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Unresolved Childhood Trauma in Women Leaders: A Phenomenological Qualitative Study

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ABSTRACT

Approximately 60 percent of adults in America report experiencing at least one adverse childhood experience (ACE), with some having as many as two or all of the following: abuse, neglect, and dysfunction in the home. This issue is more pronounced in women, who hold only 6% of international leadership positions. ACEs affect psychological and emotional development, and later, they may affect leadership styles and decision-making processes. In this study, the main objective was to explore how women leaders described the influence of childhood trauma on their well-being, coping mechanisms, and experiences in the workplace. It assumed a qualitative phenomenological study design and submitted semi-structured interviews to 22 identified women leaders in the United States. The study participants were women who self-identified as having unresolved childhood trauma. The findings exposed that trauma fosters resiliency, a will to succeed, and benevolence. There can be problems in emotional control, trust development, and work-life balance. The researchers discovered that adversity and trauma are sources of strength and continuous challenges. The need to develop trauma-informed coursework in leadership has been highlighted in this paper as urgent.

KEYWORDS: Women leaders, adverse childhood experiences, resilience, trauma-sensitive leadership, qualitative research

Childhood trauma can have enduring effects on relationships, emotional development, and adult functioning; experiences that occur early in life may shape not only personal well-being but also professional behavior and identity. Adverse childhood experiences (ACEs), including abuse, neglect, household dysfunction, or the loss of a parent, have been linked to long-term developmental and psychological outcomes (Copeland et al., 2018). ACEs are also associated with emotional regulation, cognitive development, and behavioral patterns that may persist into adulthood (Tcholakian et al., 2019). Although these experiences affect people across gender groups,

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women may encounter distinct pressures because trauma-related vulnerabilities often intersect with social expectations surrounding caregiving, emotional composure, and achievement (Gloria et al., 2022). Social and psychological demands may encourage women to suppress distress in order to appear resilient, even when unresolved trauma continues to affect their personal lives and careers (McKay et al., 2021). As a result, childhood adversity may be associated with both mental health and workplace functioning in ways that remain underrecognized (Tcholakian et al., 2019). Recent population-based research among adult women further demonstrates that cumulative adverse childhood experiences are associated with lower coping ability and psychiatric resilience in adulthood, underscoring the importance of distinguishing resilience from an absence of adversity-related consequences (Daníelsdóttir et al., 2022).

For women in leadership, these expectations may create a dual burden: managing the lingering effects of unresolved trauma while also meeting organizational demands for confidence, stability, and emotional control (Mavin, 2022). Leadership is a dynamic process of influence through which an individual guides, motivates, and enables others to work collaboratively toward shared goals within a particular organizational or social context (Northouse, 2022). Leadership scholarship extends beyond defining leadership to examining the theories, behaviors, relationships, and contextual factors that shape leadership effectiveness and organizational outcomes (Day & Antonakis, 2012). Coping strategies such as avoidance, overcommitment, or excessive self-reliance may develop as attempts to manage distress, but these strategies can undermine emotional well-being over time (Heris et al., 2022). Women who have experienced childhood adversity may also report anxiety, impostor feelings, or fear of failure that can affect confidence and functioning in leadership roles (Cancel et al., 2019). Trauma may influence biological and psychological processes related to memory, emotion regulation, and decision-making, further complicating the demands of leadership. At the same time, individuals may develop adaptive responses to adversity, including resilience, meaning-making, and personal growth (Livneh, 2022). In leadership contexts, participants may connect these adaptations with ambition, compassion, empathy, and a commitment to lead responsibly (Mavin, 2022; Kamphuis et al., 2021). Contemporary scholarship also cautions against treating resilience as an automatic consequence of trauma; adaptive functioning is better understood as a dynamic process shaped by personal and contextual resources (Daníelsdóttir et al., 2022).

The relationship between trauma and women's professional identity therefore remains an important area of inquiry (Edelman & van Knippenberg, 2017). Although leadership research has examined gender, resilience, and emotional regulation, childhood trauma remains comparatively underexplored within studies of women's leadership. Unresolved trauma may be associated with decision-making, emotional responses, trust, and relationship-building in the workplace (Peat et al., 2026; Gloria et al., 2022). These experiences may also shape how women understand personal growth, professional advancement, and organizational expectations. ACEs have been associated with diminished self-confidence and difficulty trusting others (Hunter, 2016), which may have implications for assertiveness, emotional reactivity, or fear of failure (Swedo, 2023). Such challenges may be intensified in workplace environments that minimize emotional vulnerability or lack adequate mental health resources. Examining how women leaders interpret these experiences can therefore deepen understanding of the ways childhood adversity may be connected to leadership identity, workplace relationships, and responses to professional demands.

This study is informed by two theoretical perspectives. The first is Bronfenbrenner's bioecological systems theory, which proposes that human development occurs through ongoing interactions between individuals and multiple environmental systems, including family, peers,

organizations, culture, policy, and social norms (Tudge et al., 2022; Waugh & Guhn, 2024). This framework provides a useful lens for examining how early adverse experiences may intersect with the personal, relational, organizational, and societal contexts in which women lead. At the microsystem level, participants may describe connections between childhood experiences and emotional regulation, interpersonal relationships, or everyday leadership behavior. At broader levels, organizational culture, workplace policies, access to support, and gendered expectations may either buffer or intensify the challenges associated with unresolved trauma (Reuveni et al., 2020). Supportive environments may also provide conditions that facilitate adaptation and post-traumatic growth (Mavin, 2022). The second perspective is leadership theory. Contemporary leadership theories emphasize interactions among leaders, followers, and organizational contexts rather than leader traits alone. Transformational leadership theory, in particular, highlights leaders' capacity to inspire, motivate, and empower followers through shared vision, intellectual stimulation, and individualized consideration (Northouse, 2022). Together, these perspectives support examination of how women leaders interpret the relationship between their life experiences, their leadership practices, and the environments in which they work. Recent workplace scholarship similarly argues that trauma-informed principles may be relevant beyond clinical settings by emphasizing safety, trust, collaboration, choice, and empowerment within organizational environments (Greer, 2023). Trauma-informed leadership literature further suggests that leaders can influence whether workplace systems support or intensify trauma-related stress among employees (Papa & Robinson, 2023; Rodriguez et al., 2023).

Although trauma and leadership have received increasing scholarly attention, limited phenomenological research has examined how women leaders with unresolved childhood trauma describe the ways they believe these experiences have affected their leadership. Understanding these lived experiences may contribute to more supportive and trauma-informed leadership environments without presuming that trauma causes particular leadership outcomes. For this study, unresolved childhood trauma refers to adverse childhood experiences that participants continue to experience as emotionally significant or insufficiently resolved in adulthood (Van der Kolk, 2015; McKay et al., 2021). A formal diagnosis was not required. Rather, the study centered participants' own meanings and interpretations of childhood adversity and explored whether, and in what ways, they connected those experiences to their current personal and professional lives. Accordingly, the first research question was: How do women leaders who have experienced unresolved childhood trauma describe the ways they believe these experiences have affected their leadership? The second research question was: How do women leaders cope with and adapt to the long-term consequences of childhood trauma?

Methodology

A qualitative phenomenological design grounded in Moustakas' (1994) transcendental phenomenology was used to investigate and describe the lived experiences of women leaders who self-identified as having unresolved childhood trauma. Particular attention was given to the meanings participants assigned to these experiences in relation to their leadership roles. Phenomenology was appropriate because the study sought to understand how individuals perceived and interpreted a shared phenomenon rather than to measure causal effects or observable outcomes. The analysis therefore prioritized participants' subjective accounts and the meanings they attributed to trauma, identity, emotional processes, interpersonal relationships, and leadership practices. The

aim was to develop an integrated description of the phenomenon across participants while preserving the complexity and variation within individual experiences.

To strengthen methodological rigor and remain consistent with the phenomenological tradition, the researchers engaged in bracketing (epoché) throughout the study. Bracketing involves identifying and intentionally setting aside, as far as possible, prior assumptions, expectations, and knowledge that could shape interpretation of the data. Before data collection, the researchers used reflexive journals to document assumptions about trauma and leadership. Reflexive journaling continued during analysis through analytic memos and discussions of evolving interpretations. When assumptions or expectations emerged, the researchers returned to participants' accounts and examined whether interpretations were grounded in the data. This iterative reflexive process was used to keep participants' descriptions central to the analysis and to reduce the influence of researcher preconceptions.

The study used purposive sampling to recruit women leaders in the United States who could provide direct lived experience relevant to the phenomenon under investigation. Eligibility criteria required participants to (1) identify as a woman, (2) currently hold or previously have held a leadership role, (3) self-identify as having experienced childhood trauma that they considered unresolved, and (4) be at least 30 years of age. Importantly, eligibility did not require participants to state in advance that childhood trauma had affected their leadership. This distinction allowed the interviews to explore whether participants perceived a connection between their childhood experiences and leadership rather than presuming such a relationship as a condition of participation. Consistent with the approved IRB protocol and the ethical sensitivity of the topic, participants were not required to disclose trauma severity, provide a formal diagnosis, or complete a standardized ACE assessment. Recruitment occurred through professional networks, social networks, and trauma-informed support networks. Potential participants received information about the study's purpose and procedures before deciding whether to participate.

Purposive sampling was appropriate for this qualitative phenomenological study because participants were intentionally recruited based on characteristics relevant to the phenomenon and their capacity to provide detailed descriptions of their lived experiences (Creswell & Creswell, 2023). The recruitment strategy was not intended to produce a statistically representative sample, and participants were not randomly selected. Because the sample was relatively small and self-selected from the recruitment avenues used, the findings should be interpreted as rich, contextualized accounts rather than as statistically generalizable conclusions about all women leaders who have experienced childhood trauma. Transferability to other contexts depends on the similarity of participant, organizational, and cultural conditions and on the availability of sufficient contextual description (Merriam & Tisdell, 2016).

The primary data collection method was semi-structured, in-depth interviewing. This approach was selected because it allowed participants to provide detailed personal narratives while maintaining sufficient structure to address the research questions (Henriksen et al., 2022). An interview guide consisting of open-ended questions encouraged participants to reflect on childhood experiences, leadership, coping, and adaptation without requiring them to endorse a predetermined relationship between trauma and leadership. The interview protocol was pilot-tested with two individuals before data collection to assess clarity, sensitivity, and appropriateness. Feedback from the pilot process was used to refine the wording and sequencing of questions, particularly given the emotionally sensitive nature of the topic.

Each one-on-one interview lasted approximately 45 to 60 minutes and was conducted either at the participant's workplace or through a secure Zoom session. With participant consent,

interviews were audio-recorded and transcribed verbatim to support accuracy and completeness. Ethical procedures included de-identification of participant data and secure storage of study materials in password-protected, encrypted files. The study was approved by the Bay Path University Institutional Review Board (IRB 2024_Davis; approved September 17, 2024).

Data analysis followed Moustakas' (1994) transcendental phenomenological procedures rather than generic thematic analysis. Following bracketing, the researchers approached each transcript through phenomenological reduction, beginning with horizontalization. During this phase, significant statements related to participants' experiences of unresolved childhood trauma and leadership were initially treated as having equal value. Repetitive, overlapping, vague, or nonessential statements were then reduced to invariant meaning units while preserving participants' descriptions of the phenomenon. These meaning units were clustered into broader meaning structures reflecting participants' experiences of leadership identity, emotional regulation, interpersonal trust, achievement, coping, and adaptation. The analysis then progressed from individual descriptions to integrated textural and structural descriptions. Textural descriptions addressed what participants experienced, whereas imaginative variation was used to consider how contextual conditions such as family history, workplace expectations, gendered leadership norms, professional responsibilities, coping processes, and relationships shaped those experiences. The individual textural and structural descriptions were ultimately synthesized into an overarching description of the shared meaning of the phenomenon while retaining important variation across participants. NVivo was used only as an organizational tool for managing transcripts, significant statements, and meaning units; phenomenological interpretation remained grounded in researcher reflection, participant language, and Moustakas' procedures.

To strengthen credibility and dependability, both primary researchers participated in the analytic process. Each transcript was read in full, after which the researchers independently identified significant statements describing participants' lived experiences of unresolved childhood trauma in relation to leadership, coping, emotional regulation, trust, achievement, and workplace relationships. During horizontalization, relevant statements were initially given equal consideration; repetitive, overlapping, vague, or nonessential material was subsequently reduced while preserving the substance of participants' accounts. Differences in interpretation were treated as opportunities for phenomenological reflection rather than as errors requiring statistical agreement. When interpretations differed, the researchers returned to the original transcript, reviewed surrounding context, and discussed whether a statement captured the participant's experience and should be retained, refined, combined, or removed. This process supported a consistent analytic focus while remaining aligned with the reflexive and descriptive goals of transcendental phenomenology.

Phenomenological research does not depend on traditional measures of intercoder reliability; however, dependability was supported through a systematic and transparent analytic process. The researchers maintained an audit trail documenting analytic decisions, development of meaning units and themes, revisions to interpretations, and reflexive memos. Reflexive journaling was used to identify and monitor assumptions that could influence interpretation. These procedures increased transparency regarding how the analysis progressed from raw interview data to the final phenomenological description and strengthened the credibility, dependability, and confirmability of the findings (Creswell & Poth, 2018).

Limitations of the Study

Several limitations should be considered when interpreting the findings. First, the study was designed to provide an in-depth understanding of a specific lived experience rather than findings that can be generalized statistically to all women leaders. Participants' accounts reflected particular personal histories, professions, cultures, and organizational settings; therefore, transferability to other contexts should be evaluated cautiously (Christou, 2022). The findings are best understood as contextualized insights that contribute to an evolving scholarly dialogue rather than as definitive conclusions about the effects of childhood trauma on leadership (Gill, 2020; Hennink et al., 2020).

Additional limitations arise from the study's reliance on self-report. Participants self-identified their childhood trauma as unresolved, and no standardized trauma assessment was administered. Consequently, the nature, severity, duration, and current salience of traumatic experiences likely varied across participants. Retrospective accounts may also be affected by recall bias because participants were describing experiences that occurred many years earlier. In addition, purposive recruitment and voluntary participation may have introduced self-selection bias; women who were willing to discuss childhood trauma may differ from eligible women who chose not to participate. The study was also limited to women leaders in the United States, which restricts transferability to other cultural and organizational contexts. Finally, although bracketing, reflexive journaling, an audit trail, and researcher discussion were used to address potential bias, qualitative interpretation cannot be completely separated from the researchers' perspectives.

Because this study relied on retrospective self-reports, participants' interpretations of childhood trauma may have been shaped by subsequent life experiences, coping, reflection, and meaning-making. Accordingly, the findings represent participants' subjective accounts and should not be interpreted as evidence of direct causation. Leadership development may also be shaped by personality, organizational culture, career experience, education, socioeconomic status, family support, mentoring, and other life events that were not the primary focus of this study. These factors warrant attention in future research.

Results

The 22 participants were women leaders from diverse ethnic, professional, and geographic backgrounds in the United States. Their professional settings included health care, consulting, education, faith-based organizations, law, and nonprofit management. Participants ranged in age from 33 to 56 years. Fourteen percent held a doctoral degree, 75% held at least one master's degree, and 11% held a bachelor's degree. Seventy-eight percent were married, 22% were divorced or had never married, and 88% had biological children. Participants identified with Jamaican American, African American, Haitian American, West Indian American, Portuguese, Hispanic, and Italian backgrounds. This variation provided a range of cultural and professional contexts within which participants described their experiences. These demographic characteristics are presented descriptively and are not intended to imply representativeness of women leaders more broadly.

Previous studies have examined trauma, resilience, and leadership as related but often separate areas of inquiry. Comparatively little phenomenological research has examined how women leaders with unresolved childhood trauma understand the relationship between early adversity and their leadership experiences. Emotional labor, relational expectations, and gendered workplace norms may create distinctive conditions for women leaders. Exploring participants'

lived experiences therefore provides insight into how they make meaning of childhood adversity in relation to leadership identity, decision-making, emotional regulation, and workplace relationships without establishing that trauma caused those outcomes.

The findings are organized around two research questions:

(1) How do women leaders who have experienced unresolved childhood trauma describe the ways they believe these experiences have affected their leadership?

(2) How do women leaders cope with and adapt to the long-term consequences of childhood trauma?

Across participants' accounts, the first research question was reflected in themes related to drive for achievement and resilience, empathy and relational leadership, and emotional and relational challenges. The second research question was reflected in themes related to therapy and self-reflection, support systems, self-care, and boundary setting. Together, these themes illustrate the complex ways participants interpreted childhood adversity in relation to their emotional well-being, interpersonal relationships, leadership experiences, coping, and adaptation.

Perceived Effects of Unresolved Childhood Trauma on Leadership

Drive for Achievement and Resilience

Participants described a perceived connection between childhood adversity and a strong drive for achievement. Experiences of neglect, instability, or feeling undervalued were described as contributing to a desire to achieve, persist, or demonstrate self-worth. One participant shared,

> I didn't feel valued growing up, so I worked hard to prove that I mattered.

Another noted,

> I brought the pain with me and used it to push myself to accomplish more.

These accounts were interpreted as examples of adaptive striving and resilience rather than evidence that trauma itself produced positive outcomes. Participants' narratives suggest that perseverance and achievement may have developed through later coping, adaptation, and meaning-making in response to adversity.

Empathy and Relational Leadership

Empathy and relational leadership were prominent in participants' descriptions of their leadership experiences. Participants connected childhood adversity with heightened sensitivity to the emotions and needs of others and with a desire to create supportive environments. One mental health worker explained,

> Because I've experienced trauma, I can sit in the pain of others—I understand it.

Another participant stated,

> What I went through made me want to create a workplace where people feel seen and safe.

Participants described these perspectives as informing relational leadership practices centered on trust, psychological safety, attentiveness, and care. These interpretations reflect participants' meaning-making and perceived adaptations to adversity rather than a conclusion that trauma necessarily increases empathy or relational leadership capacity.

Emotional and Relational Challenges

Participants also described ongoing emotional and relational challenges that they associated with unresolved childhood trauma. Their accounts included difficulty with emotion regulation, conflict, boundary setting, overwork, perfectionism, fear of failure, mistrust, and reluctance to assert authority. One participant explained,

> We never discussed the experience of growing up with feelings, and I continue to have trouble when things get heated at work.

Another shared,

> I overwork because I always feel like I have to prove my worth.

Participants also described emotional overinvolvement; one stated,

> I absorb everyone's emotions around me, and there are times when it becomes overwhelming during stressful situations at work.

These accounts illustrate the complexity of participants' experiences and the coexistence of perceived adaptive responses and continuing challenges.

Coping Strategies and Adaptation

Therapy and Self-Reflection

Participants identified professional support and intentional self-reflection as important coping and adaptation strategies. One participant shared,

> I cannot separate my success from professional help; my seniors have been my driving forces during times of uncertainty.

Participants described therapy as helping them recognize patterns, understand emotional responses, and develop healthier ways of responding to stress. One participant explained,

> Therapy helped me understand why I react the way I do and how to manage it.

Self-reflection was also described as supporting greater intentionality in leadership and decision-making. As one participant stated,

> Looking back at my experiences helped me become more intentional in the way I lead and communicate with others.

Support Systems

Participants described trusted support networks as important resources for coping with the continuing emotional significance of childhood adversity. Mentors, peers, family members, and colleagues were described as sources of guidance, reassurance, perspective, and emotional support. One participant explained,

> The presence of the people I trust to talk to makes a huge difference—it keeps me grounded.

Another shared,

> My family is my number one source of support during professional hurdles.

Participants also described collaborative workplace relationships as sources of stability and support. One participant stated,

> Our collaborations in the professional realms are anchored on genuine concern for our diverse needs as employees guided by a shared vision.

Self-Care and Boundary Setting

Participants described self-care and boundary setting as strategies for supporting personal well-being while managing leadership responsibilities. Reported practices included physical exercise, mindfulness, deliberate boundary setting, and attention to mental health. One participant shared,

> I have learned to set boundaries to ensure that I do not burn out.

Another noted,

> I engage in two mindfulness sessions every week to reflect on my professional endeavors and how I can refine them.

Participants' accounts suggest that these practices helped them manage stress and maintain greater balance between professional responsibilities and personal well-being. These findings describe participants' experiences; they do not establish the effectiveness of any particular coping strategy.

Discussion

Participants described childhood trauma as one influence among several that they believed shaped aspects of their leadership development. These findings should not be interpreted as establishing a causal relationship. Leadership characteristics such as resilience, empathy, perseverance, adaptability, and relational attentiveness likely develop through interactions among multiple influences, including education, professional experience, mentoring, family support, personality, organizational context, and other life events. The findings therefore represent participants' interpretations of how childhood adversity figured into their leadership journeys rather than objective evidence that trauma was the sole or primary determinant of their leadership development (Creswell & Poth, 2018).

A strength of this study is its focus on the lived experiences of women leaders who self-identified as having unresolved childhood trauma, a perspective that remains comparatively underrepresented in trauma and leadership research. Participants' accounts revealed both continuing challenges and processes of adaptation. They described persistence, empathy, and motivation alongside uncertainty, fear of failure, mistrust, emotional strain, and difficulty with boundaries or decision-making. This combination underscores the need to avoid framing trauma as inherently beneficial or uniformly harmful. Instead, participants' narratives suggest that leadership-related strengths may emerge through coping, adaptation, support, reflection, and post-traumatic growth while the effects of adversity may remain emotionally significant. This interpretation is consistent with contemporary trauma scholarship showing that resilience and distress can coexist and that exposure to adversity does not necessarily translate into uniformly positive or negative developmental outcomes (Daníelsdóttir et al., 2022).

Participants' descriptions of achievement orientation, empathy, resilience, and relational leadership are more appropriately understood as adaptive responses and possible manifestations of post-traumatic growth rather than as benefits produced by trauma itself. Participants described making meaning of adversity in ways that supported perseverance, self-awareness, compassion, or a desire to create supportive environments. These interpretations are consistent with literature on

adaptation and post-traumatic growth and with leadership scholarship emphasizing self-awareness and relational processes (Koloroutis & Pole, 2021; Shen & Joseph, 2021). The findings do not suggest that trauma itself is beneficial. Rather, they indicate that participants perceived certain strengths as developing through the ways they responded to, processed, and made meaning of difficult experiences. Recent scholarship on post-traumatic growth likewise emphasizes that perceived growth should be interpreted cautiously as a process of adaptation and meaning-making rather than evidence that traumatic experiences are inherently beneficial (Jayawickreme & Infurna, 2021).

Participants also described continuing difficulties that they associated with unresolved trauma, including emotional dysregulation, mistrust, fear of failure, indecision, avoidance, and challenges with asserting authority or establishing boundaries. These descriptions are consistent with trauma literature suggesting that unresolved adverse experiences may be associated with difficulties in emotion regulation and self-confidence (Van der Kolk, 2015). Maladaptive coping processes, including avoidance or impulsive responses, may also interfere with self-regulation (Wypych & Potenza, 2021). Participants' accounts of mistrust and relational difficulty further suggest that early interpersonal experiences may remain salient in workplace relationships. These findings should be interpreted as perceived connections reported by participants rather than as evidence that childhood trauma directly caused particular leadership behaviors.

The findings are also compatible with Bronfenbrenner's bioecological perspective, which emphasizes interactions between individual development and environmental systems (Tudge et al., 2022). At the personal and interpersonal levels, participants described emotional processes, coping strategies, mentoring, therapy, and supportive relationships as relevant to how they understood their leadership experiences. At the organizational level, workplace expectations and available supports formed part of the context in which participants managed those experiences. The emphasis on reflection, interpersonal sensitivity, and supportive relationships also has conceptual overlap with leadership perspectives that emphasize self-awareness, individualized consideration, and relational engagement (Northouse, 2022; Shen & Joseph, 2021). These theoretical connections are interpretive rather than causal and should be examined further in future research.

The findings suggest several cautious implications for leadership practice. Organizations may consider trauma-informed principles when designing leadership development opportunities, particularly practices that support psychological safety, reflective leadership, healthy boundary setting, and access to appropriate mental health resources (Koloroutis & Pole, 2021; Cai et al., 2023). Mentoring opportunities may also provide supportive professional relationships for women leaders navigating complex personal and workplace experiences (Cook et al., 2021; Koloroutis & Pole, 2021). These implications should not be interpreted as evidence that any specific intervention will improve leadership outcomes. Because this phenomenological study explored lived experiences rather than testing programs or interventions, the effectiveness of trauma-informed leadership training, counseling access, mentoring, or other organizational supports requires direct evaluation in future research. Recent organizational scholarship supports cautious consideration of trauma-informed workplace principles, particularly approaches that emphasize psychological safety, trust, collaboration, empowerment, and supportive leadership (Greer, 2023; Papa & Robinson, 2023). Evidence from a large-scale trauma- and resilience-informed leadership training initiative also suggests that organizational leadership may play an important role in implementing trauma-responsive systems, although intervention effectiveness remains context-dependent and requires continued evaluation (Rodriguez et al., 2023).

This study contributes to the literature by offering a phenomenological perspective on how women leaders with unresolved childhood trauma understand the relationship between childhood adversity and leadership. Rather than treating trauma as either a source of strength or a source of impairment, participants' accounts reflected a more complex pattern of continuing challenges, adaptation, coping, and meaning-making. The findings extend discussion of leadership identity, emotional regulation, interpersonal dynamics, resilience, and post-traumatic growth by centering participants' lived experiences. They also suggest the value of further research examining trauma-informed organizational practices without assuming that such practices are effective before they have been empirically evaluated.

Throughout the study, the researchers maintained reflexive journals to document personal assumptions, emotional responses, methodological decisions, and evolving interpretations during data collection and analysis. One documented assumption was that women leaders who had experienced childhood trauma would primarily describe adverse consequences for leadership development. As data collection progressed, participants also described resilience, adaptation, empathy, self-awareness, and experiences they associated with post-traumatic growth. This prompted the researchers to revisit early interpretations, remain open to divergent accounts, and avoid treating either negative or adaptive experiences as predetermined outcomes. Reflexive journals also documented coding decisions, theme development, revisions to interpretations, and instances in which researchers' prior beliefs could have influenced analysis. These practices increased transparency and helped keep participants' lived experiences central to the phenomenological interpretation (Creswell & Poth, 2018).

Conclusion

This study examined how women leaders who self-identified as having unresolved childhood trauma understood the ways those experiences had affected their leadership and how they coped with and adapted to the long-term consequences of childhood adversity. Participants described perceived connections between childhood experiences and emotional regulation, trust, assertiveness, self-confidence, achievement, empathy, and relational leadership. They also described coping and adaptive processes that included therapy, mentoring, self-reflection, support networks, self-care, and boundary setting. These findings should not be interpreted as evidence that trauma directly caused particular leadership characteristics or that trauma itself produced positive outcomes. Instead, participants' accounts suggest that adaptation, resilience, meaning-making, and post-traumatic growth may coexist with continuing emotional and relational challenges. The study contributes to scholarship at the intersection of leadership, gender, and trauma by centering lived experience and highlighting the need for further research. Future studies could examine these relationships longitudinally, evaluate trauma-informed leadership programs directly, and explore how race, culture, socioeconomic status, industry, organizational context, and access to support shape women leaders' experiences.

Author Contributions

Ann Marie C. Davis: Methodology, investigation, data collection, interviews, and writing. Tara Zolnikov: Supervision, review and editing, and writing. Both authors reviewed and approved the final manuscript.

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Institutional Review Board Statement

The study was reviewed and approved by the Bay Path University Institutional Review Board (IRB No. 2024_Davis; approved September 17, 2024).

Informed Consent Statement

Informed consent was obtained from all participants prior to their participation in the study, including consent for the collection and use of interview data for research and publication purposes. IRB Consent Updated.docx

Data Availability Statement

The data supporting the findings of this study were generated through semi-structured interviews with study participants and are not publicly available due to confidentiality, privacy, and ethical considerations.

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Conflict of Interest

The authors declare that there are no conflicts of interest related to this research.

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Reference

Cai, J., Li, J., Liu, D., Gao, S., Zhao, Y., Zhang, J., & Liu, Q. (2023). Long-term effects of childhood trauma subtypes on adult brain function. *Brain and Behavior*, *13*(5). https://doi.org/10.1002/brb3.2981

Cameron, G., Farmer, C., Guala, T., Danby, M., Guadagno, B., Saligari, J., & Miller, P. (2026). Trauma-informed policing: a scoping review. *Psychology, Crime & Law*, 1-35. https://www.tandfonline.com/doi/pdf/10.1080/1068316X.2026.2640597

Cancel, A., Dallel, S., Zine, A., El-Hage, W., & Fakra, E. (2019). Understanding the link between childhood trauma and schizophrenia: A systematic review of neuroimaging studies. *Neuroscience & Biobehavioral Reviews*, *107*, 492–504. https://doi.org/10.1016/j.neubiorev.2019.05.024

Christou, P. A. (2022). How to use thematic analysis in qualitative research. *Journal of Qualitative Research in Tourism*, *3*(2), 79–95. https://doi.org/10.4337/jqrt.2023.0006

Cook, A., Sigler, C., Allen, L., Peters, J. A., Guthrie, C., Marroquin, M., … Philley, J. V. (2021). Burnout and Anxiety Among Trauma Nursing Specialties in a Rural Level I Trauma Center. *Journal of Trauma Nursing | JTN*, *28*(1), 26–36. https://doi.org/10.1097/JTN.0000000000000554

Copeland, W. E., Shanahan, L., Hinesley, J., Chan, R. F., Aberg, K. A., Fairbank, J. A., Costello, E. J. (2018). Association of Childhood Trauma Exposure with Adult Psychiatric Disorders and Functional Outcomes. *JAMA Network Open*, *1*(7), e184493. https://doi.org/10.1001/jamanetworkopen.2018.4493

Creswell, J. W., & Creswell, J. D. (2023). *Research design: Qualitative, quantitative, and mixed methods approach* (6th ed.). Sage Publications.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.

Daníelsdóttir, H. B., Aspelund, T., Thordardottir, E. B., Fall, K., Fang, F., Tómasson, G., Rúnarsdóttir, H., Yang, Q., Choi, K. W., Kennedy, B., Halldorsdottir, T., Lu, D., Song, H., Jakobsdóttir, J., Hauksdóttir, A., & Valdimarsdóttir, U. A. (2022). Adverse childhood experiences and resilience among adult women: A population-based study. eLife, 11, e71770. https://doi.org/10.7554/eLife.71770

Day, D. V., & Antonakis, J. (Eds.). (2012). *The nature of leadership* (2nd ed.). Sage Publications.

Edelman, P. J., & van Knippenberg, D. (2017). Training Leader Emotion Regulation and Leadership Effectiveness. *Journal of Business and Psychology*, *32*(6), 747–757. Retrieved from https://www.jstor.org/stable/48700722

Galsanjigmed, E., & Sekiguchi, T. (2023). Challenges Women Experience in Leadership Careers: An Integrative Review. *Merits*, *3*(2), 366–389. MDPI. https://doi.org/10.3390/merits3020021

Gill, S. L. (2020). Qualitative sampling methods. *Journal of Human Lactation*, *36*(4), 579–581. https://doi.org/10.1177/0890334420949218

Gloria, N. I., Zeaghe, K. Y., Tutu, N. O., Mbe, M., & Ermeco, S. A. (2022). The Nexus between Childhood Trauma and the Emergence of Leadership. *Open Journal of Leadership*, *11*(04), 335–355. https://doi.org/10.4236/ojl.2022.114018

Greer, J. A. (2023). Introducing trauma-informed care principles in the workplace. Discover Psychology, 3, Article 31. https://doi.org/10.1007/s44202-023-00094-2

Hennink, M., Hutter, I., & Bailey, A. (2020). *Qualitative research methods*. Sage.

Henriksen, M. G., Englander, M., & Nordgaard, J. (2022). Data collection methods in psychopathology: the role of semi-structured, phenomenological interviews. *Phenomenology and the Cognitive Sciences*, *21*(1), 9-30. https://doi.org/10.1007/s11097-021-09730-5

Heris, C. L., Kennedy, M., Graham, S., Bennetts, S. K., Atkinson, C., Mohamed, J., ... & Chamberlain, C. (2022). Key features of a trauma-informed public health emergency approach: A rapid review. *Frontiers in public health*, *10*, 1006513. https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2022.1006513/pdf

Hunter, A. C. (2016). A Phenomenological Investigation of Women's Experience of Recovering from Childhood Trauma and Subsequent Substance Abuse. *Indo-Pacific Journal of Phenomenology*, *16*(sup1), 1–21. https://doi.org/10.1080/20797222.2016.1164990

Jayawickreme, E., & Infurna, F. J. (2021). Post-traumatic growth as positive personality change: Challenges, opportunities, and recommendations. Journal of Personality, 89(1), 145–165. https://doi.org/10.1111/jopy.12591

Kamphuis, W., Delahaij, R., Duel, J., Geuze, E., & Vermetten, E. (2021). The relationship between resilience resources and long-term deployment-related PTSD symptoms: A longitudinal study in Dutch veterans. *Military Behavioral Health*, *9*(3), 267-274. https://doi.org/10.1080/21635781.2020.1864528

Koloroutis, M., & Pole, M. (2021). Trauma-informed leadership and post-traumatic growth. *Nursing Management*, *52*(12), 28–34. https://doi.org/10.1097/01.numa.0000800336.39811.a3

Laker, B. (2023). Regulating Emotions at Work: The Underlying Strength of Effective Leaders. Retrieved April 25, 2024, from the Forbes website: https://www.forbes.com/sites/benjaminlaker/2023/08/16/regulating-emotions-at-work-the-underlying-strength-of-effective-leaders/?sh=3771b74a75a0

Lee, H.-G., & Kim, J.-S. (2020). Influence of Secondary Trauma Stress and Vocation on Turnover Intention of Nurses in Regional Trauma Centers. *Journal of Korean Academy of Nursing Administration*, *26*(1), 65. https://doi.org/10.11111/jkana.2020.26.1.65

Livneh, H. (2022). Can the concepts of energy and psychological energy enrich our understanding of psychosocial adaptation to traumatic experiences, chronic illnesses, and disabilities? *Frontiers in Psychology*, *13*, 768664.

Magruder, K. M., McLaughlin, K. A., & Elmore Borbon, D. L. (2017a). Trauma is a public health issue. *European Journal of Psychotraumatology*, *8*(1), 1375338. https://doi.org/10.1080/20008198.2017.1375338

Magruder, K. M., McLaughlin, K. A., & Elmore Borbon, D. L. (2017b). Trauma is a public health issue. *European Journal of Psychotraumatology*, *8*(1), 1375338. https://doi.org/10.1080/20008198.2017.1375338

Mavin, S. (2022). Women leaders' work-caused trauma: vulnerability, reflexivity, and emotional challenges for the researcher. *Qualitative Research in Organizations and Management: An International Journal*, *17*(4), 442-458.

McKay, M. T., Cannon, M., Chambers, D., Conroy, R. M., Coughlan, H., Dodd, P., ... & Clarke, M. C. (2021). Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies. *Acta Psychiatrica Scandinavica*, *143*(3), 189–205. https://doi.org/10.1111/acps.13268

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Northouse, P. G. (2022). *Leadership: Theory and practice* (9th ed.). Sage Publications.

Papa, A., & Robinson, K. (2023). Leadership and trauma-informed care: Working to support staff and teams. Journal of Emergency Nursing, 49(2), 172–174. https://doi.org/10.1016/j.jen.2022.11.001

Peat, D., Perrmann-Graham, J., & Stone, C. B. (2026). Veterans and military-connected individuals in the civilian workforce: an integrative review and research agenda. *Organization Management Journal*, *23*(1), 69-96. https://www.emerald.com/omj/article-pdf/23/1/69/10833708/omj-10-2024-2323en.pdf

Reuveni, I., Lauria, M., Monk, C., & Werner, E. (2020). The impact of childhood trauma on psychological interventions for depression during pregnancy and postpartum: a systematic review. *Archives of Women's Mental Health*. https://doi.org/10.1007/s00737-020-01066-4

Rodriguez, A., Fei, Z., Barrera, W. A., Tsao, E. H., Waterman, J., Franke, T. M., Mogil, C. E., Bonilla, B., Cugley, G. M., Gillams, T., & Langley, A. (2023). Leveraging leadership in child welfare systems: Large-scale trauma- and resilience-informed training initiative. The Journal of Behavioral Health Services & Research, 50(1), 18–35. https://doi.org/10.1007/s11414-022-09815-2

Sharma, K. & Mehta, Dr. Pallavi. (2021). Leadership: Determinant of Women's Empowerment. https://www.researchgate.net/publication/351437013_Leadership_Determinant_of_Women_Empowerment

Shen, W., & Joseph, D. L. (2021). Gender and leadership: A criterion-focused review and research agenda. *Human Resource Management Review*, *31*(2), 100765. https://doi.org/10.1016/j.hrmr.2020.100765

Shin, S. H., Lee, S., Jeon, S.-M., & Wills, T. A. (2015). Childhood emotional abuse, negative emotion-driven impulsivity, and alcohol use in young adulthood. *Child Abuse & Neglect*, *50*, 94–103. https://doi.org/10.1016/j.chiabu.2015.02.010

Swedo, E. A. (2023). Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. MMWR. Morbidity and Mortality Weekly Report, 72(26). https://doi.org/10.15585/mmwr.mm7226a2

Tcholakian, L. A., Khapova, S. N., Van De Loo, E., & Lehman, R. (2019). Collective traumas and the development of leader values: A currently omitted, but increasingly urgent, research area. *Frontiers in Psychology*, *10*, 429390.

Tudge, J. R., Merçon-Vargas, E. A., Liang, Y., & Payir, A. (2022). The importance of Urie Bronfenbrenner's bioecological theory for early childhood education. In *Theories of Early Childhood Education* (pp. 50–61). Routledge.

Van Der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in healing trauma*. New York, New York: Penguin Books

Waugh, M., & Guhn, M. (2024). Bioecological theory of human development. In *Encyclopedia of Quality of Life and Well-Being Research* (pp. 462-465). Cham: Springer International Publishing.

Witherspoon, N. L. (2024). *Predictors of Trauma-Related Self-Blame in Male Survivors of Nonconsensual Sexual Event(s)*. Alliant International University. https://www.proquest.com/openview/e5d9dec49ac2ae608f1e31439e3257cd/1?pq-origsite=gscholar&cbl=18750&diss=y

Wypych, M & Potenza, M. N. (2021). Impaired Learning from Errors and Punishments and Maladaptive Avoidance—General Mechanisms Underlying Self-Regulation Disorders? https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2020.609874/full

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