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**“I don’t want to be this chaos that I live in”:
Stories of Resilience from Adult Survivors of Child
Maltreatment**

A thesis
submitted in partial fulfilment
of the requirements for the degree
of
Master of Applied Psychology (Community)
at
The University of Waikato
by
LITA CAMERON



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

2026

Abstract

Child maltreatment is a devastating public health issue with enduring effects across the lifespan. Research has focused on resilience to understand how individuals cope and adapt following adversity. However, psychological research predominately characterises resilience as an individual trait, focusing on protective factors to inform individual, therapy-based interventions. Drawing on community psychology's liberatory orientation, this thesis takes a qualitative, relational approach to resilience research, exploring how adult survivors of childhood maltreatment understand and experience resilience. It investigates what survivors find meaningful in facilitating their resilience, the role of community and social supports, and how their accounts compare with the dominant model of resilience as adaptive 'bouncing back'. Narrative methods were used to explore how participants storied their resilience, contextualised by my insider researcher position. Semi-structured interviews, incorporating a mind mapping activity, were conducted with three participants. Narrative analysis was used to examine the function of participants' stories of resilience. Participants' accounts reflected a broader landscape of healing than typically emphasised in resilience literature, with therapeutic resources and interventions forming a small role. Participants also storied their resilience through 'giving back', using their experiences to prevent others' suffering. Finally, resilience was formed and maintained through ongoing, exhausting labour. Overall, this thesis argues that recognising resilience as labour has important implications for conceptualising resilience and supporting survivors.

Acknowledgments

Firstly, I would like to thank my participants for their time and willingness to share their personal experiences with me. I recognise the sensitive nature of this research and feel honoured to have had the opportunity to connect with you and listen to your stories. Without your participation, this thesis would not have been possible.

I would like to acknowledge the support and contribution of my supervisor, Dr Kimberly Jackson. I am incredibly grateful for the countless hours of guidance you have given me over the past year. Your detailed feedback consistently challenged me to extend my thinking, refine my ideas, and helped form the critical stance of this thesis. Thank you for continuously motivating me and for your belief in me and this research. Thank you also to Dr Kim Southey for her support as the cultural advisor of this project.

I would also like to thank the University of Waikato for their support and interest in this project, as a recipient of the University of Waikato Research Masters Scholarship.

Thank you to Shannon, my friend, and community psychology partner, for your thoughtful advice and encouragement, especially during the more challenging stages of this project. In addition, thank you to Anthea for your support and advice on research ethics.

Thank you to my friends who have supported me throughout this thesis. A special thank you goes to Katie, Talia, Shannon, and Venus for always seeing and reminding me of my potential. Thank you also to Karen and Neil for your support and the home-cooked meals that sustained me throughout this journey. Lastly, I am deeply grateful to my wonderful partner, Thomas. Thank you for always listening to me and keeping me grounded. Your support has been paramount to seeing this research through, and I could not have achieved this without you.

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Chapter One: Introduction

Child maltreatment remains a significant global and national concern, with extensive research documenting its profound and enduring effects across individuals' lifetimes (Lippard & Nemeroff, 2023; Russotti et al., 2021; World Health Organisation, 2024). While a body of research has focused on the adverse psychological and developmental outcomes associated with abuse (Gardner et al., 2019; Gomez et al., 2017), increasing attention has been directed towards understanding how some survivors adapt and navigate life following such experiences. This shift has foregrounded the concept of resilience within child maltreatment research (Yoon et al., 2021).

Within psychology, resilience is commonly conceptualised as individual traits or capacities to recover or “bounce back” from adversity (Arslan, 2015; Bradley et al., 2013; Smith et al., 2017) and is often addressed through individually focused therapeutic interventions (Abate et al., 2024; Afifi & MacMillan, 2011; Collishaw et al., 2007; Meng et al., 2018; Yoon et al., 2021).

Community psychology instead offers this thesis a liberatory orientation that centres survivor-led understandings of building and sustaining wellbeing in the wake of childhood maltreatment (Kagan et al., 2019). This thesis explores the factors that three adult survivors of child maltreatment identify as facilitating, or hindering, their resilience, and how they understand and draw support from different sources, including clinical or therapeutic modalities, but also a range of social and community resources. Recognising my own insider lens, as an adult navigating life after childhood maltreatment, forms part of how this thesis analyses the experiences of the three participants, reflecting a relational approach to qualitative research (Berkovic et al., 2020). I applied narrative methods to transcripts generated through repeated semi-structured interviews with each participant (apart from one

participant, who chose to participate in one interview), which included a mind-mapping activity. The thesis findings offer perspectives on resilience for adult survivors of childhood maltreatment that are grounded within participants' own biographical, cultural, social and community contexts, demonstrating the complexities of resilience as an ongoing project for survivors.

This chapter proceeds with the background for this thesis, beginning with an explanation and contextualisation of child maltreatment, including child maltreatment in the Aotearoa New Zealand context. Next, I highlight the focus on resilience in child maltreatment literature, and question whether the predominant model within psychology research into resilience has limitations. Introducing critiques of what has been identified as WEIRD psychology (Henrich et al., 2010; Sanches de Oliveira & Baggs, 2023) provides this thesis with a framework for building a community psychology orientation for exploring resilience for survivors. I outline the aims of my research, which develop from this recognition of a need for more qualitative, participant-led approaches to resilience research. The following research question reflecting the aims of this thesis, guided the investigation: How do adult survivors of child abuse understand and experience resilience? This current chapter concludes with a road map for the remaining thesis.

Contextualising Child Maltreatment

Child maltreatment is best understood as both actions and acts of omission by a parental figure or caregiver that threaten or result in actual harm to a child (Daley et al., 2025; World Health Organisation, 2024). Child maltreatment takes place within a relationship of power, responsibility and trust and risks jeopardising the health, dignity, and development of a child (World Health Organisation, 2024). Within child maltreatment literature, four main subtypes of abuse are recognised: physical abuse, emotional or psychological abuse, sexual abuse, and neglect (Daley et al., 2025; Massullo et al., 2023 Merrick & Lutzman, 2014).

Unfortunately, maltreated children are commonly exposed to more than one type of maltreatment (Massullo et al., 2023).

Child maltreatment is also extremely common, impacting millions of lives across the world. Epidemiological data indicates that approximately one in four children experience child maltreatment during some stage of their lives (Lippard & Nemeroff, 2023). According to UNICEF (2025), 1.6 billion children worldwide experience regular violent punishment within the home, with over two thirds also exposed to psychological aggression. In addition, an estimated 90 million children worldwide were living with experiences of child sexual abuse in 2024 (UNICEF, 2024). Global literature also shows that the prevalence of child maltreatment is similar across different regions, with prevalence rates varying according to subtype (Stoltenborgh et al., 2015; Whitten et al., 2024).

National rates also provide some insight into the prevalence of child maltreatment in New Zealand. The Organisation for Economic Co-operation and Development (OECD) provide insight into the high rates of violence against children in New Zealand, showing that every five weeks, a child loses their life to violence (UNICEF, 2017; Telfar et al., 2023). Consequently, New Zealand ranks seventh highest in the OECD for child homicide rates (Telfar et al., 2023). Additionally, Barnardos (n.d.) highlight the high rates of abuse against children in New Zealand with 69,500 reports of concern being made in 2023, and 37,800 requiring further investigation. It is also recognised that violence against children is rising, as hospital admissions for physical abuse and neglect hit their highest over the past decade in 2024 (The Salvation Army 2025). However, it remains unclear whether this increase is due to a rise in violence, or a rise in reporting. It should also be noted that the true extent of child maltreatment in New Zealand is unknown. However, continued research into maltreatment types and their prevalence is recognised as essential in responding to, and preventing, child abuse, and ensuring child safety (Oranga Tamariki, 2020).

Child maltreatment is recognised globally, including in New Zealand, as a serious public health challenge (Massullo et al., 2023; Merrick & Latzman, 2014; Telfar et al., 2023). Over the past several decades, a substantial body of research has documented the adverse developmental outcomes of child maltreatment across the life course (Buckingham & Daniolos, 2013; Gardner et al., 2019; Geoffroy et al., 2016; Russotti et al., 2021; Zeanah & Humphreys, 2018).

Health impacts of childhood maltreatment span across biological and psychological domains of functioning (Afifi & MacMillan., 2011; Russotti et al., 2021), while mental health problems are considered to be a particularly significant consequence of child maltreatment (Zeanah & Humphreys, 2018). There is ample evidence that child maltreatment increases the risk of mental health problems in childhood and through into adulthood (Gardner et al., 2019; Geoffroy et al., 2016; Gomez et al., 2017; McLaughlin et al., 2020). Being maltreated as a child elevates the risk of depression, anxiety, self-injury, substance abuse, and suicidal behaviours (Angelakis et al., 2019; Buckingham & Daniolos, 2013; Klumparendt et al., 2019; Newbury et al., 2018) regardless of maltreatment type. However, one phenomenon that has received increasing interest in helping survivors adapt and cope following child maltreatment is the construct of *resilience* (Afifi & MacMillan, 2011; Li et al., 2023; Collishaw et al., 2007; Yoon et al., 2021).

Resilience as a Focus in Child Maltreatment

The recognition that not all individuals develop or exhibit negative consequences following child maltreatment has led to a shift away from exclusively investigating the psychopathology of maltreated individuals, and towards understanding their resilience (Masten et al., 1990) Since the 1990s, a body of research has emerged, investigating the hardiness, or rather the resilience of survivors that are living well or flourishing despite adversity. Nevertheless, a gold standard definition of resilience remains contested. There are

researchers who define resilience as a relatively stable and innate personal trait, comprised of characteristics such as psychological hardiness, coping efficacy, and ego resilience (Block & Block, 1980; Connor & Davidson, 2003). There are others who claim that resilience is not a personal attribute, but instead a dynamic process or outcome of successful adaptation following significant trauma or adversity (Luthar et al., 2000; Masten et al., 1990). More recently, researchers have also defined resilience through a socioecological framing, conceptualising it as an individual's ability to navigate themselves towards multi-level resources that enhance wellbeing (Banyard et al., 2017; Ungar, 2004).

Despite differing conceptualisations of resilience, much of the research in this space defines resilience as an individual capacity or process. Yoon and colleagues (2021) conducted a systematic review of 67 empirical articles, examining conceptualisations, assessments, and factors related to resilience following child maltreatment. They found that half of the studies with adult samples conceptualised resilience as an individual trait, with a focus on how a person can recover, thrive or 'bounce back' after trauma (Arslan, 2015; Beutel et al., 2017; Schulz et al., 2014; Smith et al., 2017). This kind of description is evident in a study by Smith and colleagues (2017, p.107), who define resilience as "the ability to bounce back and cope with negative or adverse experiences". They examine specific psychological traits to determine whether these predict individual resilience and therefore enable individuals to move towards positive psychological wellbeing following abuse (Smith et al., 2017).

A key focus within research has been identifying specific factors associated with resilience among survivors of child maltreatment. These factors, commonly referred to as "protective factors", are thought to protect a person from the deleterious outcomes associated with child maltreatment by enhancing personal assets. Protective factors are typically identified at individual, familial (sometimes referred to as relational), and community levels. These include psychological features or traits within an individual, and features or resources

within their families, relationships, and community environments considered to be protective. Researchers tend to investigate protective factors with the aim of informing clinical interventions (Abate et al., 2024; Afifi & MacMillan, 2011; Collishaw et al., 2007; Meng et al., 2018; Yoon et al., 2021). This is on the basis that certain protective factors are amenable and therefore can be manipulated to enhance resilience within individual survivors (Collishaw et al., 2007). For example, Afifi and MacMillan (2011) suggest that knowledge about protective factors can help clinicians assess a patient's history and determine the specific factors that may support their coping. More recently, Abate and colleagues (2024) emphasise the importance of protective factors associated with adversity (e.g., self-regulation, support, positive self-perception, community cohesion), and advocate for resilience-enhancing interventions, including cognitive behavioral therapy and mindfulness interventions. Although some community level interventions have been recommended, such as resilience training within the community to enhance coping (Li et al., 2023), these still reflect the same model of resilience as 'bouncing back' and reflect understandings of resilience as a quality that can be rebuilt at the individual level.

There are critiques of the dominant model of resilience, particularly in relation to cultural assumptions that underly how resilience is conceptualised within psychology (Schwarz, 2018; Suslovic & Lett, 2024). The emphasis on individual adaptation and self-responsibility within resilience literature is partly the result of the ways in which dominant forms of psychology have developed such concepts within specific, historical, social, and cultural contexts. One way that scholars have critiqued dominant forms of psychology is through recognition of what is deemed the WEIRD (Western, Educated, Industrialised, Rich and Democratic) orientation of much psychological research (Henrich et al., 2010). Critical scholars developed the acronym WEIRD psychology to signify that the majority of psychological research is conducted with researchers and 'subjects' from Western, Educated,

Industrialised, Rich and Democratic backgrounds. Consequently, WEIRD studies only represent a “thin slice of humanity”, despite universal claims about the nature of human psychology (Henrich et al., 2010, p.63). The WEIRD issue in psychology does not solely pertain to sampling; scholars have also used the concept of WEIRD to critique the ways in which particular psychological concepts have become dominant. Such concepts are informed by cultural assumptions within WEIRD psychology; assumptions implicitly held by researchers educated in Western universities and traditions (Sanches de Oliveira & Baggs, 2023). Accordingly, these assumptions feed into the way resilience is predominately conceptualised within academic literature. In the case of resilience, WEIRD psychology has demonstrated emphasis on the self-reliant individual, where resilience is primarily understood as being rebuilt at the individual level (Schwarz, 2018).

An additional issue pertaining to the decontextualising within WEIRD psychology is the assumption that interventions for building resilience are universally applicable across populations. The assumption of universality is connected to the positivist orientation within dominant forms of psychology. The positivist stance aims to produce objective knowledge by investigating phenomena through methods developed and based upon those used within the natural sciences (Denzin & Lincoln, 2011). Studies situated within a positivist stance generally use quantitative measures to identify causal relationships or explanatory associations across typically large samples (Park et al., 2020). This is with the aim of producing generalisable findings or conclusions, which hinges on the replicability of research results, and is typically achieved in settings where experimentation is controlled (Park et al., 2020). The emphasis on positivist, replicable methods within psychological research converges with WEIRD participants as a culturally specific sample to produce the concept of universally applicable laws about human beings. In the context of WEIRD resilience research, this perspective informs the assumption that resilience can universally be produced

across populations through the same individually focused interventions. This consequently decontextualises resilience, overlooking the diverse, culture specific ways in which people heal from child maltreatment, and the cultural or social contexts that support or make resilience possible (Schwarz, 2018; Chandler, 2014).

Suslovic and Lett (2024) provide an illustration of the limitations of interventions that are individually focused and not contextualised within people's social and cultural situatedness. In research focused on trauma within historically and contemporarily structurally marginalised communities, Suslovic and Lett (2024) critique the way in which assumptions of resilience (as trait based or as positive adaptation following trauma) lead to a focus on therapeutic interventions that place the locus for post-traumatic adaptation back onto marginalised individuals. For example, they show how resilience becomes the responsibility of racial groups that are structurally marginalised, as mental health practitioners attempt to identify universal protective factors to enhance resilience in response to structural traumas (e.g., positive feelings towards oneself in response to racism). As such, resilience becomes the responsibility of marginalised groups and individuals. In response to this, Suslovic and Lett (2024) propose reframing resilience from a therapeutic target to a form of "scar tissue": an adverse event that signals harm and carries the risk of dysfunction. Like scar tissue, resilience may also negatively impact functioning, helping individuals cope and adapt in some ways, but coming with potential costs, such as emotional suppression for example. The conceptualisation of "scar tissue" as a formation within the self in response to adverse circumstances incorporates nuance and the complexities of people's lived realities. The approach to resilience within Suslovic and Lett's (2024) work also suggests possibilities for collective advocacy, particularly for communities impacted by historical and ongoing social inequities.

Community Psychology Approach

The subdiscipline of community psychology emerged partially in response to critiques of WEIRD psychology, in recognition that the assumptions about human beings that underpin research and treatment paradigms within psychology reflect a dominant cultural lens. Moreover, community psychology has drawn from liberatory psychologies, building approaches to wellbeing that involve “work done with, and in service of, oppressed groups” (Nelson & Prilleltensky, 2010, p.322). Rather than approaching research as a detached, objective researcher, a liberatory orientation centres the relationship between the researcher and a marginalised group, recognising participants as agents of change, rather than recipients of research, treatment, or intervention (Kagan et al., 2019). By prioritising a more relational approach to research, a liberatory orientation can shed light on new dimensions of wellbeing (Kagan et al., 2019) that may be overlooked within dominant forms of psychology. In other words, this orientation can assist in bringing forth more contextualised and nuanced understandings of wellbeing that may otherwise be marginalised by dominant assumptions.

In light of these benefits, this thesis draws from community psychology’s liberatory orientation, taking a relational and participant-centred approach to researching resilience. In particular, this thesis seeks to create a relational space for survivors to share their understandings and experiences of resilience, without the imposition of WEIRD assumptions within the research interactions. I am a survivor of child abuse and neglect, and therefore not an outsider observer, and chose to openly position myself as an insider researcher within this research. Being an insider can help facilitate a more relational research approach, strengthening rapport and credibility with participants (Berkovic et al., 2020), which I further explore within the methods chapter.

As this thesis seeks to foreground participants’ own constructed meanings of resilience, this research adopts a narrative approach. Narrative approaches recognise that

people make meaning of their experiences through the broader cultural and community narratives they experience. Understanding the importance of stories in how we make sense of our experiences provides a framework for analysing how participants draw on support within their specific social and cultural contexts. Consequently, narrative methods illuminate the ways in which survivors draw from many different resources, including cultural, social, community, and dominant WEIRD-informed interventions, to form their concepts of resilience. Such understandings are important in determining what resilience looks like from the perspective of individuals with lived experience, and the role social and community support forms in shaping their resilience.

In keeping with the relational and narrative approaches discussed above, this research investigates how survivors construct resilience through qualitative interviews. More specifically, I investigate how the participants understand and experience resilience. The aims of this research were the following: (1) determine what factors participants identify as facilitating and hindering their resilience, (2) identify what understandings and what forms of community participants draw on for supporting their concepts of resilience, and (3) determine how participants deploy clinical and community level narratives within their accounts. Although I use the word ‘resilience’ within these aims, I define this term somewhat loosely, reflecting the critical stance of this thesis in relation to dominant models of resilience, and tuning into how participants themselves construct this concept. Consequently, terms such as ‘healing’, ‘recovery’, feeling stronger, are ways in which participants express and explore ‘resilience’ within their accounts. Owing to my approach of centring participants’ stories, the overall research question that formed the focus of this research was to ask how do adult survivors of child abuse and maltreatment experience resilience?

Thesis Road Map

The remaining thesis consists of the following chapters. Chapter Two explores the methodology of this thesis. The philosophical assumptions underpinning this thesis, theoretical framework, research procedure, and ethical considerations are outlined, as well as the application of narrative analysis. Chapter Three, Four, and Five introduce and analyse the accounts of Timmy, Eida and Angel respectively. The chapters are organised around each participant's experiences of resilience, highlighting what they found meaningful or hindering in their own experiences of living in the aftermath of child maltreatment, at the time of the interviews. Chapter Six further explores the thesis findings in more depth, highlighting key narratives and their implications. Resilience as Complex and Socially Contextualised; 'Bouncing Back' by Giving Back; and Resilience as Exhausting Labour. I reflect on how my insider positionality within the research informed the findings. The limitations of the thesis and suggestions for future lines of research are discussed. This thesis concludes with a summary of the implications and the significance of these findings, highlighting how locating responsibilities for the ongoing work of resilience within individuals requires survivors of child maltreatment to agentively build their own support, a process that can be exhausting.

Chapter Two: Methodology

This research aims to explore how adult survivors of child maltreatment understand and experience resilience, with a specific focus on the factors they find useful in facilitating their resilience, the role of community in this process, and the clinical and community narratives they draw on for supporting their concepts. This chapter explains and justifies the methodological choices made to address these research aims. The philosophical assumptions underpinning this thesis, such as the nature of reality and how reality can be measured are outlined. I then provide a personal statement, explaining my connection to this topic, while exploring the benefits and critiques of insider research, and how this thesis addresses these critiques. The use of a narrative psychology approach is rationalised, and the application of a narrative analysis method is explained. Finally, I outline the method procedure and the ethical considerations of this thesis.

Theoretical Framework

All research reflects philosophical assumptions held by the researcher, which guide the way knowledge is produced and validated. A researcher's ontological and epistemological perspectives underpin their choice of methodology, and how they gain an understanding of social phenomena (Pessu, 2019). Ontology is concerned with the nature of reality, in other words, "what can be known as real" within our world (Ryan, 2018, p.14), while epistemology is concerned with how we know something to be true within our understanding of reality (Alharahsheh & Pius, 2020). It is therefore imperative to outline the ontological and epistemological viewpoints that underpin this thesis.

This research is underpinned by a relativist ontology, which recognises that there is no objective truth about the nature of reality, rather "truth" is created through individuals' own interpretive lenses and negotiated in interaction with others (Baghramian, 2015). This means

that there are multiple interpretations of reality, rather than an external reality waiting to be “discovered” (Levers, 2013). This view of reality is pertinent to this research, as it acknowledges each participant's construction of resilience as a subjective truth, shaped by their own experiential and cultural lenses. Moreover, the recognition that each participant's account stands as a subjective truth, honours my commitment to centring participant's understandings and experiences of resilience. However, while I employ a relativist understanding that multiple truths about reality exist, this thesis also softens a purely relativist stance. The approach taken in this thesis centres participants' interpretations of their experiences but also recognises that child maltreatment is an evidenced material reality, well-documented within the New Zealand context (Kelly, 2011; Telfar et al., 2023). Therefore, softening the relativist stance allows participants experiences to be foregrounded on their own terms, without denying the harms they have experienced. Failing to acknowledge this distinction could disregard the tangible realities of abuse or neglect endured by survivors.

In keeping with the approach to knowledge as constructed through human meaning-making, rather than discovered, this thesis takes a focus on how individuals use their subjective lenses to interpret and make sense of the world and their experiences within it (Hiller, 2016). It is through this interpretation that knowledge is created. Researchers also have their own subjective interpretations which shape the meanings that emerge during the research process (Riessman, 1993). As a result, knowledge is co-created, reflecting the shared understandings developed between the researcher and participant in the interaction process (Riessman, 1993). The knowledge in this research is therefore idiographic: specific to individuals, their contexts, and bound to time and place (Hiller, 2016). Accordingly, the interpretation I offer of participants' accounts is just one of the many possible readings that could emerge (Greene, 2010). In this regard, this research does not seek to produce an

objective account; rather, it actively accepts the messy and contextual nature of meaning-making, seeing this as a strength of this research.

Engaging in the practice of self-reflexivity is essential in the realm of qualitative research. Self-reflexivity involves critically evaluating how one's beliefs, biases and experiences shape the research process (Berger, 2015; Jamieson et al., 2023). Researchers hold their own personal worldview which shapes the research decisions they make and their interpretations of participant data. Critically reflecting on how our partial view influences the research process allows researchers to make ethical and thoughtful research decisions while navigating the complexities and messiness of participants' lived experiences (Lazard & McAvoy, 2020). In other words, self-reflexivity allows one to adapt research decisions in accordance with insights that emerge to remain accountable to the knowledge they produce. It is in this interest that I highlight my own partial view and how it is shaped my engagement with this research.

Personal Statement

This research is personal to me, due to my own lived experiences of child abuse and neglect. My childhood involved experiences of physical, psychological abuse and neglect within the family home. This gave me personal insight into the burden of suffering that survivors can carry across the lifespan. My experiences influenced my choice to seek out mental health support as a teenager, to work through my distress. While my clinical therapist provided me with self-regulation skills and education around how to heal somatic symptoms of distress, I felt the weight of having to carry my suffering on my own. This sparked my curiosity about investigating what helps survivors of child maltreatment cope in the aftermath of being maltreated or abused. I began engaging with the literature and soon realised that much of it emphasised “bouncing back” from adversity through individual interventions.

I also noticed that the voices of survivors were not strongly featured in academic literature and the conversation being had about them and their coping trajectories, which prompted my interest and exploration of this research. My education in community psychology provoked further interest in undertaking this research, as the discipline has shaped my understanding around whose voices should be centred in the production of knowledge. From a community psychology perspective, survivors of abuse are the experts of their own lives and therefore are best placed to contribute to knowledge about their own coping and healing processes.

While my experiences have underpinned my desire to investigate this topic, they have also shaped my methodological choices. Firstly, my survivorship has guided my epistemological decision to view knowledge as interpretive and co-constructed, acknowledging that participants' experiences of abuse shape their interpretation of the world and their experiences, and that my own experiences influence the interpretation of data. In addition, my experiences have informed my decision to frame this inquiry as insider research, which is further explored below.

Insider Research

Having lived experience of child maltreatment means I am an insider of the community under investigation in this research. My status as an insider significantly implicates the research process from beginning to end. In the interest of transparency, I disclosed my identity as an insider to participants. Moreover, I intentionally positioned this inquiry as insider research, to acknowledge how my identity may shape the research produced, and to address the criticisms of conducting research from an insider positioning.

Insider researchers are members of the community they are engaging with, sharing a specific lived experience, identity, or cultural similarities with participants (Blythe et al.,

2013). Insider research can enrich and nurture the research process in a myriad of ways. Insider researchers often hold a greater understanding of the community investigated, which can strengthen the interpretation of data (Aguilar et al., 2025; Ross, 2017; Thompson, 1995). Insider researchers can also enhance rapport with participants, allowing for more authentic dialogue as the researcher-participants power dynamic is reduced (Blythe et al., 2013; Ross, 2017). Moreover, the idea of talking with a researcher who has “been there”, may alleviate participant reservations or fear of judgement, thereby nurturing the research process (Thompson, 1995).

Despite the strengths of insider research identified above, it is also subject to scrutiny within academic contexts. For example, insider researchers have been critiqued for bringing an additional set of biases into the research arena (Aguilar et al., 2025; Saidin, 2017). If a researcher becomes too emotionally invested in the inquiry, they may inadvertently misrepresent participant data (Aguilar et al., 2025; Ross, 2017). Furthermore, there is also the risk of the researcher over-identifying themselves with participants, when there may be fewer parallels between their identities than divergences (Aguilar et al., 2025; Ross, 2017).

To mitigate some of these challenges, I engaged in specific strategies inspired by Blythe et al. (2013). Firstly, I encouraged participant reflection by asking probing questions, which allowed me to clarify participants’ meanings instead of relying on my own assumed understandings. Secondly, my analytical interpretations were reviewed by an outsider, my supervisor. Engaging in reflective conversations with my supervisor about the research interactions helped to keep my emotional investment within healthy boundaries, grounding the research in what participants shared, rather than my own reactions to their accounts.

Additionally, while this inquiry is positioned as insider research, it was important to recognise that I also held an outsider position, that of a researcher. The position of a

researcher is comprised of various identity factors beyond any shared experiences, including, but not limited to, gender, culture, ethnicity, living with/without a disability, alongside beliefs and values, all of which impact upon how research is carried out and how data is analysed (Goundar, 2025). This means one can be both an insider and outsider within a research inquiry, possessing both unique insight and a lack of knowledge into participants' lived experiences (Goundar, 2025). In the context of this thesis, I was cognisant of the fact that my own identity as a Pākehā (New Zealander of European descent) cisgender woman and researcher, has inevitably shaped the research and analysis, particularly the lens I could bring to the experiences of a Māori participant, and those of a male participant. The shared experience of difficult childhoods was the focus for the research interactions, yet participants shared their accounts from their own positionality, which differed from my own in various respects. Consequently, alongside my insider researcher orientation, it was important that the qualitative approach adopted in this thesis foreground the participants' own ways of constructing meaning. Narrative methods offered tools for methods and analysis that fit the ethical and methodological considerations for this project.

Narrative Psychology

This thesis rests on the premise that humans live storied lives. We make sense of our own lives and worlds by organising our experiences into coherent, meaningful narratives (Parker, 2005). We can also understand others through the narratives they tell (Murray, 2003). The definition of narrative is open to interpretation (Andrews, 2021; Salmon & Riessman, 2008). However, narratives can broadly be understood as stories that meaningfully link random events, happenings or ideas in a manner that conveys consequence and meaning for a particular audience (Esin, 2011; Salmon & Riessman, 2008). The stories we tell are also scaffolded by cultural narratives, the larger dominant stories that are available for us to draw on, and community narratives, stories circulating within the communities we are a part of

(Rappaport, 2000). These contextual narratives shape how we see ourselves, interpret the past, and project the future (Frank, 2011). While individuals have freewill in resisting and adopting different public narratives, agency is always socially mediated (Meretoja, 2021). Therefore, personal stories are dialogical because they are always, in part, shaped by the stories we hear (Meretoja, 2021).

Narrative research could be perceived as a rocky terrain because it does not typically offer strong rules around *how* to best investigate stories. Researchers turn to narrative approaches, not to acquire a set of research steps, but because narrative methods attend to more than just the content of stories; they attend to how people tell stories and the function of their stories (what stories *do* in people's lives) (Murray, 2003; Squire et al., 2013). Stories also shed light on the complex and contradictory layers of meaning often present in people's stories, allowing these meanings to be brought into conversation with one another (Squire et al., 2013).

This thesis explores how survivors of child maltreatment understand and experience resilience, and a narrative approach is suited to this endeavour because it centres participants' stories as sites of meaning-making. Moreover, a narrative approach can incorporate ways that personal stories are shaped by wider cultural and community narratives, attending to how the social world influences personal meaning-making (Squire et al., 2013).

In addition to participants' accounts reflecting stories from their broader contexts, I also found that a narrative approach dovetailed with the way I conceptualised the nature of the knowledge produced in my research, as outlined above in the theoretical framework section of this current chapter. Stories are not told in isolation, but through social interaction, making it salient to consider how the relational and dialogical nature of storytelling shapes the stories produced in the research setting and thereby how individuals construct the self. In

the interview setting, the narrator and the interviewer negotiate, contest and resist meaning in a back-and-forth exchange (Andrews, 2021). How interviewers listen, respond, and prompt participants can thereby affect the overall narrative produced (Esin, 2011). The specific audience also shapes the narrative, as the narrator will strategically narrate their story in a way they deem both relatable and reflective of how they wish to be perceived by the person they are speaking to (László, 2008; Lee et al., 2014; Riessman, 2008). In this way, storytelling is a form of performance, as the narrator performs their story with the goal of constructing the self in a certain way (Riessman, 2008). Moreover, stories are usually told with an *imagined* audience in mind, leading to the same kind strategic storytelling undertaken when performing to a real audience (Daiute, 2013). In the case of this study, participants may construct their story in relation to an imagined audience of other survivors, who are at an earlier stage of their healing journey, potentially exaggerating the ease of healing to reinforce a sense of hope in readers (Frank, 2013).

Given my own positionality as an insider researcher, the relational and dialogical aspects of storytelling have specific implications for this study. Participants may feel pressured to construct their stories in ways that position them more favourably as healed, and they may perform resilience out of a sense of camaraderie and if they believe doing so will positively impact research findings. The risk of this is happening is heightened given this research has an inherent strengths-based direction, with an overt focus on resilience and adaptation. On the contrary, it is possible that participants may be more likely to openly engage with me about the reality of their experiences because of our mutuality (Blythe et al., 2013). This shared experience of abuse may allow participants the space to share the complex and painful facets of recovery that they may not be willing to discuss or be vulnerable about with an outsider. In any sense, the way in which stories are told and therefore the meanings that are produced are shaped by my status as an insider.

Research Method

Recruitment

Recruiting survivors of child maltreatment can be challenging. Vulnerable populations are often difficult to reach due to the perceived risk of being identified and wariness (O'Brien et al., 2022). A snowball and purposive sampling method was utilised to address these challenges. Snowball sampling involves existing participants or contacts recruiting/referring other participants to the study (Ayton et al., 2023). It can be a more effective recruitment strategy than broader sampling techniques when attempting to recruit hard-to-reach populations (Ayton et al., 2023). I reached out to three trusted and close individuals within my personal network to ask if they would be willing to circulate my research poster (see Appendix A). These three people (my sister and two close friends) are also survivors of child abuse and were incredibly supportive of my research. All three were willing to share my research poster with others in their networks to assist with recruitment. Potential participants were sent the research poster, which outlined the research purpose, eligibility requirements, and my contact details. Potential participants were advised by the intermediaries to email me if they were interested in participating. The decision to have participants contact me directly was intentional to alleviate any potential pressure to participate, ensuring participation remained voluntary. This initial method did not attract much interest. However, I had prepared a secondary recruitment method in the event of this possibility, one capable of gaining traction across a wider network of survivors. This was a purposive sampling method, involving posting my research poster on social media, specifically in the following Facebook groups: *Survivors of Childhood Trauma*, *Aotearoa New Zealand Narcissist Survivors Support*, and *Trauma Informed Educators New Zealand*. The former two groups are private non-formal support groups, where individuals with lived experience can listen, empathise, and support others through sharing their raw experiences and ways to cope. The latter group

is open to the public and features trauma-informed articles, resources, videos, events, and conferences. I was a member of all three groups before engaging in this recruitment process; therefore, my identity as a survivor was not exploited in the interest of recruitment. Instead, recruitment was approached from the angle of having a genuine pre-existing connection within and to these groups.

Before making a recruitment post, I privately messaged an administrator of each Facebook group to explain my research and request the possibility of recruiting through said group. I received only one response from the administrator of the *Aotearoa New Zealand Narcissist Survivors Support Group*, who offered to advertise the research poster on my behalf, to which I gratefully accepted. After no response from the remaining administrators, I decided to submit pending posts to both groups under the assumption that these requests would be declined if they breached group rules. Each post began with "ADMIN PLEASE DELETE IF NOT ALLOWED", a brief explanation of my study, and my research poster. The group '*Trauma Informed Educators New Zealand*' approved the post. This recruitment method had a snowballing effect, with my research poster receiving many shares. Potential participants were provided with an information sheet and consent form (Appendices B and C) once they expressed interest. After confirming their interest, we arranged to meet online via the video conferencing application Zoom, or in person at an agreed-upon location.

Participants

Participants were required to meet the full eligibility criterion to participate in this study. Participation required self-identifying as a survivor of neglect, physical or psychological child abuse, without the need to specify what form(s) of abuse they had experienced, considering this was not relevant in answering the research questions. Yet, all participants indirectly disclosed at least one form of abuse they experienced at one point or another during the interviews. All participants were required to be aged 25 years or older,

with their last experience of abuse taking place at a minimum of five years ago. This was in the interest of ensuring some emotional distance from their experiences. Anyone experiencing acute psychological distress related to their past child abuse or neglect was not deemed eligible for this study. This was in the interest of preventing further emotional distress and re-traumatisation.

I planned to recruit a total of three to four participants in the interest of maintaining depth over breadth. This was to ensure I could conduct two interviews with each participant and have sufficient time to tend to the various layers of meaning within their accounts. I was only able to recruit a total of three participants: one male and two female participants within the age range of 27-48 from New Zealand. One of the three participants self-identified as Māori during the interviews. An interview was arranged with a fourth participant, following communication back-and-forth in trying to schedule a mutually convenient time to meet. Although a date and time was finally agreed upon, the participant failed to attend the interview. Due to time constraints and the amount of time spent trying to recruit this final participant, it was in the best interest of this study to proceed with three participants.

Interview Process and Rationale

To understand participants experiences of resilience and healing, I planned to conduct two semi-structured interviews with each participant, each lasting 1-1.5 hours. However, only a total of five interviews were eventually carried out, because one participant (Timmy) did not participate in a second interview. The second interview was refused by Timmy on the basis that they had been able to express everything they wished to share with me in the first interview and did not feel that they needed to have a second interview with me. Out of the five interviews, two were conducted in-person (with one participant) and the remaining three were held online. One in-person interview was conducted in a private meeting room on

campus at the University of Waikato, and the second was conducted at the home of the participant at their discretion.

With participants' consent, all interviews were audio-recorded and then transcribed. The audio recordings were used for transcription purposes, and the interviews were transcribed manually and independently by me to protect participant confidentiality. The interviews were transcribed verbatim to ensure that the meanings participants conveyed remained intact (Esin, 2011).

An interview schedule was used to semi-structure the first interview (see Appendix D), with questions that focus on how participants construct meaning around their resilience, and the role of community in facilitating resilience. Participants were also invited to partake in an optional mind mapping activity to explore the communities they engage with and how they have helped or hindered their resilience. Mind maps are diagrams used to reflect ideas, concepts or words that are ordered around a central idea (Wheeldon & Ahlberg, 2017). They are valuable tools in qualitative research because they offer participants a chance to graphically construct their experiences, assisting them in framing or articulating their ideas (Wheeldon & Ahlberg, 2017).

Participants were emailed instructions for the mind mapping activity along with a simple exemplar prior to the first interview (see Appendix E). These instructions advised participants to place themselves at the centre of a mind map and identify the communities or services that have contributed to their resilience. They were then asked to indicate the significance of each community or service by drawing different circle sizes and marking helpful or unhelpful experiences with stars or crosses. Participants could also approach the mind mapping activity in a way that best suited them, allowing for some flexibility. An

example is provided below that features one of the participant's mind maps and how they approached this activity.

Figure 1

Example of a Participants Mind Map around the Role of Community in Healing: Eida's Mind Map



Note. This figure shows the diverse community groups participant Eida found helpful and unhelpful in addressing her distress.

Emailing participants the instructions for the mind mapping exercise prior to the interview was a decision made in the interest of remaining ethical. I sought to ensure that participants were fully aware of how the activity would unfold prior to the interview, so that they could make an informed decision on whether to participate. The in-person interviewee was invited to partake in the activity in real-time, with all materials such as paper, pens and felts provided. The online interviewees were invited to complete the mind map prior to the

first interview and to send this to me. While I initially anticipated that online participants would also complete their maps during the first interview, I decided this might have been too difficult to facilitate over Zoom. Attempting to facilitate this activity over Zoom would have required the participant to access an online whiteboard to ensure we would both have access to the mind map; therefore, they may have been less inclined to participate due to the perceived hassle involved.

After each of the first interviews, I sent each participant a list of free support services to manage their wellbeing. This was because I was asking participants to recall helpful or hindering experiences following abusive childhood experiences, which may have led them to recall painful memories from the past (Seedat et al., 2004). Each email included a list of free counselling services, helplines, mindfulness information, digital wellbeing tools, and a list of community support groups in their area. All resources listed were hyper-linked to ensure easy access (see Appendix F).

Upon completion of each first interview, I arranged a second interview date with each participant, at least one week after the initial interview. A second interview can facilitate deeper narrative accounts in the event rapport has been established during a first interview (Weiher et al., 2025) This meant participants may have been more open to expanding on previously explored points. Additionally, the second interview provided participants an opportunity to clarify, correct or omit any information from the first interview. Allowing participants this opportunity reflected my commitment to protecting them from harm. I began each participant's second interview by asking them if there was anything they would like to clarify or omit. I then asked participants to expand upon previously made points for further understanding.

After the second interview, I followed up with each participant via email to check on their wellbeing and to see if they required assistance accessing any resources. I had planned to meet with my supervisor if any participants notified me of any distress or experiences of re-traumatisation. However, no participants expressed such concerns. Participants were also sent their interview transcriptions for both interviews once transcribed and were advised that they had 14 days to make any adjustments or omissions. This was another protocol that reflected my commitment to the research principle that participants should not be harmed in the interest of knowledge production.

Ethical Considerations

This research received ethical approval from the Human Research Ethics Committee (Health) at the University of Waikato (2025#23). Although the ethics committee approval was an important step in designing an ethical research project, I considered this step only part of how I would need to address ethical considerations for this thesis. In addition to the university ethics process, I also drew on the Code of Ethics for Psychologists Working in Aotearoa/New Zealand (2002) in the interest of minimising the risk of harm to participants. The Code emphasises the significance of engaging in ethical decision-making when undertaking research, ensuring informed consent, participant protection and privacy, and remaining sensitive to the way cultural diversities implicate the research process. Moreover, the nature of my research topic, most notably the possibility of causing distress to participants who have experienced childhood abuse, and my commitment to honouring their autonomy within the research process, warranted further reflection around ethical engagement with participants.

To ensure consent was informed, I sent participants a digital copy of the participant information sheet and consent form once they expressed interest through email. Both forms were written using simple language (Plain English Campaign) and avoided technical jargon

to ensure clarity and understanding. Potential participants were allowed as much time as necessary to read, reflect on, and consider the possibility of participation. If individuals were still interested in participating, they were required to send me a signed copy of the consent form before our first interview. This was in consideration of the fact that interviews could be held online. However, this was not taken as informed consent, as verbal consent was still required to ensure consent was informed. Once participants signed the consent form, we arranged to meet.

At the beginning of the interview, I explained the research project in detail, including the purpose of the research, the possible risk of distress or re-traumatisation, how I would respond to emotional distress, and how their data would be stored, used, and protected. I reiterated that participation was voluntary and that participants could withdraw within 14 days of receiving their transcripts. I then asked participants if they had any questions or needed clarification before I sought verbal consent. To ensure consent was ongoing, I reminded participants at the beginning and closure of both interviews of their right to withdraw within the specified period. Participants were reminded again of their right to withdraw once they received their transcripts for review. Sending participants the transcript containing both interviews also provided them the opportunity to omit any information they were uncomfortable with or might have regretted sharing.

To protect participants identities, all data was anonymised using pseudonyms. At the beginning of the first interview, participants were asked to provide a pseudonym of their choosing to protect their identity. Offering participants the choice to select a pseudonym meant that they could be represented in a manner that best suited them and subverted the possibility of inadvertently assigning a triggering name. Moreover, all data was stored on a password-protected laptop only accessible by me as the researcher, thus honouring the privacy of all participants.

I prioritised a culturally sensitive approach when undertaking this research, one which recognised and helped account for possible cultural differences between participants and I, as Pākehā (a New Zealander of European descent). I consciously selected a qualitative narrative approach as this method creates space for participants to speak on what is personally meaningful to them. Centring participants' own ways of constructing their stories helped to leave space for culturally contextualised understandings of resilience and approaches to distress to emerge. Additionally, I sought out a cultural advisor for this project from the Māori and Psychology Research Unit with the assistance of my supervisor, as recommended by the Code of Ethics. Dr Kim Southey (Ngāti Porou, Ngāti Kuia, Ngāti Koata) was the cultural advisor for this project, available to liaise with through my supervisor if required.

In addition to accounting for cultural issues, I also understood the need to recognise that survivors of child maltreatment face a higher risk of distress and (re)traumatisation (Seedat et al., 2004). Re-traumatisation is a process in which an individual relives traumatic stress in a way that replicates a past traumatic experience (Anderson et al., 2023). Accordingly, I needed to look beyond the Code of Ethics for Psychologists Working in Aotearoa/New Zealand (2002) to find a more contextualised approach that accounted for the risk of re-traumatisation. To minimise the risk of distress or re-traumatisation among participants, I adopted a Trauma-and Violence-Informed Care (TVIC) approach (Lalonde et al., 2020; Lalonde et al., 2022).

TVIC promotes the understanding that lived experience is heavily shaped by social and structural conditions. As such, TVIC is a framework for supporting individuals that moves away from pathologising people and towards contextualising harm (Lalonde et al., 2020). Accordingly, TVIC avoids victim blaming approaches, which locate social problems and responses to them within the individual. Holding this structural understanding of trauma while I conducted interviews was ethically necessary. A TVIC approach also underpinned the

creation of my interview schedule, helping me to curate neutral interview questions and avoid inadvertent victim-blaming. As a result, I was able to avoid victim-blaming questions that could potentially distress or re-traumatise participants (e.g., “Why did you not move out when you were old enough to?”).

Another central aspect of TVIC underpinning this research is an understanding that trauma has neurobiological impacts. Traumatic experiences have mental wellbeing implications, including memory loss, which can consequently impact how events are recounted (Lalonde et al., 2020). This understanding was important in how I approached narrative methods and in reducing harm during interviews. Firstly, I investigated how trauma can shape memory and therefore how events or experiences may be recounted when memory loss has occurred (Lalonde et al., 2020). As Salmon and Riessman (2008) suggest, individuals with trauma may face difficulty in integrating their traumatic memories into their life stories, experiencing a “temporal rupture” (p. 201). Without this awareness, moments of fragmentation or incoherence within participants’ narratives may have been misinterpreted as a lack of self-understanding or insight, rather than a potential consequence of trauma.

Moreover, having both personal and academic knowledge about trauma enabled me to anticipate and prepare for the emotional reactions of participants. When participants became emotional, I offered them the opportunity to pause, end, or reschedule the interview. If they wished to continue, I engaged with their emotions. I offered tissues and showed my own emotions, concerns and empathy through affirming language and gestures. This was in line with Campbell et al. (2019), who emphasise that expressions of compassion and concern are well within the boundaries of the researcher role when participants express distress. In one instance, where a participant exhibited distress around feeling invalidated due to the “toxic” nature of a certain support pathway, I empathised with them, responding: “...that’s honestly so hard. I am so sorry you had to go through that, because that would have been extremely

invalidating”. This form of acknowledgement helped to centre a more relational approach, as it enabled me to reflect my understanding of the participant’s experience back to them, which can both validate and affirm their experience and their feelings (Campbell et al., 2019).

Where appropriate, I would then gently attempt to re-orientate the conversation towards a more positive experience, referring to participants mind maps and asking them to elaborate on helpful experiences.

In addition, a TVIC approach promotes the provision of nurturing a physically and emotionally safe environment to minimise harm (Wathen et al., 2023). To foster a physically safe environment, participants were able to choose the location of the interview as they saw fit. I also offered a safe space to conduct the interviews: a private room at the University of Waikato. I brought muffins and beverages for the in-person participant, and each participant was given a Koha (donation or gift) at the end of the second interview. This was a \$40.00 grocery voucher at a supermarket of their choice. This Koha aimed to cover the cost of travel and was a means to show participants that their experiential knowledge and time were valued.

I promoted an emotionally safe environment by asking participants at the beginning of the first interview to confirm any triggering words or topics that they wanted me to avoid, in the interest of minimising harm. Participants were also advised that they could decline to answer any questions, pause or stop the interview at any time, and were welcome to bring a support person with them during the interviews. An emotionally safe environment was also created by giving participants the choice to ask me questions about my own life and experiences of survivorship. This was particularly important to me as an insider researcher, because I was conscious of the traditional researcher-participant distance that can render the research process detached or extractive (Riemer et al., 2020). Giving participants the choice to ask me questions about my own survivorship fostered a relational approach built on mutual respect and reciprocation.

Lastly, there was the obvious risk of experiencing re-traumatisation as a researcher. Particularly during the earlier stages of their career, researchers are at an increased risk of psychological and emotional distress during the research process, experiencing compassion fatigue, burnout, or vicarious trauma (Gatwiri et al., 2025; Kinitz, 2022). These risks are greater for insider researchers from marginalised groups, due to increased emotional vulnerability (Kinitz, 2022). Despite feeling emotionally prepared and mentally capable of undertaking this research, I had to prepare for the possibility of distress or re-traumatisation. Not only was preparation essential, but I needed to identify helpful strategies that I could engage in *when* such distressing feelings arose.

In preparation, I identified strategies that assisted me in my past process of recovery, developed in collaboration with previous psychotherapists. In psychotherapy, I learned how to control bodily responses to distress through specific self-regulating techniques (e.g., stimulating the vagus nerve to enter back into “rest mode”). I have also utilised strategies such as mediation, yoga and reflexive journalling to ease and alleviate post-traumatic stress. These strategies were employed during moments of overwhelm during this thesis. The process of reflexive journalling was particularly useful in moments where researching and hearing about child abuse felt more depressing than hopeful. This process of journaling helped to avoid emotional overwhelm, allowing me to express, explore and process my feelings. It also helped me monitor my mental state over the course of this research.

Importantly, I also enrolled in counselling at the commencement of this thesis in the event emotional support was needed. This offered a way to work through any emotional distress with a trusted professional, preventing feelings from escalating and consequently impacting my mental health and the research process.

Narrative Analysis

Once I had interview transcripts, I returned to narrative methods to conduct analysis. Narrative analysis involves analysing stories to gain insight into how a narrator makes meaning of their life, experiences and identity (Esin, 2011). In line with the epistemological recognition that cultural and experiential knowledge shapes meaning-making, each participant's overall account was treated as a distinct unit of analysis. An “overall account” in this context involved combining the data from both interviews into one lengthy transcript to be analysed. Analysing each account separately allowed me to preserve the unique social and cultural contexts in which each participant made meaning of their experiences.

While each account was treated as a single analytic unit, the interview schedule and mind maps used in this thesis meant that each participant shared multiple smaller stories within their accounts about supports they found meaningful or hindering. Therefore, instead of analysing each account as a whole continuous story, it was more appropriate to analyse a series of smaller stories in each account, which entailed different experiences of coping or healing, within different contexts.

Narrative analysis can be approached in various ways, and there is no prescriptive guide (Andrews, 2021). Functional narrative analysis, however, is well suited to exploring what stories do for people, including what a specific story attempts to convey about a narrator and what it achieves as a result of being told (Parcell & Baker, 2017). In the context of this research, functional narrative analysis was vital in understanding how participants construct, understand and experience resilience. This type of analysis can provide insight into how participants make meaning of resilience, what resilience looks like, the broader cultural and community narratives they draw from to make meaning of and convey experiences of resilience, and potential nuances or tensions that may be obscured through a content-focused narrative analysis.

To analyse the function of these smaller stories within overall accounts, I first identified stories of interest within each account. This began during the transcription phase. Transcribing the first interviews provided an initial opportunity for engagement with the data, allowing me to identify both stories about specific community supports and practices, as well as stories that participants explicitly stated were of importance to them in their healing or coping. These emerging insights informed the follow-up questions for the second interviews, making the research process iterative. The second phase of transcription enabled further engagement with the data and offered an opportunity to further develop and refine initial insights. After the transcriptions were complete for both interviews, I engaged in two full readings of each participant's account, fleshing out the key elements and practices that appeared to connect to concepts or experiences of resilience.

For each story, I asked: what is the function and what does it do as a result of its telling? What does it communicate about the participant, their experiences of resilience, and what they find meaningful? To draw interpretations about the function of a specific story, I analysed the specific storytelling elements, also known as the narrative devices participants used to narrate their specific story (Bell, 2002). The narrative devices I analysed to draw out these functions included the metaphors and language participants used, the feelings they expressed, and moments where they illustrated a substantial or decisive change in a story, known as “turning points”. These are resources people draw on in their personal, cultural, social, and community contexts to make meaning of their experiences, construct their stories, and therefore convey meaning and purpose (Bell, 2002).

I also contrasted and compared smaller stories within each single account, to analyse connections between stories, contradictions and tensions in participants meaning-making. This allowed me to preserve the complexity of participants’ experiences but also examine how their smaller stories functioned together to show patterns, nuances, and shifts in supports

and how resilience was expressed. Importantly, in keeping with an iterative approach, the analysis process was continuous across the span of this research.

Each analysis chapter focuses on a single participant's overall account and is comprised of various smaller stories or storytelling moments that emerged within the account. These were stories that centred around supports, strategies or practices that facilitated or hindered resilience. Chapters were constructed in a way that preserved the sequence, links and correlations between these smaller stories. For instance, if a participant described a turning point after engaging with a particular support, the chapter preserved this chain of events. Similarly, if participants explicitly contrasted supports or showed progression from one support to another, this sequence was also preserved. This ensured that participants meaning-making and the complexities in their meaning-making were accurately captured instead of fragmented, thus preserving the true function of their stories.

This chapter has outlined the methodology for this thesis, including the employment of a softened relativist ontology and congruent interpretivist epistemological stance. In keeping with my acknowledgement of the active role of the researcher within a qualitative methodology, I provided a personal statement, which explores my connection to this thesis topic and how it has shaped my methodological choices, including situating this research as "insider" research. I then argue that a narrative psychology approach offers this thesis appropriate methods and analysis, primarily because it centres the meaning-making of participants within the context of their social and community narrative resources. The method procedure is outlined, including the process of recruiting participants, requirements for participation, and how the interviews were carried out. Ethical considerations formed an important component of developing the methods for this thesis, including the process of informed consent, and the cultural and trauma sensitive approaches taken to ensure the research minimised the risk of participant distress or re-traumatisation. In addition, strategies

to work through personal distress for the researcher were also explored, in light of the insider research model. Lastly, this current chapter explained the narrative analysis applied to the interview transcripts, and how exploring the function and form of participants' accounts with a narrative lens illuminates what resilience means to them.

In the following three chapters of this thesis, each participant's personal account of resilience and the factors that they express as having facilitated or constrained their recovery from childhood abuse are explored. Each chapter begins with a brief summary of the participants' disclosed demographics and the type of child maltreatment they endured, along with other contextualising aspects of importance, such as family relationships or support. An overview of each chapter is also provided, including the most salient aspects texturing the account.

Chapter Three: Timmy's Account

Timmy is a 48-year-old man, who recounts having experienced psychological and physical forms of abuse during his childhood. He also experienced further adversity as a consequence of growing up in a low-socioeconomic household. Timmy only told his story of abuse for the first time six years ago. When he disclosed his experiences, his family doubted the validity of his disclosure. His partner, however, became a strong source of support. This chapter explores the strategies that Timmy feels meaningfully supported his recovery from trauma and that allowed him to create meaning for himself and his life. Timmy's account indicates some drawbacks of his meaning-making strategy and how he eventually decides to seek counselling, favouring a non-expert-driven counselling space. A key thread throughout Timmy's account is how he prioritises an agentive approach to recovering from his trauma.

Timmy's account demonstrates a moral binary between "good" and "bad" ways of being, suggesting he establishes his sense of worth partly through comparison with other people's practices. One way that Timmy establishes his own concept of what is a "good" life is through childhood role models. He recalls an aunt and uncle when he was a child providing templates for normalcy, helping him to make sense of the kind of person he wanted to become. He illustrates this by framing characteristics such as financial security, professional success, and stability, modelled by his aunt and uncle, as markers of moral worth:

...I knew they [aunt and uncle] were family and they were doing really well. They owned their own houses, they were stable, they were professionals. So, that was a - that backbone, that cornerstone, that foundation where you can see that's normal... if you don't see any normal in your life...you don't have a role model to go... I can be that, and that's what I want to be. I don't want to be this chaos that I live in.

In this quote, Timmy lists things like home ownership, professionalism, and stability as signs that his aunt and uncle are living well. He also emphasises how seeing these qualities in his aunt and uncle helped him make sense of what normal looked like and the kind of person he wants to be. By framing his account this way, Timmy positions financial security, professionalism, and stability as markers of success and therefore desirable traits worth emulating. He also contrasts this concept of “normal” against the chaos he wishes to avoid, thereby constructing his own binary around “good” (normal) versus “bad” (chaotic) ways of being.

In addition to his aunt and uncle’s ordered lives, Timmy also frames interpersonal and relational characteristics modelled by his childhood teachers, such as kindness, care, and competency, as indicators of moral worth. He recalls:

...just being who they [teachers] are and being good... good humans that care and have skills, because that, you know, that's what you've seen in them...they care and they're good humans and then you know that's what's out there.

In this quote, Timmy emphasises the genuine kind-hearted nature of his teachers, and describes them as being good, caring humans that have skills. He argues that this modelling, like that provided by his aunt and uncle, broadens his sense of the kind of people who exist in the world. In tying the innate goodness of his teachers to specific traits, Timmy demonstrates how he makes meaning of their kindness, care and competency as markers of moral worth, further incorporating them into the moral binary that guides his own choices and sense of self.

Building on how he makes sense of what a morally worthy life consists of, Timmy also explores the ways in which he attempts to make choices that support the life he aspires to. One way Timmy demonstrates his commitment to living intentionally is by foregrounding

his choice to remain focused on his plans for the future. He explains that planning future activities helps him to emotionally self-regulate and feel optimistic, which prevents him from ruminating on the past. Timmy explains how he seeks out activities that help him attain a sense of stability. He describes intentionally focusing on activities that bring him joy:

...I'm always positive about, oh I'm gonna [sic] go fishing or I'm gonna [sic] play golf. Like, I've got some of the activities that I choose to do... My future focus is on the things that are just like enjoying life. So, I don't - I can think of the past, and it doesn't have an emotional response.

In Timmy's quote, he expresses how he focuses on activities that help him enjoy life and remain positive. He correlates this mindset with his ability to reflect on the past without emotional consequences. Timmy situates this active mindset as a tool for emotional regulation, as it helps him to achieve a sense of optimism about the future, and subsequently establish some psychological distance between the present and past. This enables him to achieve and maintain a sense of (emotional) stability, something he has framed as a positive attribute.

Alongside his focus on enjoying the present and planning for the future, Timmy also positions himself as a role model, particularly for the students he encounters in his job as a teacher. Timmy describes how demonstrating worthy qualities to his students forms a rewarding aspect of his role as a teacher. During our conversation, Timmy noted his pursuit of a teaching career in hopes of becoming the good, caring professional he set out to be. He described creating extracurricular programmes for his students, such as academy classes, to support their skill development. Timmy frames these programmes as a context in which he models care and skill, as he puts it:

...I ran an academy class where 80% of the boys so year [year level redacted] boys that normally would not pass, all of their dads are in prison... 99% of them have professional careers because, you know, I just role model being a good human that cared, and I had skills... So that gives me that that that backbone to launch forward...

Timmy describes running an academy for male students from disadvantaged backgrounds who he feels would otherwise not achieve school success. Timmy frames his students' subsequent career achievements as evidence that he has a positive and meaningful impact on others, through being a good role model. This not only reinforces his ongoing commitment to supporting his students but also validates his sense of being a "good", caring, competent person. In this sense, while Timmy connects being a role model with the intention of changing the life trajectories of his students, he also credits this process with supporting his own resolve ("backbone").

"It Was So Easy for Me to Turn to the Dark Side"

Lastly, Timmy illustrates how his choices help him maintain his moral worth, by showing the agentic way he resists giving in to the "easy" impulse of aggression when setbacks occur. Timmy recalled the emotional weight of being financially deceived by a building company when it came to constructing his first home. He frames this as a point in which he could have easily become aggressive or violent. As he explains:

I've seen some horrendous, horrendous stuff... so I have that in me, like I know when you're exposed to that you do have that - so when adults do bad stuff to you, like these builders, like it was so easy for me to, to turn to the dark side...

In this comment, Timmy acknowledges how the horrific acts he was exposed to as a child exist within him as an easy reaction to have when ill-intentioned adults harm him.

Timmy recognises his own impulse to easily incite aggression and/or violence when

aggravated by adults. While this level of anger may appear irrational to some, it is important to note that such impulses for aggression can be understood as a natural consequence of child abuse (Jelić Tuščić, 2013).

Nevertheless, Timmy illustrates how he resists giving in to this anger, by utilising his own professional restraint, stating "...the fact that I'm a professional, a teacher, I know I can't give in to that, cause that's an easy decision...". In this quote, Timmy links his identity as a professional and a teacher with his recognition that he must resist the easy choice of giving into aggression or violence. He positions his professional identity as a means to support his decision not to give in to aggression. This enables him to maintain his sense of professionalism and therefore preserve his moral worth. Ultimately, refraining from aggression allows him to maintain his preferred identity as a respected professional.

Although Timmy emphasises the role of his own choices, his resilience may carry an emotional cost. Timmy's choices to remain future-focused and to keep his anger at bay require continued, sustained effort, which could become emotionally tiresome over time (Suslovic & Lett, 2024). Nonetheless, Timmy does not foreground this effort as burdensome in the present, instead emphasising how his strategies enable him to maintain emotional stability and a lifestyle that is meaningful to him.

When Choices Break Down

Timmy's account also demonstrates the limitations of his agency-based self-regulation, by exemplifying how his choices collapse when he is asleep and loses his sense of agency. Despite emphasising his agentic approach to transcending his past family trauma, Timmy also evokes how trauma he keeps at bay resurfaces in the form of nightmares.

For context, Timmy frames a specific time in his teaching career as a turning point, as he was made aware of one specific child's extensive experience of child abuse, which he

recalls as "triggering [him] something savage". He positions this experience as underscoring his realisation that he had unresolved trauma, which resurfaced at night in the form of a nightmare. As he puts it:

...this [seeing a child affected by abuse] was the thing that triggered me into realising I hadn't dealt with some stuff. It must have just been underlying... I woke up from a nightmare of a dream about what my mum was like growing up... but it was only when I was asleep that it was able to work its way, cause it felt real. It felt like it was actually happening to me.

In this quote, Timmy links the emotional trigger of seeing a child affected by abuse with the realisation that he had unresolved trauma. He expresses his distress around his trauma resurfacing in the form of a nightmare involving his mother. By emphasising how his trauma only resurfaces at night, Timmy highlights his lost sense of agency while unconscious, which prevents him from making the same deliberate choices that help him emotionally self-regulate and stay positive during the day. In this way, he illustrates the limitations of his agency-based self-management, as his deliberate choices break down at night, allowing unresolved trauma and distress to emerge.

Interestingly, Timmy's loss of agency reveals how his resilience may function more like scar tissue, rather than the more prevalent understanding of resilience as "bouncing back" (Suslovic & Lett, 2024). The agentic way he makes choices during the day to self-regulate and attain moral worth, seemingly comes at the price of partially concealing trauma from his conscious awareness. In this sense, his resilience can be likened to scar tissue (Suslovic & Lett, 2024), protecting him from the weight of his trauma throughout the day, while revealing an unresolved wound when agency is lacking.

Timmy demonstrates his active approach to addressing the underlying trauma that resurfaced during his sleep by foregrounding his experience of seeking out a counsellor. This counsellor became the first professional with whom he shared his story. Timmy defines this counselling experience as relational and unthreatening, thereby creating space for him to safely express his feelings (as a man). This enabled him to process his feelings and therefore better manage his nightmares, supporting his sense of stability in turn. As he describes:

I felt like half the time I was counselling him as much as he was counselling me, so it was, it was a unique thing... it was really just a chance for two blokes to yarn about life in general... it was more just to talk about, you know, your feelings towards something so that when you're asleep... your sleeping version of you can deal with it...

In Timmy's quote, he expresses the comfortable two-way relationship established with his counsellor, where they both counsel one another, characterising the experience as providing space for two men to talk about life. He describes the purpose of counselling as enabling him to talk about his feelings around his trauma, in order to better manage his nightmares while asleep. Timmy characterises the counselling as reciprocal, providing a relational rather than expert-driven approach. This dynamic creates a sense of safety for Timmy that he expresses in gendered terms (two men having a conversation).

Timmy demonstrates some vulnerability around expressing his feelings as a man, hinted through his reference to counselling providing a “chance” for two “blokes” to yarn, which signals that such opportunities are often sparsely available for men. This seemingly reflects how Timmy has been socialised by broader dominant masculine norms, which socialise men to be strong and resilient, and may stereotype men as weak for expressing their feelings (Sileo & Kershaw, 2020). Timmy invokes a setting for his counselling that enabled

him to comfortably express and process his feelings and connects this sense of comfort with his counsellor being male.

Chapter Summary

This chapter has highlighted Timmy's agentic approach to coping and recovering from his childhood experiences. Timmy's story shows how he creates his own moral binary, positioning people and practices within his understandings of what is helpful and what is destructive for developing his own concept of a "good" life. Timmy's account demonstrates ways in which he actively cultivates a meaningful, worthy life for himself, in contrast to a potential other life, where fear and anger could engulf him. Timmy's commitment to supporting young people, his career and financial security, form part of how Timmy constructs his own life story, in defiance of his difficult childhood experiences.

Nonetheless, despite Timmy's emphasis on his intentional approach to building a "successful" life, his account also recalls the experience of nightmares, frightening echoes of his past trauma that he cannot be in control of. Timmy's focus on the protective nature of his own "good choices" appears threatened when agency is lost (during sleep) and his trauma consequently resurfaces. However, rather than enduring his nightmares, Timmy seeks out support through a counsellor, whose non-threatening space allows him to express and process his feelings of distress, helping to resolve the worst impacts. Timmy consequently returns his story to his agentic capacities and ability to seek out and benefit from supportive resources, on his own terms. In this respect Timmy's story highlights the importance of feeling a sense of self-efficacy, particularly an ability to narrate oneself as a person with choices, rather than a victim. The following chapter, focusing on Eida's story, also invokes the importance of agency in choosing supportive activities, but spiritual and community dimensions of healing are particularly emphasised within Eida's account of ongoing recovery from experiences of abuse.

Chapter Four: Eida's Account

Eida is a woman over the age of 30, though her exact age was not disclosed during the interviews. Eida recounts having experienced physical and psychological abuse within the family home. While certain immediate family members have supported Eida, she also recognises that their capacity to support her was constrained due to their own experiences of abuse. This chapter explores the forms of support Eida found most meaningful or constraining in her coping and healing. Of particular importance was her encounter with points of strain and distress in adulthood (notably subsequent abusive relationships), and her later experience with God as a source of redemption, as well as her engagement with the church. Across her account, Eida distinguishes between emotionally threatening forms of support that invalidate her experiences and self-esteem, and relationally safe forms of support that allow her to connect with others without pressure and consequently validate her experiences.

Taxonomies of Support

Eida's account demonstrates how she creates evaluative frameworks to prioritise relationships and forms of care that support her and conversely, avoid modalities that threaten her emotional safety. She first illustrates how she evaluates support pathways based on whether they validate her and support her self-concept, as she describes:

...friends totally didn't know what was happening in my adult states of getting triggered from my childhood - when I was in an abusive relationship, I got triggered, um, into memories of my childhood. And so, a lot of friends broke away... my psychologist who was the one that taught me what NPD was and taught that it's very common for someone to go into a narcissistic relationship when their father was a narcissist. And so, um the psychologist, she fully understood.

In this quote, Eida expresses feeling abandoned by her friends, perceiving them as unable to understand her trauma. In contrast, her psychologist provided her with information to make sense of her past trauma and present behaviour. By making this contrast, Eida illustrates how she draws on and contrasts different relationships to classify different pathways of support, distinguishing between modalities that validate her perspective and offer self-assurance, and those that invalidate her experiences. She demonstrates this by positioning her friends as invalidating, and her psychologist as not only validating but also providing clinical language to make sense of her experiences. This language serves as a meaning-making framework for Eida, allowing her to contextualise seemingly chaotic experiences and thereby construct a more coherent sense of self. This distinction in turn enables her to dedicate her time to forms of care that support her self-concept.

In addition, Eida also conveys how she assesses support pathways based on whether they enable her to cope or threaten her sense of emotional safety. She demonstrates this by contrasting counselling with Neuro-linguistic Programming (NLP). NLP is a communication framework that helps individuals gain control over their emotions through techniques that promote new thinking patterns and behaviours (Sturt et al., 2012). By making this contrast, between her experience in counselling sessions and learning NLP techniques, Eida illustrates how she creates a second taxonomy of support, as she puts it:

Counselling was just like telling my story over and over and over again and it was hurting me more because I was having to do that in the court system as well, tell my story over and over again, and so for NLP therapy, it's like a one hour session, and to rewire my brain, without even having to talk about what you've been through.

In her quote, Eida emphasises the emotional toll of having to constantly relay her story in the counselling space and contrasts this with NLP, which introduces her to new

patterns of thinking without requiring her to revisit the past. By positioning counselling as requiring her to re-engage with her trauma and contrasting this with NLP, which she frames as a safe route to coping, Eida demonstrates how she evaluates modalities of care according to whether they support and safeguard her emotional wellbeing or inflict an emotional cost.

One way Eida shows how NLP supports and safeguards her wellbeing is by demonstrating how it offers a way to emotionally self-regulate and regain a sense of agency over how she reacts to triggers, without having to delve into the pain of the past. As she describes:

...there's a lot of techniques for making the triggers that we get from the memories to be more resourceful and to be able to notice those triggers and know how to use particular tools... if somebody was to start raging at me again, instead of going into freeze mode, or flight mode, I often went running... I was able to stand firm and just say no and have really good, healthy boundaries.

In this quote, Eida describes how various NLP tools help her convert her triggers into something useful. She provides examples of how these techniques have enabled her to adapt her behaviour: going for a run when triggered instead of emotionally shutting down, remaining steadfast in her beliefs, and drawing boundaries. By framing her quote this way, Eida demonstrates how NLP offers techniques that help her re-associate her triggers with reactions that do not emotionally exhaust her. In this sense, NLP serves as a way that Eida can regulate her emotions, while promoting her ability to react agentively rather than to feel immobilised when she feels distressed and threatened. As such, she illuminates how NLP offers a safe form of support, promoting her capacity to emotionally self-regulate, without the cost of rehashing her trauma.

Points of Distress and Strain

Although Eida's taxonomies help her navigate the support landscape, it is important to note that Eida also recounts experiencing major points of distress and strain in her adult life. One of the points Eida discusses is the abusive relationships she experienced subsequent to her childhood abuse, which she felt stripped her sense of agency and left her emotionally detached. Eida explains "...going into a relationship where there was so much control over me too... and like, nothing, I couldn't do anything." In this quote, Eida expresses a sense of powerlessness around feeling controlled and losing her capacity to act within her adult relationship. She situates her relationship as constraining her sense of agency and autonomy and therefore disempowering her.

Another major source of strain described by Eida was her experience within the court system. Eida recounts her experience of navigating the court system during her divorce from her abusive husband. She emphasises how the feeling of being disbelieved within a context where she had to repeatedly tell her story, left her feeling invalidated and emotionally exhausted:

...going through the court system and trying to justify everything and trying to explain myself and what I had been through in terms of the adult abuse, um, I was just met with so much doubt... and they weren't listening, they weren't hearing what I had been through. And I had to prove everything. And it's just so hard to prove everything that I had been through.

Eida's quote expresses a sense of frustration and powerlessness around feeling doubted and having to justify, explain and rehash the details of her abuse. In emphasising the need to repeatedly relay her story, Eida recalls the frustrating nature of having to constantly re-engage with her trauma.

By conveying both her adult relationships and the court system as sources of distress and strain, Eida illustrates the emotionally constraining challenges she has faced alongside her childhood trauma.

One important pivot point in Eida's story is her experience of reaching "rock bottom", and how she experiences God as a crucial source of redemption amidst her lowest point. Eida explains the role of God and the church in her life by recalling a time of deep despair, instigated by her husbands' abusive tactics. She distinguishes how she feels about her (then) husband's behaviour with what she defines as the divinely timed experience of being invited to the church by a salesman who also happened to be a Christian:

...my ex took my [child] from me, trying to control me...so I reached out to this guy [a Christian] ... and I was like, I've hit complete rock bottom, I don't know what to do. And he was like, there's a connect group on tonight.... it was very divinely orchestrated... I started going to church every Sunday after that.

In her quote, Eida expresses a sense of hopelessness in reaching the lowest point of her life and not knowing how to proceed, and contrasts this with what she defines as a divinely orchestrated experience of being invited to church, which led to her regular attendance. In framing her experience this way, Eida positions her experience of reaching rock bottom as a turning point. Turning points are understood as events, episodes or moments within a narrative that hold symbolic value and significantly change the narrator's life course or emotional state (Wieslander & Löfgren, 2025). The construction of a turning point is thought to be more important than the event itself since self-understanding emerges from this meaning-making process (McLean & Pratt, 2006).

In Eida's case, her suffering is narrated as the turning point or catalyst for God's divine intervention, which enables her to experience God as a source of redemption:

providing “deliverance from suffering” (McAdams, 2013, p.7) and hope by enabling her to emotionally ground herself in the church community and God. Her experience is therefore reflective of the way individuals make meaning of difficult or negative experiences by recasting them through a redemptive narrative, transforming life challenges into positive outcomes (Mansfield et al., 2025), which in this context involves spiritual guidance and support.

It was this turning point and Eida’s experience of God as a source of redemption that led to her further engagement with church, which she situates as offering her safety, validation and support.

Validation and Relational Security

Eida defines the church as offering her validation and relational security, forming a supportive community. She describes the church as a consistently available source of support, saying, “...it's [church is] consistent, like every Sunday you can be there getting help... just emotional support and everything... an abundance of people willing to help.” In this quote, Eida highlights how both the consistency of the church and the good-willed nature of church members function to create a relational safety net for her to fall back on in times of distress. This in turn helps her to cope in the present, as she expresses feeling reassured that she will not be abandoned in her time of need. In this way, she exemplifies how her church provides her with emotional security that her friends could not provide. Her experience is reflective of how church communities can promote spiritual and emotional wellbeing by providing a dependable source of support to rely on while buffering the effects of distress (Freeze & DiTommaso, 2015).

Eida also exemplifies how her engagement with the church led her to experience a kind of existential validation, which enabled her to reconfigure her self-concept through the recognition of her own innate self-worth and purpose. By contrasting an empowering

message from God, communicated through a member of her church, with a disempowering message from her childhood, Eida illustrates how God and the church supported her self-concept:

I was told as a child that I was a mistake... the first thing that I was ever told by a Christian, was you are not a mistake...Doesn't matter what parents you had, but God brought you here for a reason and for a purpose. And so, that was like the first time I ever encountered somebody that knew fully my worth and how much I was loved.

In this quote, Eida describes her disempowering experience of being told she was a mistake as a child, and contrasts this with her first ever experience of having her intrinsic worth recognised by a member within the church. By making this contrast, Eida demonstrates how God's message of reason and purpose, validated her existence in a way that challenged the message she had internalised as a child. In receiving this affirmation, Eida was able to release the associated shame of feeling like a mistake and consequently feel more secure in her innate worth and purpose.

Eida's experience demonstrates how community narratives operate as "tools for empowerment", as the appropriation of stories can lead to empowering identity change (Rappaport, 2000, p.6). For Eida, this church message of innate value and purpose serves as an empowering community narrative that she incorporates into her own life story. In this way, Eida re-authors her personal narrative, experiencing positive identity development as a result (Rappaport, 2000). As such, the church community operates as a social context that supports Eida's developing positive self-concept, transforming her self-understanding in a way conducive to her healing.

The Justification to Just ‘Be’

In addition to providing social support, the church offers Eida a route for spiritual and personal reflection. Eida recounts how religious scripture gives her the permission to just “be”, enabling her to sit in reflection and therefore alleviating the constant pressure she feels to be engaged in tasks.

Throughout our interview, Eida expressed how she was never given “permission” to rest as a child, as her parents criticised her any time she took a moment of respite. This pattern was later mirrored in her two abusive relationships, where she describes being made to feel as if she always had to be doing housework or chores and was frequently criticised in times of rest. In emphasising this pattern throughout her childhood and adulthood, Eida illustrates her sense of being conditioned to believe that her self-worth depended on her productivity. It became safer to always engage in work, as remaining still exposed her to the risk of harsh criticism.

Yet she contrasts this fear of rest with her newfound recognition that she needs “time and space for [her]self to reflect”, and positions religious scripture as providing her the permission she needs to take rest, sharing: “There is one scripture that I love which says be still and know... when we’re just still in that moment, there’s a lot more clarity.” In this quote, Eida speaks of scripture she finds particularly meaningful, and interprets it as enabling one to gain clarity through stillness. This scripture seems to derive from the verse “be still and know that I am God” (Psalm 46:10), which emphasises trusting God’s sovereignty and finding rest and peace within His presence (Bible Hub, n.d.). Eida illustrates how her religious engagement with scripture helps her to counteract the consistent pressure she feels to constantly be productive. In this sense, her religious practice not only opens time and space to emotionally heal through reflection, but it also helps her to separate the association between

her self-worth and her level of productivity. As a result, it reinforces her sense of innate value, enabling her to embrace the notion that she can simply exist without losing worth.

Eida also exemplifies how her faith enables her to recast her suffering into meaningful experiential knowledge she can utilise to help others in their healing journey, through her retreat practice. Eida's retreat practice offers a series of different services for individuals trying to recover from abuse, providing a place to be in solitude and heal on their own terms. She explains how her aspiration to open her retreat stems from God, who she sees as helping her transform her suffering into purpose:

So [redacted] retreat started. Because of what I've been through and in the Bible, it talks about how God turns everything around for good... Like, I've been through all of this. And so, I found purpose in that and identity in that to be able to build this business so that I can help others.

In her quote, Eida describes how she draws from God and the Bible's message of turning things around for the better, utilising her own trauma to enhance the recovery of others, which in turn gives her a sense of purpose. Eida positions God's message as a lens through which she gives meaning to her experiences of abuse and suffering. This enables her to move from perceiving her trauma as random and meaningless, to useful lived experience she can put to beneficial use. One example of how she makes sense of her trauma through this religious framework is by positioning her own tumultuous journey with rest and reflection as informing her plans to create a retreat to share her practice with others.

I think that's why I want to build this retreat too, so that I can give permission to those who have struggled with the same sort of thing. Um, those who are busy, busy, busy, always doing things. Give them permission to rest and heal.

Eida describes how she seeks to give others the same permission to heal that she struggled with and eventually received during her own process of healing. By emphasising this, she highlights how her religious meaning-making enables her to recast her own experiences of pain. This not only enables her to accept her trauma and avoid rumination but also reinforces her sense of purpose. Eida's story positions her religious meaning-making as a central aspect of her recovery, providing a framework to interpret and make sense of her experiences, and to cast them into positive actions for herself and others.

Apparent within Eida's account is a tension between "doing" and resting. Although her religious framework gives her a sense of purpose in helping others, it may also create pressure in the long term to constantly do something meaningful with her trauma, to maintain that sense of self. Over time, this could become exhausting. However, Eida's utilisation of scripture to justify rest serves to counteract this potential pressure, since it disrupts her connection between consistent action and self-worth. In this way, Eida's narrative is reflective of how she negotiates and balances purposeful action with her need for rest, exemplifying how her spirituality both motivates her to utilise her trauma for the better, while ensuring that this engagement remains sustainable.

Chapter Summary

This chapter has delved into Eida's experiences of coping and healing, and what has helped or constrained her healing. Eida shows how she attempts to maximise her own healing by strategically engaging with supports that are validating and do not threaten her emotional safety. She also expresses the emotional toll of one of her adult abusive relationships, and her experience of invalidation during the divorce proceeding: both which serve as major points of distress and strain in adulthood. She then hits a point of despair, and God becomes a source of redemption, leading her to subsequently ground herself in God and the church. Her church

community then provides the validation and relational safety she initially sought. Eida's account demonstrates how the social support of her church community, alongside the spiritual dimension of connecting with this community, offers her a pathway to wellbeing and her own concept of healing. A spiritual dimension of healing from childhood abuse also emerges strongly within the following chapter, which explores the experiences of the third participant in this research, Angel.

Chapter Five: Angel's Account

Angel is a 27-year-old Māori woman, who experienced psychological abuse within the family home as a child. Angel recounts only identifying these experiences as abusive within the past year. She found her family were not supportive when she disclosed her experiences of abuse, while her friends were supportive and affirming. This chapter explores the sources of support Angel has engaged with over the past year, and how they have supported or hindered her coping and healing. Specifically, it explores her experiences with the medical system, and her subsequent turn to spiritualism in order to have wellbeing needs met. A key element texturing Angel's account is her distinction between cold, transactional forms of care that impose and withhold diagnosis from her, and her desire for warm, empowering forms of care that allow her to define her own wellbeing needs and how she can move forward in light of them.

“Not Hard Done by Enough”

Angel describes beginning her healing journey by seeking medical care through her general practitioner. In New Zealand, general practitioners provide the majority of primary healthcare services and are advertised as the usual first point of contact for individuals struggling with their mental health (Mental Health Foundation, 2026). General practitioners are trained to support and manage the wellbeing of their patients, through assessment and treatment, and through referral to specialist services if required (Mental Health Foundation, 2026). Despite general practitioners playing a vital role in the management of wellbeing for struggling members of the public, Angel expresses frustration around blocked access to care within the medical system. She positions clinical criteria as boundaries to care:

... to be honest, I'm just going to say it straight, no wonder so many people kill themselves, you go and try and get freaking help, and then it's like, it's like you're not

hard done by enough. You have to meet a certain criteria. Why is it not a one size fits all? There's all these underlying requirements and shit [sic].

In her quote, Angel connects suicide with the medical system denying individuals access to the help they need unless they meet certain criteria and requirements. She positions diagnostic criteria as a barrier to accessing services she needs. Angel's account indicates her own frustration but also reflects the effects of limited clinical service resources in the New Zealand medical context. The boundaries Angel speaks of are partially a means for the medical system to ration scarce resources (Berezowski et al., 2023). Diagnostic thresholds are one way the medical system determines access to further support (Health New Zealand Te Whatu Ora, 2024; Ministry of Health, 2025; New Zealand Nurses Organisation, 2014). In emphasising these boundaries, Angel critiques the way the medical system structures mental health support, and exemplifies the emotional consequences that come as a result of being rejected, leaving individuals like herself to deal with the emotional fallout of their unaddressed mental health needs: consequences that can become so severe that they become a matter of life or death.

Despite Angel conveying her anger around experiencing blocked access to care, she simultaneously illustrates how she rejects the medical framing of her distress. For example, she frames the diagnostic process as unreliable and medication as dangerous, illustrating her distrust in the way mental health is treated within the medical system. She foregrounds this, saying, "...cause that can happen to, you're being misdiagnosed, then they want to give you all these meds that don't even work or may or may not work but could then fuck [sic] you up longer."

Angel's quote describes her mistrust of how the medical system applies mental health diagnoses, and her fears about the risk of misdiagnosis and consequent inappropriate

medication. By framing the diagnosis as a gamble, she portrays the diagnostic framework as inherently unreliable in accurately defining and capturing experiences of distress. At the same time, she positions medication as ineffective and a perpetrator of further harm, worsening distress symptoms. Angel rejects the way her distress is framed, arguing that the threat of her symptoms being exacerbated places her wellbeing at risk.

Angel's rejection of the medical framing of her distress sits in tension with her previous assertions: Angel highlights her desire to access the same care that she rejects. Yet, she partially attempts to resolve this tension by positioning psychologists as embodying the kind of skillset that may meet her needs. She demonstrates this by ranking general practitioners against psychologists, portraying the latter as possessing a more relational kind of skillset. Angel asserts that medical doctors are not the right practitioners for mental health issues:

...because they lack empathy. Like you're there to diagnose. You're not there to build a connection with us, are you?... I just don't think doctors should deal with mental health because you're, you're a doctor. You're not a psychologist, you know what I mean? Like two different things.

In her quote, Angel describes how general practitioners as medical professionals are incapable of supporting her mental health needs because they lack empathy and the ability to foster a connection, contrasting their limitations with psychologists. Another way in which Angel critiqued her experience with general practitioners when seeking help through the medical system was by highlighting the monetary cost of services. Angel shared, "I just feel like no one was listening to me. No one was actually helping me. Everything was about money... and then like, follow up appointments, you gotta [sic] pay for those at some places."

Angel's quote expresses frustration towards having to pay for appointments and follow-up appointments and feeling unheard and unsupported. It is important to note that while the cost of visiting a general practice is partially subsidised through the government, patients are still required to pay a cost for consultations and appointments (Health New Zealand - Te Whatu Ora, 2025). However, in framing her quote this way, Angel not only positions money as hindering access to support but also illustrates how her need for help turns into an uncaring transaction. In highlighting how money serves as a barrier to care, and positioning the care as transactional, she simultaneously illustrates how general practitioners lack the warm, relational care she values.

In making the contrast between general practitioners and psychologists, she exemplifies her mental process of creating a classification between different kinds of care. This distinction enables Angel to justify her rejection of the diagnostic and medicalised approach to care, as she scales the failure of this care down to a skill issue with general practitioners. This enables her to rationalise why she still seeks support through this same model of care. However, despite positioning psychologists as relational, Angel faced a shortage in her area when seeking their care. As a result, her needs were left unmet through medical pathways to care, leaving her unsupported and her trauma-related distress unaddressed.

Spiritual Suppression and Embracing Wairua

It is important to note that the medical system may have never been able to fully meet Angel's needs, because the system lacked Māori perspectives of health and wellbeing. This may be the case as Angel positions the spiritual dimension of life, known in Māori as *wairua*, as an intrinsic aspect of her holistic wellbeing.

Angel describes possessing clairvoyant-like abilities that allow her to “read people... read their auras”, as she puts it, and communicate with deceased family members. While often discounted as pathological within a WEIRD psychology point of view (Toh et al., 2022), Angel's spiritual abilities are meaningful to her, and can be understood within her Māori culture and worldview (Lindsay et al., 2022). Within Te Ao Māori (the Māori worldview), a connection to the spiritual dimension of life is normalised and encouraged (Valentine et al., 2017). Many Māori individuals experience what are called wairua experiences, which cover a variety of spiritual experiences. In Angel's case, her abilities can be understood as a wairua experience of *matakite*, a “second sight” that enables her to psychically connect with her tupuna (ancestors) and feel auras (Lindsay et al., 2022). These auras are understood as energy radiating from living beings (Lindsay et al., 2022).

Angel exemplifies how meaningful embracing these spiritual abilities was in sustaining a semblance of wellbeing, by positioning her spiritual suppression as a kind of secondary trauma:

It [accepting her spiritual abilities] helped me dive into a lot of trauma and fear that I suppressed as a kid... I was conditioned to believe that stuff was like satanic... I was like almost put into like a psych place because they thought I was going crazy.... I think the more you resist something, the more you kind of like build up these feelings and emotions that obviously need to be released, and that's what was happening. I was just angry. I was, yeah, lashing out all the time.

In this quote, Angel describes how her mother stigmatised her for her wairua experiences and her narrow escape from being institutionalised, leading Angel to believe her abilities were inherently evil and therefore suppress them. She expresses how her spiritual suppression led to bottled-up emotions of anger that eventually spilled out in her interactions

with people. This story Angel tells serves to illustrate how disconnecting from her spiritual abilities led to a disconnection in her wellbeing, leaving her emotionally dysregulated. Angel demonstrates how she feels her wellbeing is contingent on whether she embraces or rejects her spiritual abilities, and consequentially how her healing was stunted because of this disconnect. In other words, Angel demonstrates how her wellbeing became fractured as she lacked a connection to the spiritual world (Durie, 1985; Valentine et al., 2017), and how this stalled any additional healing. In accepting her spiritual abilities and therefore the spiritual dimension of life, she emphasises how she repaired a fractured part of her wellbeing, which enabled her to meaningfully participate in her own healing. In exemplifying how her ability to engage in healing depended on spiritual embrace, Angel demonstrates how the medical system may have never been able to meet her needs alone. This is because the Western medical lens does not account for the spiritual dimension of life, and therefore the fragmentation of wellbeing when spiritual connections are constrained.

Angel's story positions the absence of spiritual support within mainstream medical services as a deficit she feels personally motivated to address. She aspires to fill this gap in the provision of healthcare, by integrating Māori perspectives of health into her practice as a future healthcare practitioner. She frames Māori healing practices as intrinsic to her life purpose, as she puts it: "it's [Māori healing practices are] part of what I'm meant to be here for". In framing this practice as part of her spiritual calling, she illustrates how contributing to Māori pathways of healing for others, will partially sustain her own healing, by fulfilling her purpose and identity as Māori. It must be noted that at the time of our second interview, Angel had not actively participated in traditional Māori healing practices, though she had arranged a course to learn rongoā Māori, traditional Māori medicine practices.

The culmination of Angel's experiences with the medical system, combined with her embrace of wairua, led her to explore spiritual pathways of support, which she framed as embodying the kind of connection, support and empathy she longed for.

Divine Attachment and Flourishing

Angel's spiritual pathway involved developing a connection to God, who she defines as a secure and reliable attachment figure. In demonstrating how God reciprocates her devotional efforts, Angel illustrates how God embodies the kind of relational support that helps her emotionally cope during challenging times. For Angel, God provided her with the connection that was lacking through the medical system. She emphasises how meeting God became a turning point as her life began to flourish:

...the moment I did start like actually believing in him and like praying, cause I pray all the time, and I read my Bible every day, like I make time for God, like that's my number one relationship. It's like my life has literally blossomed... I've had the most money I've ever had in my life, like my dream career.

Angel's quote describes how her acts of devotion, like prayer, bible reading, and prioritising her relationship with God, led to significant improvement in life financially and career-wise. Given the term "blossoming" is metaphorically representative of spiritual flourishing in the Bible, Angel's use of the term may also suggest her experience of spiritual improvement too. In correlating her life improvement with her devotional acts, Angel conveys God as reciprocating her efforts, providing her with material means which become a form of "proof" that her relationship is not one-sided. In this way, Angel is assured that God is a reliable and responsive attachment figure she can turn to for comfort in particularly challenging moments. This scaffolds Angel's ability to wholeheartedly trust that God will provide in times of distress, giving her the assurance she needs to confidently navigate

distress, and remain hopeful. Her experiences highlight how secure attachments to God can effectively supplement support when human connections fail (Ellison et al., 2012), as her attachment to God partially fills the connection void she experienced within the healthcare system.

Manifestation Rituals and Everyday Healing Practices

Alongside her connection to God, Angel positions the spiritual manifestation and cleansing practices she engages in as tools to emotionally self-regulate, demonstrating how they enable an unconstrained and agentic way to self-engage in healing. Angel simultaneously frames these practices as creating a sense of internal validation, bolstering her self-worth and self-image, and therefore reinforcing her emotional stability. Angel's manifestation practices involve mirror affirmations to cosmically attract beauty, and shower rituals where she intentionally cleanses herself. She frames these practices as healing, as she puts it:

You can have a shower and literally cleanse yourself, and that's healing yourself. You can look in the mirror and literally manifest. You can look in the mirror every single day, every morning, tell yourself you're beautiful, you're stunning, tell yourself what your dream body, face, hair looks like. It will work! Slowly but consistently, it does work.

In her quote, Angel describes how cleansing herself in the shower and actively envisioning and affirming her desired self-image in the mirror has a gradual effect on her wellbeing. Angel explains how everyday practices can be accessible tools she can use to exert a level of agency over her healing. At the same time, by framing her manifestation practices as “working”, Angel situates these practices as successful. In other words, she intentionally envisions the beauty she wants in life, feels she receives it, and this increases her self-worth

and self-image, and therefore validates her efforts. In this way, Angel both feels her efforts are rewarded, as her self-worth and image increase, and she receives the affirmation she needs to continue engaging in her spiritual manifestation practices.

The Duality of Spirituality

Although Angel evokes spiritual practices as fostering her self-regulation and healing, she also demonstrates how certain spiritual practices can become costly, foregrounding the emotional toll of spiritual engagement. Indeed, she defines spirituality as a double-edged sword: facilitating her healing while also exhausting her. During our conversation, Angel provided an explanation of how she “transmutes trauma”. She does this by utilising the natural properties in crystals to convert “negative or bad disruptive energy” into productive energy that will enhance her healing. For example, she uses crystals associated with “grounding, healing and protection”, and aims to transform negative energy in her life through these “properties”.

In expressing her ability to transmute trauma, Angel highlights how her crystal manifestation practices comfort her as she is assured in her ability to turn around difficult feelings or experiences for good. However, she immediately follows this up by conveying the emotional weight and intensity that comes with acknowledging and holding her trauma in order to convert it. She shared “...It’s like this isn’t like a rainbow, fucking sunflowers you know, it’s not a walk in the park... it’s actually very scary... it’s [spirituality is] about diving into those things we don’t want to...”. In this quote, Angel expresses exasperation with romanticising spiritual practices, describing spirituality as frightening as it requires her to confront difficult aspects of herself, rather than offering an easy pathway towards healing. Angel shares that spiritual engagement is emotionally taxing, since it involves confronting her trauma. In highlighting this, she underscores the duality of spirituality, exemplifying how the very spiritual practices that sustain her healing, also come with an emotional cost.

Suslovic and Lett (2024) argue that resilience as adaptation after adversity comes with the caveat of dysfunction. Angel's account resonates with this, as her spiritual practices provide her with the tools she needs to heal, yet they emotionally drain her. In this way, her spiritual practices are situated as a double-edged sword: both a source of healing and emotional exhaustion.

Projecting the Future and Risk Navigation

Beyond engaging in spiritual practices, Angel positions social media, specifically the social media application TikTok, as a tool she can use to project a more positive life for herself. She highlights how she evaluates the spiritual and moral efficacy of social media influencers, through their visual success:

...both of them [social media influencers] basically talk a lot about like spirituality and manifestation and stuff like that, but in a positive way and well, they're very good looking people and live a very lavish life. So, I look at them and I go, well, they're obviously doing something right, cause look at them.

In her quote, Angel reflects on two social media influencers who positively speak about spirituality and manifestation, describing them as attractive and wealthy, which allows her to conclude that their spiritual practices must be effective in fostering the material success they have. Angel not only clarifies how she measures spiritual success through external means but conveys how she utilises social media influencers to affirm the effectiveness of her own spiritual practices. This in turn enables her to project a more positive future for herself.

To clarify, seeing the lifestyle success of social media influencers confirms to Angel that their spiritual practices work. This fosters Angel's internal narrative that she will also experience future success if she maintains her spiritual engagement. In this way, she imaginatively projects a more positive future for herself, one full of opulence and success,

which prevents her from ruminating on the past or feeling emotionally overwhelmed in the present. According to Frank (2011), the internal narratives people construct are always co-constructed. In Angel's case, she draws from social media influencers as cultural resources to re-imagine a more positive future, one beyond simply healing.

However, Angel's account also demonstrates a tension between engaging in content she finds meaningful, within an online landscape she defines as dangerous. Yet, she copes with this by strategically protecting herself. This enables her to continue traversing social media and engage with the content she finds useful, but in a safe manner. She explicitly emphasises her intentional use of solely engaging with productive content to protect her current healing progress:

I'm very selective about what I watch, so I only watch things that are productive and that uh, inspire me to want to be better, do better. I don't allow myself to watch anything negative that could like, impact my mental health.

Angel's quote explains her intentional use of social media, where she only engages with content that speaks to her growth-orientated mindset. At the same time, she describes deliberately avoiding distressing content that may aggravate her mental health. In strategically curating the media she engages with, Angel applies boundaries to protect her healing progress, which therefore enables her to engage with the content she finds meaningful, like the social media influencers discussed above. In this way, Angel reaps the benefits of engaging with content she finds useful and meaningful, without risking her mental health progress.

Chapter Summary

This chapter has explored Angel's experiences of healing and the ways in which certain supports have hindered or facilitated these experiences. Angel's account shows how

she finds the medical system ineffective in meeting her need for warm relational care, and how she both rejects, and feels rejected by, the medical system. Angel also highlights the importance of reconnecting with her wairua to establish a sense of wellbeing, further suggesting that the medical system is narrow in scope and incompatible with her wellbeing needs. This leads her to agentively take on the work of healing herself by embarking on a spiritual path to have her wellbeing needs met. Establishing a connection to God provides Angel with the relational care she sought, and the spiritual practices she engages in serve as empowering strategies that she can freely engage with in her own leisure. Thus, these practices helped to meet Angel's wellbeing needs, offering a way forward in terms of creating meaning, progress and healing for herself.

Chapter Six: Discussion and Conclusion

This chapter explores the research findings in relation to the overall research question and aims of this thesis. This thesis set out to explore how survivors of child maltreatment understand and experience resilience, in a context where resilience is predominately conceptualised as the capacity to ‘bounce back’ or recover through individual interventions. The aims of this research involved determining what factors participants identify as facilitating and hindering their resilience, identifying what understandings and what forms of community participants draw on for supporting their concepts of resilience, and determining how participants deploy clinical and community level narratives within their accounts.

This chapter begins by providing summaries of the findings from the participants’ accounts. I build from these summaries, to focus on key analytical points related to the aims of this thesis, beginning with how resilience emerges within the participants’ accounts as complex and socially contextualised. Secondly, I examine how the concept of ‘bouncing back by giving back’ appears across the participants’ stories. Thirdly, the core finding of how resilience is not ‘achieved’ but requires exhausting labour is discussed in relation to the overarching research question of this thesis, which was: how do adult survivors of child abuse understand and experience resilience? I reflect on the implications of my position within the thesis as an insider researcher, and how recognising that resilience requires ongoing labour resonates with my own experience. The limitations of this study, and future directions that this thesis could offer for subsequent research are discussed, before concluding this thesis with a recognition that conceptualising and supporting resilience remains an important focus for survivors of childhood maltreatment.

Summary of Findings

The analysis in this thesis was presented across three chapters. In Chapter Three, Timmy focuses on an individualised, self-regulating approach to creating a meaningful life for himself. Timmy positions his personal orientation towards consistent work and positive goals as the keys to transcending his traumatic past. Nonetheless, Timmy's emphasis on managing his own mindset sits alongside a threat of resurfacing trauma, evident in his descriptions of controlling his anger in circumstances where he feels triggered, and nightmares that are not within his conscious control. Notably, Timmy responds to his nightmares, which represent a potential loss of agency, by proactively seeking counselling that correlates with his own preferences. Timmy also frames his recovery through reference to giving back to others. He builds from his experiences of coping, modelling the care and skill that helped him in life to his students. Seeing his students succeed not only forms a rewarding aspect for Timmy in his teaching career but also forms a sense of inner resolve.

Chapter Four presents Eida's story, where she shows how she selectively engages with individually focused and therapeutic strategies, such as seeking out a psychologist and learning about and utilising NLP techniques. Eida's descriptions of various strategies to support her recovery from both an abusive childhood and subsequent distressing relationships become a story about points of distress and strain, leading to a point of despair. Ultimately, Eida's narrative takes a redemptive arc, as she recalls finding support through her church. Eida recounts the meaningful social, emotional and spiritual support that the church has provided, support she does not seem to have had access to through other avenues. The church also provides a means for Eida to recast her suffering into purpose, which motivates her to give back to others. She does so by using her experiences of recovery to inform her retreat to help others heal, which in turn reinforces her sense of purpose.

Chapter Five explores Angel's account of feeling rejected and poorly served by the medical system when seeking help with the mental health issues and distress resulting from her childhood experiences. Angel's lack of trust in the medical system seems to evolve within her narrative into a rejection of medical approaches to wellbeing support altogether. Instead, Angel describes the strength she derives from her turn towards a spiritual path of healing. The practices explored within Angel's account cover a wide range, from social media influencers to crystal practices. A key element of Angel's account is her search for practices that support her wellbeing that make sense to her, within the cultural framework of Wairua, but incorporating other diverse sources. Angel also frames her recovery through giving back to others, as she uses her experiences with mainstream medical services as fuel to address the gap in spiritual support. She sees these practices as part of her life purpose as Māori and therefore positions the premise of healing others through Māori healing practices, as partially supporting her own healing by fulfilling her calling and sense of identity as Māori.

Resilience as Complex and Socially Contextualised

In terms of the factors that participants identify as facilitating or hindering their resilience, participants storied their resilience as complex and socially contextualised. While individual therapies and clinical resources did form part of how participants storied their recovery, these were not sufficient as standalone solutions to their suffering. In fact, in the case of Angel, attempts to access support through clinical settings were described by her as deepening her distress. For Eida and Timmy, individual therapies formed one part of how they navigated their distress, however their accounts suggest that these individualised pathways were predominately effective in relation to strengthening self-regulation and maintaining daily functionality. What is evident in the participants' narratives is that individually focused therapeutic strategies formed a relatively small component of their

overall experience of resilience. It is community that emerges within the accounts as a crucial strand of how resilience is built and sustained for participants.

The types of community and social supports varied significantly. For example, spiritual, cultural, faith-based and online communities. The different ways in which participants characterise community demonstrate diverse ways of building support within their own social and cultural contexts. These diverse ways of drawing on support with community, alongside other forms of support, seem to reflect a broader landscape of healing than was found in much of the literature (Arslan, 2015; Berkowski & MacDonald, 2014; Beutel et al., 2017; Schulz et al., 2014; Smith et al., 2017).

‘Bouncing Back by Giving Back’

One finding that I had not found in the existing resilience literature was the way that each of the participants demonstrated how helping others was part of their own recovery. For example, Angel describes a developing sense of purpose around providing Māori led mental health support, given her own experience with the Western medical system. In addition, Eida recounts how she created a retreat for survivors, while Timmy positions himself as a role model for troubled youth, frequently locating his own resilience within his motivation for improving the lives of others.

The participants’ stories about how they are contributing to mitigating the suffering of others as part of their own recovery, indicates the social and relational nature of how the participants convey their healing. This focus on helping others aligns with more community orientated approaches which emphasise how social reciprocity supports wellbeing (Kamrath & Tracy, 2026; Liang et al., 2001; Törrönen & Tarkiainen, 2017). Making commitments to others within reciprocal social relationships is recognised as part of how people build wellbeing for themselves and those they interact with (Törrönen & Tarkiainen, 2017).

In the process of conducting this research from an insider perspective, I recognised how giving back resonated with my own experience of undertaking research, which focussed on the experiences of fellow survivors. Reflecting on my own motivations and how I was drawn to undertake research with survivors, it becomes clear that I also feel a responsibility towards helping others who have experienced child maltreatment. Like the participants, I sought to construct a meaningful life partly through working to alleviate the suffering of others.

Resilience as Exhausting Labour

The range of activities and responsibilities that the participants mobilised to support their healing, points to a key finding of this thesis. Resilience forms not through therapeutic interventions, but through the application of ongoing labour. The participant accounts are steeped in their stories of constant management and pursuit of a meaningful life. Eida, Angel, and Timmy each draw from many different resources in order to sustain their stability. The thesis shows how each of the participants builds their account around their need to source and maintain support that suits their own circumstances. Therefore, the participants' accounts show how resilience is a dynamic and evolving process, rather than a linear adaptation (Arslan, 2015; Bradley et al., 2013; Smith et al., 2017). The ways in which participants narrate their healing processes resemble an entrepreneurial approach to gathering resources that serve their needs at different times. Despite the agentive creativity that the participants demonstrate, it is important to acknowledge that this level of ongoing 'resilience entrepreneurship' is also a form of exhausting labour.

The participants labours to support their resilience appear to resonate more with Suslovic and Lett's (2024) concept of scar tissue as discussed in the introduction, than some of the models of resilience represented within the WEIRD psychology literature (Afifi & MacMillan, 2011; Arslan, 2015; Beutel et al., 2017; Collishaw et al., 2007; Schulz et al.,

2014; Smith et al., 2017). The concept of scar tissue captures how resilience is a signifier of harm and can come with social and emotional costs (Suslovic & Lett, 2024). This thesis demonstrates that one of the costs borne by the participants is evoked as persistent vigilance in terms of how they manage themselves to maintain stability. The participants' accounts show constant efforts to avoid their childhood experiences encroaching into their adult lives. This constant effort suggests that maintaining a stable self requires ongoing and potentially exhausting labour.

Ironically, while resilience was expressed as ongoing labour for these participants, the labour was increased for me as an insider researcher during the interview stage of this research. My own experiential knowledge of survivorship shaped my capacity to empathise with participants, build rapport, and my awareness of the importance of relational dynamics when disclosing trauma. However, my insider status also created a tension that I had to continuously navigate. My experiences of survivorship shaped my instinctive urge to respond to participants in ways that felt true to my insider identity, such as expressing empathy through the act of relating to participants and their experiences. Yet, the need to maintain a sense of professionalism and ethical boundaries as a researcher meant that I had to contain and constrain how I would naturally react to disclosures of abuse.

Over the course of the interviews, navigating this tension required me to continuously monitor how I reacted and responded to participants, to ensure that my insider status contributed meaningfully to the accounts produced, rather than compromising the research. At times, the pressure to regulate how I empathised with participants pulled me out of being present and into a more critical, overthinking head space. In this way, conducting interviews as an insider researcher became a form of continuous labour in itself, both enriching and complicating the research process, and thus mirroring participants' expressions of resilience.

Research Limitations

This study had three main limitations. The first limitation is the small sample size of only three participants. Having such a small sample size means that some understandings and experiences of resilience are not represented within this study. However, in line with a narrative method, the small sample size allowed me to explore participants' accounts of resilience in depth, capturing the nuances and complexities of their accounts, rather than subsuming their experiences into pre-determined themes. As such, the small sample size was both a limitation and a strength of this study.

The second limitation is that the findings of this research are specific to the New Zealand context. This means that the understandings about resilience that have emerged from this study may be specific to the cultural and social landscape of New Zealand and therefore may not be representative of how resilience is understood and experienced by survivors in other contexts.

The third limitation concerns the extent of the relational approach taken within this thesis. Although this study created space for participants to share their stories with me as an insider, this relational aspect may have been strengthened if participants played a more active role in shaping the research process itself. Nevertheless, the relational approach taken in this thesis has allowed participants' experiences to emerge without imposing WEIRD assumptions, leading to understandings of resilience that avoid obscuring or simplifying the complexities involved in building wellbeing after trauma.

Future Directions

This thesis has illuminated the complex way forms of resilience are built for survivors: through community, social reciprocity, and ongoing individual labour. Moving forward, future research could valuably build upon the insights generated with survivors in

this thesis. A participatory action research model would be an appropriate pathway for continued research with survivors of childhood maltreatment. Participatory action research is an emancipatory approach to scholarship that involves researchers, activists, and members of a community working together to co-construct knowledge and develop action in the interest of social change (Cornish et al., 2023). Accordingly, participatory action research offers a way for researchers and survivors to collaboratively develop action within the community that better supports survivor wellbeing. This action could help to offload some of the ongoing individual labour involved in building and sustaining wellbeing for people who have experienced childhood maltreatment.

Conclusion

This thesis contributes to knowledge about how survivors of child maltreatment understand and experience resilience by exploring how survivors themselves tell their stories about healing. The narrative approach opened space for participants to centre what was meaningful to them in terms of exploring what resilience looks like for them. In particular, the combination of narrative methods and my own insider lens offers understandings of resilience that avoid ironing out complexities and agency. Consequently, this thesis illuminates how for both the participants and myself, a traumatic childhood cannot be fully resolved through individual therapies. Instead, this thesis demonstrates how finding communities, social reciprocity, and ongoing individual labour build forms of resilience.

This thesis is important because illuminating the ongoing work of healing within the participants' accounts demonstrates the limitations of the dominant resilience model, which emphasises individual adaptability. Interventions based on the dominant concept of resilience form a small element of how the participants recounted their own stories of healing. In terms of how the participants expressed their experiences of building and sustaining their versions of resilience, while communities are valued, there is a recurring story of seeking out

additional and ongoing forms of support. It is easy, especially for those outside of the experience of childhood trauma, to underestimate how much exhausting work sits behind the maintenance of an unexceptional life, when such a trajectory cannot be taken for granted. Understanding the weight of resilience as labour changes not only how we think about resilience, but also how we support people who carry that weight.

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Appendix A

Research Poster

CO-CONSTRUCTED STORIES OF RESILIENCE

EXPLORING STORIES OF STRENGTH AND COMMUNITY SUPPORT AMONG ADULT SURVIVORS OF CHILD ABUSE

Research Summary

My name is Lita Cameron, and I am a Master of Applied Psychology (Community Psychology) student at the University of Waikato. I am also a survivor of child abuse. I am recruiting participants for a new study that explores how adult survivors of child abuse construct resilience, focusing on the role of community support and narratives in shaping how survivors make sense of resilience.

What's involved?

- Two interviews (1-1.5 hours each, online or in person)
- A mind-mapping activity to explore the role of community in your healing

Why participate?

This research offers a space for survivors to anonymously tell their stories of resilience and assert their agency. Your story may also contribute to a new narrative of survivorship that may help other survivors reimagine their present experiences and future possibilities.

Are you Eligible?

- Survivor of at least one or overlapping forms of child abuse (neglect, physical or psychological).
- Aged 25 years and over. Most recent experience of abuse was over 5 years ago.
- Must not be experiencing acute psychological distress in relation to their experiences of childhood abuse.

Interested in participating? Want more Information?

Contact Lita Cameron, student researcher at the University of Waikato.

Email: lm265@students.waikato.ac.nz

Phone: 027 3666 343

Appendix B

Participant Consent Form

UNIVERSITY OF WAIKATO

DIVISION of ARTS, LAW, PSYCHOLOGY & SOCIAL SCIENCES

PARTICIPANT CONSENT FORM

[A completed copy of this form should be retained by both the researcher and the participant]

Name of person interviewed: _____

I have received a copy of the Information Sheet describing the research project. Any questions that I have, relating to the research, have been answered to my satisfaction. I understand that I can ask further questions about the research at any time during my participation. I understand that I will have up until 14 days after I receive the transcription of my interview to request any changes to be made.

I can withdraw my participation at any time up until 14 days after I receive the transcription of my interview. If I opt out of receiving a copy of my transcribed interview, I will have up until 14 days after the date of my interview to withdraw.

During the interview, I understand that I do not have to answer questions unless I am happy to talk about the topic. I can stop the interview at any time, and I can ask to have the recording device turned off at any time. I also understand that I reserve the right to decline for the interview to be recorded entirely.

When I sign this consent form, I will retain ownership of my interview, but I give consent for the researcher to use the interview for the purposes of the research outlined in the Information Sheet. I understand that my identity will remain confidential in the presentation of the research findings.

Please complete the following checklist. Tick [✓] the appropriate box for each point.	YES	NO
<i>I agree to provide my email address to receive a copy of my transcribed interview.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I want to opt out of receiving a transcript.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<i>I understand my rights as an interviewee.</i>		
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Participant :

Researcher :

Signature :

Signature :

Date :

Date :

Contact Details :

Contact Details :

Appendix C

Participant Information Sheet

Project title: Co-constructed stories of resilience: the resilience accounts of adult survivors of child abuse and the role of community.

Exploring how adult survivors of child abuse share their stories of strength and resilience, and the role of community support in survivors accounts of resilience.

Supervisor: Dr. Kimberly Jackson – kimberly.jackson@waikato.ac.nz

Researcher: Lita Cameron (Pākehā, she/her) – 0273666343, lm265@students.waikato.ac.nz

My name is Lita Cameron, and I am a Master of Applied Psychology (Community Psychology) student at the University of Waikato. I am also a survivor of child abuse.

This study explores how adult survivors tell their stories of strength and resilience, with a focus on the role of community. Communities can include neighbourhoods, support groups, online spaces, or any place where survivors connect with others. The stories we hear in these communities' shape how we see ourselves. Some stories focus on survivors as helpless or permanently harmed, which can affect how we feel about our own experiences and how we see our own identities. Therefore, this research gives survivors the chance to share their own stories of resilience. Together, we will create a new narrative of strength, which may help other survivors see themselves in a more positive way.

Participation

Participants will take part in two 1–2-hour one-on-one interviews and have the choice of doing the interviews in person or online (e.g., Zoom or Teams).

In interview 1, participants will be asked a series of questions around their experiences of resilience and will be asked to share their biographical accounts that reflect on their experiences with their community and resilience. Participants will also be invited to sketch a simple mind map about the communities or services that they found helpful or unhelpful in their healing journeys. This will be used as a guide for further interview questions.

Interview 2 will provide participants with the opportunity to follow-up on anything they choose from the first interview or add any additional thoughts about their reflections.

With your permission, interviews will be audio recorded. I will transcribe the recordings, and you will have an opportunity to see the transcriptions, should you choose.

Participant Information and Rights

To protect confidentiality, all participant data will be anonymised. Only I (Lita), as the researcher, will know who you are and what you share. Before questioning begins during the first interview, participants will be asked to provide a pseudonym of their choosing (a fake name) to ensure anonymity. Participants will be emailed their transcript from both interviews once the transcribing has been completed. Participants will have 14 days from receiving the transcript to review their transcript and let their interviewer know whether they want any changes made. Participants will have 14 days from receiving their transcript to withdraw from the study. After this period, it will not be practical to withdraw from the study. If you opt out of receiving a transcript, I will email you on the same day I send other participants transcriptions out. From this date, you will have 14 days from the interview to withdraw from the study.

What are the possible risks?

If you choose to participate, you may be at risk of experiencing distress such as feeling triggered, and/or re-traumatisation. This is because I will be asking you to tell me about your experiences of resilience, which may make you think about your own experiences of child abuse. However, I have taken measures in the design of this research to minimise the risk of this occurring. These measures include:

- Before the interview questioning begins, I will ask if there are any words or topics that feel triggering for you. These will be avoided during the conversation.
- You may bring a support person (e.g., a friend, family member, or advocate) to the interview.
- You can pause or stop the interview at any time or skip questions you do not feel comfortable answering.
- I prioritise care, openness, trust and respect in my approach to research. Therefore, if you have any questions at all about my own identity or experiences, I will answer openly and honestly.
- Interview questions have been designed with careful consideration to minimise risk.

What are the possible benefits?

This research offers survivors of child abuse an opportunity to share their stories of resilience and reflect on the communities that supported or hindered their healing. It provides a safe space for survivors to focus on their strengths and growth. As the study aims to create a new narrative centred on survivor strengths, participants may find meaning in knowing their story could help other survivors at an earlier stage of their healing process. Seeing stories of strength and resilience may enable others to better understand their experiences and view their identity in a more positive light.

What will happen to my information during and after the study?

During the study, all documents will be stored digitally on a password protected laptop only accessible by myself as the researcher. At the completion of the research project, all physical data, such as interview notes, will be destroyed or scanned into a digital format, and digital files will be uploaded onto the University of Waikato's secure server. Any relevant hard copies of data or notes will be scanned into digital format and the original hard copies destroyed using a secure onsite shredding waste bin managed by the University of Waikato. Digital data will be stored on the secure server managed by the University of Waikato and will be deleted at an appropriate date.

Appendix D

Interview Questions and Structure

Orientation Questions:

1. How do you personally define resilience, if at all?
 - a. Prompt: Is this a word that resonates with you and where you are at in your life?

Factors that facilitate or hinder Resilience

2. When you think about your own life, what factors, if any, do you think have shaped or contributed to your ability to cope with difficult times post-abuse?
3. Has there been a time or any experiences where the people around you supported your recovery?
 - a. Prompt: Can you please tell me about this experience and what this support looked like?

Community and Resilience

4. What communities, if any, do you identify as being a part of?
5. Can you tell me about any experiences of how these communities have supported or made it more difficult for you to cope?
6. Can you tell me about any experiences you have had with any formal services you have received in your community?
 - a. Prompt: Do you feel these experiences have supported you? Why or why not?

Participatory Question

7. What, if any, advice or messages would you want to share with the people and communities supporting survivors?

Appendix E

Mind map Instructions and Exemplar

This activity is a way to visually reflect on the communities or services that have been a part of your resilience or coping, whether they've been supportive, unhelpful, or something in between.

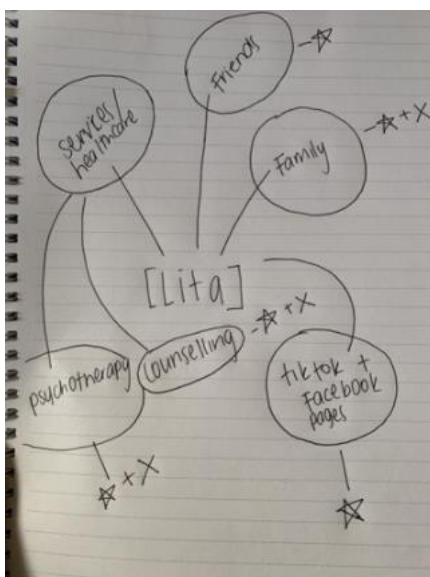
Here is how it works:

- Place your name in the centre of the page.
- Then write the different communities or services around the page that have been part of your coping or healing.
- Draw different-sized circles around each community or service to show the significance of each. Please use **bigger** circles to indicate if the community or service had a more significant impact on your healing journey, and **smaller** circles to indicate that the community was less significant.
- Please draw **stars** next to communities where you had a helpful experience and draw **crosses** to indicate unhelpful experiences.
- Note you can draw both a star and a cross on one community to indicate helpful and unhelpful experiences, as shown in the exemplar provided to you.

You can complete this mind map silently or discuss your thought processes out loud. Please indicate to me once you have finished your mind map.

Example Mind Map:

Please keep in mind that this is just an example of what the mind map may look like, however your map may take a completely different form in terms of what communities you have found helpful or unhelpful.



Appendix F

Free Support Services

Here is the list of free support services you can access:

- [1737 Digital Hub](#) - Free and confidential support for anyone in New Zealand.
- [Counselling and Support Services](#) - A list of services offered throughout New Zealand (note some of these have fees that apply).
- [Anxiety Helpline](#) - Free anxiety helpline by phone 0800 269 4389 (0800 ANXIETY).
- [Mindfulness Information](#) - Information on mindfulness
- [Small Steps](#) - Digital Wellbeing Tools
- [Depression.org.nz](#) - Free 24/7 helpline by text 4202 or phone 0800 111 757
- [Community Support Groups](#) - This is where you can find free mental health support in your area.
- If you are in paid employment, you may have access to free confidential counselling through your company's employee assistance programme (EAP) provider.

Please let me know if you require assistance accessing any of these resources.