me and my sister..and witnessed the domestic violence between our parents, but Dad had PTSD and I guess we'd just push his buttons and that's what caused it [JJNZA].

Other expressions of rationalisation included: *I was really not that close to them, they would go to the farm and they were just busy people you know, they didn't have time to sit with all of us 8 children and no money or anything also, they would just come home angry and tired, so we stopped expecting [EBNZA]; and:*

When Dad died, Mum was all alone and the brothers took all responsibility, they weren't the best role models but they did what they could to put food on the table, so yeah we suffered but at least we had food, shelter and all [LFNZM]; and:

I was embarrassed about his behaviour, but having said that, I never went hungry, there was always food on the table and clothing and he gave me nice things I wanted [RLNZE].

Two out of the six participants overtly stated that they engaged in rationalisation to cope through the adversities, for example:

Thinking about it like, they were just trying their best, helped me feel less angry at them at the time, and I guess to cope with it [EBNZA]; and:

Having kids of my own, I can tell you children are very resilient, they always find ways to cope, even if it is by creating a perfect world for themselves in their head by focusing on two positive things out of a hundred negative things.. I guess that's how I dealt with it too, just kept going by telling myself it's all good [SMNZL].

Overall, the overarching theme (Coping) led to four sub-themes; radical acceptance, precocious, escape and rationalisation, that demonstrated ways through which participants coped through the (Distress) that was a part of their exposure to ACEs. The next section provides an analysis of the three protective factors that were of importance to the present study.

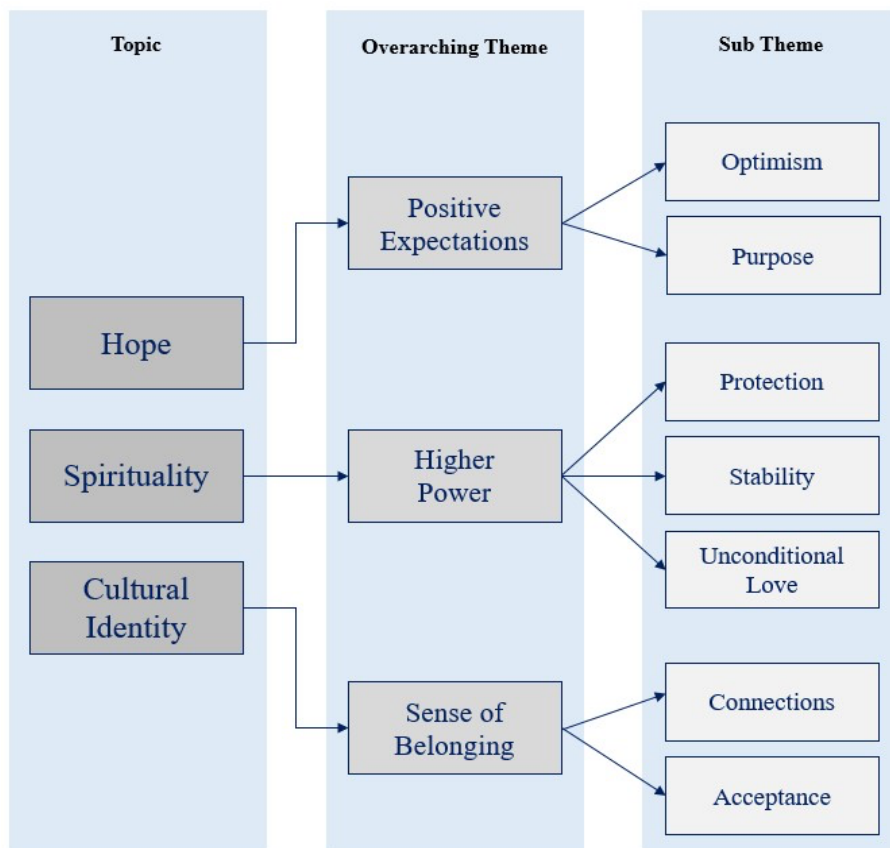
3.3 Analysis of protective factors

All ten participants responded positively to the three protective factors: hope, spirituality and cultural identity, which were a primary focus of this study. A positive response is defined by participants resonating with the three factors in a way that had positive impacts in their lives. Seven out of the ten participants reported the two factors spirituality and hope to be interlinked and: *cannot be separated from one another* [HCNZE] and all ten participants stated the three factors to be important meaning systems in their lives. The analysis of the

protective factors is demonstrated in Figure 2 which shows the overarching and sub-themes for each of the topics, hope, spirituality and cultural identity.

Figure 2

Overarching themes and sub-themes from the analysis of protective factors



3.4 Hope

3.4.1 Overarching theme: Positive Expectations

Analysis of the topic of hope, revealed an overarching theme (Positive Expectations) with sub-themes, optimism and purpose. Participants expressed that even though there were

uncertainties linked to the future, having hope transformed the fear into positive expectations of the future instead, for example:

It can really go either way, but its best to believe that things can get better, and it's easier to think that way when you have hope [RLNZE]. All ten participants understood hope to be a positive meaning system in their life and their responses indicated alignment to positive expectations of the future. The two sub-themes, optimism and purpose are seen below with participant quotes.

3.4.1.1 *Sub-theme: Optimism*

Optimism was defined as a positive vision for the future or the ability to look at the brighter side to a given situation. Participant comments about hope indicated a strong association with optimism and this is overtly expressed in examples including:

I think it gives you a chance to go on because things will get better and they usually do [RLNZE]; and: I think for me, hope means that there is something better, like you can see something bigger and better ahead [AWNZE]; and:

It's like knowing that things can change..and even though things are not that great sometimes, it will be better one day [JJNZE].

Other expressions indicating optimism included:

I believe there is always hope that there will be a better tomorrow and something better for me, even if today or my past has not been the best [EBNZA]; and:

to me it means that, at some point you can rest, simply knowing that it will be okay and you will be okay [MONZB].

I had hope even when I was going through all that, I knew that things would be okay and I would try to find joy in the little things even back then [HCNZE].

I had this teacher and I really liked her and wished she was my mum...so I'd see all these nice people and know that not everybody is bad and not everybody is out there to get me [GFNZM].

3.4.1.2 Sub-theme: Purpose

Having a sense of purpose was defined as a key motivation and driving-force to existence. From the participant interviews, purpose, was further understood to be an intrinsic value that guided them towards a satisfying and fulfilling future and hence categorised under the overarching theme of (Positive Expectations). Five participants expressed the concept of purpose in discussing hope and the exact word was used by four out of the five participants.

Participant expressions of purpose included:

*Having hope is like finding meaning and **purpose**, like you exist because you are important and you are supposed to be here [HCNZE]; and:*

*When I was really young and I didn't understand hope, I didn't really even know why I was alive or what the point of it all really was, like why were these people still choosing to be here and why had they just not killed themselves?...But when I grew up a little, I found hope and realised that you don't just live and then die, I realised that these people had a **purpose**, and that I have a purpose.. for why I am still here, and you know, like I am important, I am valuable and I am here for a reason, and it's all so exciting [HCNZE].*

Other expressions of purpose include: *Hope for me is also quite closely linked to learning and development and getting closer to my “**purpose**” in this world and who I am meant to be [AWNZE]; and:*

When I think of hope, I think God has a way for me and a reason as to why He has put me on this journey [EBNZA]; and:

*You know, it's not all that bad even though it feels like that sometimes, there's always a reason for why we go through the things we do and we are here for a reason, we have a **purpose**...and I believe everything will always be okay in the end and if it's not okay then maybe it's not the end [MONZB]; and:*

No matter what happened in the past, I cannot change that, but relying on hope makes me feel like I have a plan and a purpose for me and that I am here for a reason and I have to be strong for that [EBNZA].

Overall, the topic of hope revealed one overarching theme, (Positive Expectations) which led to two sub-themes, optimism and purpose. Participant expressions indicated that

hope was present in their lives as children and continue to be an important aspect of their lives to date. The next section presents an analysis of the topic, spirituality.

3.5 Spirituality

3.5.1 Overarching theme: Higher Power

The dominating theme that emerged from the discussion on spirituality was the concept of a (Higher Power) or a metaphysical entity that is bigger and better and is in-charge of all creations within this world and beyond. All ten participants expressed having a Higher Power or a belief that there is something out there that is in-charge, is invincible, and takes care of them. Six out of ten participants stated that they believed in a God as the Higher Power, four out of ten participants reported they were not religious and believed their Higher Power to be some other entity (i.e. The Universe or nature). This overarching theme of having a (Higher Power) gave rise to 3 sub-themes, protection, stability and unconditional love. These sub-themes are discussed below with direct quotes from participants.

3.5.1.1 Sub-theme: Protection

Protection was synonymous to being cared for as well as feeling a sense of safety in the presence of the (Higher Power). Participant accounts from discussion about their Higher Power also depicted beliefs about being protected by this entity regardless of the situation. The word protection was used by two participants and thus, highlighted in bold.

Expressions of protection included:

I truly believe that something out there is looking out for me [JJNZA]; and: I can't quite explain but I always felt like I was looked after, like no matter what, the Universe always had my back [MONZB]; and: I guess it's just knowing that, this thing that is bigger than me, it's always got its best interest for me, even when I don't know it, so just trusting that [AWNZE].

Other expressions of protection included: *Spirituality for me is more than religion, it's like knowing that I am **protected** and it will never cause me any harm [LFNZM]; and:*

Spirituality for me is my relationship with God and relying on God makes me feel strong because I know He will always take care of me and my needs [EBNZA].

*God was there for me then, when I went through all that and He continues to **protect** me and my children [EBNZA].*

3.5.1.2 Sub-theme: Stability

Stability was defined as a constant, steady and reliable connection. Participants described spirituality to be a connection that provided them with grounding and a feeling of security in arduous times.

Expressions of stability include:

My relationship with God is strong and steady, I know that He will never leave me and that thought alone makes me less anxious [EBNZA]; and:

Spirituality has been like the anchor to my life and in my recovery from addiction, it holds me down in one place even when everything else is volatile and unpredictable [RLNZE]; and:

It is my calm after the storm, it is always constant, always there for me [HCNZE].

3.5.1.3 Sub-theme: Unconditional love

In this context, unconditional love is defined as the kind of love that is not bound by conditions and is non-judgmental. Participants expressed that spirituality provided them with the sense of being loved unconditionally, regardless of time, place and situation. The word, **loved**, was used by two participants and highlighted in bold.

Expressions of unconditional love included:

I truly believe that God's love is unconditional, unchanging and unending [EBNZE]; and:

You know, unlike us humans, God doesn't judge, He is always good and loving and just knowing and believing in that is so powerful [AWNZE]; and:

I knew that was Jesus, so loving, so forgiving, so generous and that was a place of safety.. I felt like I could rest there and feel safe, now that's a safe place [MONZB].

Other expressions of unconditional love include:

*I just always felt that love from God, and He didn't expect a thing in return for that love, I felt **loved**, just the way I was [SENZL]; and:*

*When I discovered spirituality, it was the first time I actually felt **loved** in a special way [HCNZE].*

Overall, the topic of spirituality revealed an overarching theme (Higher Power) which led to three sub-themes, protection, stability and unconditional love. Participant accounts depicted that they experienced the presence of a (Higher Power) throughout their lives, but they are now better able to understand the concept.

3.6 Cultural Identity

3.6.1 Overarching Theme: Sense of belonging

The dominating theme that was revealed from the analysis of cultural identity was a (Sense of belonging), described as, being accepted, valued and welcomed within a space where feelings of safety and authenticity were fostered. Connectedness and acceptance appeared as sub-themes within the overarching theme of a “sense of belonging” and are discussed below with direct quotes from participants.

3.6.1.1 Sub-theme: Connectedness

Connectedness is defined by the sense of connection one feels to both tangible as well as intangible concepts. Connectedness also extended out to the connection or a bond that one has with their environment or a space, as compared to just connection with other humans.

All five participants that expressed the notion of connection within the context of cultural identity used the exact word in their quotes. Altogether, the word connection was used nine times across the interviews in the context of cultural identity, by five participants, and highlighted in bold.

Expressions of connection include:

*I regularly call home to speak to my people in my language...I even watch TV shows and youtube videos in my language and that makes me feel **connected** to my roots [EBNZA]; and:*

*I felt a sense of **connection** when I took part in the Kapa haka groups, even though I wasn't Māori myself, it was just the feeling of taking part in something, doing the same dance with others, learning the same things, I truly felt **connected** to the Māori culture [AWNZE]; and:*

*For me, cultural identity is about staying **connected** to where I am from and to the people who have made me who I am today, for better or worse [JJNZA].*

Other expressions of connection include:

Growing up as a Pākehā person, I didn't really have much of a cultural identity, but I remember desperately wanting to be a part of something, to feel like I had something in common or

*something I shared with something or somebody, I guess I found that **connection** with nature and like, the universe and once I realised that everything in this world is **interconnected**, I stopped feeling a lack of cultural identity...So, I guess I found that identity through the realisation that I was actually **connected** to everything else [HCNZE]; and:*

*I didn't have much cultural identity, I was kind of all over the place, but I always got on very well with indigenous people, I liked how they were just **connected** to their environment in a very meaningful way, so I guess, even my cultural identity is with nature, the ground, with the sea and the bees and all that stuff...animals just come to me...It all gives me something you know, because after all that rejection from an early age, I thought where do I even belong? So this is what gave me that sense of **connection** and belonging...You could say, I finally found my serenity in nature [MONZB].*

3.6.1.2 Sub-theme: Acceptance

Acceptance, is defined as being received or welcomed into a group (or by a person), without judgment, as a valid and equal member. Participants expressed that a significant part of their cultural identity was associated with feeling or being accepted by a person, a group of people or a space, where they felt comfortable being themselves. The word accepted or a variant of it was used by three out of four participants who provided the quotes.

Expressions of acceptance include:

My big brothers, cousins and uncles and their mates were all in gangs when I was growing up, and finally when I was old enough, I joined them... even though we were all getting into heaps of trouble and stuff, it still felt good [LFNZM]; and:

*I didn't have much of a sense of cultural identity of my own when I was young, but the **acceptance** that I felt from all these cultural groups at school, Kapa haka and stuff, those really made a big difference in my life...I almost felt like I was a part of them, even though I was from a different culture [HCNZE]; and:*

*The first time I truly felt like I was **accepted** as a valuable human being, was in a dining room at an AA conference, when I had been two or three years sober and I felt like I truly belonged with these people, that they were like me and I was like them [RLNZE].*

Other expressions of “acceptance” include: *Sometimes I wish I was taken in by like some kind of group support for troubled children, it would've really helped me in so many ways, just to be **accepted** into a space like that [SENZL].*

Overall, the topic of cultural identity revealed one overarching theme (Sense of Belonging), which led to two sub-themes, connectedness and acceptance, depicting that cultural identity was a more sophisticated, internal meaning system, as opposed to ethnicity or religion. The next section provides analysis of parent-child relationships in the present day.

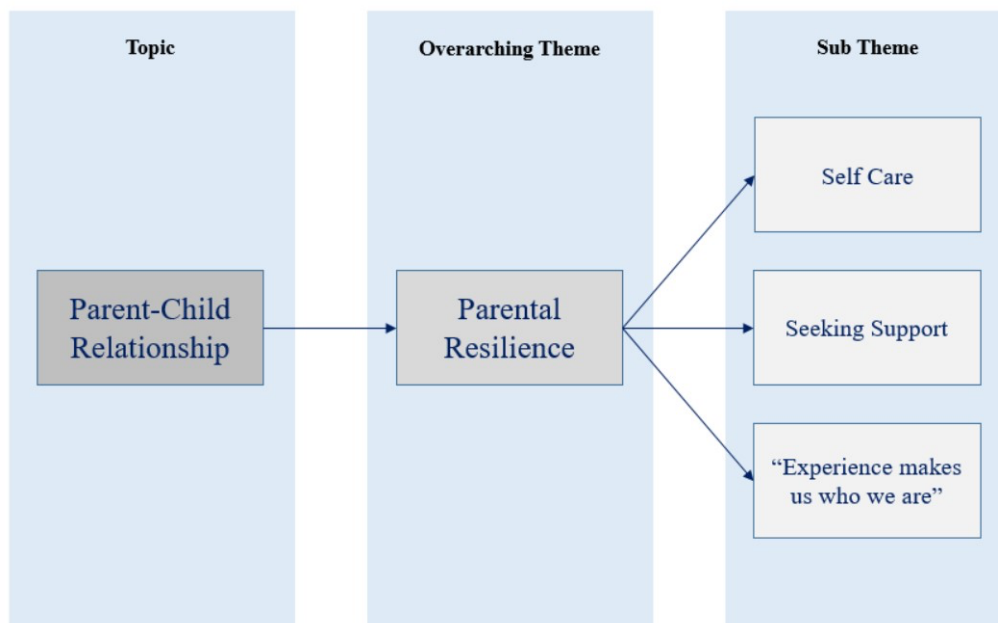
3.7 Analysis of current parent-child relationships

The third and final focus of the interview was on current, parent-child relationships of participants with their own children. All ten participants stated having a positive relationship with their children with nil repetitive patterns of trauma present.

Figure 3 shows the thematic analysis conducted on data from the participant perspectives on factors that contributed to the quality of current parent-child relationships. One overarching theme was revealed (Parental Resilience), which led to three sub-themes; self-care, seeking support and experience makes us who we are. These themes were linked to themes and meanings present within the protective factors section, and will be explored further through the discussion section.

Figure 3

Overarching themes and sub-themes from the analysis of parent-child relationships



3.7.1 Overarching theme: Parental resilience

(Parental Resilience) was an overarching theme from data analysis on participant perspectives on current parent-child relationships. Parental resilience in this context, is defined as the ability of the parent to function and play the part of an efficient parent to their children despite of stress and their own pre-existing trauma. All ten participants agreed that they demonstrated parental resilience and that they try their best even during stressful times, as not to repeat their own traumatic experiences with their children. Participants provided quotes about the various ways that contributed towards their parental resilience, which were categorised into sub-themes including, self-care, seeking connections and experiences make us who we are. These sub-themes are presented below with direct quotes extracted from participant interviews.

3.1.1.1 Sub-theme: Self-care

Self-care is described as the various ways through which one manages their own physical and mental wellbeing. In this context, self-care was understood to be deliberate ways of prioritising the self in order to promote personal wellbeing and effectiveness in relationships with others (i.e., within parent-child relationship). Four out of ten participants provided quotes on self-care.

Expressions of self-care included:

I really enjoy my “me time”, I like to read a lot...I think it’s really important to do something for yourself, so you feel energised when you’re with the kids [AWNZE]; and:

I prioritise myself a lot, as in, if my emotional needs are not being met and I don’t have relational safety in myself and when I don’t feel present or good in myself, I make sure to meet those needs first, as like a priority...So that way, when I feel good and present, I am more compassionate, patient and attuned as the parent that I want to be [HCNZE]; and

I make sure to go for counselling, work on my personal development or even just take walks with my husband and eat well, you know, like seriously work on myself and prioritise myself and through that, naturally, I feel like I am doing well as a parent [HCNZE].

Other expressions of self-care include: *I like to take care of myself, one way I do that is through regular prayer, I find a lot of peace through prayer [EBNZA]; and:*

I exercise and go for walks and stuff...I work really long hours and it can be stressful...so it’s important for me to relax a bit so I don’t take it all out on my daughter [LFNZM]; and

Everybody gets stressed because life isn’t easy...I find a lot of serenity in nature and when I am doing something hands-on, like carving... [MONZB].

3.7.1.2 Sub-theme: Seeking support

Seeking support is defined as looking to others or connecting with others for advice and practical help when needed. Some participants stated that during times of stress, they would

seek support from others (or a spouse/partner) or reach out for help in order to be more efficient in their role as a parent.

Expressions of “seeking support” include:

I think my husband always knows when I need some rest or when he needs to jump in to be the more active parent, we usually take turns...so if he is having a bad day, I make sure to give my hundred percent and vice versa [HCNZE]; and:

I think that is important to all of our wellbeing, to have someone that we can count on when things get overwhelming and difficult [HCNZE]; and:

As a single Mum, I have always been very close to my church family here in New Zealand...My children were both born here and when things got difficult, the church family always came through, whether it be to bring us a cooked meal, babysit the kids or just be there for me when I needed it...Back home they always say, “It takes a village to raise a child”, it is very similar to the Māori culture in many ways [EBNZA].

Other expressions of seeking support include:

My second son would just never sleep, for days and weeks at a time...So we decided to get some help because we just didn't know what to do at the time...I remember doing heaps of research and our friends and family really helped us find the right service to take him to [RLNZE]; and:

We would always seek help from the kids' grandparents as both my partner and I were working long hours back then. My oldest boy's dad's side are all Māori and they all had that real strong bond with each other, so the whole family would come together to support and be there if we needed it...So that way we always made sure that there was somebody emotionally and physically available to our children, even if we were busy at times [JJNZA].

3.7.1.3 Sub-theme: Experiences-make-us-who-we-are

The sub-theme experiences-make-us-who-we-are is defined as a positive perspective on lived experiences (both good and bad) that contributed to the participant behaviours and actions towards their children and how their life has shaped up to be in the present day. All ten participants expressed that their past experiences were traumatic but also contributed to their overall resilience and helped them in a positive way in other areas of their life, for example, the behaviours not to repeat with their children.

Participant expressions of this sub-theme included:

I consciously make an effort not to repeat what happened to me with my daughter...Because I never had the support and love and guidance growing up, I always make sure to give her that...not just food and the basics, but also like spending quality time with her, listening to her, playing with her and all that [LFNZM]; and:

I think back to my childhood and try to give my girls all the things that I never had, so I do my best even when I am angry or something... I still listen to them...I remember back then I didn't have a say, but when my own kids try to tell me about what is going on for them in their world,

I give them a chance to speak, because that is powerful, they are young but they're human beings, they belong in this family and their voice is important [EBNZA].

I experienced a complete lack of supervision with my own parents, they were totally uninvolved... so I make sure to be the authoritative parent that my kids need in their lives... so like fun and playful but also, remind them that there are rules...[HCNZE].

I never wanted my kids to go through what I went through, I knew how damaging that can be, so I made sure to give them everything I didn't have, not just physically but also emotionally [JJNZA]; and:

Even after the divorce between me and my ex-husband, I made sure that my children knew they were still allowed to love their dad without me getting in between or getting angry... After facing rejection from my mum because I continued to love dad after their divorce, that is something important I carried with me to my relationship with my own kids...that I would never baggage children with issues that is meant to remain between adults [JJNZA].

Overall, the topic of parent-child relationships revealed one overarching theme, (Parental Resilience) which led to three sub-themes, including, self-care, seeking support and experiences-make-us-who-we-are. This section highlighted core aspects through which the intergenerational cycle of trauma was broken and therefore, imperative to the present study.

3.8 Summary

In summary, the results section provided a snapshot of the three important topics of the present study as experienced by participants and expressed through their interviews with the researcher. Participant expressions were saliently indicative of the trauma that they endured through their exposure to ACEs, followed by expressions of how the three protective factors were ingrained within their lives. Finally, participants expressed a few things that formed important aspects of relationships with their children in the present day, which appeared to have some overlap to the meanings expressed within the protective factor's analysis.

Chapter Four: Discussion

This chapter presents a discussion of the results attained through the study and aims to place them in relation to the three research aims, which were:

1. To investigate the effects of ACEs on individuals within a small New Zealand based sample of adults.
2. To explore whether the protective factors; hope, spirituality and cultural identity had mediating effects to the exposure of ACEs.
3. To investigate whether the protective factors contributed to breaking intergenerational cycles of trauma to foster healthy parent-child relationships.

Through the course of the research and the overall writing process, three separate, broad areas began to develop, including, the effects of ACEs, effectiveness of hope, spirituality and cultural identity as protective factors, and finally, the quality of parent-child relationships. A hypothesis of the research was that the protective factors hope, spirituality and cultural identity would act as mediating factors to the impact of ACEs to break intergenerational cycles of trauma and foster healthy parent child relationships. The results from the study showed relationships between all three areas, which is discussed in details through this section.

4.1 Detriments of ACEs

Participant accounts depicted that exposure to ACEs caused trauma and anguish, thus confirming findings from the literature review. As depicted in the results section, all participants confirmed being fearful of their caregivers and acknowledged their turbulent

childhood, however, no long-term physical or mental health issues predicted by the ACEs framework were reported by participants from being exposed to ACEs. Other severe impacts of ACEs as suggested within the literature review (i.e., effects to the brain, neurobiological deficits, changes to personality) were difficult to determine due to the qualitative approach undertaken, which focussed on subjective self-reports by participants, as compared to tests and examinations that were beyond the capacity of the present study.

From the participant interviews, two, overarching themes emerged from the discussion on their exposure to ACEs, including, (Distress) and (Coping). The first overarching theme (Distress) saw further development of sub-themes including instability, forsaken and fear. The first sub-theme, instability, was developed through participant descriptions of their experience of living in a state of unpredictability, relating to erratic behaviours demonstrated by their caregivers and the uncertainty associated with day-to-day occurrences. Participants expressed living in a state of anxiety as there was no set expectancies of what a day could like look. A lack of trust, fear of attachment and panic were all feelings expressed as part of living through the instability.

Being forsaken was another emergent sub-theme which encompassed participant expressions of feeling abandoned by their caregivers into potentially risky situations. This sub-theme also was used to describe emotional abandonment expressed by participants, for example, being treated as if they were not important or as non-existent, leading to feelings of undesirability, rejection or redundancy. This sub-theme was almost synonymous to physical and emotional neglect which led to a lack of trust in caregivers.

Finally, the sub-theme, fear, captured the multiple statements made by participants that indicated a childhood that was tainted with terror. As expressed by participants, fear was associated with being physically abused, seeing a caregiver act in a violent, aggressive or unpredictable manner or witnessing a caregiver while they were heavily under the influence of substances. Fear was also induced due to situations created as a result of household dysfunction and neglect, for example, being left behind after a family outing.

The three subthemes, instability, forsaken and fear, were closely interlinked and aligned to the findings presented within the literature review in highlighting the immediate effects of exposure to ACEs. Living through these also saw the deviance from a species predictable environment, a concept that surfaced through the literature review as conducive to a child's physical and emotional growth (Twardosz and Lutzker, 2010). A common impression within all three sub-themes was a reduced (or lack of) attachment or unhealthy attachment style that participants shared with their primary caregivers as a result of the constant instability, fear and abandonment either directly through their caregivers or circumstances created through the dysfunction. Even though attachment styles were not overtly discussed in the interview, participants still expressed that they did not feel safe with their primary caregivers and were unhealthily attached, with one participant even stating anxious-ambivalence as her attachment style with her primary caregivers.

Due to attachment styles being a frequently mentioned topic within the literature review and the participant results, the possible precursors to unhealthy attachment styles are explored within this section. Some reflections on the possible links between John Bowlby and Mary Ainsworth's attachment styles to early psychosocial stages proposed by Erik Erikson is presented within this section (Sadock, Sadock & Ruiz, 2015).

Erik Erikson, an influential name in developmental psychology proposed that, if the needs of a certain developmental stage were not met sufficiently (especially the early stages developed predominantly through parent-child interactions), a reduced or unhealthy attachment style would manifest (Sadock, Sadock & Ruiz, 2015). Based on this explanation, it could be hypothesised that ACEs directly and indirectly lead to important developmental stages remaining unfulfilled, therefore leading to the unhealthy attachment styles. To illustrate this further, Erikson's psychosocial stages are further dismantled and placed in context.

The first psychosocial stage, "trust versus mistrust", was concerned with the psychosocial conflict of being able to trust (or not) caregivers which promoted the infant's basic trust in the world. Erikson suggested that this phase was not only concerned with physical or tangible aspects of trust formation, such as being fed a certain amount of food or physical demonstration of love, but rather on the quality of the maternal relationship, where the mother would be able to respond to the infant's needs in a timely and consistent manner. It was suggested that once this was established between the infant and the mother (or another caregiver if the mother was absent), the child was able to exert tolerance in situations of inevitable frustration and deprivation in the world and therefore, the trust (towards the external environment) would predominate over mistrust in the long run (Sadock, Sadock & Ruiz, 2015). Results from the present study indicated that participants felt a lack of trust towards their primary caregivers, with majority of the participants reporting having resorted to a precocious lifestyle from a very early age to have their own needs met. Therefore, when Erikson's proposed "trust versus mistrust" stage is applied to the results of the present study, it is evident that the requirements of this stage were perhaps unachieved.

The results from the present study further suggested that the second psychosocial stage proposed by Erikson (autonomy versus shame and doubt), as established through parental interaction, may have also remained unmet. The “autonomy versus shame and doubt” stage at approximately 18 months of age, was characterised by the toddler’s psychosocial conflict of being able to complete tasks on their own versus relying on others (caregivers) for help. A parent or caregiver who would exert control too rigidly may have prevented the child from being able to develop healthy internal controls and autonomy, as well as a parent who was too unattached with no control. Difficulties during this phase where the child’s psychosocial needs were not met, could result in an individual who would struggle between cooperation and wilfulness, often resorting to compulsive self-restrain or over-compliance. Results from the present study again indicated that most participants experienced struggles during this phase with indicative behaviours being carried through to adolescence, such as bed-wetting, a behaviour that is often linked to issues in this stage, leading to the child lacking control over their body possibly due to a lack of supportive space to exert independence (Sadock, Sadock & Ruiz, 2015).

Although, there were indications within the results of the present study that the other psychosocial stages proposed by Erikson, may have also remained unfulfilled, the difficulties assumed in the above two stages were most prominent and hence included within this section. To place psychosocial stages in context with attachment styles, findings by, Hong and Park (2012), provide a helpful explanation to elucidate that unfulfilled psychosocial stages are indicative of irresponsive, unreliable parenting and reduced social stimulation from caregivers which is imperative to healthy development, thus resulting in children who are fearful, cautious and confused. These children have an uncertain view of the world and as such, are unable to approach other people and situations in a secure manner, thus leading to the unhealthy

attachment styles (Hong and Park, 2012). This is further explored in an article by Newman et al. (2015,) who also emphasised on the significance of early childhood relationships that form a core component of the psychosocial stages proposed by Erikson. When appropriate stimulation is not received through interactions in early relationships, important psychosocial stages remain unfulfilled and therefore, lead to unhealthy attachments. Also, as per stated within the literature review, most attachment theorists propose that attachment styles remain fairly stable through the lifetime and thus, highlighting the importance of healthy social interactions within the first few years of a child's life.

Contrary to these findings, an interesting result of the present study was that, even though most participants indicated having insecure attachments with their caregivers, they still reported being securely attached to others in their life, such as their partners, children, siblings and friends. This raises an inquiry around the supposed stability of attachment styles through the lifespan and suggests that perhaps, they can be altered depending on conscious effort by the individual and other factors within their environment. Some further points to consider include, the extent to which agency, self-awareness and personal narrative influence an individual and how they are impacted by ACEs and perhaps it is more conducive to shift focus to empowering individuals into looking at personal strengths in overcoming predispositions (Stern et al., 2018).

The above discussion strengthens the next discussion section of participant adaptations in order to cope with the trauma, thus highlighting personal agency and inherent resilience over predispositions. The results from this study, as captured within the overarching theme, (Coping) showed that, even though the participants experienced a turbulent childhood, they were still motivated (consciously and subconsciously) to adapt to the situations in ways that

they knew best. The results aligned with evidence presented within the literature review under the section titled, adaptations through trauma. The next section will present a reflection of the comparisons between findings from the literature review to the results from the present study around adaptive behaviours.

4.2 Adaptation, accommodation and coping

The literature review saw evidence within previously conducted research on the adaptability of children, despite of difficult circumstances. Participants within this study also expressed the various ways through which they coped and adapted through the difficulties they were exposed to and as such, an overarching theme, (Coping) was dedicated to this topic. The theme, (Coping) led to four sub-themes, including, radical acceptance, precocious, escape and rationalisation. Some of these ways of coping were described as unhealthy by participants who provided the examples, however, were useful in protecting the individual from the exposure to the actual trauma and/ or the post-trauma effects (Perry et al., 1995).

The first sub-theme, radical acceptance surfaced through participant expressions of coming to terms with the adversities they were exposed to. Initially, the researcher considered the appropriateness of such sophisticated cognition in relation to children, however, participant expressions demonstrated that they were engaging in a more sophisticated form of acceptance and thus, radical acceptance was deemed as the more relevant term. Perhaps, radical acceptance was a process from childhood through to adulthood, and therefore the retrospective recollections of the adult participants were reflective of this.

Radical acceptance was evident as a powerful, conscious effort of participants in accepting the reality of their hardships rather than trying to fight it. The term was originally coined by Marsha Lineham through her development of dialectic behavioural therapy and was described as the acceptance of situations and circumstances that were outside of one's control as to prevent the suffering associated with trying to fight or flight (Görg et al., 2017). Within the field of psychotherapy, this concept received immense recognition for being a healthy, cognitive coping strategy especially through adverse situations that were outside of one's control. The results depicted participants engaging in radical acceptance, where they appeared to have accepted the situation as it is without bargaining or trying to fight it (which can often keep individuals trapped in a cycle of suffering) (Görg et al., 2017). Through participants expressions, it was further assumed that they were aware and acknowledging of the adverse situations they were in, yet a powerful shift in cognition was demonstrated through their neutral acceptance of it. The literature review provided some evidence for coping behaviours (mostly negative) through trauma, however, research on, healthy, cognitive coping mechanisms as a response to trauma, such as radical acceptance, were scarce within existing literature on the topic.

Precociousness was another sub-theme that was identified within the data and defined as young children becoming conditioned into behaving in a mature manner or taking on adult responsibilities from a young age. There was evidence of a similar concept through the literature review and termed as parentification or parental-role-reversal, where children growing up in dysfunctional households often ended up taking on adult roles and responsibilities to fulfil their own needs and/or that of younger siblings within the family in the absence of a responsible and trustworthy caregiver (Byng, 2008). Initially, through the literature review process, this was identified as a form of trauma inflicted on children as part

of their exposure to ACEs, however, the interviews with participants provided an alternative perspective, where precociousness and taking on responsibilities were also important adaptive behaviours and in fact, empowering and rewarding to an extent. Some participants expressed that those behaviours they engaged in, continue to benefit them in their lives in the present day, as they feel more independent and self-sufficient.

Participant expressions of precociousness and taking on roles and responsibilities that were atypical for their developmental stage was indicative of an intrinsic survival mechanism that eventuated from the lack of necessary adult care and supervision. Participants expressed that in retrospect, even though the necessary precociousness or taking on adult roles, took away from the innocence that is characteristic to childhood, it still provided them with emotional and practical skills to tend for themselves (and younger siblings in some cases) in the absence of a reliable parental figure. Some participants even expressed that although their experiences were dreadful, they still learnt important things about themselves, built skills such as emotional regulation, cooking, washing, cleaning, entertaining themselves and developed empathy and concern for others a lot earlier than other children who were shielded from exposure to ACEs may have.

The next sub-theme or concept of “escapism” was heavily emergent within the interviews and expressed as a way of physical and/or mental distraction or escape from the abuse, neglect and dysfunction. The concept of “escaping” from trauma or the memory of trauma was also found as abundant within existing literature and as such, a significant part of the section, adaptations through ACEs, was based on this. The reviewed literature provided several examples of the ways children suffering from trauma or adults with post-trauma effects escaped or distracted themselves from it, including, through the use of substances, dissociating

or distracting themselves with another, more pleasurable alternative or engaging in behaviours to avoid any possible situations of conflict.

Participants within this research expressed many ways through which they escaped from the adversities they faced, including using drugs, dissociating from reality, or physically running away. Dissociation was a concept expressed by two participants within the research and came up frequently through the literature review as a coping mechanism for children who were exposed to abuse, as it helped to alleviate the suffering by resorting to a mental escape away from their frightening reality. The concept was further expressed as a detachment from reality to protect one against overwhelming trauma or the memories of it (Najavitz & Walsh, 2012). Participants described that dissociation manifested in the form of pretending to be somebody else (book or television characters), with one participant even stating that they were selectively mute till the age of ten, and being able to speak only in environments that felt safe and comfortable. The participant further expressed that selective mutism provided them with the mental protection and safety of feeling like they were invisible or “*just a part of the wall*” [MONZB], a concept found as common in children who are exposed to trauma (Najavitz & Walsh, 2012).

Substance use was also a common way of distraction, escape from trauma or memories of trauma, as found through literature review and the real-life accounts of participants within the present study (Najavitz & Walsh, 2012). Substance use was an example of escape as participants described their use to be a form of chemical-dissociation from reality, as to either induce emotional numbing or minimisation of their suffering from exposure to the trauma. Four participants within this research expressed that they used substances to escape from the memories of the trauma by the time they were an adolescent or in their early teens. None of the

participants from the present study stated being in active addiction, however, presented with an empathetic view on addiction and acknowledged that it is often a manifestation of underlying trauma (Najavitz & Walsh, 2012). Some participants even expressed that substance use issues and trauma are more often linked than acknowledged by society and highlighted the importance of trauma-informed practice and substance use education in schools, especially due to the invisible nature of both.

Finally, rationalisation was another sub-theme identified within the data and categorised under the theme of (Coping). Within the field of psychology, rationalisation is defined as a defence mechanism that protects the individual through the cognitive distortion of creating alternate, reassuring explanations in one's mind for otherwise hurtful, uncomfortable scenarios (Bowins, 2004). It is understood as a more sophisticated defence mechanism as compared to primitive mechanisms such as denial and serves an important function as an ego-enhancing mechanism for those suffering from trauma and/or uncomfortable life situations. A prolonged or severe usage of this mechanism may, however, lead to dysfunction and pathology (Bowins, 2004). Participants within this study appeared to rationalise aspects of the exposure to trauma in subtle ways but the expressions that demonstrated rationalisation appeared as more empathetic than egocentric. Often, rationalisation is seen as an excuse one makes for an undesirable scenario to lessen its emotional impact, however, participant expressions from the present study demonstrated that they acknowledged their experiences to be unfavourable, however, were empathetic and forgiving towards their caregivers who may have been struggling themselves and/or not have known any better. This was confirmed by a few participants who overtly stated that the trauma they experienced was intergenerational and therefore, they understood why they went through the adversities, which fostered empathy.

Overall, the adaptations evidenced within the results of the present study was an important illustration of coping behaviours by young people through the exposure of trauma. These behaviours played an important function in protecting individuals physically and psychologically, although transient in nature, with possible ramifications if engagement in these behaviours continued in the long run across various situations. The methods of coping as expressed by participants, especially those discussed within the sub-theme: escape, were found as relevant and common within existing literature. However, the two sophisticated cognitive adjustments, rationalisation and radical acceptance as coping mechanisms for trauma, were novel findings of the present study and scarcely present within existing literature. According to the researcher, there was also a lack of studies indicating positive coping mechanisms as a response to trauma, but an abundance of research on negative coping behaviours such as delinquency, aggression, eating disorders and substance use issues. Perhaps, future research on this topic could assume a shifted focus on the successful, healthier coping mechanisms that many individuals do engage in, in response to trauma, to help identify the psychological mechanisms behind it (which would be beneficial in therapeutic interventions) and to emphasise personal agency in choosing healthier pathways despite of said predispositions.

4.3 Deficit prediction of the ACEs

The previous section discussed ways through which individuals creatively adapted to the experience of trauma to make it more tolerable, and reminded us of the resilience inherent to all human beings, despite of situations and predispositions.

The present section was motivated by the results of this study, which established individuals as empowered, resilient and adaptable as compared to hapless victims of trauma

who are predisposed to an array of biopsychosocial problems (as predicted by the ACEs framework). In presenting this section, the researcher acknowledges the ACEs framework to be a revolutionary tool within the healthcare sector, and its usefulness in creating awareness, for prevention and health promotion, however, presents an evaluation on whether it is really an effective tool for trauma-informed care.

Trauma informed care emerged in response to research showing a widespread concern around trauma and its burden on the healthcare sector (Sweeney et al., 2018). Trauma-informed practice acknowledges the covert nature of trauma and encourages health care professions (and other relevant professions) to be well informed regarding trauma, reduce assumptions and engage in a strengths-based approach to prevent re-traumatisation of individuals and break possible barriers to access (Sweeney et al., 2018). The concept was based around five principles that were deemed to be at the core of trauma-informed practice, including, trust, safety, choice, collaboration, and empowerment (Knight, 2019). The principle of trust was concerned with delivering to the expectations of a consumer of trauma-informed care, maintaining transparency, open communication, and upholding client/consumer rights. The principle of safety, was defined as working in a physically and emotionally safe capacity to prevent the likelihood of re-traumatisation, ensuring cultural safety, upholding privacy, confidentiality and engaging in practice that is non-judgmental as to prevent stigma and stereotypes. Choice and collaboration were concerned with ensuring partnership and collaboration between the provider and consumer, as to empower consumers to make informed decisions for themselves. Finally, empowerment, was concerned with delivering strengths-based practice, as compared to engaging in deficit focus, allowing consumers to have as much control as possible over themselves and empowering them to achieve personal goals (Knight, 2019). Since the ACEs framework was developed as a predictive tool for childhood trauma, it seemed appropriate for

the framework to be evaluated against these principles to determine its effectiveness as a potential tool for use within trauma informed-care.

Firstly, the history of the ACEs model shows that it was developed in response to one of the largest studies in predetermining the negative long-term health and social consequences of cumulative exposure to trauma (neglect, abuse and household dysfunction) in childhood (Leitch, 2017). As part of the framework, the ACEs questionnaire was produced using selected questions from published surveys, with the higher the score on the questionnaire (more negative events in the life of child), the higher the likelihood as an adult in suffering from a range of health, behaviour and social problems including alcoholism, chronic pulmonary disease, depression, drug use, liver disease, adolescent pregnancy, diabetes, low socioeconomic status and premature death (Leitch, 2017). Even though the development of the model saw revolutionary contributions to healthcare service providers, especially for awareness and prevention, there were some unintentional consequences which is discussed in this section.

One of the potential consequences of the ACEs framework is pathologising individuals who were exposed to negative experiences that were out of their control, which therefore defies the principle of “empowerment” imperative to trauma-informed practice (Leitch, 2017). A critique of the ACEs framework also includes the way it is used by some healthcare providers to “sell healthcare” by victimising those who have been exposed to ACEs and keeping them trapped in the victim-cycle (Leitch, 2017). The framework is also suggested to be largely provider-centred, as opposed to client-centred, which again takes away from the partnership that is key to empowerment, choice and collaboration. Further inquiry into this framework raised queries around the principle of safety, especially in terms of cultural safety and

considerations. For example, some cultures continue to engage in physical disciplining, which may include slapping, hitting, or throwing something at a child, as a response to misbehaviour, rather than a means of intentionally hurting them. Even though there are mixed opinions around physical disciplining, many cultures continue to engage in it as a form of discipline and maintain that it is different to physical abuse (Joy and Beddoe., 2019). The ACEs questionnaire, however, leaves limited space for considering the difference between the two and as such, can see the overrepresentation of certain cultures scoring higher than others on the scale (Joy and Beddoe., 2019). Secondly, statistics on incarceration rates within New Zealand show that Māori are four to five times more likely to be convicted, seven and a half times more likely to receive a custodial sentence, and eleven times more likely to be remanded in custody as compared to non-Māori (Joy and Beddoe., 2019). Māori women, in comparison to non-Māori are five and a half times more likely to be convicted/ apprehended and ten times more likely to be sentenced in custody (Joy and Beddoe., 2019). Research in this field strongly attributes the disparities to systemic racism perpetuated through the intergenerational effects of colonisation and due to Māori being less likely to be able to pay monetary fines resulting in more custodial sentences (presumably due to poverty perpetuated through systemic racism) as compared to non-Māori (Joy and Beddoe., 2019). Consequently, this results in criminal activities of Māori (who are overrepresented in the criminal and justice system) being captured by the ACEs questionnaire more often and in greater numbers as compared to non-Māori, which has the potential to perpetuate and exacerbate existing cultural stigma and stereotypes (Joy and Beddoe., 2019). Furthermore, the ACEs questionnaire is laden with assumptions and judgments, such as incarceration of a family member as household dysfunction, which insinuates that perhaps, there was criminal behaviour in the household or that the absence of one caregiver due to incarceration, inevitably led to dysfunction in the form of inadequate caregiving and neglect of children. These assumptions have the potential to create and

exacerbate existing stigma within mental health services, lead to unsafe practice and create access barriers for consumers due to a lack of trust in their healthcare providers (Joy and Beddoe., 2019). A New Zealand based study by, Joy and Beddoe (2019) shows that incarceration of one parent more often results in the other parent/caregiver being more actively involved in the life of their child(ren). The study also showed that divorce between parents, which is another factor within the ACEs questionnaire in determining household dysfunction, may often result in a functional family, perhaps due to reduced commotion between the parents who are now living separately and the possible addition of a more stable, step-parent. Therefore, these assumptions made by the ACEs questionnaire not only suggests a lack of rigor but also the potential capturing of results that are laden with stigma and stereotypes, which defies the principles of trust, safety, collaboration and empowerment crucial to trauma informed care (Joy and Beddoe., 2019).

Another criticism of the ACEs framework is its reduced focus on individual strengths (Leitch, 2017). Strengths-based approaches have seen a recent uprise in the helping professions due to its balanced approach in acknowledging trauma and other stressors, but also drawing on the individual strengths that one may possess, to help them feel empowered and motivated to break the cycle of detriment (Saleebey, 1996). Prior to the development of the ACEs framework, Saleebey (1996), suggested that there are risks associated with the biomedicalisation and deficit emphasis on human problems within the helping professions and termed it as a cultural obsession with pathology. Pathologisation of victims of trauma through deficit-focused frameworks has further ramifications, including, feelings of incapacity for individuals, lowered health perceptions and the perpetuation of stereotypes (Saleebey, 1996). Finkelhor (2017) further argued about the usefulness of screens such as the ACEs questionnaire, and raised queries around what is realistically done with the results, especially

in cases where evidence based interventions to mitigate potential consequences of ACEs have not yet been established within an integrated healthcare system. The article further highlighted the risks around deficit-focussed screening tools and frameworks which not only create and perpetuate internal and external stigma but also cause fear, health related anxieties and a sense of learned helplessness, which is defined as inappropriate generalisation of an expectation of an outcome, based on previous negative experiences from uncontrollable events (Finkelhor, 2017., Peterson, 1982). Learned helplessness removes agency, which may in itself be associated with health risk behaviours such as substance use and negligence of self-care and wellbeing due to anticipations of negative outcomes regardless of possible preventative measures (Finkelhor, 2017). As evident, these concerns related to the ACEs framework strongly defy the principle of empowerment and trust, especially when results are collected through frameworks such as ACEs without proactive treatment planning, resulting in many people falling through the cracks.

A final critique of frameworks such as ACEs, is its generalised, deterministic nature, whereby suggesting that all persons exposed to adversities in childhood will be at high risk of experiencing negative physical health and psychosocial outcomes in adulthood, which once again defies the principle of empowerment. This is further supported by the evidence found within the results of the present study, where none of the participants went through the long-term biopsychosocial deficits predicted by the ACEs model, thus, highlighting that generalised predictions assumed by this framework can be more harmful than beneficial. It is recommended that healthcare and helping professions be mindful in effectively conveying the message that even though frameworks such as ACEs predetermine potential outcomes of childhood trauma in adulthood, it is not an absolute nor the inevitable (Leitch, 2017).

Despite of the critiques presented within this section, ACEs continue to be a powerful, one-of-a-kind framework, that was revolutionary in bringing attention to the potential negative effects of childhood trauma and in highlighting the importance of early detection and prevention. Although deficit-focussed, one might argue that it can foster proactiveness and early preventative measures in those who consider themselves to be at serious risk or highly vulnerable to the impact of ACEs (Klemm et al., 2019). The framework also helps to bring attention to layers through which ACEs manifest into various biopsychosocial problems (i.e., criminal behaviours and substance use issues) which could potentially help to remove the burden of stigma and shame associated (Klemm et al., 2019). The constellation of long-term issues predicted by the ACEs framework may also help to highlight the need for more integrated interventions by a multidisciplinary team. Finally, the framework could be used as a powerful tool within public health, to help estimate the financial costs associated with ACEs to dedicate appropriate resources for health promotion, prevention and interventions (Klemm et al., 2019).

Overall, the main findings of this section were; ACEs is an influential tool and one of its kind, when it was originally developed. The benefits of the ACEs framework include, the prediction of detriments associated with childhood trauma to enhance early prevention. However, some unintended consequences of this framework, include its focus on detriments rather than individual strengths, and was deemed as deterministic and disempowering, when evaluated against the principles of trauma-informed care. Perhaps, an alternative approach could see the use of this framework in a more integrated manner along with other tools, for example, followed by a strengths-based questionnaire, motivational interviewing, talk therapy or developing a multimodal treatment plan if risks are identified.

4.4 Importance of internal protective factors

The previous section evaluated the ACEs framework against the principles of trauma-informed care and highlighted the dire need for more strengths-based approaches when addressing trauma. Perhaps, a starting point could be an exploration of protective factors, which is also an important focus of the present study. The present section presents reflections on internal and external protective factors and its effectiveness in adverse situations such as ACEs.

One of the main aims of the present study was to explore protective factors and meaning systems; hope, spirituality and cultural identity, and how these could help to mediate the impact of ACEs to break intergenerational cycles of trauma. These protective factors were best understood as meaning systems that strengthened the internal locus of control and acted as protective mechanisms with long term benefits. Through the literature review, a fair number of articles suggested that protective factors aligned with a strong internal locus of control could be more helpful for trauma to provide individuals with a sense of agency, autonomy and control over their lives. An internal locus of control was further linked to enhancing motivation, enthusiasm and resilience as compared to a strong external locus of control, which primarily relied on external factors outside of one's control (Benassi, Duffor & Sweeney, 1988). Control and agency were also seen as important components towards building individual resilience and thus, protective factors that provided one with an internal sense of control were deemed as more efficient in experiences of trauma, grief and other unexpected events such as natural disasters (Mohay & Forbes, 2009).

Curiously, even though important links were observed between an enhanced internal locus of control and internal protective factors on trauma and other adverse events, the literature

review revealed that much of the existing literature on childhood trauma focussed on external protective factors such as parental income and elements within community and neighbourhood, which aligns well with an enhanced external locus of control (Mohay & Forbes, 2009). As previously mentioned in the literature review, an example of this is found within the GUINZ study, which used a predictive risk model to predict a range of possible protective factors from the survey responses from mothers and their partners and identified a few protective factors including, mother-partner relationship, mother-child relationship, and community and neighbourhood factors. As evident, all these protective factors for ACEs were external which could be problematic in situations where it may be difficult or unrealistic to have these in place.

Within the New Zealand context, ACEs disproportionately affect Māori due to complex layers of factors and institutionalised racism. Māori are also more likely to experience socioeconomic disadvantages, such as reduced access to healthcare, lower levels of educational achievement and more often living in low socioeconomic areas, as compared to non-Maori (Humbert et al., 2006). Consequently, Māori have less access to external resources that could act as protective factors in distressing times (Humbert et al., 2006). In the United States, African Americans are disproportionately affected by ACEs and are ethnically disadvantaged, with reduced access to external factors that are deemed as protective, such as finances, healthcare, education, employment, and a safe and conducive environment with protective resources (Mays, 2007). Evidently, a narrow focus on solely external protective factors could mean that some population groups would be inequitably disadvantaged and disproportionately affected in adverse life situations, further highlighting the need for more internal protective factors. To further strengthen this point, according to Viktor Frankl, a renowned psychiatrist and name mentioned previously within the literature review, without access to an internal

protective system with internal protective factors, none of the survivors of the holocaust would have survived, as external protective factors were so limited (Frankl, 2006).

Overall, this section discussed some reasons as to why internal protective factors could be more beneficial to the experience of adverse life events such as childhood trauma. Even though external protective factors such as finances, education and access to social support are important, an equal, if not more focus on internal protective factors is recommended, especially for coping in situations where there are barriers for access to external protective factors or when these are scarce and limited. The next section discusses the protective factors that were crucial to the present study and identified to have mediating effects on ACEs.

4.5 The protective effects of hope, spirituality and cultural identity

The previous section explored external versus internal protective factors and proposed that internal protective factors could be more beneficial. The present section looks at the three protective factors the study focused on, in relation to their mediating effects on ACEs.

Hope, spirituality and cultural identity were the three defining meaning systems or protective factors for the present study. The three factors were originally chosen due to the researcher's personal interest in understanding these better. During the course of the literature review and participant interviews, an enhanced understanding was achieved on all three factors, especially in their relevance to ACEs and parent-child relationships. All three factors were also internal protective factors and therefore efficient in many ways when evaluated against the points made in the previous section. Through the present section, each of the three factors will be investigated and placed in context with the aims of the present study.

4.5.1 Hope

Hope, an affirmative, future oriented cognition, is a meaning system that created optimistic feelings and enhanced motivation. Evidence of its effectiveness in mediating various adverse life experiences is presented within the literature review section (under the subheading: Hope). The interviews conducted within the present study also produced findings that were closely aligned to findings presented within the literature review section on hope, thus deeming it to be a rather *hopeful* candidate for mediating the effects of ACEs. Simple yet broad questions asked by the researcher to participants who took part in the interview (i.e., *what does hope mean to you, do you have hope in your life?*), revealed a constellation of interconnected ideas, which were grouped under the overarching theme, (Positive expectations).

(Positive expectation) was the most dominant theme revealed within the data. Participants expressed that hope provided them with direction and motivation through difficult life experiences and was especially important in seeing them through ACEs and the effects of it. Some participants expressed that, at the time, when they were young children exposed to adverse situations, they did not know what hope meant to them, however, simple positive expectations, such as, *waking up in the morning and thinking, today will be a better day because the sun is out and I will get to play with my friends at the beach and things like, maybe dad will be in a better mood today* [HCNZE], were some of the positive cognitions that aided their journey through ACEs and now understood as hope. Through the development of the research aims, the researcher reconsidered the appropriateness of hope in the context of childhood experiences, as the concept may be deemed as too sophisticated for children to be able to relate to. However, expressions such as the above were confirmation that young people

too are capable of having hope and therefore, fostering these early on in their lives could protect them from various adverse experiences through the lifespan, because, as artistically quoted by one of the participants of the present study, *life is tough but it's best to believe that things can get better, and it's easier to think that way when you have hope* [RLNZE].

To further provide evidence for the motivational construct of hope amongst young children, an article by Savahl (2020), can be used to support it as a relevant and important construct even in young children and evidenced in simple activities such as being able to open and close the lid of a container. Savahl (2020) suggested that the construct of hope in children is best defined as a set of cognitions that fosters agency to anticipate and resolve workable goals, to identify an array of pathways to be able to achieve these goals and their intrinsic beliefs and self-efficacy to be able to exert action towards achieving these goals. This description of the mechanism of hope in young people is very similar to that presented by Snyder (1989) in his study on hope conducted with adult participants, as evidenced within the literature review under the section: Hope, suggesting that the mechanisms of hope are perhaps similar in all human beings regardless of their developmental stage.

The overarching theme, (Positive expectations) that was revealed through the thematic analysis of hope revealed two further sub-themes, including, optimism and purpose. The sub-theme, optimism, was a core component of the overarching, (Positive expectations), however, more succinct as it was understood to be an attitude motivated by perspective, as compared to anticipation of certain positive events. Perspective was assumed as key to optimism and supported by other motivational constructs such as, trust, self-efficacy and self-confidence. Optimism was understood to be a key feature within the motivational construct of hope as it promoted personal agency (motivation/self-efficacy) to be able to follow an achievable route

towards a personal goal (Snyder, 1990). Without optimism, it is unlikely that individuals would possess the personal agency required to move towards their goal and therefore, remain trapped in a vicious cycle of low self-efficacy and unsuccessful routes. When participant expressions through their discussion of hope was analysed, it was further realised that hope can never be pessimistic, it is always optimistic and almost synonymous to having a desire for something positive to occur.

The second sub-theme revealed within the overarching theme, (Positive expectations), was purpose, and understood to be a motivation to achieve a personal goal in helping individuals find some sort of meaning in their life. For example, in the context of ACEs, the personal goal may have been to get through the adversities, to find joy in hobbies and/or other pleasurable activities, which would in turn help to create meaning, such as, *I went through the adversities so I could be where I am today in a much better place*. Participant expressions also demonstrated that in a way, hope and purpose motivated one another, for example, hope led to purpose (in a forward direction), which in turn led back to hope, especially in situations where the purpose was realised (Snyder, 1990).

Overall, hope was found to be a protective meaning system that all participants resonated with and identified as important in their lives. Participant expressions of hope, corresponded closely with the theory of hope proposed by Snyder (1990) which was discussed within the literature review. Although, with the present study being entirely qualitative in nature and laden with implicit meaning and assumptions based on the researcher's epistemological view, it was a challenge to demonstrate the link between hope and its exposure to ACEs in determining its mediating effects. This was all the more challenging with participant reflections of their exposure to ACEs being in retrospect. The data, however, still

confirmed that hope was present even in participants' earliest recollections of their exposure to ACEs and that hope gave them a sense of direction, goals and motive, and without hope, they may have remained trapped, with no pathways to escape their predicament. In fact, the results of the study indicated that hope was implicitly present as a driving force even within the adaptive behaviours for survival implemented by participants through the exposure to adversities. For example, substances were used as medical dissociation, with the *hope* that it would alleviate their physical or emotional discomfort, and adverse situations were radically accepted with the *hope* that it would provide them with an inner refuge to reduce the intensity of their wounding experiences. Participant expressions also illustrated that they continue to have hope in their lives, which helps them make meaning of their past experiences but also forms an important foundation for areas within their present life, such as work, home life, friendships, family, recreation and parent-child relationships (an important focus of the present study). This was evident in participant expressions where it was acknowledged that life is not perfect, however, having hope provided the reassurance that things would get better, similarly to how they had, since their exposure to ACEs.

4.5.2 Spirituality

Spirituality, was another central focus of the present study, in its effects as a protective factor for exposure to ACEs and in breaking the cycle of trauma to form healthy parent-child relationships. The researcher had a particularly strong interest in understanding the effects of spirituality as a protective factor, especially due to the various perspectives and experiences of it. Initially, the literature review attempted to scope out the distinguishing factors between religion and spirituality, with religion as an adherence to an already established set of beliefs, practice and rituals, and spirituality, as a more personal, transcendent relationship with a divine

being. However, as the literature review progressed and through accounts within the results of the present study, the distinguishing factors between the two became vague, as many expressions depicted that spirituality could even be experienced through the means of organised religion through the development of personal meaning systems, outside of taught religion. Due to this reason, the researcher maintained a flexible approach to the various perspectives of spirituality present within existing literature and within participant accounts, and focussed attention on the way the experience of it acted as “protective” in the lives of individuals.

Within the results of the present study, five participants identified as Christians, four as Spiritual but not religious (SBNR) and one participant as, Buddhist. Out of all the participant responses to broad questions (i.e., *Did you/do you have spirituality in your life, what does it mean to you?*), one overarching theme was revealed and named as, (Higher Power), or a strong and benevolent divine presence regardless of religious affiliation/non-affiliation. Participant accounts also closely matched the evidence presented within the literature review on spirituality as a meaning system that fostered trust and security (Smith, 2005).

(Higher Power) was defined as a central, supreme being, that provided peace, stability, security and protection through the experience of ACEs. Two out of the six participants who were affiliated to religion, reported that their earliest experience of spirituality was gained through practices and rituals such as going to church regularly or reading the bible during Sunday school with their friends. These participants further stated that the tradition of going to church together as a family (often the only normal thing they would participate in together) and meeting other children and families (who believed in the same God and teachings) were important parts of their childhood which provided them with peace, structure, stability and

routine. One participant also expressed a deep sense of connection with peers from religious school due to their similar beliefs and feeling a sense of safety and security in realising that they weren't alone, because, *God was looking after* [EBNZE]. This account corresponded with the findings presented within the literature review, which suggested that affiliation with a religion can often facilitate bonding and connections (Trehub et al., 2015). Two out of the six participants who identified as religious, reported having found religion later on in their lives, after a long quest for meaning and purpose. One participant even stated that, although he chose to affiliate to a formal religion later on in his life, he had already been touched by spirituality in his childhood, through experiences such as carving designs on a piece of wood in the forest, sitting by the beach while listening to the waves, feeding birds, and escaping to a nearby church every Sunday to listen to hymns during mass [MONZB]. This participant described spirituality as synonymous to a feeling of peace, that he later found also within the teachings of the Christian religion, which therefore influenced his decision of formally initiate into it. The four participants who identified as SBNR also identified with having a Higher Power which provided them with a sense of peace and security, and they experienced this most commonly through nature and cathartic moments in their lives, such as *I'd actually been doing some counselling at school, and you know, I think I was literally reconnecting with myself and walking down the street, and like all the dull colours had gone brighter and the birds chirped and I could like hear them inside my body* [HCNZE]. The findings within the article presented by Robinson (2019) corresponds well with the expressions of participant experiences of spirituality in their lives. Robinson (2019) suggested that children are inherently attuned to spirituality, even though the concept may appear to be too sophisticated and beyond the realm of young children. Children are innately curious, imaginative and unprejudiced, and therefore, more attuned to experiencing and expressing spirituality in more ways than they are able to demarcate, therefore fostering and encouraging spiritual meaning early on in the lives of

children (through spending time in nature, engaging in acts of kindness, creating, writing and meditating) may see tremendous benefits through the experience of adversities (Robinson, 2019).

The overarching theme of (Higher Power) produced three sub-themes, including protection, stability and unconditional love. The sub-theme protection was most commonly experienced as the feeling of safety and security, that was mostly missing in their relationships with caregivers and as such, all the more important. Protection was further expressed as receiving guidance (i.e., through divine messages) and supported by a divine presence even through dire circumstances. Some participants even shared accounts of what they identified or believed to be divine interventions, such as, *after I was left behind at the tractor fair, somehow I made my way home, it was a long way and I don't know how I did it as an 8-year-old, but I guess, it was God protecting me the whole time* [AWNZE].

The next sub-theme identified within the overarching theme, (Higher Power) was, stability, or a feeling of literal stillness, grounding or permanency. Other feelings that were produced through the feeling of stability, were, trust, faith, security and safety. Most participants, expressed stability as knowing that their Higher Power (or *God*) was omnipresent, eternal and infinite and that they would never be abandoned by this being. This meaning was especially protective due to participant's experiences of abandonment and instability from their relationships with their caregivers. One participant also expressed that their first encounter with spirituality (after a cathartic release following a counselling session), produced a feeling of stability and a sense of absolute stillness which they had never experienced before.

The final sub-theme within the overarching theme, (Higher Power) was, unconditional love, defined as love that was ubiquitous, non-judgmental and forgiving. Participant expressions depicted that they felt unconditional love from their Higher Power, regardless of situation, place and time and in that respect, different to the love or affection received from their caregivers, which was experienced as conditional and inconsistent. Participants further expressed that the unconditional love they experienced provided them with resilience through difficult situations, improved their self-esteem and enhanced feelings such as trust in the world.

Overall, spirituality was deemed as an important protective factor through the experience of ACEs. Participant accounts depicted that spirituality was experienced by them early on in childhood, whether or not they affiliated with a religion. The feelings that were developed and the meanings that were created through participant experiences of spirituality, were those that were understood to be filling emotional voids created through the exposure to ACEs, for example, protection, stability and unconditional love are generally factors that are important within a parent-child relationship, however, since this was not experienced through relationships with caregivers, it was experienced through a relationship with their Higher Power instead. Experience of spirituality was also deemed as protective in other ways, for example, in increasing social support (i.e., attending church and Sunday school) and enhancing resilience due to an increased self-esteem, self-efficacy and feelings of trust and safety within the world.

4.5.3 Cultural Identity

Cultural identity was the final protective factor this research focussed on, in its mediating effects to the exposure of ACEs and in breaking the cycle of trauma to form healthy

parent-child relationships. A plethora of existing literature provided evidence on the protective factors of cultural identity, which were later confirmed by participant accounts through the research.

Through the analysis of data, a central, overarching theme was revealed, namely, (Sense of belonging), defined as a human need of belonging within a space or group where they feel accepted and valued. The importance of a sense of belonging was also revealed through the literature review, and defined as a human need rather than a desire (as evident within Maslow's hierarchy and depicted in the theory by Baumeister and Leary (1995)). Participants described cultural identity to be closely aligned to positive self-perceptions acquired from being an accepted and valid member of a group or space that provided them with this sense of belonging which most of them were deprived of due to neglect, abuse and family dysfunction. Participants further described sense of belonging to be more intricate than just an affiliation to a cultural, religious or ethnic group and rather, aligned to belonging within a space, where they felt connected, accepted without judgment, supported and a sense of whanaugatanga or kinship. Similar findings were also present within the literature review with examples of minority groups such as indigenous cultures within colonised settings and sexually diverse individuals, who found a sense of belonging and a positive sense of self through affiliations to groups where there was mutual set of values and beliefs.

The first sub-theme, connectedness, was defined by the sense of connection one felt to tangible and intangible aspects within the environment, and in that respect, very similar to the interconnectedness as experienced through the worldview of indigenous people, discussed within the literature review. This sub-theme also appeared to have close links to the indigenous Māori concept of whanaungatanga or kinship, as defined by connections and relationship with

others to co-create experiences in a meaningful way. Originally whanaungatanga/kinship was understood to be a sub-theme on its own, however, later merged in with connectedness, due to the overlap in construed meanings. Participants from the present study expressed a sense of connectedness with various aspects of the environment, through mediums such as shared language and symbols (i.e., national flags) and through the whanaungatanga with individuals who they shared something meaningful with (i.e., church family). In relation to connectedness within the context of ACEs, some participants also expressed that they found serenity, safety and felt connected to nature when they were going through ACEs. Connectedness as an ongoing protective factor was seen in participant expressions of watching shows and speaking in their own language to feel connected to their culture, or wearing a carved greenstone taonga around their neck to feel connected to their cultural roots.

The final sub-theme, within a sense of belonging, was acceptance, defined as being received into a space where the individual felt valued as an important member and provided with opportunities for self-actualisation, to be autonomous and successful (Karjalainen, 2020). Once again, the expressions of acceptance, aligned with the evidence observed within the literature review, especially within the findings by Over (2016), who suggested that being accepted as an equal and valid member served the human desire for validation, approval and recognition. Since humans are social beings, social aspects such as validation and approval play an important role for motivation required for personal and interpersonal goals. Most participants expressed that they did not feel accepted nor valued by their caregivers, and as such, it was imperative for them to gain this validation elsewhere.

Participants within the present study expressed that they felt accepted and received as a valued member in spaces such as cultural dance groups (kapa haka) when they were going

through ACEs. One participant disclosed that they felt accepted within an AA (Alcoholics Anonymous) group when they were an adolescent using alcohol to *escape* from their childhood trauma, while another participant disclosed feeling accepted as a valued member within their church in the present day, thus suggesting that acceptance is important to individuals regardless of age and serves as an important protective factor.

Overall, cultural identity was deemed as a protective factor that mediated the effects of ACEs by enhancing a sense of belongingness, connectedness and acceptance as a valued member within a safe space. Cultural identity was affirmative and validating, especially through the exposure of ACEs, which had left individuals feeling dissociated and disconnected within their first significant social unit; their family. Through this section, it was highlighted that cultural identity may manifest through multiple mediums and is imperative to feelings of safety, connection, support and motivation.

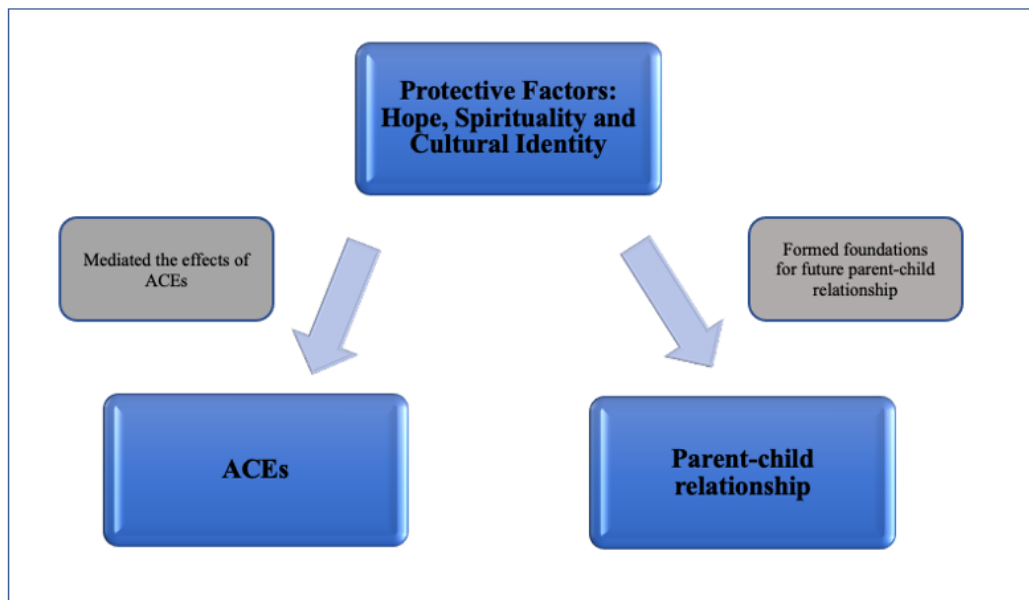
4.6 Connecting the dots: ACEs, protective factors and parent-child relationships

The previous sections presented discussions on the three meaning systems (protective factors) that were hypothesised to have mediating effects to the experience of ACEs. Some points were suggested within the previous sections as to how the protective factors did not just mediate the effects of ACEs but also formed important foundations for present parent-child relationships and therefore distinctly contributing to breaking of intergenerational cycles of trauma. Again, with the present study being entirely qualitative in nature, demonstrating this relationship was an ambitious goal, however, the researcher attempts to accentuate the associations through the present section, by firstly, presenting discussions on the overarching theme and sub-themes revealed within the data on current parent-child relationships. These

themes present within “parent-child relationships” are then connected back to the topics of hope, spirituality and cultural identity to discover mutual themes and shared meaning. The main relationship between the three broad topics is depicted in Figure 5, which shows that protective factors not only mediated the effects of ACEs but also formed important foundations upon which current parent-child relationships were based.

Figure 5

Relationship between Protective Factors, ACEs and Parent-child relationship



4.6.1 How the cycle of ACEs was broken

Parent-child relationship was the final focus of the interview with participants. A broad, open ended question was asked to participants (*What is your relationship like with your children?*), which revealed a plethora of interconnected ideas, that were later arranged into overarching theme and sub-themes through the thematic analysis. For this topic, participant

expressions revealed one dominant, overarching theme, (Parental resilience), which was defined as the responsibility of parents in demonstrating efficient caregiving, despite of their own personal challenges and pre-existing trauma. All participants who took part in the present study also stated that they identified as resilient parents and that the cycle of trauma had been broken. This overarching theme also encompassed participant expressions of acknowledgment that they were not perfect parents, however, would not put their children through what they themselves had been through. Participants expressed a range of strategies that supported their sense of parental resilience, which were categorised as sub-themes within this overarching theme. The three sub-themes included, self-care, seeking support and experiences-make-us-who-we-are.

The first sub-theme, self-care, was defined as the self-initiated behaviours that people engaged in to enhance physical, psychological, social and spiritual wellbeing (Mills, 2018). Self-care was expressed as important to parent-child relationships, as tending to personal needs provided a sense of peace and harmony within oneself, which then helped in being emotionally and physically present for the needs of children. One participant even compared the notion of self-care to *wearing your oxygen mask first, so you can help others* [MONZB]. Some participants also expressed that they understood the importance of self-care, as perhaps, their parent's lack of self-care (due to time constraints, lack of resources and unavailability of services such as mental health and addictions services) is what partially led to them being exposed to ACEs. The literature review saw an abundance of articles focussed on the biological mechanisms of how ACEs manifested into physical and psychological problems, however, a lack of focus was seen on the psychosocial circumstances that contributed to ACEs, such as poverty, mental health status of parents, lack of support through counselling and other barriers and circumstances that may have held caregivers back from being able to prioritise their own

needs first so they could prioritise those of their children. Therefore, this sub-theme highlights this important layer of also prioritising the needs of parents/caregivers, as an important step towards breaking intergenerational cycles of ACEs.

Participants expressed various ways through which they engaged in self-care, including, meditating, engaging in spiritual practice, praying, reading, visiting friends and family, taking walks through nature, engaging in creative arts or going for counselling. It was interesting to notice the amount of overlap in the self-care strategies identified by participants to the ideas and meanings that were explored through the topics of the three protective factors. For instance, meditating, engaging in spiritual practice and creative arts, praying and taking a walk in nature are all activities that are closely aligned with spirituality, and, visiting friends and family, attending church meetings and other social groups can be deemed as activities that foster connectedness, kinship, and thus, important to cultural identity. Therefore, through this evident connection, it can be deemed that the protective effects of the two protective factors (spirituality and cultural identity) did not just conclude at mediating the effects of ACEs, but also, formed foundations for future parent-child relationships.

The next sub-theme identified within the overarching theme, (Parental Resilience) was seeking support, and defined as the essential connection with others in raising children. Participant examples of seeking support included, seeking support from family members or friends for babysitting purposes, seeking help and advice for various reasons, seeking emergency help, attending parenting workshops, connecting with other parents and so on. Evidence within existing literature also highlighted the importance of social support for parents, with one study suggesting that social bonds and supportive relationships of parents is indispensable to the overall functioning and wellbeing of a family unit (Taylor et al., 2015).

This study further suggested that social bonds of parents provide a sense of belonging and enhances emotional support, feelings of being loved, valued and understood, which therefore supports one's cultural identity through these networks of various social relationships (Taylor et al., 2015).

Participant, [EBNA], expressed that social support from the church family and connections with other single mothers, were highly important to her and her children as an African immigrant, newly divorced, single mother. This participant further expressed that these connections enhanced her sense of belongingness and feeling of acceptance, which therefore contributed to her overall self-esteem, self-efficacy and self-confidence. As evident, this particular sub-theme is closely aligned to the findings and meanings presented within the topic of cultural identity, which was defined as an individual's belongingness in a group with its own distinct culture (Taylor et al., 2015). Social connections fostered the sense of belongingness, which therefore enhanced (Parental resilience) which was identified as an important component of parent-child relationship.

The final sub-theme within the overarching theme, (Parental resilience) was named experiences-make-us who-we-are, and defined as a reflective process of making meaning from one's experiences, which in turn impacts the actions taken in the present day. Participants expressed that their experiences as children who were exposed to trauma by their own caregivers were profound examples of what not to repeat with their own children. In discussing this, participants expressed the ways they consciously made an effort into doing things differently with their children, however, still acknowledging that they are not perfect and that *there will always be room for improvement [GFNZM]*. Some participants expressed reflections such as, their caregivers perhaps did not have the right skills, support network and/or resources

to be able to do things differently, which motivates them in the present day to actively scope out these resources and supportive networks to help them become resilient parents, as to avoid repeating similar patterns with their own children. The process of reflective learning is supported by an article by Veine et al. (2020), which discusses the formal mental process behind reflection and learning through a four-stage model proposed by Kolb (2015), who suggested the first stage to be the actual experience (for example, the exposure to ACEs in this context), followed by the second stage, which is the reflection of the experience, third stage, which is characterised by mental modifications through abstract conceptualisations of the experience, followed by the final stage, where the modifications and learnings are applied into novel situations resulting in new experiences that start another reflective, learning cycle. This process of reflecting over past experiences to build new, enhanced experiences has similarities to the construct of hope, as proposed by Snyder (1989). Firstly, the four stages proposed by Kolb (2015) is evidently goal driven (a key component of hope), even though subconsciously, as the individual attempts to make meaning of past experiences to create new, modified experiences with a forward focus. The third stage within reflective learning, also has similarities to the concept of pathways within Snyder's theory of hope, whereby, various pathways are considered through abstract conceptualisations. Finally, when the modified action (through reflective learning) is carried out in the present, it creates a sense of purpose (i.e., *My past experiences taught me many things and that is why, I knew how to deal with the current situation in a much better way*), which in turn motivates hope.

Veine et al. (2020), further suggested that reflective learning is influenced by hope to a significant extent, as it requires the individual to evaluate past experiences, with a conscious or subconscious desire that future events will be better. Also, reflecting back on past, negative experiences and noticing growth and positive changes in one's current life, further creates

positive expectations for future occasions and a sense, that goals can be achieved and desires can be met, which enhances the overall construct of hope. Based on this, it is evident that hope plays an important part in reflective learning, once again highlighting the foundational basis of the protective factors within important aspects of current parent-child relationships.

Overall, this section presented the ways through which the protective factors that the present study assessed, acted as a foundational basis in current parent-child relationships. This was a challenging link to demonstrate, however, important, as it highlighted that the protective effects of hope, spirituality and cultural identity could be transferred to any aspects of an individual's life. Furthermore, this section also highlighted the need for more focus on psychosocial basis of ACEs in breaking intergenerational cycles, as addressing those needs (caregiver's needs) could significantly contribute to the prevention of ACEs. The next section provides reflections on possible limitations of the present study which are important to address.

4.7 Limitations of the Present Study

There were a number of limitations to the present study, including the sample demographics, lack of recent literature and the robust nature of sub-topics that were difficult to connect

A limitation of the present study was a homogenous sample of mostly Caucasian people (six out of ten participants) from developed countries. Two participants were New Zealand Maori, one African and one, Laotian. Also, Christianity was the most predominant religion present within the sample, with five out of ten participants identifying as Christian, four participants as spiritual but not religious and one participant as, Buddhist. Ideally, the sample

would have been more heterogenous, with an ethnically diverse group as well as with diverse spiritual/religious views. Due to the topics of interest (hope, spirituality and cultural identity), it may have been beneficial to have viewpoints from a more diverse range of people to ensure adequate representation of minority groups and other religious/spiritual views. It is also important to note that all the participants that took part in this research were based in New Zealand, a country with predominantly Christian views and therefore, a diverse group of individuals from different countries (i.e., from India, China, Samoa) may have produced differential data.

The present study also attracted a mostly homogenous sample of participants working within the mental health and addictions sector, as the study was initially advertised on the researcher's social media, who works within this field. Six out of ten participants were professionals within the mental health/addictions sector, which may have impacted the results of the present study. Professionals within the mental health/addictions sector have qualifications and knowledge on these topics and usually receive supervision on a regular basis, which is likely to enhance their self-awareness. Moreover, observing other people's thoughts, feelings and engaging in therapeutic alliances for a career is likely to enhance one's emotional intelligence and therefore, if the study was conducted with a heterogenous sample of individuals working in various different fields and/or from various socioeconomic status, the results may have been vastly different.

A second limitation of the study included a reduced amount of recent literature, especially around the significant topics of hope, spirituality and cultural identity. Majority of the literature that provided the theoretical basis for these concepts were not recent, and perhaps,

more recent understandings or theories on these topics may have shed light on views that are more relevant to the contemporary society.

A third limitation of the study, included a lack of existing literature on ACEs within the New Zealand context. For the present study, the researcher was able to locate no more than 3-4 articles on the topic of ACEs within New Zealand, therefore leading to a constricted foundation that the researcher had to build on. There was also a lack of existing literature on internal protective factors (internal motivational factors) in mediating the effects of ACEs, even though, research suggested more benefits relating to internal protective factors aligned with an internal locus of control. A scarcity of literature and therefore lack of emphasis was also seen on the psychosocial basis (the causes) of ACEs through the present study, which may have led to an overabundance of information on biological processes within the literature review.

A fourth limitation was the retrospective nature of questions asked during the interviews, which may have been impacted by participant memory biases, such as the fading affect bias, where memories associated with negative affect tend to fade faster than those associated with more positive affect. The retrospective nature of the questions (questions asked about one's childhood) may have also produced responses that are refined, reflective and sophisticated as opposed to raw and authentic. For example, responses from participants when they were asked, if they had hope, spirituality and cultural identity in their lives when they were young, may have been affected by the reflections and meanings they make of these concepts in the present day as an adult and perhaps, asking the same questions to children, may have produced entirely different responses. Due to this, the researcher reflected that conducting the interviews with children may have produced more authentic data, despite of ethical issues surrounding research with younger children.

A fifth limitation of the present study was the overlap between the constructs of religion and spirituality. Initially, the researcher had attempted to state clear distinctions between these two concepts, with religion being a more formal association to a group with organised rituals and practices and spirituality as more personal and fluid. However, through the literature review process and participant interviews, it was realised that the concepts were largely interconnected with overlapping meanings to individuals, for example, some participants who were religiously affiliated, stated they were *more spiritual than religious*, as personal meaning was made out of concepts (within the religion) that they most resonated with, as compared to engaging in organised rituals and practice. Therefore, the researcher decided to remain flexible to these views that placed spirituality and religion on a spectrum, as compared to separate constructs. Perhaps, a clear distinction and boundaries placed at the beginning of the research process (i.e., focussing on articles only on spirituality and recruiting participants who identified as spiritual without religious affiliation) may have produced more coherent and comprehensible data.

A final limitation of the present study included the limited scope of discussion due to the broad sub-topics present. Through the research process, what began as a single topic, led into five broad sub-topics (ACEs, hope, spirituality, cultural identity and parent-child relationships) that were difficult to link due to the qualitative approach undertaken. Perhaps, focussing on a single protective factor rather than three, would have narrowed the focus to produce more succinct data that is easy to draw links with.

4.8 Recommendations for Future Research Endeavours

The previous section presented reflections on some ways through which the present study could have been improved. The present section presents some recommendations for future research endeavours on this topic.

Firstly, in the opinion of the researcher, conducting a cross-cultural study on the exposure to ACEs with protective factors, hope, spirituality and cultural identity would be instrumental. This type of research would incorporate different worldviews, but at the same time, be able to make assumptions around the universality of constructs such as hope, spirituality and cultural identity. A cross-cultural research (across different countries) could also mean that the research findings would reach more people outside of New Zealand, to encourage usage of more holistic approaches for ACEs and trauma. Many countries, continue to engage in complete biomedicalisation of human issues, however, a research similar to this, on a cross-cultural extent, could shed light to the many benefits associated with holistic interventions.

Further recommendations include research that places more emphasis on strengths-based approaches to addressing childhood trauma as compared to sole reliance on the ACEs framework, which would be demoralising and could lead to the perpetuation of stigma and stereotypes. An alternative approach could consider usage of the ACEs framework in conjunction with other strengths-based approaches. This type of research may also prove to be revolutionary for the healthcare sector, as it would encourage a holistic approach to addressing issues such as childhood trauma, which is difficult to define, assess and treat, simply based on the 10-point ACEs questionnaire.

A final recommendation is research that has an equal focus on the psychosocial factors that contribute to ACEs. Understanding these factors could be an instrumental first step towards breaking intergenerational cycles of ACEs.

4.9 Summary

Overall, the summarising points from the discussion are, firstly, the results from the findings have many similarities to existing literature and confirm the hypothesis of the present study to a significant extent. The hypothesis was that, ACEs have many detrimental effects to a child who is exposed to it and that the protective factors, hope, spirituality and cultural identity would mediate against these, to foster healthy parent-child relationships and therefore, break intergenerational cycles of childhood trauma.

An interesting finding was that, even though the exposure to the childhood adversities caused terror and anguish, the long-term deficits predicted by ACEs (including physical, mental health illness and psychosocial issues) were not confirmed by the results of the present study, with no participants reporting chronic physical health illness, mental health diagnosis (i.e., no formal diagnosis within the DSM-5 criteria) and/or other pervasive psychosocial problems, which highlighted that the predictions made by the ACEs framework is not inevitable, and perhaps, individual strengths may often overrule existing predispositions.

The discussion section also evaluated the ACEs framework and provided suggestions on alternative ways through which childhood trauma can be addressed instead through the focus on strengths as compared to weaknesses and predispositions. An alternative approach of

focusing on protective factors was provided and through this, hope, spirituality and cultural identity were introduced to the study as factors with mediating effects to the exposure to ACEs.

Each of the protective factors (hope, spirituality and cultural identity) were assessed and the results on each of these topics were compared to the findings presented within the literature review. A noteworthy finding of the present study was that, the protective factors, hope, spirituality and cultural identity were not just important in mediating the effects of ACEs, but also formed vital foundations upon which parent-child relationships were built, thus demonstrating the enduring protective effects of these three factors in breaking intergenerational cycles of trauma.

While the findings of the present study were intriguing and thought provoking, there were still a number of limitations present, therefore suggesting that a cautious approach is maintained while interpreting the findings. One of the most important limitations was the homogenous sample of the present study leading to the possibility of unintentional bias within the findings. Some ideas were presented within the recommendation section for future endeavours for research within this area. An overall conclusion to the present study is provided within the next chapter.

Chapter Five: Conclusion

In conclusion, a qualitative study was conducted informed by a phenomenological view to address the research aims of: investigating the effects of ACEs on individuals, exploring whether protective factors; hope, spirituality and cultural identity had mediating effects to the exposure of ACEs and whether the protective factors contributed to breaking intergenerational cycles of trauma to foster healthy parent-child relationships. A semi-structured interview with ten participants revealed a constellation of overarching and sub-themes through thematic analysis, which were then used to address the research aims.

The main finding was that, the results were well aligned to the findings presented within the literature review, however, the long term detriments predicted by the ACEs framework were not confirmed, which highlighted that predictions made are not always inevitable and that empowering human beings through strengths-based approaches could have enduring positive effects. The protective factors that were of importance to this study were deemed to have a profound mediating effect to the exposure to ACEs but also formed important basis upon which parent-child relationships were based.

As with any research, a set of limitations were identified, which were then followed with recommendations for future endeavours for research on these topics.

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Appendix One: Interview Questions

Semi-structured Interview Questions

- What was your childhood like?*
- How did the adverse childhood experiences impact your life?*
- Did you feel safe with your primary caregivers?
- What do you understand about the importance of the following/what do these mean to you: “a sense of hope”, “spirituality” and “cultural identity”?
- Are these factors (“a sense of hope”, “spirituality” and “cultural identity”) important in your life? Did you have these in your life when you were young?*
- What are some strengths or protective factors you identify in your life, that helped you get through the ACEs?
- What were your biggest learnings through the adversities you faced as a child?*
- What is your relationship like with your children?
- What do you think it means to be a good parent?*

* Questions with this sign at the end are starter questions that are likely to delve into deeper conversations.

Appendix Two: Participant Consent Form



School of Psychology, Massey University

Breaking the cycle: the association between Adverse Childhood Experiences (ACEs) and protective factors: hope, spirituality and cultural identity on the quality of future parent-child relationships.

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my recordings returned to me.
3. I wish/do not wish to have data placed in an official archive.
4. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ hereby consent to take part in this study.

Signature: _____

Date: _____

Appendix Three: Participant Information Sheet



Participant Information Sheet

Study Title: Breaking the cycle: the association between Adverse Childhood Experiences (ACEs) and protective factors: hope, spirituality and cultural identity on the quality of future parent-child relationships.

Kia ora, my name is Sunaina Roy and I am a researcher.

Introducing the researcher

- This study is being led by myself, Sunaina Roy, a Master's of Science (Psychology) student at Massey University, Albany. I have a background in Psychology, Health Sciences and Addictions Counselling and currently work as an Alcohol and Other Drug Clinician at Community Alcohol and Drug Services. My Supervisor is Dr. Matthew Shepherd, a senior lecturer at the university and a Registered Clinical Psychologist.

Would you like to help me?

I am looking for participants who have been through Adverse Childhood Experiences (ACEs) and are parents of primary school aged children. ACEs include factors such as neglect, abuse and some form of household dysfunction prior to the age of 18 (prior to your 18th birthday).

Purpose of the study:

Those who have been through ACEs (neglect, abuse and/or household dysfunction) are usually more susceptible to adverse outcomes throughout their lifetime, such as physical and mental health issues, difficulties in interpersonal relationships, delinquency, substance use, lower education rates, lowered life expectancy as well as other intergenerational effects. The purpose of this research is to determine whether introducing protective factors such as hope, spirituality and cultural identity early on, in the lives of those who experience ACEs, help to reduce adversities and build resilience, to "break the cycle" and foster healthy parent-child relationships in the future.

Please note that the research is being undertaken for a Master's qualification and the researcher is not acting as a Counsellor.

Do I have to take part?

This study is entirely voluntary and you do not have to take part if you do not wish to. Should you wish to take part in it, you will be requested to sign the consent form and will be provided with a copy of both the information sheet and the consent form.

Should you change your mind about participating in this study, you are free to withdraw without giving any reason within 2 weeks of completing the interview. This gives the Researcher enough time to re-recruit participants to complete the study by the due date.

How do I participate?

If you wish to take part in the study, please contact the Researcher on the contact details provided. The researcher will get back to you to discuss the consent form and provide you with a link for the ACEs questionnaire (takes approximately 5 minutes) to determine your eligibility for the study. Should you meet the criteria (at least 1 ACE prior to age 18yrs), you will be invited to another session at a convenient time for an in-

depth interview. Please note that the interview can take between 45mins to 1 hour and will be conducted over Zoom to ensure safety during COVID-19.

- During the interview the Researcher will ask you some questions regarding your upbringing, relationship with your primary caregivers, ACEs and some meaning systems you may have in your life, including hope, spirituality and cultural identity.
- The interviews will be recorded for research purposes and transcribed into verbal scripts, which you are free to access and make any changes to.
- You will be compensated for your time and participation.
- You will be contacted on completion of the study by the Researcher to inform you of research findings.
- Please note that your confidentiality will be maintained at all times and pseudonyms will be used within the research to protect your privacy.

Possible risks to you:

Discussing traumatic events from your childhood may cause some distress and psychological stress. To minimise the impact of this, the interview is designed in a way to finish off with strengths-based questions around resiliency. You will also have some time at the end of your interview to debrief with the Researcher, should you wish to. The Researcher will provide you with a helpline card with numbers that you can contact to access telephone counselling.

Advantages of taking part in the study

- Sharing your story in a confidential, non-judgmental environment.
- Potentially contributing to a wider, societal good of understanding and implementing protective factors, to break the cycle of ACEs for the future generation.
- You will be compensated for your time and effort towards this study.

Confidentiality

This study is entirely confidential. Your details will not be shared and pseudonyms will be used throughout the research to protect your privacy. If you have further questions or are worried about your privacy, please feel free to discuss with the Researcher.

Results

On completion of the study, the results and findings will be disclosed to you. The results may be presented at meetings or peer reviewed journals, to ensure a wider community benefits from the findings.

Ethical review

- This study has been passed through the ethics committee and approved.
- If you have any concerns or questions whilst taking part in the study, please contact my Supervisor on the details below:

Dr. Matthew Shepherd. Principle Supervisor/Senior Lecturer/Registered Clinical Psychologist

Telephone: | DDI: +64+09 414 0800

Email: M.Shepherd1@massey.ac.nz

Researcher contact details:

Lead Researcher: Sunaina Roy

Ethics committee ref: NOR 20/50

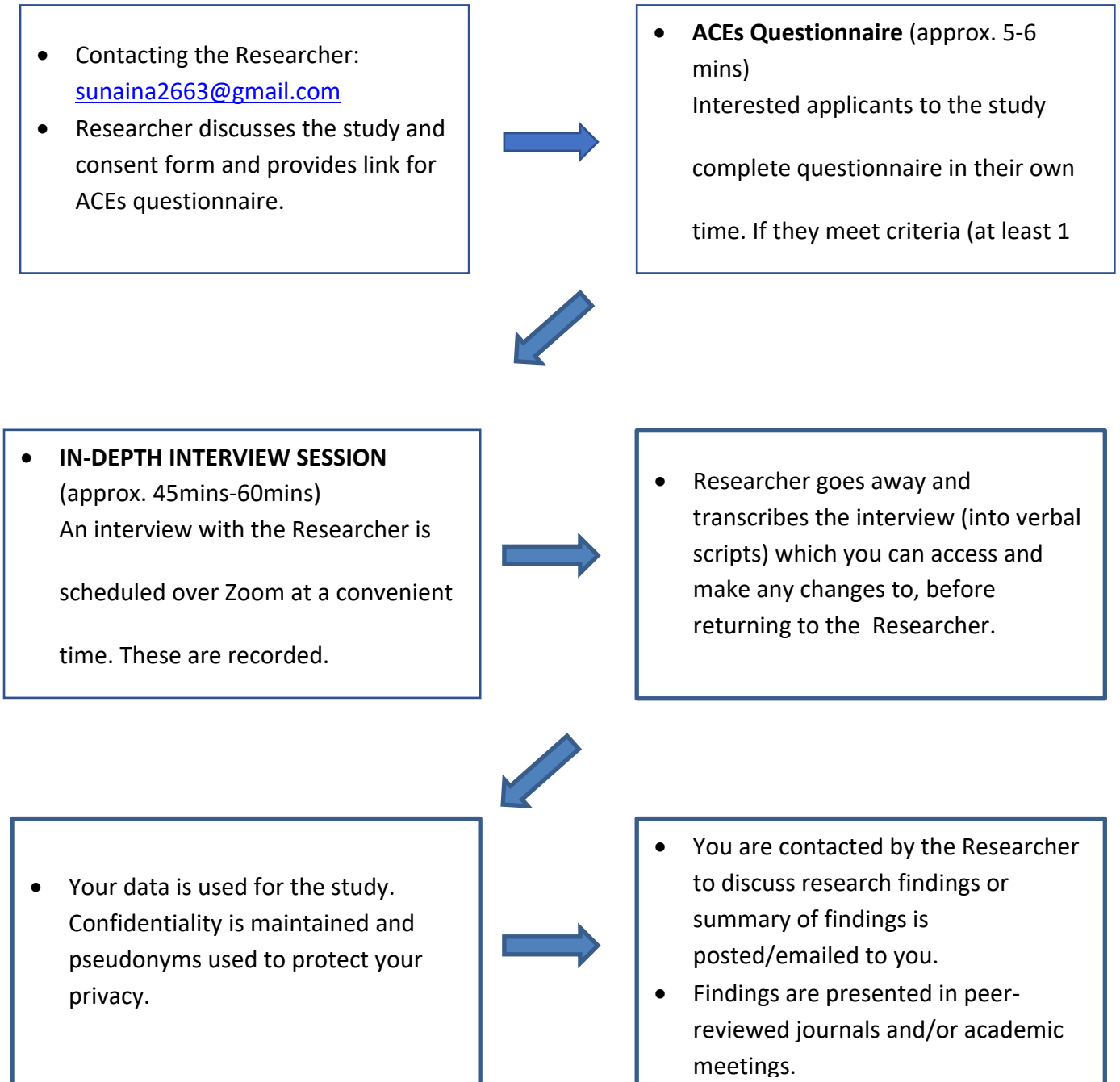
Locality: Auckland

Contact Email: sunaina2663@gmail.com

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 20/50. If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800, x 43347, email humanethicsnorth@massey.ac.nz

Appendix Four: Mini Study Flowchart

MINI STUDY FLOW CHART



Appendix Five: Research Advertisement

Breaking the cycle: the association between Adverse Childhood Experiences (ACEs) and protective factors: **hope, spirituality and cultural identity** on the quality of future parent-child relationships.

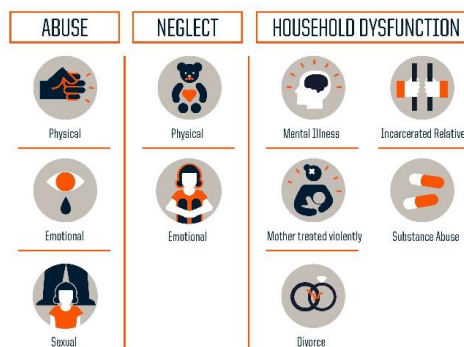
Compensation: \$20 gift voucher.

Eligibility: To be able to participate, you must be a parent of a primary school aged child/children and have experienced ACEs (such as neglect, abuse, household dysfunction) as a child.

Time/Commitment: The study will require no more than a total of 1.5 hours of your time at the most (including an initial 5min online questionnaire, followed by 45-60min interview at a later stage). Interview sessions will be conducted over zoom to maintain COVID-19 safety restrictions.

Contact: Sunaina Roy – Masters of Science (Psychology) student at Massey University/Lead Researcher.

E-mail: sunaina2663@gmail.com



Those who experience ACEs (abuse, neglect and/or household dysfunction) are more likely to face adverse outcomes in their lifetime, including mental/physical health problems, delinquency, substance use problems, unhealthy interpersonal relationships and other generational effects.

Positive influences such as hope, spirituality and cultural identity may act as protective factors for those who experience ACEs, if introduced early on in life. These protective factors may help to build resilience and contribute to healthy parent-child relationships in the future for those who have been through ACEs as children.

If you wish to take part in a study to understand ACEs and explore the impact of protective factors in breaking potential intergenerational cycles, please contact the Researcher on the details below.

