RESILIENT YOUTHS' PERSPECTIVES ON THEIR CURRENT SUBJECTIVE WELL-BEING IN RETROSPECT TO EARLY CHILDHOOD ADVERSE EXPERIENCES

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DECLARATION OF ORIGINALITY

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, certify that

- I am the sole author of this thesis and that I have fully acknowledged and documented in my thesis all sources of ideas and words, including digital resources, which have been produced or published by another person or institution;
- this thesis contains no material that has been submitted or accepted for a degree or diploma in any other educational institution;
- this is a true copy of the thesis approved by my advisor and thesis committee at Boğaziçi University, including final revisions required by them.

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Date ……

ABSTRACT

Resilient Youths' Perspectives on Their Current Subjective Well-Being in Retrospect to Early Childhood Adverse Experiences

The primary aim of this interpretive phenomenological study was to gain an in-depth understanding of the lived experiences of university students who self-identified themselves as resilient and had been retrospectively exposed to adverse childhood experiences (ACEs) as well as their current subjective well-being (SWB). The secondary aim was to differentiate the protective factors among participants with higher SWB and lower SWB was the other objective. The study was conceptually guided by family resilience theories and ecological model perspectives. Eleven participants, chosen among 41 university students from a high-ranked state university in Turkey, participated in the study. The first phase of data collection involved identifying demographical variables and utilizing a subjective well-being scale to determine participants with higher and lower SWB. The second phase involved conducting individual semi-structured interviews with participants profiled according to their SWB in the first phase. Interpretative phenomenological analyses (IPA) were carried out along with researcher reflection notes. Findings revealed the complex nature of the participants' lived experiences of ACEs and their perceived effects on their current SWB. Participants had diverse perceptions of resilience, the majority of which were negative. All participants, including those with higher SWB, were currently experiencing psychological or physical challenges, unpleasant feelings, and negative carryovers, yet all demonstrated outstanding academic achievement. Lastly, supportive and caring people in early childhood emerged as a crucial protective factor that led to differences between participants with higher and

lower SWB. Findings offer significant implications for promoting SWB and fostering resilience among individuals with ACEs.

ÖZET

Dirençli Gençlerin Geriye Dönük Erken Çocukluk Dönemi Zorlayıcı Deneyimleri ve Mevcut Öznel İyi Oluşlarına İlişkin Perspektifleri

Bu yorumlayıcı fenomenolojik çalışmasının birincil amacı, kendilerini dayanıklı olarak tanımlayan ve geriye dönük olarak zorlayıcı çocukluk deneyimlerine (ZÇD) maruz kalan üniversite öğrencilerinin yaşadıkları deneyimleri ve mevcut öznel iyi oluşlarını (ÖİO) derinlemesine anlamaktır. İkincil amaç ise ÖİO'u daha yüksek ve düşük katılımcılar arasında koruyucu faktörlerin ayrıştırılmasıdır. Çalışmaya kavramsal olarak aile dayanıklılığı kuramları ve ekolojik model perspektifleri rehberlik etmiştir. Araştırmaya Türkiye'deki bir devlet üniversitesinden 41 üniversite öğrencisi arasından seçilen 11 kişi katılmıştır. Veri toplama sürecinin ilk aşaması, demografik değişkenleri tanımlamayı ve daha yüksek ve daha düşük ÖİO'a sahip katılımcıları belirlemek için öznel iyi oluş ölçeğini kullanmayı içermiştir. İkinci aşama, ilk aşamada ÖİO'larına göre belirlenmiş katılımcılarla bireysel yarı yapılandırılmış görüşmeler içermiştir. Yorumlayıcı fenomenolojik analizler (IPA), araştırmacı yansıtma notları ile birlikte gerçekleştirilmiştir. Bulgular, katılımcıların ZÇD'lerle ilgili yaşadıkları deneyimlerin karmaşık doğasını ve bunların mevcut ÖİO'ları üzerindeki algılanan etkilerini ortaya çıkarmıştır. Katılımcılar, çoğunluğu olumsuz olan çeşitli dayanıklılık algılarına sahipti. Daha yüksek ÖİO'a sahip olanlar da dahil olmak üzere tüm katılımcılar psikolojik veya fiziksel zorluklar, hoş olmayan duygular ve olumsuz aktarımlar yaşıyordu, ancak tümü olağanüstü akademik başarı göstermekteydi. Son olarak, erken çocukluk yıllarında destekleyici ve ilgili insanlara sahip olmanın daha yüksek ve daha düşük ÖİO'a sahip katılımcılar arasında farklılıklara yol açan çok önemli bir koruyucu faktör olduğu ortaya çıktı. Bulgular,

ÖIO'ui teşvik etmek ve ZÇD'leri olan bireyler arasında dayanıklılığı artırmak için önemli çıkarımlar sunmaktadır.

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Finally, I would like to thank all the participants who volunteered for this study by giving their precious time, energy, and effort. I am grateful to declare that I will honor you by carrying on a legacy you have sacrificed for. It is impressive how candidly and honestly you have shared some of your most intimate experiences while remaining committed to making a difference for those who go through similar experiences. Hence, this study is also dedicated to the exceptional participants and all the unnoticed survivors represented by their stories. Even though they were subjected to poverty, abuse, neglect, and parental absence, these students still continued their education, gave it their all, and went on to heal, love, and change the world.

I salute and support each and every person and child who has or is presently going through adversity. I give the highest praise to everyone who has bravely spoken up about their traumatic childhood experiences as well as to those who have remained silent. This study is for you.

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CHAPTER 1

INTRODUCTION

Life can only be understood backwards, but it must be lived forwards

-Søren Kierkegaard (1843)

1.1 Background: Personal motivations

Understanding children, especially my own childhood, was the driving force behind applying for a bachelor's and master's degree in early childhood education. All the courses I took during my higher education made me think about children at risk and providing them with equal chances by means of early intervention. I also work as a volunteer with families and their children who have an exceptionally low socio-economic status and live in abject poverty. There I launch yoga and meditation workshops for children, which have significantly impacted the elimination of sexist perceptions among children and have given them a retreat from their stressful and busy lives for a while. They all furnished me with the skills to alter my point of view and broaden my horizon about children.

Since I had the chance to see the capacity of children and the strength of their resilience, I perceived the importance of teachers, families, and equal schooling opportunities in children's lives to enhance their capacities. Thereby, I aspired to gain more profound knowledge of and experiences with children and conduct my thesis research to support them by contributing to the growing literature on children's resilience in pertinent areas. With the hope of enhancing the quality of children's lives, I began to study more about resilience, ACEs, and their well-being. I thought that it was not enough to deem some children as resilient and enforce the

responsibility of being resilient. I believe it is also others' responsibility to support children to be resilient and psychologically, socially, and emotionally well at the same time.

The rationale for this research stems from my personal and professional interest in resilience and ACEs. Throughout my undergraduate and master's degree, I have been impressed with how some children are able to recover and navigate their lives better with the help of promotive and protective factors. Then, I also started to think about their future well-being; some adult students, hence youths, shared that they are resilient but unhappy with their lives. This self-thinking and questioning process compelled me to study the concept of resilience deeper by investigating whether resilient youth's well-being is truly well and the extent to which their early childhood experiences retrospectively shape their current perceived well-being. To this end, I have decided to focus my thesis study on resilient university students' perspectives on their current subjective well-being in retrospect to their ACEs and the protective factors that possibly supported them to demonstrate resilience. Hence this particular scholarly interest emerged as I began to engage with these issues via my readings, observations, and life experience.

1.2 The research project

It has long been acknowledged that children's future lives and development depend greatly on their early childhood experiences. Numerous studies showed that early experiences matter (e.g., Ames, 1997), and children should be given critical opportunities to benefit from and promote their development (Bailey, 2002). The disruptive effects of toxic stress experienced in the early years of life are connected to subsequent deficits in learning, behavior, and physical and mental well-being

(Nelson III & Gabard-Durnam, 2020; Shonkoff et al., 2012). While children who grow up in a nurturing environment with adequate care develop well, others who have had negative experiences during childhood may have serious and enduring problems later in life (Ames, 1997; Felitti, 2019; Fromkin et al., 1974; Putnam, 2006). As in the famous case of Genie's abuse and neglect, children's earlier and longer maltreatment causes irreversible results in their lives (Fromkin et al.,1974).

Even though some researchers believe that early adverse experiences do not certainly predetermine children's future and young children are not inherently more vulnerable than older children, even to extremely severe challenges (Clarke & Clarke, 2000; Schaffer, 2000), others indicate that early experiences may have long-term effects on children's development if exposed to them during the critical period, which is early years of life spanning from birth to around eight years of age (Bowlby, 1952; Dennis, 1973; Putnam, 2006). For example, Romanian orphans showed more social and behavioral problems than typical and early adopted children; therefore, it was suggested that there could be greater problems if the adopted children were older and spent more time in institutions with severe living circumstances (Ames, 1997; Rutter, 1998; Warford, 2002). Early social deprivation causes children to develop long-lasting cognitive and behavioral deficiencies linked to abnormalities in a collection of limbic brain areas known to be activated by stress and progressively weakened by sustained stress (Chugani et al., 2001). Dipietro (2000) has documented the ramifications of early deprivation on the developing brain through the struggles of Romanian orphans raised in settings of extreme social deprivation. For these reasons, it is especially crucial to study the early years of life retrospectively to understand individuals' current subjective well-being better.

Family is the most proximal environment and one of the most profound systems a child has, and the effects of parents on children are undeniable. Caregiver and child belong to and need each other (Bowlby, 1952). Children and parents cannot be isolated from their intimate environment since these ecological systems have mutual and constant interaction and reciprocity (Bronfenbrenner, 1986). A warm, intimate, caring, stimulating, continuous, and secure relationship between caregivers and young children has paramount importance for their positive future development (Bowlby, 1952; Fromkin et al., 1974). The love a child needs can be readily provided in the family rather than outside (Bowlby, 1952). With family at the center of children's proximal environment, positive attitudes toward oneself and others are promoted, and the foundation for good psychological states by secure attachment. Such early acquisitions are experienced in interactions with sensitive and responsive parents and partners throughout life (Shaver et al., 2016). On the contrary, when a child is not raised in a nurturing environment with caring parents, they may accumulate toxic stress, which has been shown to damage their brain development, and the results may be irreversible and life-long (Yamaoka & Bard, 2019). Empirical studies have shown that ACEs can be transferred across generations (Cicchetti, 2013; WHO, 2022; Wolynn, 2019; Woods-Jaeger, 2018). For instance, according to Schiraldi (2021), toxic stress can pass through the generation if it is not solved. Also, children with ACEs are more likely to mistreat others, which can be derived from the multigenerational influence of ACEs (WHO, 2022); therefore, intervention programs should aim for three generations to break the cycle of disadvantages (Cheng et al., 2016). According to Bowlby (1952), children not raised in a "normal home life" become parents who may not necessarily provide the same for their children. Despite facing adversity, parents with more access to positive experiences and interactions as

children may be better able to use these resources to protect their children from ACEs (Narayan et al., 2021).

Catastrophes, political violence, pandemics, economic issues, and other challenges impact the development of children around the world, with potentially life-changing consequences for individuals, families, and the future of all communities (Masten, 2014a; Prince-Embury & Saklofske, 2014). However, it is known that ACEs that endanger development and well-being are commonly experienced by children throughout the world (Erdemir, 2022a). In the United States, at least a million children are victims of child abuse and neglect (Putnam, 2006), and it is believed that the present COVID-19 epidemic can potentially exacerbate ACEs (Bryant, Oo, & Damian, 2020). Similarly, in Turkey, the major problem of child maltreatment and neglect has become increasingly common over the years (Derebagçe & Özerk, 2021), which may pose critical risk factors that cause ACEs. When young people have adverse early life experiences, it is believed that they will have negative consequences. Yet some children who can be labeled resilient develop well despite the risk factors, which shows a counterintuitive pattern and the diversity of these results (Cicchetti, 2013; Masten et al., 1990; Joslyn, 2016).

Resilience has been studied in various areas such as ecology (Yuan et al., 2022), economy (Hu et al., 2022), physics (Paul et al., 2021), international trade (Mena et al., 2022), business (Contreras García et al., 2021) and so on. In addition to these study areas, the resilience concept has been studied for more than 50 years by developmental psychopathologists and in the area of social psychology (Goldstein & Brooks, 2013; Prince-Embury, 2014). However, over the past 20 years, scholarly interest has considerably increased since the rate of facing adversity has risen (Goldstein & Brooks, 2013). For the majority of researchers, resilience is defined as

a dynamic process, a capability for, or the result of successful adaptation in the face of adversity (Luthar et al., 2000; Masten et al., 1990; Ong et al., 2009). Throughout the resilience research history, it has been observed that the processes have four waves of research, with the researchers first focusing on the definition of the phenomena, second identifying specific processes that lead to resilience, third intervening to support resilience, and fourth multilevel dynamics and processes (Prince-Embury, 2014; Wright et al., 2013).

It is acknowledged that various sources of protective factors can empower children to develop resilience (Goldstein & Brooks, 2013) and increase well-being (Gentz et al., 2021). Even though there are numerous protective factors in a child's life, such as friends, schools, community, and their characteristics, having a quality and supportive relationship with the family at home environment emerges as one of the most effective protective factors that enhance their subjective well-being than material well-being, the severity of the violence, and individual child factors (Gentz et al., 2021). It is also found that positive parenting practices exert protective effects on children with ACEs (Yamaoka & Bard, 2019). When children do not spend their childhood with a caring family or even are exposed to maltreatment by them, this crucial protective factor can become inefficient. For this reason, the scope of this current research depends on the absence of parents, experiencing early adversities at home, and poverty, which may profoundly affect the child's resilience and future well-being.

Since the beginning of time, philosophers have placed a high value on the well-being of humanity; however, systematic study of well-being roots back 1950s and 1960s (Bornstein et al., 2003a). Subjective well-being is, however, a relatively new term that is generally defined as how people evaluate their lives from their

perspectives in terms of how they feel about it and how well they perform personally and socially (Diener et al., 2018; Moore & Keyes, 2003; Schwarz & Strack, 1991). Subjective well-being assesses the subjective quality of life (Schwarz & Strack, 1991). It is composed of three domains, including emotional, psychological, and social well-being (Keyes & Waterman, 2003). For instance, feeling satisfied and happy about life and having more positive feelings than negatives overall are the components of emotional well-being that contribute to subjective well-being (Moore & Keyes, 2003). Well-being has been studied for children and adolescents who experienced early adverse experiences, and it was found that poor well-being is associated with early adverse experiences (Leiva et al., 2022). However, little is known about resilient adults' current subjective well-being who have had ACEs retrospectively. Hereby, the main interest of this current study is to understand how those people evaluate their current lives in retrospect to early experiences, despite showing resilience now.

1.3 Theoretical background: Family resilience and ecological model

Enhancing the quality of children's immediate environment and supporting children's and their families' resilience by increasing protective factors and decreasing risk factors affect the future well-being of children exposed to ACEs. For this reason, the harmonization of family resilience theories (Masten & Monn, 2015; Walsh, 2016) and the ecological model (Bronfenbrenner, 1986) are grounded as theoretical perspectives in this research. The functioning of the family structure in the face of adversity is referred to as family resilience. The assessment and intervention concentrate on the family effect of stressful life issues as well as family processes that promote positive adjustment for the members of the family system

(Walsh, 2016). Family resilience as an integrative framework supports that enhancing parents' resilience is as critical as the children's resilience because supporting families' resilience improves children's development and well-being. (Masten & Monn, 2015). It is known from epigenetic processes that trauma can be transmitted through generations (Cicchetti, 2013; Wolynn, 2019). Hence, individual resilience will depend on other systems engaging with the individual, particularly systems that directly support that individual's resilience, such as a parent or extended family (Masten, 2018). For children exposed to ACEs, protective factors can help them develop resilience. That is why the aim should be to increase the protective factors while decreasing the risk factors for both parents and children (Guralnick, 2019).

Resilience is not a characteristic or personal trait; instead, it results from dynamic interactions between and within systems (Masten, 2018), and it may strengthen and enhance well-being in a secure, encouraging setting (Chandler et al., 2015). Therefore, no individual can be considered apart from the societal culture in which they live (Bronfenbrenner, 1986; Joslyn, 2016), and it is obvious that there is a mutual interaction between ecosystems. Therefore, from the reciprocity standpoint, both the child and the parents can impact each other (Bronfenbrenner, 1986; Sameroff, 2009). Children who face chronic adversity fare better or recover more successfully if they have a healthy relationship with a competent adult. Additionally, they are skilled learners and problem solvers, engage with others, and have areas of skillsets and perceived effectiveness recognized by themselves or society (Masten et al., 1990). Providing children with a supportive and loving environment can increase their resilience and protect them from future risk factors (Southwick & Charney, 2012). However, exposure to negative early experiences in the home environment

may increase vulnerability and significantly affect children's resilience and future well-being. In particular, children's resilience can be increased by preventing maltreatment from their parents and improving their parenting skills (Bolger & Patterson, 2003). Therefore, strengthening positive parenting and promoting family resilience is critical for the future well-being of young children. In this regard, synergizing the premises of the ecological model and family resilience theories can result in a strong strengths-based approach that underpins the various reasons for demonstrating resilience later in life.

Resilience is linked to the possibility of overcoming adversity or societal inequalities and increasing well-being. Therefore, it is valuable to critically explore the concept by considering youth students' retrospective experiences who are exposed to negative childhood experiences and perceive themselves as resilient adults. In the fabric of resilience research, most researchers do not focus on the possible problems that resilient people may have been experiencing, and they regard resilience as only a positive construct. On the other hand, this study strives to understand resilient adults' subjective well-being in reference to and conjunction with their early adverse experiences, as very little is known about resilient individuals' possible well-being problems. Hence, the study investigates not only the positive aspects but also the negative aspects of resilience by corresponding to all outliers.

Herewith, this phenomenological study focuses particularly on how university students who regard themselves as resilient consider their retrospective ACEs that they have been exposed to during or in some of their early childhood years and how their current subjective well-being is. In addition, it is critical to comprehend the primary resources (promoting and protective factors) of those

university students with ACEs that helped them become successful and resilient adults. From a related perspective, it should also be critically investigated whether resilience always leads to decent subjective well-being since not all resilient people may psychologically feel well enough.

In this regard, the current study aims to understand the experiences of university students who self-declare to demonstrate resilience and have been retrospectively exposed to ACEs such as poverty, parental absence, and maltreatment in the home, as well as their current subjective well-being (SWB). Another aim of the study is to differentiate the protective factors for those with higher SWB and lower SWB. This study is significant for four reasons: (1) It may help close the gap in resilience and SBW literature by studying both concepts in tandem with each other (2) It critically investigates the resilience concept by focusing on both strengths and weaknesses associated with this concept. (3) The findings of this study may add support to theoretical conceptualizations of resilience by identifying pathways through which resilience resources at individual and family levels work together to positively impact university students' subjective well-being. (4) This study may provide preliminary evidence that youth resilience intervention programs may be designed by strengthening the quality of protective variables needed to enhance their subjective well-being more effectively. To this end, the study aims to address the following research questions:

i. What types of adverse ACEs were university students with high and low SWB exposed to in their early years of life?
ii. How do university students with high and low SWB and who perceive themselves as resilient make sense of or interpret their resilience in relation to their ACEs?

iii. How do university students with high and low SWB who were exposed to ACEs at home in early years of life and perceive themselves as resilient describe their current subjective well-being (SWB)?

Sub-questions:

How do they describe their life quality in terms of health, happiness, and prosperity?

How satisfied are they with their current lives?

Currently, if any, what kind of problems do they have, in what domains of life do they encounter, and to whom do they associate such problems?

iv. What were/are the protective (and/or promotive) factors that help(ed) them overcome adversities and demonstrate resilience despite their ACEs?

Following the current introductory chapter is a literature review that addresses profound issues germane to (a) ACEs and risk factors that were focused on in the study; (b) current understandings concerning the concept of resilience and its criticism; (c) promoting and protective factors; and (d) subjective well-being. The literature review will be concluded with the significance, aim, and recap of the questions of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Adverse childhood experiences (ACEs)

The ground-breaking research study on ACEs was conducted more than two decades ago, and since then, interest in these early experiences has increased even more. Adverse childhood experiences are described as potentially traumatic incidents that happen to children between 0 to 17 years of age, such as suffering violence, abuse, neglect, or witnessing or exposure to violence in the home or community (Felitti et al., 1998). This study identified seven categories of ACEs: "Psychological, physical, or sexual abuse; violence against the mother; living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned." (p. 245). The ACE study documented that the number of risk factors to which children were exposed was positively correlated with the likelihood of future diseases that may even cause death. Compared to people with no childhood ACE exposure, those with four or more exposure categories had more health risks. For instance, those children are four to twelve times more likely to experience health risks in adulthood, such as alcoholism, drug abuse, depression, and suicide attempt. Therefore, the ACE study showed that not the quality, but the quantity of risk factors is critical for the lifelong trajectories of children through adulthood (Felitti et al., 1998; Masten & Barnes, 2018).

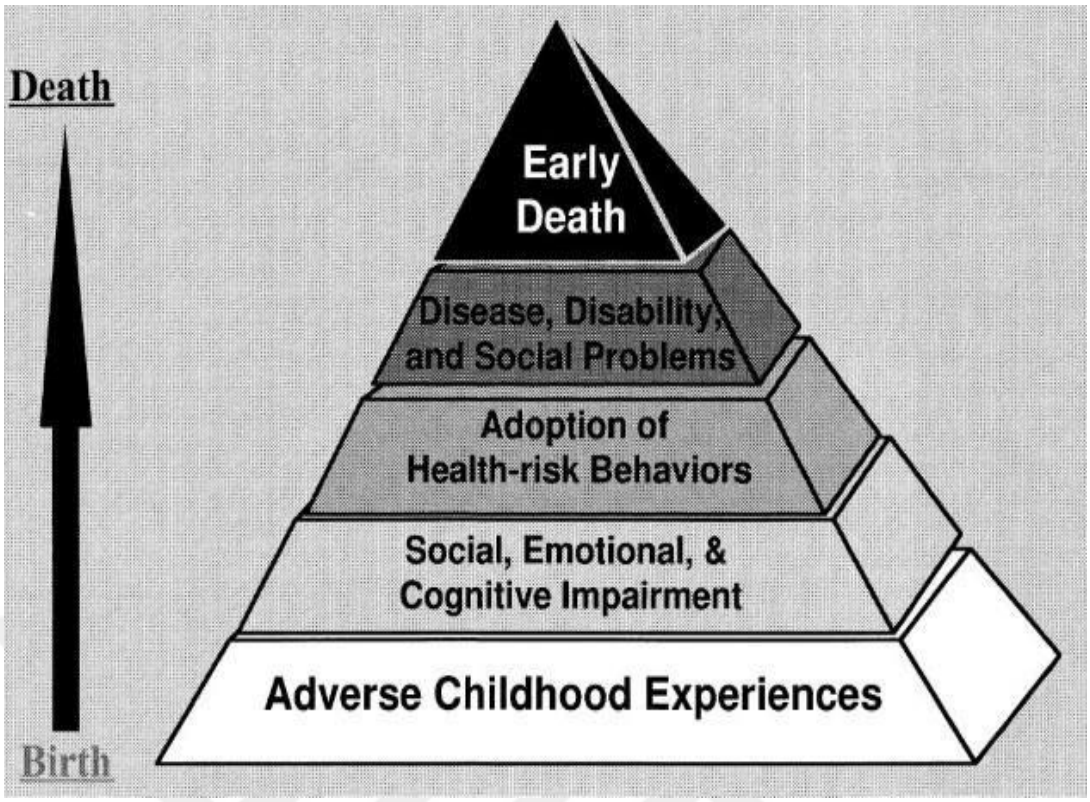

Fig. 1 Potential influences of ACEs'
Note: Potential influences throughout the lifespan of adverse childhood experiences. (Felitti et al., 1998, p. 256).

Focusing on negative early experiences is critical not only because of the chronic health problems (Felitti et al., 1998) but also due to adverse childhood and adolescent experiences that may put children at risk for neurodevelopmental, social, emotional, and cognitive functioning problems (Tanyu et al., 2020). There is a significant link between early adversity and psychological well-being (Chen & Chan, 2016), suicidality (Zhang et al., 2020), a decrease in self-control (Jones et al., 2022), and criminal behaviour (Jones & Pierce, 2021). Given such critical evidence-based findings, serious steps should be taken to both prevent and intervene in adverse experiences because, according to the Centers for Disease Control and Prevention (CDC, 2022b), 61% of people had at least one adverse experience, one in every six adults has experienced more than four or more ACEs. In addition, the public health problem brought on by cumulative adverse experiences costs hundreds of billions of

dollars annually, and its long-term effects include 1.9 million cases of heart disease and 21 million cases of depression that might have been avoided (CDC, 2022b).

Experiencing stress is an inevitable part of navigating life, and most people experience three types of stress in their lives: positive, tolerable, and toxic. While positive and tolerable stress helps individuals grow and develop by developing strategies to tackle challenges, toxic stress is severe and negatively affects people's lives (Center on the Developing Child at Harvard University, 2016; Schiraldi, 2021; Shonkoff & Bales, 2011). Developing healthy and secure relationships is challenging for children who experience toxic stress (CDC, 2019a). According to Schiraldi (2021), the toxic stress originating from ACEs, such as being abused, neglected, or experiencing household dysfunction, can negatively affect the brain, health, and well-being for the rest of our lives, even from one generation to the next if unresolved. Since reducing toxic stress in early life may lessen long-lasting health inequities linked to maltreatment, inequality, or poverty (Shonkoff et al., 2012), preventing or intervening in toxic stress is significant.

According to the Centers for Disease Control and Prevention (CDC, 2022a), poverty, low levels of parental education, low income, low parental supervision, violence in the family, poor parenting, mental health problems, and living in high-crime and -violent communities are some of the risk factors that make children susceptible to vulnerability. Also, risk factors are interrelated (OECD, n.d.) and never come alone. For instance, poverty may stem from low educational levels and employment inadequacies, and it may result in elevated stress and violence at home. Even though some studies have focused on only one kind of adversity, such as war (Thabet & Vostanis, 2000), intimate partner violence (Bedi & Goddard, 2007), or loss of parents (Savikko et al., 2006), others have focused on cumulative and/or co-

occurring risk factors (Bager et al., 2022; Cluver et al., 2015; Felitti, 1998; Marie-Mitchell & O'Connor, 2013). According to Masten and Barnes (2018), many studies on resilience include cumulative risk factors since childhood adversity may have a repeated nature, which results in combined exposures. On the other hand, some researchers have stated that individual and cumulative risk factors matter (Bagner & Graziano, 2013). It is impossible to eliminate all the risk factors surrounding a child's life. Nevertheless, it does not mean overlooking how risk factors could be decreased because preventing them is critical to developing and enhancing resilience capacity (Masten & Barnes, 2018). Hence, the main aim of relevant studies should be to increase protective factors while decreasing risk factors as much as possible.

Understanding the nature and magnitude of community-specific hazards is critical, as it allows us to effectively determine the measures necessary to minimize these risks and develop resilience. For instance, the risk factor for Caribbean countries can be climate-related, whereas it is refugee-related in Turkey (UNICEF, 2013). However, overall possible causes of adversity and/or trauma in children are poverty, caregiver neglect or unavailability, physical and psychological safety threats, and punitive, unfair, exclusionary school discipline practices (Chen & Chan, 2016; Tanyu et al., 2020). Although numerous individual, family, and community risk factors may affect children's future lives (CDC, 2022a), the current study will confine and consider risk factors as they pertain to three overall risk categories as exposure to (a) poverty, (b) parental absence, and (c) maltreatment in the home environment. The following part of the study will discuss and characterize ACEs as children experience pertinent risk factors in these three main categories.

2.1.1 Poverty

Child poverty has always been a major problem all around the world. Worldwide, an estimated one in every six children lived in extreme poverty before the COVID-19 outbreak, and poverty increased by 10% as expected because, during the pandemic, two-thirds of families with children faced financial damage (UNICEF, 2020; UNICEF, 2022). Child poverty is notably prevalent in Chile, Israel, Spain, Turkey, and the United States, where one out of every five children lives in poverty (OECD, 2018). According to a recent report, Turkey has the third highest child income poverty rate after South Africa and Costa Rica in the OECD countries (OECD, 2022). Since living in extreme poverty may lead to detrimental outcomes for children and hinder their development, Turkey should take urgent measures to protect children from poverty.

Poverty[1] is an umbrella term that results in cumulative risk factors. For instance, children who live in poor conditions are more likely to be victims of both family and peer violence (Gentz et al., 2021) since there is a significant relationship between poverty and child maltreatment (National Academies of Sciences, Engineering, & Medicine, 2019; Ustuner-Top & Cam, 2021). In addition, in their definitions of maltreatment, all US states use at least one aspect germane to poverty (Child Trends, 2022). Therefore, by enhancing the economic wealth of families, it is possible to prevent child maltreatment (CDC, 2019b). Moreover, some children live in poor neighbourhoods because of low-income familial status. It is indicated that living in under-resourced or racially segregated neighbourhoods, as an impact of multigenerational poverty, can cause limited educational and employment possibilities and may expose certain children to additional toxic stress (CDC, 2019a).

[1] In this thesis, poverty will be regarded as an umbrella term that can cause several risk factors.

Poverty can be a major cluster construct that exposes children to a series of risk factors, and it may lead to even worse results for children, especially during childhood (Thomson et al., 2022). Extreme poverty jeopardizes the chances of children reaching their full potential in physical and cognitive domains (UNICEF, 2020). There is considerable research indicating that children from lower-income families do worse than wealthier children in every domain, ranging from physical and mental health and education (Cooper & Steward, 2013; Duncan et al., 2010; Thomson et al., 2022) to risky behavior and criminality and labor market success (National Academies of Sciences, Engineering, & Medicine, 2019). The reason why poverty affects children's outcomes is that firstly very few resources can be allocated for children's healthy development, such as living in a safe, stable, and developmentally nurturing environment, reaching healthy food, quality education, and toys (CDC, 2019a; OECD, 2018; Thomson et al., 2022). According to Leventhal and Brooks-Gunn (2004), poor children are likelier to live in dangerous neighborhoods associated with high crime, drug use, and criminal activity. Toxic stress that children have due to financial hardship and lack of resources can negatively impact their health status, academic performance, social-emotional functioning, long-term well-being, and ability to boost economically (Thomson et al., 2022). Not only children but also parents can have toxic stress due to financial distress (CDC, 2019a; OECD, 2018), which leads to adverse family relations and undermined parenting capacity (Conger et al., 1992; OECD, 2018).

Bouncing back and recovering after exposure to violence is a capability that some children demonstrate, and it is especially crucial for children who live in socioeconomically poor environments where resources can be scarce. (Gentz et al., 2021). Although there are significant average variations between children who were

raised in poverty and wealth in terms of health and achievement, some poor children do beat the odds and have prosperous and healthy lives (Abelev, 2009; Ratcliffe & Kalish, 2017), which the concept of resilience can account for. For instance, the study conducted with African-American children enrolled in Head Start early intervention programs showed that at-risk children from low-income families could demonstrate resilience. These children's developmental acquisitions showed that they exhibit adaptivity and flexibility and demonstrate above-average outcomes in language and cognitive domains (Mendez et al., 2002).

Poverty exerts unfavorable consequences on health and well-being (Leiva et al., 2022; Thomson et al., 2022). Most of the research supported that studies investigating the effect of family financial resources on developmental outcomes of children and adolescents should pay more attention to family processes (Brody et al., 1994; Conger et al., 1992) because economic difficulty might exacerbate not only children's but also parents' emotional well-being and psychological distress (National Academies of Sciences, Engineering, & Medicine, 2019). It is found that insufficient economic resources are associated with intimate partner conflict and increased depression and pessimism in both mothers and fathers. The development of youth's self-regulation is hampered by interruptions in parental co-caregiving. This interference has detrimental effects on young people's academic performance and socioemotional adjustment (Brody et al., 1994). Also, harsh, punitive, inconsistent, and distanced parenting has been related to parents' mental problems and conflict, all of which points to the possibility that a higher income and social capital might enhance children's well-being by minimizing family distress (National Academies of Sciences, Engineering, & Medicine, 2019).

It is necessary to decrease poverty for the sake of well-being among children, families, and society in general. According to the National Academies of Sciences, Engineering, and Medicine (2019), reducing poverty can improve children's development, both in terms of the products and services that parents can afford for their children and in terms of creating a more responsive, less stressful atmosphere in which more pleasant and stimulating parent-child interactions can occur. In addition to enhancing the well-being of children and families, reducing child poverty and fostering economic security and stability also has long-term net positive effects on society, including more taxation, lower healthcare expenses, and a decrease in crime (Thomson et al., 2022).

It is necessary to address ACEs' social and economic roots to achieve long-term and sustainable results (CDC, 2019a). The fundamental challenge is the enduring question of how to decrease poverty. To prevent early adversity, it is critical to have safe, secure, and caring relationships and surroundings (CDC, 2019b). Higher-income and social capital may improve children's growth and well-being by allowing impoverished parents to satisfy such fundamental necessities (National Academies of Sciences, Engineering, &Medicine, 2019). As an example, in the USA, a decline has been observed in child poverty from 1993 to 2019. In 1993, one in every four children lived below the poverty threshold, while it was one in every ten children in 2019. Some actors that played a role in this decrease include a decrease in unemployment rates, an increase in the minimum wage, and single mothers joining workforces (Thomson et al., 2022). However, some programs designed to decrease the economic hardship of families and children did not work in the long term. The results imply that although the Conditional Cash Transfer (CCT) program alleviated financial problems for the three years that monetary awards were

provided, it did not significantly affect long-term poverty (Miller et al., 2016; Riccio & Miller, 2016).

2.1.2 Parental absence

Bronfenbrenner's ecological systems theory (1986) indicated that the child's immediate environment and interaction with the larger context are critical for development. However, the "microsystem" that he suggests is the most significant level of the systems, which includes the immediate settings containing the family. Therefore, what happens in the family affects the child or vice versa. It has long been known that for children's psychological health, having a warm and continuous relationship with the mother and mother-substitute is crucial (Bowlby, 1952). In fact, the danger of repeated maltreatment and its effects can be minimized through constant support for children and families (WHO, 2022). Ustuner- Top, and Cam (2021) conducted research with Turkish university students, and found that parental separation or divorce, and weaker familial interactions were substantially related to childhood maltreatment. Also, positive parenting skills are influential in the development of children exposed to severe ACEs, as it is one of the most important protective factors for those children (Putnam, 2006; Yamaoka & Bard, 2019). It is of paramount importance for both securing children from early adversity and promoting their development to build resilience (Yamaoka & Bard, 2019). However, the presence of caring adults is a must for those children to serve as a protective factor (Mariscal, 2020). When children do not have one or both parents to care for them, it can be considered a risk factor that may cause ACEs.

Children with absent parents for various reasons may be more vulnerable and face greater life challenges (Chen & Chan, 2016). When a parent does not live with

their child in the same home (Gaydosh, 2015), it is a major risk factor for negative symptoms in later life, such as depression and anxiety (Himaz, 2009; Inoue et al., 2022; McKay et al., 2021; Tyrka et al., 2008). Due to inadequate care and nurturing, long-term parental absence is closely linked with lower child well-being (Amato & Anthony, 2014; Maier & Lachman, 2000). Research rarely suggests a counterintuitive pattern that there is no relationship between parental absence due to death or separation and future psychological problems such as depression or bipolar (Crook & Eliot, 1980; Furukawa et al., 1999). Pertinent literature suggests that the general reasons for parental absence are parental death, divorce, and parental migration (Gaydosh, 2015; Inoue et al., 2022). The current thesis study will regard parents' death and divorce as "parental absence" since they are the most common types in Turkey; however, parental absence due to other permanent or temporary reasons will be a part of this study.

Every child desires and deserves parents' affection, yet not all receive what they deserve. Aside from poverty, absent parents are one of the six major risk factors reported by social scientists (Hardy, 2006), and it was found to be one of the most common types of ACEs with 37.4% (Zhang et al., 2020). According to a study in China, when parental absence increases, the possibility of child victimization, such as maltreatment and exposure to violence, also increases (Chen & Chan, 2016). Stress can become toxic without sensitive and attentive caregivers (Kartika, 2017; Schiraldi, 2021) and can impair brain development, resulting in ongoing problems (Yamaoka & Bard, 2019). Romanian orphanages' study showed the importance of nurturing parents and how children's future lives were affected without it. Researchers proposed that chronic stress experienced by these children in Romanian orphanages during the early years resulted in altered development of brain limbic

structures, which resulted in behavioral disturbances in those orphans (Chugani et al., 2001).

There have been several research on parental absence and its effects on children's later life (Amato, 1991; Amato & Anthony, 2014; Chen & Chan, 2016; Inoue et al., 2022; Maier & Lachman, 2000; Marks et al., 2007; Steele et al., 2009). Even in Norway, which has low levels of income inequality, a support system for lone parents and a well-funded educational system was associated with negative outcomes for children with divorced parents (Steele et al., 2009). Parental separation may start a cycle of unfavorable occurrences, which makes its effects last over time, even though it does not always result in psychopathology (Maier & Lachman, 2000). Losing parents due to death or divorce can be a major source of toxic stress, as it makes children feel alone, need affection and love, and have financial scarcity (Kartika, 2017). They also experience depressive symptoms and anxiety (Amato, 1991; Chen & Chan, 2016; Inoue et al., 2022; Tyrka et al., 2008; Yu et al., 2022), have poorer well-being (Amato & Anthony, 2014; Himaz, 2009; Leopold & Lechner, 2015; Maier & Lachman, 2000; Marks et al., 2007), and higher delinquency rate (Demuth & Brown, 2004) in adulthood. Some of these studies suggest that both parental death and divorce are associated with poor outcomes for children in diverse areas (Amato & Anthony, 2014; Chen & Chan, 2016; Inoue et al., 2022), yet some of them concluded that the impacts of divorce are more significant than those of parental loss or separation on midlife health issues and psychological adjustment (Maier & Lachman, 2000; Steele et al., 2009).

2.1.2.1. Parental death

Children and parents inevitably have the closest relationship, and children find it difficult to accept the loss of their parents because, in the event of death, the child is ripped apart from their relationship with their parents. If both parents pass away, the children will no longer have their parents as a source of unconditional love (Kartika, 2017). Children who lose one or both of their parents before the age of eighteen may show negative outcomes such as a lower level of subjective well-being (Amato & Anthony, 2014; Marks et al., 2007), less life satisfaction (Leopold & Lechner, 2015), anxiety, or psychotic conditions (McKay et al., 2021), and worse physical health (Marks et al., 2007). Compared to losing a parent at an older, more usual age, losing a parent early in adult life was linked to greater declines in life satisfaction, which also means greater declines in subjective well-being, as life satisfaction pertains to subjective well-being (Leopold & Lechner, 2015). At the same time, some researchers could not find any statistically significant result between the loss of parents in childhood and life satisfaction, happiness, zest for life, depression, and loneliness (Savikko et al., 2006). Yet, parental loss is likely to be associated with other unobserved factors that affect children's well-being, making it difficult to pinpoint the effect of parental death on their well-being (Cas et al., 2014).

According to some researchers, gender shows differences in children's future outcomes; for instance, girls experience more subjective well-being problems than boys (Marks et al., 2007). Also, some studies indicated that the gender of a dead parent affects the results (Cas et al., 2014; Himaz, 2009). For example, the mother's death was negatively related to educational outcomes. In contrast, the father's death was related to a sense of optimism, hence subjective well-being. According to Himaz (2009), losing their mother affects children profoundly because of the change in their

caregivers. According to the research on HIV/AIDS mortality in Africa, a mother's passing generally has considerable detrimental impacts on a child's ability to learn. Still, a father's passing has less or no impact. Cas and colleagues (2014) found that contrary to African literature, the loss of a father has a considerable negative influence on the educational level of older boys. Still, the effect of a mother's death is less pronounced. However, older men, older females, and probably younger females are the groups most significantly and severely impacted by the passing of both parents.

2.1.2.2 Parental divorce

Parental divorce can badly influence children and their development, for some research, even more than parental death (Maier & Lachman, 2000; Steele et al., 2009). Divorce can negatively affect children's achievement and adjustment, causing their well-being to decline due to parental conflict or other disrupted family interactions that underlie and jeopardize marital satisfaction (Amato & Anthony, 2014). Divorce may make children feel lonely and isolated (Altundağ & Bulut, 2014) and experience depression, compared to children living with both biological parents (Chen & Chan, 2016). Teenagers living with a single parent are substantially more likely to commit crimes than those with two biologically married parents (Demuth & Brown, 2004). These can be only the prior negative effects of divorce, yet complex stepfamilies or not caring for the child may also negatively influence children after the divorce. Children whose parents experienced a divorce or separation were more likely to be cared for by their grandparents, with 71.4% (Chen & Chan, 2016). In a phenomenological study, it is stated that the participant had to live with the grandparents and never received attention from the father since he remarried after the

divorce (Kartika, 2017). On the contrary, neither stepmom nor dad nor divorce may necessarily be a negative factor for children if they are nurtured and cared for well enough and form a close and authoritative relationship with the child (see Coleman et al., 2000; Hetherington et al., 1998, for a review).

2.1.2.3 Parental absence and resilience

Even though children experience parental loss, separation, or divorce in their early childhood years, they can demonstrate resilience later in life. The Romanian orphanages are a great example of this resilience. The majority of the time, children were confined to cots; there were few, if any, toys or playthings; the caregivers spoke very little; there was no individualized care; the children were fed gruel through bottles with large teats that were frequently left propped up, and the physical environments were often variable but occasionally harsh. As a result, taking a bath frequently involved getting wet with cold water from a hose. (Rutter, 1998). However, when a nurturing caregiver (foster or adoptive) provided the proper care at an earlier age, these children showed better outcomes (Ames, 1997; Rutter, 1998).

According to Altundağ and Bulut (2014), while there was a positive association between resilience and life happiness, there was a significant negative relationship between adolescents with divorced parents' resilience and their level of loneliness. However, in Kartika's study (2017), the participant survived and became an independent adult even though he never saw affection after his parents divorced and was raised by his grandparents. With adequate emotional control, children who have experienced parental divorce and death may cope with the traumatizing circumstances, such as the participants in Kartika's (2017) study, who thrived in life and evolved into high achievers with positive social connections.

Furthermore, ACEs research and practice have recently transformed from examining how ACEs affect health issues in adulthood to emphasizing ways to prevent ACEs in young children. The keys to preventing child abuse and neglect include a stimulating early environment and a strong, caring bond with a primary caregiver. The children's capacity to regulate emotions, rein in urges, and form healthy relationships is shaped by the moment-to-moment interactions between the child and the primary caregiver (Putnam, 2006).

It is found that the early child-rearing experiences of parents that have been carried over into parenting skills may be related to children's risk for ACEs and capacity for resilience (CDC, 2019a, 2019b; Narayan et al., 2021). It is also known that supporting families in developing resilience is much better than supporting only children (Cheng et al., 2016; Joslyn, 2016) because parents can provide more protective factors to the child when supported. That is why it is important to involve caregivers to reduce risk factors. Some intervention programs can be used to increase the resilience of children after experiencing parental absence. The family bereavement program (FBP) is used to elevate children's resilience outcomes by promoting caregivers' parenting skills (Sandler et al., 2013). The resilience outcome that is the aim of this program is defined as: “Resilient outcomes are defined broadly to include lower levels of problems (e.g., mental health problems, substance abuse, and physical illness) and higher levels of life satisfaction and well-being (e.g., developmentally appropriate role performance in school, work, and relationships, positive subjective sense of well-being, efficacy, and self-worth).” (Sandler et al., 2013, p. 1). Some others focus on the three generations of the family as they believe providing opportunities for three-generation can break the cycle of disadvantages and increase the resilience of children. In the three-generation approach, there are three

focuses, namely assisting parents (G1), enhancing children's development (G2), and improving young people's capacity for parenting future children (G3) (Cheng et al., 2016).

2.1.3 Maltreatment in the home environment

Childhood maltreatment is a prevalent worldwide problem with life-long severe consequences that include five subtypes: sexual abuse, physical abuse, emotional abuse, emotional neglect, and physical neglect. It is typically characterized as chronic negative behavior resulting in physical, emotional, or sexual harm to a child or a child being neglected by their father, mother, or other relatives (Odacı & Çelik, 2020). They are also considered ACEs (Felitti et al., 1998). WHO (2006) defines and gives examples of multiple types of maltreatment. First of all, *physical abuse* can be defined as the use of physical force on a child that may harm a child's health, development, and dignity, such as beating, slapping, kicking, shaking, burning, poisoning, and so on. This kind of abuse is generally used for punishing or disciplining children by their parents, teachers, or someone else. *Sexual abuse* is described as involving a child in sexual conduct she/he is unaware of the circumstance, is unable to offer consent, and is not developmentally equipped for it. *Emotional abuse* is an inability of caregivers to provide a supportive and nurturing environment for a child, such as: "the restriction of movement; patterns of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other non-physical forms of rejection or hostile treatment." (WHO, 2006, p. 10). Lastly, *neglect* types can be defined as a pattern of failure on the part of a parent or other family member over time to provide for the child's growth and well-being in one or more of

the following areas, such as not supporting emotionally and physically (e.g., lack of nutrition, safe living environment, etc.) (WHO, 2006).

Child maltreatment has become more widely recognized over the last decade, yet it remains an unsolved issue since it is mainly concealed and underreported (United Nations Children's Fund, 2014; WHO, 2022). Although there has been an increase in interest in childhood maltreatment and its prevalence, the vast majority of publications in this discipline have come from academics in the United States. Few empirical findings have focused on the retrospective maltreatment of Turkish university students thus far. As Orhon and colleagues (2006) stated that childhood maltreatment is a relatively new concern in Turkish society, with little study on the subject. However, recently some researchers have focused on this issue (e.g., Koç et al., 2018; Odacı & Çelik, 2020; Ustuner-Top & Cam, 2021; WHO Regional Office for Europe, 2014).

Hundreds of millions of children are exposed to multiple forms of abuse and neglect from their proximal or distal environments. World Health Organization (WHO) (2022) indicates worrisome results regarding the prevalence of childhood maltreatment. They suggest that approximately three in every four children aged two to four years are subjected to physical or psychological violence from their parents or caregivers on a daily basis; one in every five women and one in every thirteen males report having been sexually abused as a child before eighteen; forced sexual intercourse has occurred in one hundred and twenty million girls and young women under the age of twenty. Physical abuse is reported as a common practice in most studies (e.g., MacMillan et al., 1997; Scher et al., 2004). Even though there are remarkable research articles mostly about sexual and physical abuse and neglect, yet very little is known about emotional maltreatment (Egeland, 2009; Festinger &

Baker, 2010; Scher et al., 2004; Uslu et al., 2010). However, emotional maltreatment can also have serious physical and psychological implications in the long run (Imbierowicz & Egle, 2003), such as externalizing and internalizing behavior problems (Odacı & Çelik, 2020). Detecting the prevalence of each maltreatment type can be considered vital since it can point to the necessity and importance of early intervention programs.

As it is known from various studies, childhood abuse and neglect frequently result in long-term mental and physical health effects for adult survivors (Felitti et al., 1998; Fromkin et al., 1974; Johnson et al., 2002; Romano et al., 2015; Rutter, 1998; WHO Regional Office for Europe, 2014), and the number of risk factors increases the likelihood of abuse and neglect (Chen & Chan, 2016; Felitti et al., 1998). For instance, Brown and colleagues (1998) presented that the prevalence of childhood maltreatment increased from 3% in the absence of risk variables to 24% in the presence of four or more risk factors. According to Ustuner-Top and Cam's study (2021), university students' exposure to childhood maltreatment is common in Turkey, and when the maltreatment rate increases, health-related quality of life significantly decreases in adulthood.

In addition, these adverse experiences can disrupt and harm children's brain development. Hodel (2018) presented a comprehensive review of the detrimental effects of early adversity, such as maltreatment, poverty, and premature birth, on human brain development, particularly prefrontal cortex development. According to this review, the human prefrontal cortex, formerly classified as "late-developing," is now a "rapidly maturing" part of the brain. As a result, it was emphasized that exposure to biological and environmental risk factors in this era of rapid frontal-lobe development causes deficiencies during the first year of life that may endure a

lifetime. Post-institutionalized (PI) children are subjected to brief early neglect before being adopted into well-off households. Because the neglectful environment is restricted to early infancy, research with PI children shows the long-term effects of early childhood adversity and the brain's ability to adjust to new, post-adoptive environment. As a result, it is crucial to emphasize when and how to target early interventions to lessen the detrimental effects of ACEs by leveraging the prefrontal cortex's heightened behavioral and neurological plasticity throughout infancy (Hodel, 2018).

Childhood maltreatment is one of the topics that should be paid special attention to since it endangers the rest of people's lives. There is research that reveals several facts about childhood maltreatment exposure and several unfavorable effects in later life (WHO, 2022) on Chinese university students (e.g., Fu et al., 2018) and Turkish university students (Odacı & Çelik; WHO Regional Office for Europe, 2014). As adults, maltreated children are more likely to develop behavioral, physical, and mental health issues such as depression, smoking, high-risk sexual behaviors, alcohol, and drug abuse, heart disease, cancer, suicide, and sexually transmitted diseases (Putnam, 2006; WHO, 2022). Unsurprisingly, children exposed to maltreatment and violence at home demonstrate lower subjective well-being (Festinger & Baker, 2010; Gentz et al., 2021), life satisfaction, and social support sensation (Festinger & Baker, 2010). Similarly, Romano and colleagues' study (2015) indicated that children with a history of maltreatment are more likely to have problems with their academic performance, such as special education referrals and poorer grades, as well as mental health problems, such as anxiety, low mood, aggressiveness, social skills deficiencies, and dysfunctional interpersonal relationships. They also found that mental health issues are negatively correlated

with academic success in children, while academic achievement deficiencies are associated with mental health issues. Correspondingly, Springer et al. (2007) researched middle-aged men and women and discovered that childhood physical abuse predicted poorer mental and physical health years later, such as depression, anxiety, aggression, physical symptoms, and medical diagnoses. Childhood maltreatment has also been found to increase the tendency for suicidal behavior (Johnson et al., 2002).

Childhood maltreatment and its negative outcomes are common among Turkish university students (Ustuner-Top & Cam, 2021; WHO Regional Office for Europe, 2014). Much research shows the overall percentage of childhood maltreatment according to the countries. The reported percentage of childhood maltreatment history among university students in Turkey is 49.7% overall, and partially, the physical abuse rate is 21.1%; sexual abuse is 7.9%; emotional abuse is 9.8%; emotional neglect is 8.8%; and physical neglect is 5.7% (WHO Regional Office for Europe, 2014). Ustuner-Top and Cam (2021) conducted research with Turkish university students, and they found that male gender, parental separation or divorce, weaker familial interactions, lower socioeconomic level, smoking, and alcohol intake were all substantially related to childhood maltreatment. The researchers also found a strong relationship between childhood maltreatment and health, including physical well-being, perceived self-esteem, anxiety, pain, and disability. In support of these findings, Odacı and Çelik (2020), in their study with Turkish university students, stated physical abuse as an indicator of aggression and negative risk-taking behavior in later life. To summarize, a large body of evidence demonstrates that childhood maltreatment is a prevalent phenomenon with various negative consequences among Turkish university students.

Nevertheless, adverse consequences of maltreatment on children's future lives can be prevented. Prevention of ACEs will eventually necessitate social measures that improve the quality of childhood family and home surroundings (Felitti et al., 1998; Putnam, 2006; WHO, 2022). Creating and maintaining secure, stable, caring relationships and settings for all children and families will help avoid maltreatment and support all children in attaining their health and life potential (CDC, 2019a, 2019b; Putnam, 2006). In addition to supporting parents and enhancing their parenting skills, it is critical to improve legislation against severe punishments (WHO, 2022). Prevention programs seem effective for abused and neglected children (Putnam, 2006); for instance, the Safe Environment for Every Kid (SEEK) model of improved child primary care assists in reducing child maltreatment in a population with relatively low and high risk (Dubowitz et al., 2009). Yet these kinds of programs need to be disseminated and integrated into human service programs by the policymakers (Putnam, 2006).

Some children who are deemed "resilient" may not necessarily demonstrate negative outcomes of maltreatment and have better subjective well-being via the possible help of protective factors in their lives. For instance, Romanian orphanages suffered from more severe physical and psychological deprivation than nearly any other sizable group of children who had previously been investigated; nonetheless, despite this extremely terrible beginning, the level of cognitive catch-up by the age of four was incredible (Ames, 1997; Rutter, 1998). Situated within this fabric of research, this thesis study aims to see whether those adults who demonstrate resilience despite maltreatment and other ACEs such as family absence and poverty become entirely satisfied with their lives and have high subjective well-being or not.

2.2 The concept of resilience

It is clearly pointed out that ACEs do have a negative influence on children's later life. What, therefore, enables children who had experienced early adversity such as poverty, parental absence, and maltreatment to cope with them and do well in life has been studied as the study of resilience (Fergusson & Horwood, 2003). Resilience is an ordinary and prevalent process for individuals. It typically results from the normal operations of human adaptational mechanisms; therefore, resilient people are not invulnerable or invincible as was once believed (Masten, 2001). Around the 1970s, resilience science arose in child study (Masten, 2001), and since then, it has been researched in many diverse contexts across the world, including war (Masten & Powell, 2003), living with mentally ill parents (Seifer, 2003), maltreatment in the home environment (Bolger & Patterson, 2003; Proctor et al., 2010), parental absence (Hetherington & Elmore, 2003; Inoue et al., 2022), poverty (Gentz et al., 2021; Mendez et al., 2002), natural catastrophes (Cas et al., 2014), and numerous other risk factors (Fergusson & Horwood, 2003).

Resilience is everywhere (Masten, 2014b). The study of resilience is expanding with increased questions about the effects of traumatic experiences in childhood on long-term development and well-being (Masten, 2014a; Masten & Barnes, 2018) because fostering resilience in the face of adversity is equivalent to supporting psychological development (Masten et al., 1990). Resilience rates decline as risk levels rise, but there are also some circumstances in which no child can survive or thrive. Early risk researchers, on the other hand, did not anticipate finding such a wide range of outcomes or positive outcomes among children exposed to ACEs (Masten, 2014b). Thus, many unfavorable presumptions and deficit-focused theories about children who grow up at risk for disadvantage and adversity have been

disproved by the research on resilience (Masten, 2001). Thanks to the numerous interconnected systems that co-evolved during humans' biological and cultural evolution, these people have a high ability to adapt to adversity (Masten & Barnes, 2018). Therefore, when decent and stable care and positive relationship with an adult are provided to children when children are good learners and problem-solvers when they are engaged with caregivers or peers, when they are in the fields of academics, athletics, the arts, or mechanics, when they have a skill set and perception of effectiveness that they value in themselves or society, children who are indeed exposed to prolonged adversity are reported to bounce back, do better, or recover more quickly (Masten et al., 1990).

Although resilience occurs and persists in childhood by recovering from adverse experiences (Masten, 2014b; Masten & Tellegen, 2012), during the transition to adulthood, there were cases where people showed signs of turning around and moving from the maladaptation category to resilience, and those people are called "late-bloomers" (Obradovic et al., 2006; Shiner & Masten, 2012). For instance, teenager Mike Maddaus appeared to be headed for a life of crime. He was frequently in trouble with police in his Minneapolis neighborhood, skipping school and repeatedly getting into trouble with his delinquent friends. His family story was a familiar tale of alcohol addiction, chaos, and abuse. However, this young man became a surgeon and professor at the University of Minnesota. Maddaus is a classic ‘late bloomer’ whose life took a dramatic turn for the better during the transition to adulthood (Masten, 2014b).

After this broad overview of the concept, the following part first reviews the meanings attributed to the resilience concept and its theories by focusing on the early childhood context while reviewing the criticism about resilience to underscore its

downside. Then, the traits of a person who demonstrated resilience and the type of resilience will be presented.

2.2.1 What is resilience?

Although there is no consensus or consistency in operationally defining *resilience,* it has been described by many researchers as a process, a capability for, or the result of successful adaptation in the face of adverse or challenging conditions (Luthar et al., 2000; Gentz et al., 2021; Masten, 2001; Masten & Barnes, 2018; Masten et al., 1990; Masten & Powell, 2003; Ong et al., 2009). Resilience refers to (1) emotional and developmental outcomes that are better than expected (Daniel, 2010; Joslyn, 2016; Masten et al., 1990), (2) constructive adaptability to a high level of stress or violence (Joslyn, 2016; Masten et al., 1990), (3) and recovering from trauma (Hardy, 2015; Joslyn, 2016; Masten et al., 1990). These qualities belong to resilience, rather than invulnerability (Luthar et al., 2000; Masten, 2001; Masten et al., 1990). For Keyes (2004), "resilience is a risk factor that has been averted or unrealized" (p. 224). There is only one thing that has not changed after nearly 70 years of extensive research: Resilience skills are critical for both children and adults, according to Joslyn (2016), because, despite ACEs, children can be the agents of their own lives rather than victims with the help of resilience.

According to individual case studies, preventative and intervention research, and relevant sources, resilience can be promoted by lowering the risk of exposure, enhancing resources and assets, and supporting powerful protective mechanisms (Masten, 2014b). Some researchers have defined resilience based on observable criteria such as school achievement or the absence of delinquency (Demuth & Brown, 2004; Mendez et al., 2002), while others have focused on internal criteria

such as psychological well-being or low levels of distress (Inoue et al., 2022; Reivich et al., 2013). However, the last group of researchers has focused on both (Amato & Anthony, 2014; Fergusson & Horwood, 2003; Luthar et al., 2000; Masten et al., 1990; Masten, 2001).

In this thesis study, resilience is perceived based on both internal and external criteria, which corresponds to the "ideal" development. In this regard, the operational definition of resilience that the current study adopts refers to the successful adaptation of university students to academic and social life in youthhood despite their exposure to ACEs such as poverty, parental absence, or maltreatment during the first eight years of their lives. Along the same vein, the concept of resilience in this study refers to high perceived subjective well-being despite exposure to adverse experiences. Therefore, higher academic achievement does not necessarily correspond to these students' resilience; rather, they need to demonstrate higher SWB and positive adaptation to social life.

2.2.2 Criticism of resilience

Resilience has few critical viewpoints. It is believed that resilience has long been romanticized, and its impacts on good development are quite constant (i.e., Luthar et al., 2000); nonetheless, it is not necessarily a positive concept. Mahdiani and Ungar (2021) claim to be the first researchers to investigate the negative aspects of resilience while considering an individual's psychological state and social and physical surroundings. They underline the difficulties of who defines the state of adversity and which results are considered beneficial. According to them, extremely high resilience manifested as high hope or self-improvement can have negative consequences in some contexts; resilience may be misapplied as a justification to

overlook disparities and inequality, to accept the delay of demands for change, or to assign responsibility for changing one's life to those who lack power; finally, "resilience" is misapplied in some situations where it would be more accurate to characterize the situation as "vulnerable."

For Wischmann (2021), the concept of resilience ignores unequal social circumstances, power relations, and discrimination mechanisms and/or views these as unchangeable. In this concept, the objective is for the individuals to be protected from harm and be able to defend themselves; that is why socially driven problems are individualized. The CDC (2022b) suggests refocusing attention from individual accountability to collective action in light of the widespread effects of ACEs. However, social problems, prevention, readiness, or resilience are highly cynical in some cases. For instance, the OECD (n.d.) suggests that empowering societies to manage risks and shocks will guarantee that crises do not undermine or destroy our development investments. Nevertheless, UNICEF (n.d.) defines resilience in a non-individualized way: "The ability of children, households, communities, and systems to anticipate, prevent, withstand, manage and overcome cumulative stresses and shocks in ways which advance the rights of every child, with special attention to the most vulnerable and disadvantaged children" (p. 3).

Childhood resilience indicates that a bright future is within reach, and there is no one-size-fits-all approach to building resilience (Joslyn, 2016). However, other scientists argue that resilience is of uncertain scientific value because it indicates ontogenetic instability (Kaplan, 2013). Therefore, it may not be permanent or generalizable over time (Masten & Powell, 2003). For instance, whereas some at-risk children thrive at one point in their lives, many others vacillate and considerably reduce their adaptability. Several scholars assert that patients at high risk

infrequently maintain consistent positive adjustment over time, as Luthar et al. (2000) emphasized. Nevertheless, others assert that the results of studies that have tracked the outcomes of children over time often show that a sizable number of maltreated youngsters eventually show resilience (Proctor et al., 2010). Despite occasional variations over time, there is increasing evidence that at-risk children who thrive in important areas have overall favorable adaptational patterns that continue over time.

One of the most intriguing topics is whether children experience psychological distress as a cost of developing resilience in the face of adversity (Masten & Coatshworth, 1998). Even though some researchers state that resilient people are happier, healthier, and more successful (Frey & Stutzer, 2002, as cited in Joslyn, 2016), others propose that they have much higher levels of depression and anxiety than competent youngsters from low-stress environments. For them, resilient children have high academic and social competence but also high internal stress (Luthar, 1991; Luthar et al., 1993). According to Luthar et al. (1993), children labelled as "resilient" can do better in some of the domains of competence, but they also show difficulties in other areas, such as high academic success and high levels of emotional distress. Others, however, among groups of resilient youths, did not identify any indication of discomfort. For example, in terms of parenting, psychological well-being, and IQ, resilient youths and their low-adversity skilled friends have a lot in common, and they stand out from their maladaptive counterparts who face great difficulties and have minimal resources and a high level of negative mood (Masten et al., 1999). Similarly, a study conducted with nursing students found that greater resilience was linked to lower academic stress and fewer psychological problems (Mcdermott et al., 2020). Therefore, it is a critical aim for this study to

comprehend academically resilient university students' subjective well-being situations.

2.2.3 Who is resilient?

When young people experience negative early life experiences, they are assumed to exhibit negative outcomes; yet some children who can be called resilient may not be fragile (Joslyn, 2016). The term "resilient children" does not relate to a specific personal trait, such as intellect or empathy; instead, it refers to the process of coexistence of two requirements of resilience: the presence of risk or adversity to the child's well-being and evidence of good adaptation in this child, notwithstanding the adversity; otherwise, it would just be an example of success (Luthar et al., 2000; Masten & Coatsworth, 1998; Masten & Powell, 2003; Masten & Tellegen, 2012). For Masten and Powell (2003), it is more appropriate to use "this person has a resilient pattern" or "this person shows the features of resilience" rather than using the term "resilient" as a categorical adjective since it may refer to the mobilization of multiple characteristics of a person too (p. 4).

Moreover, it should not be forgotten that demonstrating the features of resilience as children does not mean that they do not encounter distressing experiences; rather, it means coping well with them. It is also possible that some children be resilient in an area such as academic life but not resilient in a social area (Kaufman et al., 1994; Luthar et al., 2000). The presence of resilience can be deduced from its effects on adaptive behavior or outcomes (Masten & Barnes, 2018). Baldwin and colleagues indicated that proximal risk factors are different from distal risk factors. The latter is not experienced directly by a child, such as poverty, while the child can experience the former directly, such as violence against children,

insufficient nutrition, or family violence (Baldwin et al., 1990, as cited in Masten et al., 1990). Therefore, when a child is at risk because of a distal factor such as poverty, the effects of which can be buffered by supportive parenting skills, it would be more proper to label the family as resilient rather than a child.

In a living, evolving creature, resilience is complex and constantly changing since the individual and context are changing due to many interactions between individuals and their environments, as well as continuous interactions inside a living being (Masten & Barnes, 2018). In a study of preschool children enrolled in the Head Start program that investigated relations between children's personal attributes and peers' play competence, the strongest evidence of social competence with peers came from a small sample of resilient youngsters whose profiles were marked by highly adaptive temperament, capacity for approaching novel settings, and above-average language development. They indicated that those children might stay resilient even though they continue to be exposed to adversity (Mendez et al., 2002). However, there are also some studies that suggest that these resilient children may not show resilience for their entire lives. Nearly half of the 676 maltreated children in the sample were described as resilient as adolescents due to their competence in areas of education, psychological functioning, and substance abuse, but only 22% of them were in this category as adults in the same areas and other domains such as employment, homelessness, and social functioning (see for a review, Yule et al., 2019).

Joslyn (2016) compares and categorizes the resilient and those who are not resilient into four domains. These domains obviously include some personal characteristics, which conflict with the overall consensus that resilience is a process or pattern, not an inherent personal/biological characteristic: (1) Resilient people

focus on what they have achieved, while non-resilient see themselves as non-achievers. (2) Resilient individuals understand their weaknesses and strengths and try to promote the areas they are successful, whereas non-resilient believe they are not good at anything. (3) Resilient people have a strong sense of belonging, while those who are not resilient feel disconnected from family/community. (4) Resilient individuals feel a sense of autonomy, have positive expectations of life and the future, and have self-esteem, whereas non-resilient feel hopeless about the future and have low self-esteem.

Masten and Coatshworth (1998) highlighted traits that are only known to be linked to resilience but not necessarily causative factors. They mention about characteristics of resilient children and teenagers at three levels. (1) The individual level involves good intellectual functioning; appealing, sociable, easygoing disposition; self-efficacy, self-confidence, high self-esteem; talents; and faith. (2) Family level involves a close and secure relationship between nurturing parent figure, authoritative parenting; socioeconomic advantages; and connections to extended supportive family networks. (3) Extrafamilial level involves ties to prosocial people outside the family, connections to prosocial organizations, and attending top-notch educational institutions. The concept of resilience is inferential and contextual, requiring two different types of judgments. The first judgment requires that there must be present or historical risks that are evaluated to have the capacity to undermine normative development. The second judgment that goes into concluding resilience is the criteria by which the effectiveness of an adaptation or developmental result is judged as "good" or "OK." (Masten & Coatshworth, 1998).

To summarize, children who were thriving despite their risk factors were identified as "resilient" or "stress-resistant" (Masten et al., 1990). Adaptive capacity

is clearly influenced by individual differences in personality or cognitive abilities, but resilience is not regarded as an inherent personal trait (Masten & Barnes, 2018). As Masten (2001) puts it in its context, “resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and their communities” (p. 235). Relatedly, in this thesis study, the term "resilient" does not correspond to a particular character attribute, such as intelligence or empathy; rather, it refers to the presence of a risk to a specific child's well-being and evidence of good adaptation in this child, despite the adversity, as suggested by Luthar et al. (2000).

2.2.4 Types of resilience

According to Luthar et al. (2000), some researchers question the veridicality of resilience. However, resilience is multidimensional and may not endure over time, meaning some high-risk children can be competent in some areas but experience problems in others. Therefore, resilience in one domain, such as academic achievement, does not guarantee resilience in another one, such as social interactions (Ciccihetti, 2013; Luthar et al., 2000). For example, Kaufman et al. (1994) discovered that 64% of children with a history of abuse were academically resilient, but only 21% demonstrated resilience in social competence. Luthar et al. (2000) acknowledged similar variations across different life domains. Hence, resilient children should not be expected to be good at and do well in every area; that is not even expected from “typically” developed children. Therefore, it is crucial to specify the success and thriving in particular areas. As guided by such understanding, the following part briefly presents resilience areas where differences are observed.

Educational or academic resilience is one of the most studied areas in resilience studies. Such areas are defined as the increased possibility of success in school and other life endeavors in the face of adversity (Wang et al., 1994). Students demonstrated higher levels of academic resilience tended to have high academic satisfaction; over time, those satisfied students performed better (Meneghel et al., 2019). Masten (2014b) identifies the anticipated success differences in studies on the academic resilience of children from homeless or highly mobile households. Poor children consistently do significantly lower in reading and mathematics compared to children with more advantages. However, remarkable variations in performance across time also occur. Studies showed that greater levels of perceived social support increased hope in those with ACEs and that greater levels of hope were positively connected with academic resilience (Gottron, 2020). Academically resilient children can rise above their adverse backgrounds and achieve strong academic outcomes (Agasisti et al., 2021).

Emotional resilience is defined as the capacity to adjust to challenging conditions and deal with hardships in life (Warwick, 2022). It is closely related to the mental health of prospective university students (Moroz et al., 2021). Students with ACEs are likely to report depression, indicating low-level emotional resilience (Denny et al., 2004). However, friends, family, and other adult support and positive peer relationships help enhance the emotional resilience of people with adverse backgrounds (Jain et al., 2012). Due to the heavy academic requirements that contemporary students of higher education institutions must endure during their university studies, the issue of their emotional resilience is severe (Moroz et al., 2021). That is why in this thesis study, the focus will primarily be on university students.

On the other hand, behavioral resilience focuses on whether children exhibit internalizing and externalizing problem behaviors such as aggression or feeling anxious (Bell et al., 2015). According to research, some children show behavioral resilience even though they have been exposed to some adversities (Fogarty et al., 2020), and they exhibit fairly high, moderate, low, or nonexistent levels of behaviors, and these rates are mostly steady throughout time (Bell et al., 2015; Proctor et al., 2010). On the contrary, some studies suggested that these children with ACEs often display a variety of behavioral issues. For instance, children in foster care are more susceptible to delinquent acts later in life, which suggests that foster care may not necessarily play a protective factor role (Doyle, 2013).

Developmental scientists suggest that what enables resilience in an individual are indeed protective factors. Regardless of whether it exists at the individual, familial, or societal levels o, a protective factor moderates the typical statistical relationship between a risk factor and an unfavorable outcome (Keyes, 2004). Hence, it is critical to learn more about protective factors to understand youths' resilience and well-being processes.

2.3 Promotive and protective factors

ACEs research and practice have recently transformed from examining how ACEs affect health issues in adulthood to emphasizing ways to prevent ACEs in young children. The keys to preventing child abuse and neglect include a stimulating early environment and a strong, caring bond with a primary caregiver. The children's capacity to regulate emotions, rein in urges, and form healthy relationships is shaped by the moment-to-moment interactions between the child and the primary caregiver (Putnam, 2006). Children that show resilience do not have any special abilities or

unusual traits; instead, they have managed to hold onto or secure crucial resources that serve as the foundational protective systems in human development (Masten & Coatshworth, 1998). Recovering after experiencing violence is a skill that some children can exhibit, especially those who experience poverty, where resources could be scarce, and it is crucial to understand this process (Gentz et al., 2021). Besides, to shape preventative and public health policies and guide the following generation of resilience research, it would be beneficial to identify which protective factors have the strongest empirical evidence for promoting resilience (Yule et al., 2019). Research on attempts to minimize risk, increase resources, and enable protective mechanisms is reassuring since it shows that children can thrive and do better despite adversity (Masten & Coatsworth, 1998).

Protective factors mitigate the impacts of personal vulnerabilities or environmental risks. As a result, the adaptation trajectory is more favorable than it would be if the protective factors were not in action. Nonetheless, protective factors may not always translate into resilience. For example, parental adaptation attempts may not be sufficient if a child is too vulnerable or the degree of the trauma is too severe to overcome (Masten et al., 1990). Long-term impacts of childhood trauma are nearly invariably linked to either significant interference with the caregiving system's built-in protective mechanisms or biological damage (Masten et al., 1990). The most severe dangers to human development are those that undermine the protective mechanisms (Masten, 2001; Masten, 2014b). Without protective factors and resilience, ACEs are consistently associated with lower health outcomes (Bethell et al., 2017).

It is acknowledged that various sources of protective factors can empower children to develop resilience and demonstrate a high psychological well-being level

(Goldstein & Brooks, 2013). Living in a safe area, attending a secure school, and parental monitoring of friends and activities are just a few examples of the many factors that partially moderate the link between ACEs and well-being (Moore & Ramirez, 2016). According to Abelev (2009), each of the children who demonstrate resilience in adulthood benefited from significant material resources; otherwise, it was possible that their paths might have been different, and they would have been less resilient. However, the results show that resilience extends beyond the protective factors currently highlighted in the literature, noting that all participants also profited from access to the middle-class lifestyle, without which they would not have demonstrated the same level of resilience. In addition, resilience research informs that children have various vulnerabilities and protective factors at different ages and stages of development (Masten et al., 1990). In a similar vein, it was discovered that adolescents reporting various forms of well-being and psychiatric disorders exhibited a variety of protective factors (Grych et al., 2020).

Protective factors reduce the likelihood of experiencing mental health problems, whereas promotive factors actively improve psychological well-being (Patel & Goodman, 2007). Furthermore, promotive variables act as the main effects from a statistical perspective for both high and low-risk populations, while protective factors have moderating effects on risk or adversity. Compared to families from environments with limited promotive factors, families with a lot of promotive factors performed significantly better, and the outcomes are poorer when there are more risk factors present and better when there are more promotive factors (Sameroff, 2000; Sameroff et al., 2003). Accordingly, the effect is stronger when adversity levels are high than when they are low (Masten & Barnes, 2018). Promotive interventions concentrate on enhancing the resources or assets that a kid or family has access to

through increasing resources or facilitating access to these resources. Examples include the provision of essentials, financial aid for children in high-quality early childhood programs, cash transfer programs, tutoring or book programs, school facilities, parks, and child-friendly urban settings (Masten & Barnes, 2018). In this thesis, the term protective factor is used to include both protective and promotive factors.

It has become apparent through efforts to study resilience that children often have a variety of protective factors as they also have a variety of risk factors in their lives (Masten & Coatsworth, 1998). Likewise, promotive and protective factors that make each child resilient and enhance well-being may vary as well as the risk factors. Therefore, protective factors need to be individualized according to children's unique needs (Sameroff et al., 2003). Studies on resilience emphasize the significance of context for protective factors. Effective parenting is not defined by a predetermined set of "good" parenting practices but rather by the extent to which a parent's actions support a specific child's development within a particular cultural and historical context. Similarly, individual behaviors that show promise as protective in one setting could not be effective in another (Masten et al., 1990). For instance, where a low-income family environment had previously been a risk factor, a positive family climate can be turned into a promotive factor, or where a parents' poor mental health had previously been a risk factor, their strong mental health can be turned into a promotive factor (Sameroff, 2000; Sameroff et al., 2003). In addition, some children can show resilience in their early years, while others, called "late-bloomers," may show it later in life with the help of protective factors (Masten 2014b).

Parents or caregivers are the first environmental protective factor a child might have (Masten et al., 1990), and parental involvement directly affects youths' resilience (Sevil-Gülen & Demir, 2021). Parents can scale up their efforts when the well-being of their children is endangered by extreme hardship, since they have a variety of protective effects on many facets of development (Masten & Barnes, 2018). The randomized trial of the family bereavement program shows that a brief, skill-focused intervention may effectively support the functioning of parentally bereaved families, including enhancing good parenting and minimizing children's exposure to stressful situations (Sandler et al., 2013). Since the participants of this study either have divorced or dead parent(s) or are victims of maltreatment at home, it is also significant to know that even without family support, individuals can thrive and do better for the effects of divorce or parental death with the help of other protective factors such as hardiness, locus of control and spirituality (Kartika, 2017). Furthermore, the more ACEs a child had, the more likely it was to have a supporting adult outside his or her household. This may be because children with ACEs seek out or get help from non-family people to further their development. Even yet, non-family adult support was not identified as an overall mediator, possibly due to the lack of evaluation of the relationship's quality, consistency, and length (Moore & Ramirez, 2016).

Personal or environmental mechanisms can drive protective factors. Some of the protective factors that give rise to resilience for people exposed to ACEs can be regarded as personal attitudes (Abelev, 2009; Bolger & Patterson, 2003; Ruiz-Román et al., 2020; Masten et al., 1990) , robust cognitive skills (Masten, 2014b), self-regulation (Yule et al., 2019), optimism (Ekman et al., 2021; Masten & Barnes, 2018), positive outlook to future (Oshri et al., 2018), social and adaptive skills

(Mariscal, 2020), problem-solving skills (Masten & Barnes, 2018; Masten et al., 1990), self-regulation (Masten & Barnes, 2018), self-efficacy (Masten & Barnes, 2018; Masten et al., 1990), self-esteem (Fergusson & Horwood, 2003; Sevil-Gülen & Demir, 2021), spirituality or having faith (Kartika, 2017; Mariscal, 2020; Masten, 2014b), high IQ (Masten & Powell, 2003; Masten et al., 1990), on an individual level; the presence of caring parents and caregivers (Mariscal, 2020; Masten & Barnes, 2018; Sevil-Gülen & Demir, 2021), stable, high-quality parenting skills (Erdemir, 2022b; Masten et al., 1990; Sameroff, 2000), children's relationships at home (Erdemir, 2022c; Gentz et al., 2021) in a familial level; and supportive and close relationships with other people or community (Bolger & Patterson, 2003; Hetherington & Elmore, 2003; Ruiz-Román et al., 2020), higher socioeconomic conditions (Masten & Powell, 2003; Ruiz-Román et al.,, 2020), supportive schools and sense of belonging to school (Gentz et al., 2021; Masten et al., 1990; Sevil-Gülen & Demir, 2021) and peers (Bolger & Patterson, 2003; Sevil-Gülen & Demir, 2021; Yule et al., 2019), counseling and support programs (Masten & Powell, 2003), church (Masten et al., 1990) in a community level.

2.4 Subjective well-being (SWB)

Well-being is associated with the absence of mental and physical problems (Moore & Keyes, 2003). Today, well-being is examined from three perspectives: Social well-being, psychological well-being, and subjective well-being (Leiva et al., 2022). In this study, however, the focus will be on subjective well-being (SWB). Researchers who study SWB suggest that it is incorrect to associate SWB with well-being. SWB, on the other hand, ought to be considered as the component or particular type of well-being that encapsulates how individuals assess and perceives their own lives

(Diener et al., 2018). Subjective well-being is people's own perceptions about the quality of their lives, including both cognitive evaluations and affective feelings (Diener, 1984; Diener et al., 2018; Moore & Keyes, 2003), and is associated with how happy and satisfied people are with their lives (Satici, 2016; Veenhoven, 2007). Basically, it refers to a person's overall wellness, including their mental and emotional health (Webster et al., 2021). SWB can be measured by positive and negative affect, life satisfaction, and happiness (Corcoran & McNulty, 2018). When an individual's SBW is higher, good feelings and thoughts predominate, whereas when it is lower, negative feelings and ideas are more prevalent (Diener, 1984).

In order to more effectively narrow the search, this thesis study identifies with and adopts the term SWB as described by Diener et al. (2018).

> Subjective well-being (SWB) reflects an overall evaluation of the quality of a person's life from her or his own perspective. … As the term implies, SWB refers to the extent to which a person believes or feels that his or her life is going well. The descriptor "subjective" serves to define and limit the scope of the construct: SWB researchers are interested in evaluations of the quality of a person's life *from that person's own perspective*. (p. 1)

The strength of the construct comes from its subjective aspect. This is because, depending on their objectives, values, and even culture, different people will likely give various objective conditions varying weights. It seems that subjective assessments of life satisfaction capture these unique responses to real-world situations in a manner that alternative methods do not. Thus, subjective judgments may offer a better framework for assessment than alternative, objective ways when determining how events, interventions, or public policy decisions affect people's quality of life (Diener et al., 2018). Being content with life, enjoying long-lasting pleasure, and experiencing fewer unpleasant emotions are examples of subjective well-being as a human strength. To put it another way, subjective well-being is a multifaceted notion that refers to an overall assessment of an individual's life in

terms of cognitive aspects, such as general life satisfaction, and emotional dimensions, such as the presence of pleasant affect and absence of negative affect (Diener, 1984; Satici, 2016).

It is critical to know the definition of some terms that may measure SWB, such as life satisfaction, positive affect, negative affect, and happiness. For Veenhoven (2007) "*Life satisfaction* is conceived as the degree to which an individual judges the overall quality of his life-as-a-whole favorably" (p. 10). Keyes and Waterman (2003) defined it as "… is a sense of contentment peace and satisfaction from small discrepancies between wants and needs with accomplishments and attainments." (p. 482). Diener et al. (2018) define *positive affect* as emotional states and moods that are pleasant, desired, and positive; *negative affect* as emotional states that are undesired, unpleasant, and negative. According to them, *happiness* can refer to the causes of subjective well-being as well as current pleasant feelings, long-term life satisfaction, or any other type of well-being. This word can be useful at times when connecting with the general public. Still, it can be unclear when used in a scientific setting, as it can have varied meanings depending on the situation and the individuals.

In society, there is a significant amount of concern for the well-being of youth (Webster et al., 2021). The most important indicator of low SWB appears to be depression-anxiety and drug use (Fernández et al., 2020). Intriguingly, SWB is being researched as a process rather than just an outcome, which is a recent trend in the strand of well-being studies. Additionally, there is mounting proof that SWB may positively affect health and other outcomes. According to longitudinal research, having a high SWB frequently precedes and predicts favorable outcomes rather than just being a byproduct of them (Diener et al., 2018). Better well-being is observed

after the intervention, and it is connected with reduced alcohol and marijuana usage, lower rates of delinquency, and greater levels of happiness and spiritual health, although not in a causative manner (Brown et al., 2021).

People who have higher SWB may demonstrate specific characteristics, patterns, or behaviors. For example, those with high levels of SWB may be better able to recall more good experiences from their life, form positive associations with words more frequently, recognize positive stimuli more quickly, and more readily accept positive adjectives as accurate descriptors of themselves (Diener et al., 2018). It can also be said that they are happier because happiness and subjective well-being can be used interchangeably (Diener, 1984; Medvedev & Landhuis, 2018). Happy people are generally described as people who get along well with their family and peers, are both physically and mentally healthy, and feel that they have control of their lives (Veenhoven, 2007). Happiness is less stable in young adulthood due to the variability of living conditions; therefore, it is not a fixed characteristic but tends to get fixed (Veenhoven, 2007). Similarly, emotional and psychological well-being tends to be stable over time. (Keyes & Waterman, 2003). However, being satisfied with one's life does not mean one has no worries or problems; even these sufferings can contribute to overall happiness if one can cope with them effectively (Veenhoven, 2007). In that sense, it is similar to resilience, in which it is believed that resilient people may have problems, but they are the ones who cope well with them (Luthar et al., 2000).

High levels of subjective well-being have various benefits. People may become more productive and satisfied with their jobs and have fewer mental and physical health problems (Keyes & Waterman, 2003). High SWB is commonly linked with high wealth, robust social interactions, and, in some cases, high

religiosity (Diener et al., 2018). Higher academic achievement correlates with lower academic stress, higher subjective well-being (Choi et al., 2019), and higher life satisfaction (Diseth et al., 2012). The findings imply that academic success tends to mean less to children's life satisfaction and positive emotions when they believe their parents or teachers are fairer. This is because perceived fairness mitigates the adverse effects of academic stress on subjective well-being (Choi et al., 2019). One thing to keep in mind is that while SWB is generally favorable, it does not imply that continuous intense positive feelings are optimum or that everyone would benefit if they were even happier than they are today (Diener et al., 2018).

2.4.1 SWB and ACEs

It is now well documented that ACEs have been shown to have a long-lasting and negative effect on subsequent health and well-being (Kelifa, 2021; CDCa, 2022; Zhang et al., 2020). A seamless transition into adulthood is hindered by ACEs, which also compromise SWB (Wu et al., 2022). These adverse experiences are related to symptoms of psychological stress and lower level of SWB in colleagues, students, and adults (Corcoran & McNulty, 2018; Kelifa et al., 2021; Oshio et al., 2013). Greater exposure to ACEs raises the likelihood of mental health issues, such as anxiety and depression (Zhang et al., 2020), which, in turn, may adversely associate with SWB (Moore & Ramirez, 2016; Kelifa, 2021). Being exposed to cumulative ACEs are more detrimental to the SWB. In Leiva et al.'s study (2022), cumulative ACEs were found to be related to a lower level of SWB later in life. Similarly, overall child well-being and particular child well-being symptoms are both clearly and strongly correlated with cumulative risk as well (Moore & Ramirez, 2016). A mixed-method study was conducted with Chinese university students to investigate

the potential relationships between ACEs, resilience, and mental health. The findings documented that higher cumulative ACE exposure was not linked to signs of depression or anxiety, but was linked to a higher degree of adjustment disorder and likelihood of screening positive for posttraumatic stress disorders (Ho et al., 2019). On the other hand, less adversity and higher mental health would be reported by individuals with better SWB. Hence, as subjective well-being increases, mental health seems to enhance (Leiva et al., 2022). In this regard, related to the focus of the current thesis study, research shows that individuals' SWB can be negatively affected by ACEs, such as poverty (Allen et al., 2014; Diener, 2018; Edmunds & Alcaraz, 2021; Gentz et al., 2021; Leiva et al., 2022), parental absence (Maier & Lachman, 2000; Zhang et al., 2020), and maltreatment (Gentz et al., 2021; Wu et al., 2022; Zhang et al., 2020). The following paragraphs will delineate how poverty, parental absence, and maltreatment experienced during the early years of life intersect with subjective well-being status in youth and adulthood.

According to Diener et al. (2018), income and other financial status variables are possibly the most logical predictor of individual variations in SWB. Because wealth can influence so many different aspects of people's lives, it makes sense that it would also impact their ability to enhance their quality of life. Children who live in poverty are more likely to endure domestic abuse and educational deprivation. Accordingly, children exposed to violence have lower SWB levels (Gentz et al., 2021). Social inequality is strongly linked to risk factors for many common mental problems, with young adults with low SES more likely than their high-SES friends to experience depression and anxiety (Allen et al., 2014). Likewise, Edmunds and Alcaraz (2021) identified a positive and substantial correlation between childhood poverty and later-life symptoms of anxiety and depression. It is suggested that future

and present well-being are affected by adolescent mental health because youth mental health is a crucial predictor of their current and future well-being (Edmunds & Alcaraz, 2021; Leiva et al., 2022; McEwan et al., 2007). The social and emotional effects of poverty on young people's development include externalizing and internalizing behavior problems and decreased school involvement and academic accomplishment (Moore & Ramirez, 2016).

Individuals' SWB can also be greatly influenced by parental divorce (Amato & Anthony, 2014; Gaydosh, 2015; Maier & Lachman, 2000; Størksen et al., 2005; Yárnoz-Yaben & Garmendia, 2016) and parental loss (Amato & Anthony, 2014; Gaydosh, 2015; Maier & Lachman, 2000; McKay et al., 2021), as suggested in the earlier sections. They both are associated with negative outcomes (Amato & Anthony, 2014; Maier & Lachman, 2000). On the one hand, divorce was associated with lower subjective well-being (Amato & Anthony, 2014; Maier and Lachman, 2000; Størksen et al., 2005; Yárnoz-Yaben & Garmendia, 2016), lower achievement and adjustment (Amato & Anthony, 2014; Himaz, 2009), less positive relationships with others, and poorer levels of self-acceptance and environmental mastery, greater depression (Chan & Chen, 2016; Maier & Lachman, 2000; Størksen et al., 2005), and anxiety (Størksen et al., 2005). On the other hand, the parental loss is associated with lower psychological and subjective well-being (Amato & Anthony, 2014; Cas et al., 2014; Himaz, 2009; Leopold & Lechner, 2015; Maier & Lachman, 2000; Marks et al., 2007;) and its multiple dimensions, such as higher anxiety and psychotic disorder possibility (McKay et al., 2021; Tyrka et al., 2008), greater depression (Maier & Lachman, 2000; Marks et al., 2007; Savikko et al., 2006; Tyrka et al., 2008), loneliness (Savikko et al., 2006), lower self-esteem (Marks et al., 2007), sense of optimism (Himaz, 2009), and life-satisfaction (Leopold and Lechner, 2015).

According to Cas et al. (2014), determining the impact of parental death on children's well-being is difficult since it is likely linked to other, unrecognized circumstances that also have an impact on children's health.

Lastly, maltreatment is connected with poorer SWB, a lower degree of life satisfaction, and a reduced sense of social support (Festinger & Baker, 2010). Violence intensity has been reported to be also strongly and adversely correlated with psychological and subjective well-being (Gentz et al., 2021). Studies also found that SWB was lower in children and adolescents who had experienced adversity, where the negativity was more pronounced for those who had experienced physical or emotional neglect (Leiva et al., 2022). However, in Wu et al.'s study (2022), emotional abuse and neglect were the only constructs that negatively influenced SWB and life satisfaction in emerging adulthood. As opposed to their findings, Arslan (2018) stated that even though emotional abuse and neglect was a negative and significant predictor of social acceptability and closeness, it did not substantially predict youth's subjective well-being.

In general, people who live in the Nordic nations, the Netherlands, New Zealand, and Switzerland, where societal inequality is lower, are reported to have greater well-being. On the other hand, people in eastern European and Latin American nations, Turkey and Greece are exposed to considerably wider inequities and experience levels of current well-being that are significantly lower (OECD, 2020a). Subjective well-being, however, is even worsening in Turkey. A measure known as a *negative affect balance* is used to reflect how often people report having more negative emotions, such as anger, despair, and concern, than good ones, such as enjoyment, laughter, or feeling well-rested. While the OECD average is a little over 13% for this measure, this percentage is slightly under 30% in Turkey (OECD,

2020b). According to the report, Turkey is the least country on both life satisfaction and negative affect balance. Also, the negative affect of balance has a positive correlation with age, which means that when people get older, they have lower SWB. People who attend university have higher SWB than those who did not study beyond primary or secondary school. It is also documented that the pandemic adversely influenced the subjective well-being and resilience of individuals in Turkey (Metin et al., 2021). Therefore, it is crucial to learn about university students' SWB levels, especially those exposed to ACEs, as SWB is a major problem in Turkey.

2.4.2 SWB and resilience

Particularly after the 2000s, research on SWB has drawn more interest, not only because of studies regarding its causes but also because of the effects it has on people, including better work performance, more fulfilling social interactions, increased creativity, self-esteem, longevity, and resilience (Diener et al., 2018). SWB and its positive relationship with resilience are studied with children (see Moreira et al., 2021 for a review) and adults (Diener et al., 2018). Resilience has direct and positive influences (Fernández et al., 2020; Yıldırım & Arslan, 2022) and a relationship with SWB (Satici, 2016). For instance, the perceived COVID-19 danger had less of an effect on future anxiety among people with greater levels of resilience than it did among people with lower levels, which in turn had less of an effect on subjective well-being (Paredes et al., 2021). Posttraumatic stress disorder symptoms may be lessened with the help of high resilience, life satisfaction, and gratitude (McCanlies et al., 2014). According to Harms et al. (2018), resilience is more than simply a catchphrase to promote books at airline terminals. It provides a useful concept for figuring out how people manage stress and maintain their well-being.

There is a basic connection between resilience and well-being, and in certain cases, resilience may even be quantified using tools for measuring well-being (Lin et al., 2004; Windle, 2011).

Not all people who have been exposed to ACEs may have a lower level of SWB later in life since resilience is positively related to SWB (Kelifa et al., 2021; Moreira et al., 2021; Satici, 2016; Qu et al., 2021; Yıldırım & Arslan, 2022). The study by Kelifa et al. (2021) documented that resilience is negatively impacted by ACEs. Yet, some people who show resilience may have a decline in depressive symptoms and, consequently, an increase in SWB. Hereby, it can be argued that the influence of ACEs on subjective well-being may be completely mediated by resilience. The influence of resilience on SWB may also be mediated by hope (Satici, 2016). In addition, there is mounting proof that positive affect makes people demonstrate more resilient patterns to traumatic experiences and less prone to mental health issues such as post-traumatic stress disorder (PTSD) (McCanlies et al., 2014). The study of Gentz et al. (2021) explored the possibility of positive SWB in Namibian children who experienced peer and familial violence, and it has been found that with the help of some protective factors at different levels, these children may show resilience and better SWB. Therefore, resilience can be viewed as a crucial positive indicator for fostering SWB (Satici, 2016).

The link between resilience and well-being is complicated (Harms et al., 2018). That is why the complex relationship between resilience and SWB warrants investigation. Even though most studies support the positive relationship between SWB and resilience, there are a few contradictory arguments in the literature (e.g., Harms et al., 2018; Kaloeti et al., 2019). For instance, Kaloeti et al.'s (2019) findings showed a clear link between childhood trauma and depressive symptoms, while no

such link was seen for resilience among university students. According to Harms et al. (2018), the relationship between well-being and resilience can act in the opposite direction. Even though it may be accurate to position resilience indicators as moderators between ACEs and well-being, studies showing a direct path do not mean that resilience moderates a number of unmeasured risk factors over an extended period of time and that the direct path merely captures the overall trend across events. A problem with positively associating resilience with well-being is that resilient people may have developed skills more conducive to self-efficacy and may even be detrimental to well-being. For instance, a person abandoned by their own family at an early age may learn how to succeed in extremely difficult conditions. Resilience may yield positive traits such as strong self-efficacy and a successful professional approach, but it can also result in negative traits such as an "it's all about me and getting what I deserve" perspective that may undermine well-being (Harms et al., 2018). The current thesis study sets out that resilience and SWB may be separated in light of the abovementioned findings that well-being and resilience may act in the opposite direction.

2.4.3 Enhancing SWB

Enhancing resilience is suggested as one of the best ways to enhance SWB. Current theories on resilience emphasize the significance of evaluating the impact of external resources on an individual's potential to bounce back and the cascading effects of family functioning on youths' subjective well-being outcomes through fostering their resilience resources (Fernández et al., 2020; Qu et al., 2021). The results of Qu et al. (2021) support the idea that external resources, such as the quality of the relationship between a mother and the young adult, have a cascading influence on young people's

resilience capacities and later subjective well-being. Even while remote stressors such as ACEs cause long-lasting disturbances to SWB, they can be mitigated by improving SWB by boosting resilience and lowering depression (Kelifa et al., 2021). In addition, hope helps people deal with adversities and have higher SWB. Resilience has a positive relationship with hope, and hope has a positive relationship with SWB. Therefore, there is an indirect relationship between resilience and SWB through hope (Martínez -Marti & Ruch, 2017; Satici, 2016). Demonstrating resilience and having high hope both contribute to reporting more favorable assessments of the cognitive and emotional aspects of life (Satici, 2016), and hope is an important avenue of coping with adversity (Munoz et al., 2020). Therefore, enhancing resilience by means of hope can result in better SWB of individuals. To raise university students' SWB, targeted interventions must be enhanced to promote resilience and minimize depression based on their needs (Kelifa et al., 2021).

SWB can also be enhanced by using other methods and mobilizing protective factors. Improving well-being may involve encouraging healthy social relationships, raising young people's emotional awareness, and allowing them to find their purpose in life and help others. An emphasis on optimism, maybe through story exercises or cognitive reframing, and the development of emotion control skills may be helpful to lessen or prevent mental health symptoms (Grych et al., 2020). Youths' SWB is less negatively impacted by maltreatment when they are accepted by and connected in society (Arslan, 2018). Some protective factors especially enhance youths' SWB, such as schools (Ekman et al., 2021; Gentz et al., 2021; Njobati, 2021) and positive peer relationships (Moreira et al., 2021). Hence, to reap the benefits of the early childhood education centers (ECEC), the services must be available and accessible, but quality must also be acknowledged as one of the most important aspects of

ECEC services (Pianta et al., 2005). Furthermore, children's relationship with home and school is critical for enhancing SWB. In order to help impoverished parents achieve essential demands of their children's development, more income may promote the growth and SWB of children. Higher incomes, for instance, might allow parents to spend money on items that are mentally stimulating at home, such as books or computers, to give their children more quality time by adjusting their work schedules, to hire better nonparental childcare, and to secure learning opportunities away from home (Bornstein & Bradley, 2003b). However, the SWB of children who have suffered ACEs may depend more on supportive connections at home and school than on the economic difficulties, the severity of ACEs, or the characteristics of the children (Gentz et al., 2021). It is not unexpected that parents might step up their efforts when the well-being of their children is threatened by extreme hardship because they have a variety of protective affect factors on many dimensions of development (Masten & Barnes, 2018). To promote the well-being of children who have divorced, single-parent, or stepfamily, close relationships with adults and having authoritative parents are critical protective factors (Hetherington & Elmore, 2003). For the youths, online social networks also may increase life satisfaction, happiness, and psychological well-being (Best et al., 2015; Best et al., 2014; Dogan, 2016), yet some other researchers found that these networks negatively affect the overall SWB and life satisfaction (Bourgeois et al., 2014; Kim, 2017; Naeemi & Tamam, 2017). In addition, grit, in contrast to hope, was not substantially associated with SWB in ACE survivors (Munoz, 2022). As can be seen, the diverse protective factors can increase youth's SWB. Relatedly, this thesis study aims to comprehend which factors are likely to influence the SWB of participants and in which direction.

2.5 Significance of the study

ACEs are long-standing societal problems (Felitti, 1998), and adversity endured throughout childhood has various deleterious effects on young people's mental health (Edmunds & Alcaraz, 2021). Early stresses may persist into adulthood and impact emerging individuals' developmental outcomes by affecting the use of their own personal resources (Corcoran & McNulty, 2018; Oshri et al., 2017; Wu et al., 2022). Hence, it is important for this study to focus on university students by taking their ACEs into account retrospectively without labeling them since the effects of early adversity may extend into adulthood. Studying with youth and trying to understand their subjective well-being and protective factors are especially critical given how crucial youth mental health is to achieving positive future social, economic, and health attainments (Allen et al., 2014; McEwan et al., 2007). For this reason, it is known that the relationship of ACEs with resilience and subjective well-being has been investigated separately. However, little research has been done on where the current subjective well-being of university students stands among those who have experienced ACEs yet demonstrate resilience. Therefore, it is a valuable research endeavor to try to understand the impact of ACEs on the current subjective well-being of young people by adding resilience to the equation.

Moreover, this research is significant as it does not regard resilience as a positive but a possible negative concept. Most researchers have found that well-being and resilience are positively correlated (Kelifa et al., 2021; Satici, 2016; Yıldırım & Arslan, 2022). On the contrary, according to Harms et al. (2018), the relationship between resilience and subjective well-being may not be straightforward; instead, it can act in the opposite direction. It is probable that some antecedents of well-being and resilience reduce the accomplishment of the other. They suggest that future

studies might help to reveal these possible discrepancies. To this end, the current thesis study aims to identify and understand the differences and similarities between SWB and resilience among university students with a history of ACEs.

The methodological strength of this study makes it significant as well. Masten and Powell (2003) state that "research on resilience underscored the importance of understanding good as well as poor adaptation competence as well as symptoms, and protective factors as well as risk processes." (p. 21). Methodologically, using a qualitative approach initiated by a quantitative phase strengthens its significance, as it is possible to comprehend youths' adverse experiences and whether or not they link them to their current well-being. It may help to see which protective factors made them demonstrate resilience patterns and have higher subjective well-being while which ones made them feel resilient but ended up having lower subjective well-being. In addition, risk factors are commonly detected based on retrospective data (Masten et al., 1990). Therefore, this study is significant as it identifies students' ACEs and protective and promotive factors retrospectively. Indeed, the extent to which a person's personal resilience resources can predict higher subjective well-being over time can be effectively tested using longitudinal designs (Qu et al., 2021). However, due to the time limitations of this thesis, it will not be a longitudinal design. Yet, with the help of retrospective data and their current subjective well-being information, it is possible to find out which protective factors work best for participants.

Adverse experiences are intergenerational because traumatized children are more likely to mistreat others when they become adults. Therefore, it is essential to make a scholarly attempt to end this cycle of violence and have an effective multigenerational influence (WHO, 2022). Prevention and intervention programs are

critical for enhancing resilience for at-risk children (Yates et al., 2003). Moreover, taking part in the intervention is beneficial to the later well-being of individuals who have been exposed to ACEs as well (Reynolds & Ou, 2003). According to recent studies, the frequency of mental diseases can be decreased through prevention programs for children (Waddell et al., 2007). Intervention programs help youth to have better mental health and fewer problems such as delinquency, alcohol, and substance usage (Brown et al., 2021). Children who show resilience can continue to succeed in adult tasks and be content in early adult years. Doing well, which is the criterion of resilience, is not an elusive term (Masten & Powell, 2003). It can be an absence of mental health problems or competence in developmental tasks (Masten & Powell, 2003) or the inclusion of both (Masten 2001). The results of this study may inform and guide intervention programs to focus on promoting competence and well-being instead of focusing on only one. It will be illuminating to understand what makes these children with a history of ACEs to demonstrate resilience even years later when they come to university. This information will also identify what could work for intervention and prevention studies. Hence, understanding the resilience and protective factors of children exposed to ACEs can contribute to the knowledge of protective and risk factors, which may have significant implications for policy and practice. However, little is known about how ACEs impact the subjective well-being of Turkish university students who show resilience as they make the transition to adulthood. The current thesis study will help address this gap of knowledge.

2.6 Current study

2.6.1 Aim of the study

The impetus behind this thesis study stems from the ACE study that evaluated the long-term effects of abuse and dysfunctional households on adult outcomes, both retrospectively and prospectively (Felitti, 1998). In this regard, the primary aim of the current study is to understand how university students who perceive themselves as resilient consider their retrospective ACEs in relation to their resilience and how they are doing with their current subjective well-being. A pertinent sub-aim of this study is to identify and understand the differences in protective factors for those with high and low levels of subjective well-being.

2.6.2 Research questions

This study aims to address the following overarching research questions along with their sub-questions.

i. What types of adverse ACEs were university students with high and low SWB exposed to in their early years of life?
ii. How do university students with high and low SWB and who perceive themselves as resilient make sense of or interpret their resilience in relation to their ACEs?
iii. How do university students with high and low SWB who were exposed to ACEs at home in the early years of life and perceive themselves as resilient describe their current subjective well-being (SWB)?

Sub-questions:

How do they describe their life quality in terms of health, happiness, and prosperity?

How satisfied are they with their current lives?

Currently, if any, what kind of problems do they have, in what domains of life do they encounter, and to whom do they associate such problems?

iv. What were/are the protective (and/or promotive) factors that help(ed) them overcome adversities and demonstrate resilience despite their ACEs?

2.7. The summary of the literature review

ACEs which are prevalent all around the world profoundly affect children's lives in terms of psychological and physical health and are closely related to psychological well-being. These adverse impacts can also pass on to other generations if not resolved. Moreover, the risk factors that can make children vulnerable and endanger their development, such as poverty, parental absence, and maltreatment, are interrelated and cumulative, and the occurence rates are high in Turkey. Even though it is impossible to keep children away from all the adverse experiences and risk factors, their resilience can be supported by decreasing risk factors and increasing protective factors. Children who demonstrate resilience with the help of promotive and protective factors can beat the odds, recover from adverse experiences, and may have a higher SWB and healthier life. Some protective factors are stable and caring parents, positive and adaptive parenting skills, supportive and close relationships with other people, peers, or community, spirituality, personal characteristics, hope for the future, counseling, and support programs. These protective factors should be tailored to children's and families' unique needs and serve as target points to cultivate through intervention programs.

Enhancing resilience means supporting psychological development. However, there are different types of resilience, such as academic, emotional, or behavioral, and having only academic resilience may not lead to higher SWB. In

addition, some criticisms about resilience are that not all people who demonstrate resilience have higher SWB, and socially driven problems are individualized with resilience. SWB refers to how people evaluate and make sense of their quality of life, and it is linked to how happy and satisfied they are with their lives. The relationship between SWB and resilience is complicated. Although some research suggests that there is a direct link between them, others do not suggest so. SWB of children can be enhanced by facilitating resilience and improving protective factors. Wholistic early intervention programs can also enhance children's resilience and SWB. However, both the risk factors and protective factors can vary according to the cultural context in which the child lives. Therefore, cultural factors should be taken into consideration while designing early intervention programs.

Although the significance of studying ACEs, resilience, and SWB in relation to each other is evident, they were examined separately in most of the previous studies. Additionally, within the fabric of relevant research, the relationship between resilience and SWB was mostly perceived as direct and positive, which left little room for criticism of resilience. Furthermore, no or limited qualitative methodologies were used in the existing literature, particularly in Turkey. The current study contributed to this qualitative scarcity by putting the participants' voices at the forefront and investigating these concepts from a critical perspective.

CHAPTER 3

METHODOLOGY

This chapter provides information about the research design, data collection procedures and tools, research setting and participants, and data analysis. First, the design methods and approach of this study will be presented in detail. Next, the data collection procedures and tools will be shared. Then, the research setting and participant information will be explained by including the selection criteria. The chapter will conclude with data analysis methods.

3.1 Design of the study

This study drew from the qualitative research paradigm. The goal of qualitative research is to better understand a particular phenomenon of interest by gathering, analyzing, and interpreting extensive narrative and visual (non-numeric) data. Yet it does not aim to generalize the results for society, given that the world has multiple meanings, and each person or group has a unique perspective or context that determines what anything means (Mills & Gay, 2019). Creswell (2013) states: "Qualitative research begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes" (p. 44). In order to fully comprehend how things are, why they are how they are, and how people in the context perceive them, qualitative research aims to delve

into the setting and participants' realities. Qualitative researchers must do extensive, in-depth, in-context studies over time in order to unearth the nuanced, less obvious, and intimate understandings they search for (Mills & Gay, 2019). The depth and weight of qualitative research's philosophical underpinnings necessitate a significant amount of effort and long-term work on the part of researchers (Çelik et al., 2020), because it requires extensive interaction with the participants (Mills & Gay, 2019), and the data analysis takes longer time and requires devotion (Creswell, 2013).

According to Creswell (2013), qualitative research can be conducted when it explores a topic or a problem in-depth, aims to hear voices that have been silenced, requires a thorough understanding of the problem, desires to enable people to tell their stories, and have their voices heard, and aspires to reduce power asymmetries. This study was grounded in the qualitative paradigm, in particular, guided by the phenomenological approach, because it aimed to explore and empower university students to share their stories and hear their voices. In addition to qualitative, quantitative data collection methods were used in this study, because students' subjective well-being status were gathered via a specific scale. The use of a scale served to identify outliers on the lower and higher ends of subjective well-being so as to select and reach particular participants to conduct interviews subsequently.

3.1.2 Phenomenological research

The specific research design of this qualitative study was phenomenology. The phenomenology was an apt design for this study because it would serve as the strongest approach to reach a deep understanding of the lived experiences of university students who were exposed to ACEs. Creswell (2013) states that "… a phenomenological study describes the common meaning for several individuals of

their lived experiences of a concept or a phenomenon." (p. 76). Phenomenological researchers aim to explore participants' subjective experiences with the aim of understanding how they make sense of or interpret those experiences (Eberle, 2014). The goal of a phenomenological study is to delineate the essence or fundamental structure of experience and uncover its subjective interpretations on behalf of those who experienced it.

Phenomenological studies frequently focus on extreme human emotions such as love, rage, betrayal, and so forth (Merriam & Tisdell, 2016). When studying phenomena, phenomenologists emphasize articulating what all participants share in common (Creswell, 2013; Smith et al., 2011). In the current study, the common selection criteria among participants were their exposure to any, some, or all of the three adverse childhood experiences: Poverty, parental absence or divorce, and maltreatment. Based on the information they provided, protective factors that were commonly shared among participants were obtained, which helped relate to their lower and higher SBW levels. Merriam and Tisdell (2016) emphasize that phenomenology is the ideal and fruitful research approach to study and understand intense human experiences. Therefore, this study focused on ACEs, which is indeed an emotionally intense topic, making it align itself best with the phenomenological approach. Furthermore, understanding participants' lived experiences of ACEs in relation to their resilience and current subjective well-being could contribute to developing strategies for arriving at a better comprehension of the characteristics of the phenomena (Moustakas, 1994).

3.1.2.1 Interpretative phenomenological analysis (IPA)

The particular design of this study draws from the interpretative phenomenological analysis (IPA), which is a highly interpretative approach to explore the lived experiences of a group of people who have comparable traits and are affected by the same phenomenon. IPA serves as both the design or approach to the qualitative phenomena and as analysis methodology at the same time. It is used to learn more about how people make meaning of their personal and societal experiences (Smith & Shinebourne, 2012) and examine how people interpret their significant life events (Smith et al., 2011).

For researchers and participants, IPA involves interpretation. Hence hermeneutics, the philosophy of interpretation, is relevant to the process to delve in-depth as to understand the interpretative nature of the intricacies of the phenomena. Moreover, given the researcher's desire to understand how the participant is attempting to make sense of what is occurring to him/her, IPA researchers participate in a twofold hermeneutic, which demonstrates how a researcher plays a dual function (Smith et al., 2011). With the help of this approach, the researcher can broaden his/her horizons and comprehend the participants' feelings and ideas from their perspective. In this regard, some specified attributes of IPA researchers include "open-mindedness; flexibility; patience; empathy; and the willingness to enter into and respond to the participant's world" (Smith et al., 2011, p. 55).

3.2 Data collection procedures

Since the current study focused on a highly intimate and sensitive topic of adverse childhood experiences, the data collection was carried out with utmost consideration

and sensitivity. The following paragraphs explain the steps that were followed in the data collection process.

3.2.1 Participant recruitment

After obtaining approval for the study from the Ethics Committee in Social Sciences and Humanities at Boğaziçi University (SOBETIK, see Appendix A), the first step was to invite university students who fit the study criteria. For this purpose, the flyer of the announcement for the study (Appendix B & C) was sent to the students' groups and hard-copy fliers were circulated around the campus. Volunteer participants were expected to sign the participant consent form (Appendix D & E) and read through the trigger alert regarding the adverse childhood experiences' nature of the study. The participant informed consent form included information such as confidentiality and anonymity of the study, participation criteria, the purpose of the study, and the research process. Participants were informed that they could withdraw from the study at any time they wanted without giving any reason.

3.2.2. Demographic form and subjective well-being scale

First, from those who consented to participate in the study, the demographic information form (Appendix F & G) was gathered. This form was prepared on a digital platform and electronically accessed by participants who provided their consent. After participants completed the demographic information form, they were directed to the survey of "Subjective Well-Being Scale" (SWB) (Appendix H & I), which was used as another selection criterion. The scale was developed by Tuzgöl Dost (2005) and was used to identify the SWB levels of university student participants who were exposed to ACEs. The scale consists of 46 items spreading

across 12 subdimensions: (1) Comparing their life with the past and with others' life, (2) positive and negative emotions, (3) purposes, (4) self-confidence, (5) optimism, (6) interested activities, (7) friendship relationships, (8) looking into the future, (9) family relationships, (10) envying the life of others, (11) coping with the challenges of life, and (12) pessimism. The SWB scale is a 5-point Likert scale with answers ranging from completely agree to completely disagree. Twenty of the scale items are reverse coded hence negative statements, whereas 26 of them are positive statements. To exemplify, some items include: "I generally feel cheerful", "I am often disappointed in interpersonal relationships", "I feel lonely", "I wish to be as happy as others seem happy", "My life is full of failures", and "I lead a life in line with my desires and values". The scale yields a score of 46 for the lowest and 230 for the highest. The scale's higher score corresponds to a higher degree of SWB level, while the lower score corresponds to a lower degree of SWB level.

The validity of the Subjective Well-Being Scale was determined in several ways. First, a factor analysis was conducted by Tuzgöl-Dost (2005). In the factor analysis study, the KMO coefficient for the scale was found to be .861, and the Barlett test was found significant. The common factor variance on each variable varied between .51 and .75. It was determined that the Subjective Well-Being Scale gave 12 factors with an eigenvalue greater than 1. The total variation that was explained by the scale was 63.83%. The factor coefficient of the items varied between .30 and .66 in the first factor. Second, the item-total score correlations of the scale were examined. When it was removed from the scale, there was no item that significantly increased the reliability of the scale. In addition, the corrected item-total correlations were found between .32 and .63. Third, in order to determine the discriminant validity of the scale, the lower and upper 27% score groups were

compared with the t-test, and as a result there was a significant difference at the .01 error level between the groups. In addition, the convergent and discriminant validity of the Subjective Well-Being Scale was determined by the Beck Depression Inventory (Hisli, 1989, as cited in Tuzgöl-Dost, 2005). It was administered to a group of 58 people in the same session, and the correlation between the scores of the group members from both scales was found by calculating Spearman's rho coefficient. As a result, a negative correlation was found between the scores obtained from both scales, at the level of .01, with a value of -.70.

The reliability of the Subjective Well-Being Scale was determined in two ways. First, the Cronbach's Alpha reliability of the scale was calculated by using the data from the same implementation of 46 items that were taken as valid as a result of factor analysis (Tuzgöl-Dost, 2005). According to the results of the implementation made to a total of 209 people, the Cronbach Alpha reliability coefficient of the scale was found to be .93, which makes it a highly reliable scale to administer to Turkish participants since, according to Nunnally (1978), while reliabilities of .70 and higher is sufficient, .90 and above means higher reliability. Secondly, the test-retest method was applied. In order to find the stability coefficient of the scale, the tool was applied to a group of 39 people in the research sample twice, with an interval of two weeks, and the Pearson product-moment correlation coefficient was found to be .86. The reliability coefficients show that the scale can be used safely to measure the subjective well-being of university students (Tuzgöl-Dost, 2005). Furthermore, the same scale was used in thesis studies (e.g., Malkoç, 2011) and articles (e.g., Metin, Çetinkaya & Erbiçer, 2021; Öztürk & Mutlu, 2011) to measure the subjective well-being of university students and is accepted as a valid and reliable scale.

The Subjective Well-Being Scale was attempted to be completed by 65 participants, but only 41 participants filled it out fully; the rest were eliminated due to incompleteness. The Subjective Well-Being Scale data were entered into the SPSS program, and descriptive statistics were performed to summarize, organize, and simplify the data. It was suggested that the results should be arranged in a table or graph in order to have a view of the whole set of scores (Gravetter & Wallnau, 2015). To this end, a histogram was created to see the scatter of the data. By looking at the tails of the distribution, it was possible to identify the participants who were at the lower and higher ends of the SWB spectrum. These extreme scores are known as outliers and described as a situation that distorts statistics due to an extreme result on one and two or more variables (Gravetter & Wallnau, 2015; Tabachnick & Fidell, 2013). The score of the outlier was verified to ensure that it is accurate and not a mistake (Pallant, 2020).

In this study, SWB was operationally defined based on the edge scores of two ends of the data obtained from the Subjective Well-Being Scale. The participants' SWB scores were cut off from the middle. 138 was calculated as the middle score. Hence, the participants in the medium to lower tiers were defined as having a lower SWB and those in the tiers above the medium as having a higher SWB. Overall, 32 participants had higher SWB while 9 of them had lower SWB scores out of 41 participants. Having designated participants from these two ends, 11 from the lower and the higher ends were invited for semi-structured phenomenological interviews. Therefore, the SWB scale was used only to determine the extreme scores and better comprehend the reasons for these extreme scores through subsequent interviews.

As a side note, no scale was used to measure the resilience levels of participants. The most known instrument is the Brief Resilience Scale (Smith et al.,

2008), which treats resilience as a single construct and personal trait. Treating resilience as if a single personal trait is indeed contentious, as explained in the literature review above. The process approach to researching resilience is suggested to focus more on how people handle adversity and, in particular, is frequently linked with evaluating well-being trends across time to identify those who demonstrate resilience in the face of adversity (Luthar et al., 2000). Therefore, this study did not approach resilience as a single construct to be measured via any quantitative instrument. Instead, it approached understanding participants' resilience as it pertained to their protective factors, which was attained via using qualitative interviews.

3.2.3. Phenomenological interviews

For the semi-structured phenomenological interviews, an invitation e-mail (Appendix J & K) was sent out to students who demonstrated higher and lower levels of SWB. Those who affirmed to continue the study with in-depth interviews signed another consent form for the interview (Appendix L & M). According to Merriam and Tisdell (2016), the researcher often examines his or her own experiences before interviewing people who have firsthand knowledge of the phenomena. This was done partly to analyze different aspects of the experience and partly to become conscious of one's own biases, perspectives, and preconceptions. The Greek word *epoche*, which means to refrain from judgment, is used to characterize this procedure. This recommendation was addressed by the researcher before conducting interviews with the participants.

Phenomenological studies gather data through interviews with participants who experienced the same phenomena. The best option for collecting data is to have

in-depth interviews with the participants since the researcher needs rich data that participants share freely and reflectively (Smith et al., 2011). As this study was retrospective in nature, it was impossible to do observations. Hence interviews were used as a qualitative data collection method. According to Creswell (2013), interviews are conducted in an unstructured and open-ended way, and the researcher records the interview to transcribe it later. Yet, it does not mean that the researcher may not have a guide. The interview protocol, including questions and information about the participants, was prepared before the interview. Such a protocol that consisted of the main interview questions along with their sub or follow-up questions served as the main instrumental component of the interview process. This was surrounded by inquiries aimed at encouraging the participants to be open and speak (Creswell, 2013). It was also expected that some documents or artifacts could be asked from participants to complement interviews, such as if they had childhood journals or objects, as those would support what participants would share in the interview. However, except for three participants, others were unwilling to bring those documents to the interview.

Semi-structured interviews are one of the most used instruments in qualitative studies (Çelik et al., 2020). The purpose of interviews is to provide space for participants to share their experiences in their own words, where the researchers are usually in the position of the listener (Smith et al., 2011). In this study, the semi-structured interviews helped elicit and comprehend both the ACEs of university students and the protective factors that helped them demonstrate resilience. The interview protocol questions (Appendix N and O) were open-ended, neutral (not directive), and did not include over-emphathetic questions or technical words that participants would not understand, as suggested in the literature (Çelik et al., 2020;

Smith et al., 2011). They were formulated to encourage participants to share and open themselves. For instance, the first question served to assist participants in describing the experience overall and sharing comfortably what they experienced. It helped and prepared participants to share more in detail in subsequent questions. The protocol included 4 open-ended questions and 16 sub-questions. However, to understand the participants' experiences deeper, additional follow-up questions, prompts, and probes were asked during the interview (Smith et al., 2011).

Importantly, after taking the expert opinion, the interview questions were assessed by two participants using the cognitive interviewing technique, and they were modified accordingly based on their feedback and answers. The cognitive interviewing technique was employed to serve for piloting the questions. As the eventual questions did not change substantially, relevant rich data from cognitive interviews were included in the analyses. One of the most efficient ways to identify and fix problems with interview questions is to use the cognitive interviewing technique. In following this technique, participants were asked questions and think aloud what came to their mind about the questions and verbalize their thought processes. Then, the follow-up probes were utilized, which involved asking them to explicitly state what the question was asking for in their own words (Beatty & Willis, 2007).

After the cognitive interviews, the actual interviews were conducted face-to-face with participants since in-person interviews in a phenomenological approach are significant for developing rapport (Smith et al., 2011). First, the researcher met the participant and introduced herself and the study. This first meeting was conducted in a social manner with the participant around coffee in order to build trust and rapport. Then, the second meeting was conducted for the actual individual interview with the

participant. During the interview, the participant was reminded that she/he could opt not to answer any question she/he wished not to, end or withdraw from the interview anytime she/he wanted or could answer any particular question through e-mail. The researcher would immediately stop the interview if she observed that the participant was distressed or uncomfortable. Interviews were voice-recorded for transcription, for which participants' consent was taken. Individual interview sessions ranged from 30 to 120 minutes. Right after the interview, the researcher took some notes reflective notes and memos about the interview. Interview data collection ended when the data was saturated. After interviews were completed, transcriptions were produced. Upon transcriptions, voice records were exterminated, and the transcribed data were stored in a locked computer folder.

3.3 Participants

The participants of this study were recruited from one of the highest-ranked state research universities in Istanbul. Invitations to participate in this study were sent through e-mails, WhatsApp channels, the school's private Facebook group, and hard-copy fliers circulated around the campus. To identify the students who had experienced the same phenomena of adverse childhood experiences (ACEs), criterion sampling were used, which means that only those individuals who met the specified criteria could participate in the study (Creswell, 2013). In this regard, the following participation criteria were sought for: (1) Enrollment as a student in a highly ranked state research university. (2) Having been exposed to at least one of the following ACEs before the age of eight: (a) poverty, (b) parental absence due to divorce, death, or other reasons and (c) maltreatment in the home. (3) Self-

declaration as a resilient person (The definition of "resilience" was provided to students in the flyer–see Appendix B & C).

The first phase of the study, which included sending a survey of the demographic forms and the SWB scale, aimed to reach the maximum number of participants possible. Whereas in the second phase, the researcher chose participants who exhibited extreme scores, namely outliers, in the higher-end and lower-end SWB of the scale. Therefore, the interviews were carried out with a subgroup of participants who completed the scale. According to Mills and Gay (2019), even though qualitative research can be carried out with 60-70 participants, it is rare to have more than 20 participants. This study aimed to interview at least six to twelve participants. However, depending on data saturation, theoretical sampling may be pursued whereby more participants could be interviewed until the data reaches a saturation level. In the end, the interviews were held by a total of 11 participants, which marked the threshold where no new themes kept emerging, hence data saturation. Table 1 shows the biological gender and SWB scores of participants (see Table 1 below)

Table 1. The Biological Gender and SWB Scores of Participants

Name	Biological Sex	SWB Score
Sedef	Female	77
Kevser	Female	116
Tuna	Male	121
Elif	Female	124
Feridun	Male	125
Zeynep	Female	152
Yavuz	Male	174
Nazım	Male	176
Merve	Female	191
Bengi	Female	194
Umay	Female	205

Criterion sample selection inherently operated on purposive sampling for both phases, because the study aimed to reach certain groups of university students from a certain school. Similarly, for the second phase, participants were selected with criterion sampling since the researcher chose among participants who exhibited extreme scores/outliers in the higher-end and lower-end SWB of the scale. Purposive sampling, also known as judgment sampling, is the act of choosing a sample that is thought to be representative of a certain community or group of people. It is a type of sample selection where the researcher consciously chooses the criteria (Mills & Gay, 2019). Since the aim was not to generalize results and as all people and experiences are unique to individuals, it was thought that identifying and understanding exceptions would be more valuable and insightful (Çelik et al., 2020). However, study aimed for a naturalistic generalization for those with higher and lower SWB, which means the possibility of readers finding the echo from their lives so that they can relate the experiences of participants to that of themselves (Creswell, 2013).

Given the sensitivity of the research topic, pseudonyms were assigned to participants, universities were not disclosed, and city names were changed in order to maintain anonymity and confidentiality. All the information regarding participants was kept confidential in a locked computer and exterminated after the study.

3.4 Data analysis

Interpretive phenomenological analysis (IPA) was used to analyze the data. Qualitative data analysis is a classification and interpretation process to produce meaning about the data and develop explanations of what the dataset represents. The main purpose of qualitative data analysis process is to extract meaning from the raw data (Çelik et al., 2020). Qualitative analysis entails preparing and organizing the

data, lessening the data into themes through the process of coding and condensing the codes, and then representing the data in figures, tables, or a discussion (Creswell, 2013). Therefore, words are used in qualitative analysis instead of quantifiable numeric, and the qualitative researcher is highly involved in every level of the process playing an active interpretative role. Because the researcher is the one who does the analysis in this instance, data analysis assumes greater significance (Çelik et al., 2020). In phenomenological analysis, the role of the researcher is even more critical. According to Eberle (2014), analyzing one's inter-sensual and multimodal subjective experiences demands tremendous sensitivity. It also demands excellent abilities in converting experiences into linguistic descriptions, because the outcomes are narrated in a phenomenological language.

The main objective of the IPA is to understand how people make sense of their experiences (Smith et al., 2011). Given its idiographic focus, IPA was the most suitable analytic approach to data in this study. This means that instead of producing generalizable findings, this study aimed to offer insights as to how participants with a lived experience of ACEs made sense of those experiences in relation to their resilience and SWB. The study adopted an interpretative approach by striving to produce accounts of participants' intimate and personally significant lived experiences in their own terms rather one prescribed by pre-existing theoretical preconceptions (Smith & Osborn, 2015). Therefore, such premises of the IPA aligned well with what the current study pursued.

IPA can be carried out in six steps: (1) repeatedly reading transcriptions, (2) making initial comprehensive notes on data, (3) developing emergent themes, (4) looking for connections between emergent themes, (5) proceeding with the next case, and (6) searching for the patterns across different participants (Smith et al., 2011).

Before starting to analyze the data, the researcher organized the data by converting the voice recordings into verbatim texts and entering them into the Microsoft OneNote, a software program that helped organize and store the data.

After organizing the data, the researcher continued her investigation by gaining an understanding of the entire database. For this first step, the researcher immersed in the data by listening to the voice recordings several times and reading them repeatedly to establish a strong data familiarity, which corresponds the first step of IPA. According to Smith et al. (2011), this process is called reading and re-reading, which requires the researcher to read all the data repeatedly and think about it over time. This step of engaging actively with the data was crucial to comprehend the participants' thoughts. According to Çelik and others (2020), to ensure data familiarity, it is recommended that both the data collection process and the data deciphering process be done by the researcher. The transcription and analysis processed were conducted by the researcher to address this first step and its aims.

The following step was to switch from reading and making notes on the data, which is described as the most time-consuming step, but also enables the researcher to increase familiarity with the data. In this step, the researcher wrote initial notes, which were descriptive, linguistic, and interpretive comments. In descriptive notes, the keywords that the participants shared were used to describe the content. The linguistic notes mainly focused on how the participants used the aspect of language such as tone, pauses, hesitations, laughter, and crying. Lastly, conceptual comments were produced based on the researcher interpretations.

Developing emergent themes was the third step. In this coding process, the initial notes were combined into manageable codes of information, which were then given a label. These codes were in vivo codes that included the exact words

participants used. In this part, the emergent themes were the thoughts of participants, but at the same time, they were reflections and interpretations of the researcher. Eventually, twenty emergent themes, which are presented as subordinate themes throughout the study, emerged.

Then, in the fourth step, the researcher tried to search for connections between those emergent themes. The emerging themes were clustered with the related subordinate themes, and four superordinate domains were revealed by using diverse techniques for searching patterns across emergent themes, including abstraction, subsumption, and numeration. These superordinate domains served to answer the study's research questions. In the fifth step, the same procedures were applied individually to each participant, which was followed by the last step, where the researcher searched for patterns across different participants by comparing and contrasting them. The recursive patterns that were identified among all the participants were then shared as the findings.

The broad pieces of information known as superordinate domains were made up of many themes that were combined to generate a single, overarching concept that comprised the preliminary responses to the research questions of the study. Interpretation entailed abstracting away from themes and domains to the overall meaning of the data. It was a procedure that started with the creation of themes, then using the themes to construct domains, which was used to make sense of the data and answer the research questions. Accordingly, the researcher carefully documented by using more intimate language in the findings section by providing her interpretations. It was especially important to adopt a phenomenological language by putting the participants' voices at the forefront and as subjects. It was crucial that people who

read the accounts of participants could come to the following feeling: I understand better what it is like for someone to experience that.

3.4.2 Trustworthiness

Trustworthiness is a rigor process by which a researcher confirms the accuracy of an account by carrying out one or more validation steps, such as *member checking*, *triangulating data sources*, or *an expert invitation* for review. Creswell (2013) suggests that the researcher should at least engage with two of the trustworthiness techniques. The trustworthiness of this study was ensured by using some validation strategies, including *member checking*, *intercoder agreement*, and *expert invitation* for review. After the data analysis, the researcher met with five of the participants to have her codes and interpretations reviewed and corrected by the participants, which is a strategy known as member-checking. Moreover, as for the expert invitation, the findings were reviewed and debriefed with the thesis advisor, who had scholarly expertise in the area of resilience and ACEs. The interrater-intercoder agreement technique was used in the process of coding as a way of ascertaining the credibility of codes that lead into themes and findings of the study. For this purpose, thesis advisor and the researcher were designated. The advisor was invited to code at least two participants' transcripts, which later the researcher compared with her own codes and calculated the statistical agreement level. Both independent coders reached a minimum of %95 inter-coder agreement threshold, which suggested a high level of accuracy for codes.

CHAPTER 4

FINDINGS

The present phenomenological study aimed to understand the experiences and current subjective well-being (SWB) of university students who self-declared to exhibit resilience despite their retrospective exposure to ACEs (ACEs). The study also aimed to distinguish perceived protective factors for participants with higher and lower SWB in the face of their ACEs. As shown in Table 2, interpretative phenomenological analyses revealed four superordinate domains including (a) ACEs, (b) subjective evaluations of resilience, (c) consequences of ACEs, and (d) promoting and protective factors along with a variety of interrelated subordinate themes and corresponding patterns that corroborate and evidence these themes. Thus, the findings suggest that participants reflected on their lived experiences of ACEs along the axis of various interpretations that pertained to their perceived resilience in childhood and today as well as their current SWB.

The emergent subordinate themes appeared to be interconnected in demonstrating how retrospective ACEs and protective factors cumulatively shaped participants' future trajectories and strongly influenced their current lives. A number of subordinate themes within each superordinate domain delve deep into participants' intimate stories of ACEs in relation to resilience and SWB. In this regard, moving downward from domains to patterns, findings are presented by interpretative narratives of participants' lived experiences followed by evidencing excerpts that altogether capture the essence of those experiences. All supportive excerpts provided in this section have blinded participants' identifying information and replaced their names with pseudonyms.

Table 2. Superordinate Domains, Subordinate Themes, and Patterns

Superordinate Domains	Subordinate Themes	Patterns
Adverse childhood experiences (ACEs)	Poverty	
	Parental absence	Parental death, divorce, and parental absence for other reasons
	Maltreatment in home environment	Emotional, sexual, and physical abuse, neglect
	Complex nature of ACEs	
Subjective evaluations of resilience	Diversity of attributions	
	Perceptions of resilience	
	Resilience as a process and spectrum	
Consequences of ACEs	The state of happiness and prosperity	
	Psychological and physical challenges	
	Negative carryovers	
	Undesirable feelings	
	Positive characteristics	
Protective and promoting factors	Education for escape and liberation	School as a secure place, academic success, focusing on education
	Having supportive people	Family members, friends, teachers, neighbors
	Personal characteristics	
	Having hope and aspirations	Getting rid of the house, hope for future, saving the children
	Coping strategies	Hobbies, interest areas, and dreams
	The need to believe	
	Therapy experience	
	Taking control of life	

4.1 Adverse childhood experiences (ACEs)

All of the participants shared that they were exposed to at least one type of ACEs during their early childhood years, which led the ACEs emerge as the foremost superordinate domain identified in the study. Under this superordinate domain, participants' lived experiences point to four subordinate themes, which include poverty, parental absence (parental divorce, death, and parental absence for other reasons), maltreatment in the home environment (emotional, physical, and sexual

abuse and neglect), and the complex nature of ACEs. The categorization of ACEs was determined based on the results of the survey and the phenomenological interviews with participants. Table 3 presents an overview of the information related to participants' current subjective well-being and retrospective ACEs.

Table 3. Participants' Current Well-being and Retrospective ACEs

	Pseudonyms	Poverty	Emotional Abuse	Physical Abuse	Sexual Abuse	Neglect	Parental Divorce	Parental Death	Parental Absence for Other Reasons
Low SWB	Sedef		X	X		X		X	X
	Kevser		X	X	X	X		X	X
	Tuna	X	X	X	X	X	X		X
	Elif	X	X	X		X			X
	Feridun	X	X	X		X			X
	Zeynep					X			X
	Yavuz	X				X			X
	Nazım		X	X		X			
	Merve		X	X		X			X
High SWB	Bengi	X	X	X		X	X		X
	Umay	X	X	X		X			X

In order to explore and interpret participants' current subjective well-being (SWB), perceived resilience understandings, and protective factors, it was crucial first to capture the essence of the lived ACEs they had been exposed to once they were a child. In this respect, it was significant to identify how ACEs were interrelated and triggered numerous challenges in participants' lives beyond childhood. For this reason, the next section provides narrative background information of participants' ACEs via their own voices at the forefront.

4.1.1. Poverty

More than half of the participants claimed that they spent their early childhood years living in poverty, ranging from extreme to mild intensities. Poverty was a profound adversity in terms of the concrete impacts it exerted on participants' well-being as they grew up. Most of the time, they experienced sudden and drastic changes in family finances due to bankruptcy or debts. Poverty resulted in various adverse experiences with ramifications on their basic needs such as social relationships, physical health, and safety. Participants shared striking reflections that showed the abject poverty they suffered from in that some of them could not even find a loaf of bread to eat or have at least a single meal in a day. They repressed their desires and wishes for buying toys that they longed for or refrained from forming relationships with friends due to the feelings of fear and shame of being judged as "poor". Experiencing poverty brought about violent deprivations of food or material and engendered feelings of inferiority and self-worth in peer network. As a result, participants over time were inundated with negative subjective feelings, lost weight, and experienced difficulties fitting in society. It was striking that they demonstrated hesitations to share and repetitions to emphasize while recalling those memories. Some of them either cried out or laughed out in those recollection moments, which indeed was an overt and clear indication of their sense of struggle and coping as they retrospectively tapped into those adverse childhood memories.

Um, I gained a lot of weight twice. The first one was when I was in high school. Somehow my mom started to give herself more to cooking, probably because my dad was no longer at home. ... We used to have breakfast before we left the house in the morning, and we did it when we got home in the evening, but then I started to eat lunch at school sometimes and on top of that, I gained 7 kilos or something, and that's when I realized "Hmm, if I ate normally, it would be like this" blah blah. Then, after I came to university after I came here, I gained another five or six kilograms (laughs). And that's because I regularly ate three meals a day, and that was incredible for me (laughs). This is probably one of the things that is most strikingly related to poverty. (Elif)

I mean, I remember there were times when we could not eat anything (cries). (Feridun)

While the toys I wanted were being bought or I could go to that place I wanted, we suddenly started not being able to go, or it's not being bought. At the same time, we lived in a place with high socioeconomic status in Mersin. That's why entourage made me feel… I mean, it made me feel alone a little bit about this. (Yavuz)

... they were threatening my father, people who would get the bill. At that time, all our economy collapsed, so a lot of things were sold in order to pay that debt, I mean the debt of the bill. I mean, my father was a minibus driver when I was little. I mean, he was unable to go to any other jobs. At the same time, he was unable to work due to psychological reasons. Then my mother started to work in a factory, but she also had vertigo, and because the factory was too loud, she started to faint. She couldn't work either. You know, nobody... I mean, the whole family started not making ends meet for a while. There was a time when we could not find money to buy bread. (Bengi)

My mother and father are both high school graduates, and my father is a worker. I mean, the glass worker. He works in a factory. Our situation was much worse when I was a kid. For example, um, we didn't have a car until I went to school. My mother always tells the thing about me, and she is very upset about this issue: "We used to go somewhere, and you would look at some toys, junk food, etc. You would love to have them, but since you knew our situation, you couldn't do anything. You would look me in the eye, I would be very upset, and you would be very upset too. (Umay)

4.1.2 Parental absence

Parental absence includes parental death, divorce, or absence for other reasons. While death and divorce had obvious meanings for participants, absence for other reasons was more obscure and revealed mostly in interviews rather than the survey. Participants regarded their parents, who did not involve or were invisible in their lives completely or for some specific period, as absent. Fathers were hardly ever engaged in participants' lives when they were a child, and this circumstance appeared to yield negativities in their lives. Except for only one participant, the rest had experienced at least one type of parental absence.

Participants always interpreted parental absence for other reasons in negative terms. However, they interpreted parental divorce as a big relief since they did not

have to live anymore in a chaotic home environment where witnessing domestic violence was a regular omnipresent experience in their daily family lives. Yet, the adverse consequences of parental absence still persisted. Similarly, parental death was also a relief for one participant, Kevser. Even if it negatively impacted another participant's life, she stated that her stepmom was very caring and supportive of her. That is why Kevser assumes that her mother's death does not affect her too much since her stepmom kept her away from the adverse experiences she was undergoing. Participants associated parental absence with receiving no support, care, or affection from their parents, which would have otherwise compensated for the massive void that they endured in their subjective selves. Their expressions of such predicaments came with unfavorable emotions and hesitations while sharing those memories.

Eight months after I was born, my mother passed away. I think she could have been with me for five months or so. Then she was treated in the oncology department and later died. Then in 2007, when I was 3.5 years old, my father got married again. … Before I started Darüşşafaka (the school that only accepts children who lost any of their parents), I didn't think that she was my stepmom, I thought she was my birth mom. I mean, my mother didn't give me such a feeling; she tried to communicate very closely. If there were such a situation, I would say that my father is a step. I mean, we were more distant from my father. I didn't think that she was my stepmom, I thought she was my birth mom. (Kevser)

I hate football because fathers always played, men played. Fathers would teach football to their children. My father never did so. My father wouldn't play anyway. That's why I always hate it. (Tuna)

…I mean, he (father) doesn't care about us, OK? For a single moment, he never ever cares about us! He does not care a single time! He somehow sees the right to have a say in such a thing, and so... (laughs). Who are you? I literally don't see you. You leave at 7 am; you come at 1 am! I do not see you. (Elif)

He didn't come home very often. What I meant by "didn't come very often" was that he didn't come home regularly. He used to come home once or twice a week. And in those times, he was taking all the money we had. He was beating us, using violence, and leaving. Such a life... (Feridun)

It was when I started primary school that I realized my situation was challenging. When I went to primary school, that's when everything was set up like this, the children came in with their mothers, the classes were determined, and the teachers tried to pick their students. My aunt took me to primary school. My aunt took me to

school for a week or two weeks, and my uncle brought me back home. It was like this, and I was in a different environment in primary school at that time, and I felt such a strange feeling. I didn't know who was close to whom. I didn't know if that person was his mother or father, but I cried regularly for an hour between breaks and lunch breaks (cries laughing). (Zeynep)

Right now, I say that I wish they had been divorced earlier. I was crying before; after all, a child whose mother and father will get divorced, of course, cries. Maybe it would have been better if they had managed those processes, but they took no action. … I remember I was relieved because of their divorce. I mean, I regretted it back then. I wish I hadn't cried when I was little, and they had divorced when I was younger. Everything would have been better. So, I was completely relieved. It felt so good to live separately with the two of them, because it was torture to be in a house with them. (Bengi)

4.1.3 Maltreatment in the home environment

Maltreatment in the home environment emerged as another subordinate theme under ACEs. Whereas a great majority of the participants had been exposed to physical and emotional abuse, all of them were exposed to neglect in their childhood. Participants indicated in both surveys and interviews that they were subject to physical, emotional, and sexual abuse and neglect in their early years of life. Even though manifestations of maltreatment were interconnected for most of the participants, I provide the patterns in the form of subtitles below to better shed light on their maltreatment history.

4.1.3.1 Physical abuse

Nearly all participants had been exposed to excessive physical violence by their caregivers in early childhood period. Many of them stated that they did not know the reason or did not deserve to be physically abused. Only one of them indicated that he was beaten because he deserved it. The rest were uncomfortable while sharing those incidents. Most of them cried, hesitated, took deep breaths while sharing, and took a break. They must have found it very challenging to confront the intense emotions

they had at that time. Most of the participants either have no or involuntary relationships with their parents today. The only reason why they interact with their families is because of material dependency. Furthermore, due to physical violence, they felt worthless, desperate, angry, scared, passive, unlovable, and suppressed.

I remember when I was two or three years old. I was also exposed to violence at that time. The physical violence decreased as I got older because I got stronger. My father, on the other hand, became weaker and ill. The physical violence was less then, but I always felt the pressure. I wasn't speaking. I started speaking at the age of 6 or 7. (Feridun)

I don't remember much of my mother anyway, but my father beat me very rarely; he wasn't the type of father who would always come home and beat me. I remember him beating me from time to time. I don't remember the reason for the majority of those moments. It was usually things like that; I would say I deserved it. But I got lost once. He beat me when he brought me back home. I thought I didn't deserve that one. It's so clear in my mind. Other than that, I always said, "Okay, I deserve it, so I get beaten up." (Nazım)

I mean, really… Beating once or twice is okay, but it's like a boxing match for five or ten minutes in a row… And I couldn't give any response. My face is swollen; my ear is gone. I couldn't hear anything for a week or so. So terrible things happened. They turned off my alarms in the morning, so that I wouldn't go to the classroom as my face was swollen. When I woke up, I was late. My alarms were turned off. Because I probably would go to school. They would ask, and I would not be able to say anything. (Merve)

… She was coming and beating for a round. Then she was going to the kitchen while she was doing work, and there were grumbles like, "I wish I hadn't given birth to you; I wish I had died, here you are tormenting me, I wish I could get rid of you" or something. It was a process that lasted for 3-4 hours, then she was coming and beating me for another round, relieved her stress like this, and then went again. (Bengi)

In fact, she beat me so much um… that at one point, I hit my eye… I think I hit my left eye on the floor, and my eye was terribly bruised and swollen, and it hit on the edge of the bed. I mean, I might have been really blind, but she completely lost herself. I remember a lot of toys were broken on me. She was getting so angry that she couldn't literally find anything else to get over her anger, and she was so depressed and overwhelmed that she was taking all the pain out of me. As I said, my eye was bruised, and I think she realized how serious what she was doing when it got to that point. Then she made me make a lot of promises. It's like, "Don't tell your father about this. If you tell your father about this, we will get divorced. He will divorce me". … For example, I went to the health center alone, crying after that incident. Because my mother probably realized the seriousness of the incident and understood that she would be interrogated as to why this happened, and she panicked a lot. Um, I acted like nothing had happened. The place was nearby. I

walked to the health center and told the doctor. The doctor asked what had happened. I said that I fell down. Then… (exhales deeply). There was a young lady in the pharmacy. I think she understood what might have happened, I told her that I fell too, but she didn't believe me (her voice trembles). I mean, they gave me cream. I… She… She… She helped me cream up, etc. And so, ridiculously, we were supposed to attend a family dinner that day, and I looked awful. Um, I think everybody knew what it was. The kids made fun of me as it looked so terrible. So, one of my eyes was completely swollen and black. I told everyone that I fell. "We were playing games and I fell." We said things like, "my foot got stuck in the straw, and I fell." This is so... I can never, ever, ever forget that (her voice is trembling and tearful). (Umay)

4.1.3.2 Emotional abuse

Emotional abuse was as prevalent as physical abuse among participants. Even though it may seem covertly innocent, emotional abuse may affect children more than what one can assume. In this study, participants were threatened by parental absence, humiliated, manipulated, and coerced. Those kinds of exposures may jeopardize children's psychological well-being. Some participants stated that emotional abuse was the most difficult thing they had to deal with during childhood. They shared that they still have to deal with difficult emotions, including anger, loneliness, fear, worthlessness, and inadequacy, as a result of the emotional abuse they experienced as children. They reflected on these incidences, hence associated negative feelings, by hesitating and crying.

I was afraid because my mom used to threaten me all the time. I've already made a lot of mistakes before in her eyes. I'm 10 years old, but I made a lot of mistakes. If I crossed her limit, she would leave me, go away, and report to my father about what I did. She would throw herself out of place and attempt or pretend to commit suicide. Later, when my father found out, he would kill me. I was already living in constant fear, and it added even more. The most challenging thing was probably the moment when I thought my mother had left me. Because I was 3-4 years old... My father was still... My father was working. I probably wasn't even three years old. I don't remember very clearly, though. I mean, she took it and left. I was just... Our relative had come; I mean, we were playing with her, and she wasn't angry with me. And just because of that, um, she went. I was left there alone; I had no one anymore. I didn't have a father anyway; my mother was gone too. I'm most angry about this anyway (tearful). (Sedef)

I would normally go to science high school; I mean, I could go. I was able to go. … For example, um, I knew so well that I would not go to a mixed high school, in a way. I already knew that when people asked me what I wanted to study in 8th grade and all, I didn't know what to say. I mean, because I was feeling like, "No, I won't have a chance." I mean, she still denies that. So, I felt like, if we were going to stay in Istanbul, I would either be taught from an open high school or not at all, or they would take me from the school if I made the slightest mistake. I didn't know, OK?! I didn't know what was going to happen to me. (Elif)

I was only four or five years old. My mother said that you are grown-up now. I had very few toys anyway, and she took away all those toys as well. It is really a big trauma for me (crying). (Feridun)

Normally, I'm not good at these things requiring my motor skills, like doing the house chores. She put incredible pressure on me about that issue. She said things like, "You will not get married. Nobody will want you. Do you think you will always go to school and not do house chores?" Or she said like, "You don't help me at all with the house chores." But you repelled me when I tried to help; after all, you didn't like what I was doing. There is also such a thing that she likes anything others do. (Umay)

4.1.3.3 Sexual abuse

Sexual abuse was not included in the survey as an area of investigation, yet two participants shared their experiences during interviews. They established a link between sexual abuse and other adverse childhood events. For instance, Kevser was exposed to it as a result of her mother's passing and her daily routine being totally altered. Her father moved to another city and until he got married, Kevser had to stay with her grandparents in a mountain village. She uses the prison metaphor while talking about the grandparents' house, which evokes where people are kept against free will and subject to torture. This metaphor demonstrates the challenges and confinement she encountered. For Tuna, the reason for sexual abuse was the absence of parents, their neglectful behaviors and lack of supervision. Similar to the other ACEs, participants hesitated and took a break while sharing those adverse experiences.

Um, my grandmother did this for a long time... She was doing something on my bikini area; I mean touching it. I mean, I remember being uncomfortable back then. After that, when my mother came into our lives, she said it was wrong. She said, "Why did you do that? She had done something a little bit. It was disturbing, I noticed at the time, but I couldn't say anything. … For example, still, when I go to the village… I feel like the place is a prison; I want to get out of there. Or I didn't want to be too close to my grandmother; I didn't want her to touch me or anything. The moment you perceive it, it gets worse. (Kevser)

I would knock on their door. His name was X. I would ask if X could come to us. I would invite him. Um, I was raped, but I mean, the part about being raped... I say I wish I had just been raped, because being manipulated hurt me the most. You know, when we say parental absence… It was as if that person had compensated for the parental absence. Um, giving attention and trust, but the reason behind this trust was to rape me. You know, I didn't tell any police or my family, because I trusted that person or I didn't want that person to get hurt. I loved that person, too, because he helped me a lot. I mean, I thought he was really interested in me. I don't like to call him a father figure, but he was really the father figure I had in mind. … Then, I was raped by another person, our relative. Thank God, really thank God - look what I'm grateful for - it was just a one-time thing. He came… They came from out of town. … At least he's gone; it wasn't like a few years of experience; there was no atmosphere of trust like the other. But I remember very clearly how he manipulated me. It was a disgusting thing; I really felt pity. I wish my family were a responsible family. Of course, I am aware of their irresponsibility. I do not remember at what point I realized that I had been raped. Maybe I remember, but I don't want to remember; I'm not sure. (Tuna)

4.1.3.4 Neglect

Without any exception, all the participants were subjected to emotional and/or physical neglect. They asserted they were not loved, cared for, paid attention to, seen, and perceived like a child. They also underwent a range of difficult feelings including worthlessness, loneliness, invisibility, anxiety, inequity, distrust, vulnerability, anger, and a lack of agency. Their sound volume was mournful and low, as though they were still burdened by the sorrow that they carried with them from the past. The fact that the participants did not receive enough attention, care, and supervision when they were a child exerted influences on their future lives. Some had difficulty touching others, others had difficulty loving people and even petting cats, while all of them felt insecure.

You know, I expected adults to keep me away from the problems they had to deal with… Not that they put me right in the middle. I mean, I expected to love; I expected to trust. I would expect a completely different family. Totally different... (Sedef)

Um, I used to wear other children's old clothes and play with their old toys when I was with my grandparents. I wasn't feeling very well. I have photos like this. My haircut was… It was like a bowl head. That's what I call it, but that's what it was (laughs)., I looked more like a boy. (Kevser)

She (mother) was mostly distracting herself with the computer before. Um, there were forums where she shared information or something. She used to hang out on such sites more, but meanwhile, she neglected us too much. We were on our own and had to be constantly aware of my mother's emotional state. It was unclear when and what would happen. There was such an unsafe environment at home in general and we were somehow managing ourselves. (Elif)

I felt so worthless. I mean, I've been neglected a lot. One of my sisters is 1, and the other is 2 years younger. So, I became a big brother directly, but I was still a child. I used to comb their hair. I used to prepare them when we were going out. I was still very young. That's why I became worthless; I was not taken care of. … My aunt stroked my head once (cries). My mother never touched us like that. My aunt stroked my head; I will never forget that. (Feridun)

I didn't want to be a priority. I mean, I think they always thought what I expected from them was to be a priority, but it was never that. I expected enough attention; I wanted attention. I requested it. I wanted what my right was. Not too much, actually. As much as the level of attention and love that people and children need. Not to delay. Not procrastinating my needs. Things like being taken seriously, they always expected me to be strong and mature. (Zeynep)

My mother is a high school graduate. She did not know much about pedagogy. So, it was a bit of a neglectful environment. It's like not getting a full answer to what I said, feeling a little lonely... (Yavuz)

I spent my whole childhood alone. So, when I was 5 or 6 years old, I had a brother. Then, I ended up in the knacker's yard. I remember doing things by myself all day (exhaling deeply). I was already inside the house; I wasn't going to school yet. I had puzzles, and I was doing puzzles by myself all day. I was watching a movie by myself. I had very little contact with my mother, because she was acting as if I didn't exist. When I talk about my mother, I usually say something very sad and think it's a good analogy. This is what she made me feel like: There's someone in the house cooking for us, doing our cleaning, doing our laundry, but that's it. In fact, I've always said that: If there were a woman working in our house, if she had been a little loving person, I would probably… Even she would be more interested in me. Um… I remember some days when I didn't talk at all. I was always by myself, hanging out with myself. I wasn't communicating much with my mother. (Umay)

4.1.4 Complex nature of ACEs

The last ACEs-related subordinate theme was the complex nature of ACEs, which reflects the complicated cause-and-effect relationship between ACEs and other difficulties in children's lives caused by ACEs. It is impossible to think of an ACE alone. ACEs commonly times trigger other ACEs and challenges in children's life. For instance, it emerged through this study that neglect leads to bullying, sexual abuse, and behavioral problems at school; parental absence leads to a change in routines, which also leads to sexual abuse and challenging situations that children have to deal with; divorce leads to poverty; poverty leads to emotions of no belonging and experiences of deprivations of many forms. Thus, ACEs serve like a chain connected to one another. The participants had experienced all those and more. In their childhoods, they could not start speaking for a long period of time due to physical abuse. Their routines had changed due to parental death, divorce, or absence. They were bullied at school or on the street, and their neglectful parents did not have any clue about those. As a result, they became victims of many adverse experiences that they had to navigate in their childhood years.

I went through a lot of bad things at school. I experienced them because of my teacher. Later, when I started therapy, I realized that there was actually no mistake I had made. But I was blackmailed for about 4 years at school. From my schoolmates, by my classmate. Well… It was very stressful, probably the most stressful period of my life. Because at school, they would threaten what I did to tell the principal just to make me cry or to get my money, and they enjoyed it very much. I would be very stressed at school. … My teacher was the person who did this to me! The person who deliberately left me helpless was my teacher. But at that time, I didn't know that and I felt so guilty; I always saw myself as such a disgusting person to be avoided. Now, when I look back… It's actually how I… I mean, four years... How did I get over it? How could I continue with my life at that time? Because my mother heard about these events two years ago. I told myself. They had no idea how I handled two things at the same time. (Sedef)

In Kevser's example below, even though she thinks her mother's death did not affect her, it actually did since soon after her father moved out and she had to deal with yet

another parental absence. Also, she was sexually abused by her grandmother. Furthermore, she was neglected by both her grandparents and father, as stated in the earlier sections.

After my mother died, my grandparents took care of me. My grandparents live in a mountain village in Bursa. Transportation is a bit difficult, but they also have a house in Kocaeli. My father also works and lives in Kocaeli. I live in Bursa with my grandparents. Um, I remember my father was coming to visit me. But I didn't live with my father very long. I mean, he didn't look after me when he was alone. My grandparents did. (Kevser)

Tuna experienced poverty because of their parent's divorce. Also, due to the poverty, they were forced to reside in a dangerous neighborhood where he was bullied and felt unsafe.

When I was a baby, I didn't experience much poverty, but after my mother was the only employee, we started having many difficulties. Especially when I started first grade, my mother quit her job to take care of me with the alimony given by my father, that is, 200-300 liras at that time. Good money for that time but um, what can it be enough for the first-grade child? My mother wasn't working to take care of me, but of course, that system didn't work either. What can a single working mother do? At that time, I guess my mother's father did not have a salary either. That was a terrible situation. (Tuna)

Peer bullying was too much of a reality. Um, people were pulling out knives; they were using drugs; it was a crazy place. (Tuna)

My father was a real estate agent, but there are two types of real estate agents. My father was a failed real estate agent and was constantly losing his job. There was always the possibility of a foreclosure coming to the house, and it did. So, um, my mother was very anxious, and it had other negative effects on us. (Elif)

My brother was born when I was five years old. Then, my mother often accompanied my brother to the hospital due to his procedures and surgeries. He couldn't come home for months due to some of his surgeries, and my older brother and I stayed with my aunt, my grandmother's; sometimes, I stayed at another great-aunt. Actually, for the first time, I started to be away from my parents for a long time, which was challenging for me as a child. Because the rules of each house were completely different, and when you don't follow those rules, at that age, you might think that people wouldn't particularly like you. (Zeynep)

When I was little, I didn't feel like I belonged to the group of friends I actually belonged to. Um, because, well… I was in a very advantageous group, but my father was a civil servant. Other people's families were not like that. I didn't feel so blended and fit. (Yavuz)

Merve shared that her parents were clueless about their daughters' life, which pushed her to get involved in fights and acquire behavioral problems. The only way for her to get their attention was to have higher academic success. It is unsurprising that, similar to Merve, most participants had higher academic success in being seen, heard, and respected. It appears that they have not been given unconditional affection.

When I was in Kahramanmaraş then, I was involved in many fights and problems outside to prove myself there because that's the way it was. You were supposed to look bad. My mother doesn't know any of them. I mean, I pulled a knife. Someone pulled a knife on me. We got into a fight. Stone, stick... She (mother) doesn't remember anything because she doesn't know somehow. She must not know because she doesn't care. So, I thought all she cared about was my grades. (Merve)

4.2 Subjective evaluations of resilience

Subjective evaluations of resilience have emerged as another superordinate theme with three subordinate themes: Diversity of attributions, perceptions of resilience, and resilience as a process and spectrum. Each subordinate theme involves subjective notions and experiences of participants related to resilience. This superordinate theme is significant for highlighting the diversity and instability of resilience perceptions as a process and revealing the uniqueness of perceived resilience for each participant.

4.2.1 Diversity of attributions

While the definitions of resilience varied considerably among the subjects, there were repetitive themes within such as surviving and adapting to every situation. Yet, it is also crucial to demonstrate unique individual perspectives about resilience. In this regard, the patterns related to attributions of resilience among individual participants emerged as surviving, focusing on the future, hiding weaknesses, being

powerful, adapting, not giving up, compensating, showing effort, and doing what is best for the self. Even though I do not believe that hiding weaknesses or being powerful is resilience - because, for me, resilience in this context means being conscious of one's weaknesses and making peace with them rather than carrying the burden of always having to be powerful and successful- participants attributed those qualities to the concept of resilience, which reflects the diversity and subjectivity of resilience perceived among participants.

I think resilience is, no matter how bad things you go through, whatever you go through, not revealing it to others. (Kevser)

Resilience means staying alive. To survive. Gays always love this song: I am a Survivor by Destiny's Child's. Indeed, it is. I won't give up. I'm gonna make it. I think this is resilience. (Tuna)

In a way, no matter my situation, I adapt to the people and the life there. I think this belief is one of the things that keeps me alive the most. You know, it's not that I can handle it, no matter what. I'll survive somehow, I'll adapt. (Elif)

We cannot call them "not resilient" because they are unsuccessful. They are still making an effort. Sometimes it's good not to make an effort. In other words, I think that if people do what is good for them at the point where they are, this is resilience. (Zeynep)

In my opinion, resilience means covering up the negative effects of psychological or physical violence in your home life or other experiences with positive events from elsewhere. (Nazım)

It is always in one's hands to give up on this life. For example, I am very open-minded about euthanasia. I totally understand those people. However, even if you have such power, if you still want to stay alive and think you can change something, I think this is resilience. (Umay)

4.2.2 Perceptions of resilience

Participants had different perceptions of their resilience with both negative and positive aspects of it. At first glance, participants' negative feelings about their resilience may be associated with their so-called lack of resilience. However, it

should not be forgotten that those perceptions are subjective, and all the participants felt that they exhibited resilience to some extent.

Most participants expressed that they have both negative and positive perceptions about their resilience. On the one hand, many of them claimed that resilience is not as promised and definitive and is accompanied by numerous drawbacks and difficulties. For instance, a great majority regarded their resilience, or the idea of having to be resilient, as a burden on their shoulders, and they felt tired and overwhelmed by it. Others, on the other hand, perceived their resilience as a source of strength and a facilitator because they demonstrated the ability to adjust and survive in extremely difficult conditions, making everyday challenges more straightforward to deal with. Some participants agreed on both aspects.

Some of them believed that resilience could only be maintained through constant effort and achievement. This led those participants to relate resilience to exhaustion and a desire for rest and define their self-worth based solely on their accomplishments. Nevertheless, some participants, such as Tuna and Zeynep, expressed that they strived to feel better and resilient even though they would fail and end up unsuccessful.

Notably, most participants defined resilience based on the level of academic success and did not consider other areas, such as emotional and social resilience. Therefore, this pressure of academic success, perfectionism and diligence in school appeared to manifest itself as anxiety and depression. It seemed exhausting to stay strong, possess the strength for everything, manage things perfectly, and exhibit academic success. Yet, I found myself questioning as to whether this was really resilience indeed. For some participants, it looked so.

Resilience is a burden for me, but when we look at it socially, I feel the self-confidence of "I am resilient" (proudly). But I also wish I wasn't resilient because I

have so much anxiety and depression that resilience brings me. I also define my existence and self-worth through my achievements. I want to believe that I am valuable even if I am unsuccessful. I want to experience that even if I fail, I will not be alone". I am angry with God. Okay, maybe you gave me so many childhood troubles. Perhaps I will achieve great things in the future, but I never wanted them. Thank God we are resilient, but I was not given another chance. If I had been given, maybe I wouldn't have chosen. I would have chosen for sure, by the way, but at least I was given a choice. I always had to be resilient. I have to be economically resilient. It's like an obligation, a punishment. (Tuna)

"No matter how hard you try, it will come to you," or "the important thing is how hard you work." There is no such thing as solving poverty with these. (laughs) ... I am very comfortable with change, and that is a wonderful thing for me because I can adapt to anything. But adapting also brings a little self-compromise. So, we shift to people pleasing. (Elif)

I am different. I'm not like other people. Other people react more to very simple events. They feel very upset, but I say that it's not a big deal. It makes me feel stronger. (Feridun)

Resilience may cause success anxiety. I grew up in a family that pressured success since I was a kid. That's why concerns like always being the best, ranking first in school, and being able to enter a better university pushed me to this point. Am I taking advantage of this? So, of course, there are pros and cons. I became a successful person. At least I am successfully labeled by my environment, but it still has such negative consequences. (Yavuz)

I can say that resilience makes me feel strong because I feel like I am getting the rewards of my struggle. That's why it makes you feel strong and happy. (Nazım)

The saying that pain makes you stronger sounds utter bullshit to me. "Look, you've been through something like this but are very good now." It sounds like a lie because I look strong, but I'm never strong. It doesn't strengthen me or I didn't get over it. I think it is because they can't say, "you've lived; there's nothing to do," so they say pain strengthens you. I'm not okay with that. It feels so wrong, and I think this thing is turning into a culture. "Are you harassed? It's not a problem. Are you being beaten? It's not a problem. They make you stronger". It's becoming a prerequisite now. ... I wish I didn't force myself so much because I'm starting to hurt myself too. I have to study crying. There's nothing that can be done. Sometimes my resilience suffocates me. It gets ahead of me. (Laughs). (Merve)

In my supervision class, I have no difficulty talking and thinking about the cases where my friends are affected and traumatized. It has a massive impact on that. I really feel like a more solution-oriented person on a daily basis. When a problem arises, I approach it like, "Okay, there is this problem, and how can I solve it," and it seems easier to deal with such daily problems. (Bengi)

Sometimes being so resilient can be too tiring because sometimes it's easy to give up. There are many moments that I say, "Why am I chasing so much? What am I doing right now?" It can cause you to be perceived as obsessive by other people. Because

sometimes it is necessary to give up and not show resilience but to accept what has happened. However, since you are resilient and always define yourself like that, sometimes it can be very difficult to accept and just say okay. (Umay)

4.2.3 Resilience as a process and spectrum

It was essential to determine whether the participants consistently displayed resilience in all situations and at all times. Among the participants of this study, this was not the case. They stated that they showed resilience to varying degrees in some areas while they did not show it in others. Furthermore, they emphasized that it is a process rather than a characteristic since they may not show resilience in some areas in one part of their lives but may do so later in the same area or vice versa.

In this study, almost all participants stated that they have exhibited resilience in the academic area since childhood, yet very few have some academic problems. I have deduced that they gave more importance to academic resilience, and some thought it could be measured only by academic success. In addition, they stated that they focused on academic success because it was related to their self-worth—many participants associated love and value with academic success, which brought about internalizing and externalizing problems as they perceived no one would love them if they are unsuccessful.

I could only study; I could be successful. That was the biggest thing I could do. Because I really had nothing else. I didn't have good relationships; I didn't have any talent. I could only get good grades. (Sedef)

I was good academically, but I was also a troubled child. (Feridun)

In school life, I was social. At school, I was both loved and known for such success. I'm currently on a decline academically as I work. (Nazım)

I was consistently ranked first in everything. In kindergarten, I was the best too. I was the student with the most stickers there. There was always constant praise and love. (Merve)

My mom and dad are high school graduates. I am the first person in my family to come to a higher-ranked university. This was totally unexpected, and I've heard people say to me over and over, "I think you might be disappointed, don't get too excited." Now I dream of being an academic, which is idealistic and maybe something that may not fit my social status and economic situation. (Umay)

Apart from academic resilience, few participants showed resilience in other areas, such as in the behavioral domain, which included whether people show internalizing and externalizing problems such as depression, anxiety, and anger or emotional resilience in terms of adjusting to challenging conditions.

Now, I am aware of my problems and have faced them. Also, I'm going to therapy. I think even that is a great achievement. But I have a great fear of loneliness. I am terrified of loneliness. My eyes got so bigger now. (Tuna)

I'm very resilient to change. I'm super comfortable with change because everything constantly changed when I was a child. In a way, no matter my situation, I adapt to the people and the life there. (Elif)

How will I adapt? How will I adjust to this environment immediately? I am a person who does not adapt very easily. I had an extreme fear of things that changed independently of me. How is it going to be? The fear of the unknown... (Bengi)

I'm psychologically fluctuating, but I feel like there is no problem because I can cover it up so well. Because I never touch that part. (Merve)

My academic success has kept me alive until now, but there is uncertainty in my life right now because my school is about to finish. It's probably the reason for my current suicidal thoughts. So, what will I be? I'm on the edge right now because I don't know the next step, I can't hold on there. (Merve)

I think I know very well not what I want, but what I don't want. At this point, I go wherever life takes me. I have resilience in this regard. (Zeynep)

If I am resilient, I do not think that I am resilient in all areas. This anxiety can evolve in different directions. Sometimes I can be in depressive feelings. However, I am always resilient when you look at my academic success. No matter how many adverse conditions I have been in, I have always been able to get over them and move on. This comes from my childhood because I associate academic success with my self-worth. (Yavuz)

There were instances when participants shared the times they did not show resilience, and then they found themselves developing resilience. Tuna was having problems with friends and difficulties adapting to the environment. After high

school, he developed emotional resilience and the ability to interact with anyone. Similarly, Bengi had a drug problem, but now she probably has a higher behavioral resilience level. Thus, all the experiences the participants genuinely shared show that resilience is a process, rather than an inherent stable personal trait.

By the end of the sixth grade, our classes were mixed. Then, I didn't go to school because I didn't know anyone. I didn't feel comfortable at all. However, now, school and friendships are better, I can get along with everyone, and it's not a problem (smiles). (Tuna)

Now, I'm very much at peace with myself. For example, I guide my feelings, actions, and myself when necessary and stand by myself. I am thrilled with my relationship with myself now. (Elif)

There were times when I used too many drugs, and there were times when I used everything that came my way. But I removed them a few months ago; I don't use them these days. (Bengi)

Although this experience began to make my mother pleased at first, I am here because of my own will at numerous stages throughout my academic career, and I am successful. I have stated numerous times that this is entirely thanks to me. And I want to continue because these successes increase my self-worth and make me feel like I'm breaking free from my old life. (Merve)

Right now, I'm resilient in some areas and not in others. If you ask whether Zeynep was resilient in childhood, I don't think she was resilient. She had so many fears and obsessions at home. After my self-judgment was over, I started to see myself as more resilient. … I can say that my strategies for coping with those bad feelings have improved. That's why I don't feel anxiety as a burden on me for a long time. When I started university, I experienced a series of bad events, and I experienced an emotional breakdown. I had a tough time coping and adapting. There were depression, failing at school… When I saw that I couldn't keep my well-being there, I thought, "I guess I should end my life now." After that, my protective factors started to form one after the other. Now, I am a lot better. (Zeynep)

4.3 Consequences of ACEs

This superordinate domain reveals that ACEs may affect individuals' prospects in almost every circumstance. Correspondingly, five distinct subordinate themes have emerged: (1) the state of happiness and prosperity, (2) psychological and physical challenges, (2) negative carryovers, (3) undesirable feelings, and (5) positive characteristics. The positive characteristics theme is the only one to portray the

positive effects of experiencing ACEs, while the others focus on negative effects. This superordinate domain serves a critical role in helping to understand participants' current subjective well-being (SWB), the current issues they deal with, and overall influences of ACEs on their lives. Even though the SWB scale had been utilized to understand their current SWB, additional questions were asked in interviews to get a deeper understanding of their current problems and learn about their real-life experiences.

4.3.1 The state of happiness and prosperity

In this theme, participants expressed their happiness and satisfaction with some aspects of their lives, as well as their dissatisfaction and despair. For some participants, one outweighs the other. Participants with lower SWB scores expressed dissatisfaction with their lives more than those with higher SWB scores. However, some of them indicated that they were getting better every day. Furthermore, although participants with higher SWB scores reported happiness, some were dissatisfied and unhappy and even considered suicide occasionally. During interviews, I observed that while most participants with low SWB seemed gloomy and fed-up, others seemed relatively more energetic and hopeful. Nevertheless, the latter revealed their complex emotions as we went in-depth. Importantly, each participant identified and evaluated their current happiness and prosperity in relation to their ACEs.

I am not satisfied with my life at all, not at all. I am angrier with myself for being angry because it has been a long time, and now I can experience the emotions about my childhood. I'm allowed this. This anger must calm down a bit now, but it doesn't. It is very difficult to do something for myself. However, I am glad that I chose this profession. (Sedef)

How I am is very varying. But now I have been taking therapy for the last one year. Now I have fewer times when I feel bad. Each year I pass is better than the last.

(laughs). It's really getting better, but what's that like?! How bad was the last one? (laughs). I'm surprised every time I notice this. (Elif)

In terms of prosperity, I'm pretty good. I can handle myself and do more. I have psychological traumas, and I need support for them, but I'm not saying I'm going to kill myself, I'm going to commit suicide, or I'm not trying to project my experiences onto others. Not to that extent, either. (Feridun)

I learned to feel good. I think there is such a thing as learning to feel good. So, people cannot be good from where they sit. I achieved the quest to be good. For example, when I have experienced various negative things, the thing I rely on most is my academic success. How should I deal with my academic failure? I couldn't cope. I was collapsing and getting unhappy, and I learned that I had to deal with it. Now I started to say "no" to things, some voluntary work that overwhelms and suffocates me and for which I received nothing in exchange for my efforts. Saying "no" increases my quality of life and feels good to me. This is how I protect myself. How am I fine? I'm fine like this. I can't say I'm happy anyway. I am neither hopeful nor happy. I'm just at peace. I accepted. I mean, I accept myself with compassion. (Zeynep)

I can find a place for myself in my department. I am happy where I am. My mental well-being is frankly not very good. I am very much affected by stressors. (Yavuz)

I can't recover from the past, so no matter how much I get better, I'm in a "Let's keep going, we'll die anyway, eventually" mode, as something will remain. … I don't regret myself at all. None of the bad things I've experienced are caused by me; first of all, I'm aware of that. Secondly, I stand behind my decisions, and I am really happy. Altogether, the department I'm studying right now, the profession I've chosen, is the field where I feel I completely am myself. (Merve)

In general, I would say I'm fine. I mean, of course, there are ups and downs, but I always believe that everything will be okay at the end of the day. That's why I would describe myself as an energetic person. I also don't give up easily. … I am never completely satisfied with myself in terms of quality of life. I am generally satisfied with my life, but I want it to improve. (Umay)

4.3.2 Psychological and physical challenges

Almost all participants reported experiencing psychological or physical difficulties in their current life, and they attributed this to their ACEs. The most commonly experienced psychological problem was anxiety, which, according to themselves, caused other problems such as insomnia, migraine, and attention deficit disorder. Anxiety and suicidal tendencies were common among participants with higher SWB,

which showed that despite their high SWB scores, participants experienced psychological difficulties. While some asserted to be perfectionists, they indeed experienced depression occasionally, had insomnia, possessed low self-esteem and self-control, went through substance abuse problems, and planned or thought about suicide attempts. Even though some believed their perfectionism had many benefits to their lives, I believe it came with disadvantages such as anxiety and feelings of inadequacy.

Psychologically, I can't sleep. My migraine is triggered because I can't sleep. I'm skipping meals, and this affects me very badly. I hold grudges. I always remember past things. I have a very unstable mood. It can change in 10 minutes, and I'm not happy with it at all. I'm so scared that people don't like me, and I'm constantly writing all kinds of scenarios in my head. This is very tiring. I need to go to the doctor for my physical health. Because I'm always hunched over, my neck is reversed, but I don't care. It hurts, yes, but I feel like I deserve that pain. It's really hard to live with all of these when you sort it like that. (Sedef)

I haven't been able to sleep at all. I still can't sleep. I'm always late. I took sleeping pills, but this time, I got really bad the next day. Maybe the reason why my sleep doesn't improve is because it's a habit; maybe it's because I'm anxious again. I don't know. Maybe it's body dysphoria from childhood bullying. I am a very planned and perfectionist, an anxious person. I was like that when I was a kid; it's very difficult. (Tuna)

I am both a socially anxious person, and I also kinda have ADHD. I may not be very aware of my body. I can only notice when there is a big problem. For example, I had palpitations at the beginning of university. … For the first time this year, I celebrated a birthday feeling very well, but I was generally very nervous on my last birthday and this birthday. For weeks, something had been worrying me because I mean, what if no one comes or likes me? I kept saying, "If nobody loves me anyway, then what's the point of living?" (laughs). I had such transitions and fluctuations from strange emotions to emotions. And in general, it was very difficult, and I am still struggling more in these matters. I fear that somehow people will leave me. (Elif)

I used antidepressants. I've also been depressed, but my depression was like... I've already experienced these; there's always the damage left by these things. I get better from time to time, but of course, I remember again. When I see such a family together, I also get triggered again. So, I don't leave the house for a few weeks. (Feridun)

I'm not mentally well; I'm overly stressed. This stress reflects both my work and my work very well because I'm pretty much a perfectionist. If something is not the best, I throw it away and do it again. … Frankly, what I experienced as a child reflects on

me today. There are situations where I still feel very anxious. And, of course, this brings different psychologic disorders like attention deficit disorder. **(**Yavuz)

I gave a blank paper yesterday in the final. The weight of the whole period came off in an instant. I had something like a panic attack. I had something on my mind at that moment. Well, "you're going to graduate, and you can't answer these questions. You're an incompetent teacher. How can you graduate?" Actually, I'm on a very fine line. I will either give my full effort and continue or commit suicide. Putting all the effort into wearing myself out makes more sense than choosing suicide. But at any moment... Because I'm on a very fine line, I can turn to suicide even in the slightest distress. Plans are being made. But somehow, I pull myself together again. (Laughs) (Merve)

I had an extreme thing against things that changed independent of me. How is it going to be? The fear of the unknown... I'm still dealing with anxiety because everything unknown feels scary. This is one of the things I'm still trying to fix. … I am still inclined toward drugs. Or when I start drinking beer, I can't stop myself. The next day, I drink until I vomit; I can't stop. (Bengi)

4.3.3 Negative carryovers

Along with the current psychological and physical difficulties they faced, participants also dealt with many unfavorable carryovers from their past. The majority of the participants acknowledged having problems with trust, forming and maintaining relationships, the idea of marriage and having children, self-confidence, pleasing people, self-worth, anger control, sharing emotions, suicidal tendencies, the desire not to be heard or seen, disrupted routine and other factors that they had carried over from their past.

Sedef shared that she was silenced in childhood, so as an adult she had some difficulty expressing her emotions and experiences with the constant fear of failing to be seen and heard. On account of his ACEs, Feridun tended to refrain from engaging in a romantic relationship and trusting people, which affected his social identity. He also reported to be triggered by father figures, as Tuna was triggered by men. One of the most common negative carryovers was the low self-worth among participants. Yavuz indicated that his experience of visiting the psychiatrist and being labeled

mentally retarded made him believe that his value was tied to his success. Even if they were unsuccessful, they ought to have known that they would be loved and valued unconditionally. Merve claimed she was unable to refuse requests since she had never disobeyed her mother. An indication of having to please people is the inability to say no to others, which reflects the case of Merve. Umay remarked in hesitations and trembling that she did not think about having children because she was afraid of following in her mother's footsteps, which indeed is a serious decision in a person's life. The possibility that she might end up being like her mother was a pattern that she could not accept easily.

Whenever I tried to express my opinion and feelings, I would be violent or silenced, not taken seriously. I learned this: Keep your opinion to yourself; nobody cares. Since I always grew up like this, it continues like this. I still don't have confidence in myself. I'm very shy right now; no one knows my name. I still try to hide and don't show my feelings as much as possible. I am still afraid. So that no one can hear me, hear my voice, and see that I attend the class. I don't let them know that I am there, so that they have no reason to hate me or don't attempt to hurt me later. (Sedef)

Um, the thing that hurt me the most was trusting that person (the rapist). Because during my one-and-a-half-year therapy process, we always worked on this trust with my therapist. Because I never trust my parents, friends, the system, the police, or anything. I can't trust. Of course, I'm better at the moment in terms of confidence, but I swear it would go as far as schizophrenia. That's why I still don't trust men that much. I can't trust the men who are my current partners, either. They make me sick. (Tuna)

We didn't have a sleeping routine because we didn't know when my father would come, and when he came home, fights would happen. That's why I've never had a proper sleeping or eating pattern or anything like that. I still can't do these. Waking up and starting the day is a very difficult thing. I have much trouble with those routines. When you find food... That's why, when you don't have trouble finding it, it can be difficult to organize how you eat after a while. But luckily, I haven't had much of an eating disorder type thing, but I still do much stress eating. (Elif)

Since I didn't get loved, I don't feel it either. I wouldn't be too upset if one of my friends died. I am a social person with an entourage, but it does not last very long. When I'm very close to people, I stop seeing them for no reason after a while. Or I can't be in an emotional relationship, because I can't trust anyone. If a person's parents abuse him, anyone can do anything. So, the number of people I trust is very few, and I don't tell everyone everything. I'm being superficial on most points. I'm a social person, but still, I can't be... I prefer not to be around father figures. (Feridun)

I had a psychiatry adventure when my primary school teacher pressed my family. Going to the psychiatric ward affected me badly. I felt mentally retarded. It destroyed my self-confidence. I can still see its effects on myself, frankly. I am dedicated to lessons at the moment. I study a lot; I have no free time. It sounds like not studying equals to being unloved. Being successful seems like it will change how people, my family, or my professors view me at university. (Yavuz)

I am very obsessed with the past. I always tire myself so much that I don't think about it. I accepted 100 works so that my agenda would be filled. I get stressed unless I do something I think I can do, and this was an unbreakable cycle last year. I've been pretty bad. That is the desire to be constantly active—the desire to always help someone, always to be enough for someone. Not being able to say "no" is one of my worst traits. I can't say "no", because I think I will offend people, because I've never been able to say "no" to my mom. (Merve)

I was struggling in my romantic relationships. There was a need for attention. I always try to create the same situation, get into it, and solve it, but I cannot solve some situations. When I was drawn to people, I couldn't get attention from and expected attention from, I was like, "I don't deserve attention or love anyway." Or in close relationships, for example, living in a house with my roommates and trying not to turn this house into my childhood home. So, for the first time in our lives, there was an area where we felt peaceful and safe. However, because we had no idea what to do with it, we soon began to perceive each other as a danger. (Bengi)

I do not want to have children; I do not think about it. I'm not planning this because I'm afraid of being like my mother (her voice trembles). This scares me so much. … I love myself so much, but I hated myself before. My mother used to say terrible things to me. For instance, I'm speaking as audio is being recorded right now. This occasionally manifests. My mother constantly told me that I had a too-masculine voice. She was telling me something like you have a voice like a crow. Sometimes when I'm talking, I want to stop talking at some point. I remember what my mother said, but I still try to keep talking. (Umay)

4.3.4 Undesirable feelings

All participants deeply experienced undesirable and desperate feelings in their childhood such as guilt, insecurity, invisibility, vulnerability, fear, anxiety, helplessness, worthlessness, inadequacy, anger, unloved, and unwanted. Hence, some of those retrospective feelings reflected on their current lives via the vivid effects of their ACEs. The sense of worthlessness that many participants experienced in the early years of life somehow perpetuated into adulthood, leading them to define their value by their achievements. For instance, Kevser stated that her academic

success could increase her value in the eyes of others. Another common feeling was the anger that they carried over from their childhood. Tuna expressed that his anger was endless such that it even revealed itself by causing intentional harm to public goods. The feelings of inadequacy and insecurity were also shared by many participants. Merve expressed that her mother made her feel inadequate, and now as an adult nothing was perfect enough for her. Despite doing her best, she indicated that she still felt insufficient and lacking. She also mentioned that she felt lonely as some of the other participants.

If you're that good academically, people will value you too. You are valuable because you have accomplished something. Then they will respect you more; people will interfere less. Or they don't underestimate you. (Kevser)

Being exposed to peer bullying in Bağcılar, my parent's divorce, poverty, rape, and irresponsibility, trusting someone I shouldn't trust at that age.... I blame my family for these five things. That's why I have a lot of anger. Irrational anger, uncontrollable anger... (Tuna)

I don't know; I used to be excited and happy. But over the years, I've realized what I've been through. When I was a child, I didn't call these events "trauma"; I couldn't, because I didn't know. But now I realize it, and so um… I become numb. (Feridun)

Zeynep said that she was deeply afraid of losing her mother. The fact that she was about to cry during the interview indicated that this feeling was still intense and could still continue to exist. Moreover, she claimed that she preferred not to have close friends. If she had close friends, the possibility of losing them would be on board.

While my aunt was holding me, I saw my mother going to the market, and my aunt-in-law told me, "Your mother will go like your brother's mother, and she will not come" (cries laughing). At that time, I was afraid of losing my mother. My mother will go and never come back. … In other words, no one is always with me at all times, and I do not prefer it to be either. These kinds of relationships seem so sticky and scary to me, frankly. That is, to lose the person I am so close to for various reasons or to lose it due to a decrease in tolerance... Even if you decide to end the relationship yourself, it's losing, and I don't want to live in their emptiness. Besides, I want everyone to exist, be good, be beautiful, and always be somewhere there. (Zeynep)

According to my mother, I can't do anything properly. I can't fold things neatly. After a while, my inadequacy in every field started to frighten me. My mother will come and beat me... I was trying to do my homework so well; I mean anything. Anything in life. Even to fill the glass with water properly. It will be the best like this; it will not spill... Because I will be scolded, I will be beaten. My inadequacy has been insatiable since I was a child due to the constant effort of subservience for my mother and father. Even if I get myself 100 on a test, it is not enough. I did a project; it went very well. But it's never enough. And people say, "You did everything, Merve. You did not make a hundred but a thousand." I say, "No, but this has a deficiency, this has this, this has this." I become my mother (laughs). I think my inadequacy won't let me go, that's for sure. (Merve)

Loneliness... I mean, she's lonely like this: because she feels so alone - I still think so - she tries not to be alone at all. Because whenever she feels lonely, she goes backward. That's why it's always crowded. Constant workload, constant homework... She keeps her head full all the time so that she doesn't do anything, feel it, doesn't reveal it. I was the same when I was younger. I'm always dealing with something; I'm always trying to deal with something so that I don't think. (Merve)

Bengi had been so accustomed to not being seen and heard in her childhood that the possibility of being seen as an adult seemed terrifying. She shared how her feeling of invisibility reflected her university years.

I was feeling very passive. "My existence will not change anything, because it does not." I was feeling something very insoluble and had to take the consequence. But until when? That question always came to my mind. I was thinking, "Okay, it's over today. Tomorrow is the same. the house smells of blood. How far will these things go?" ... I was very shy at first when I was going to say something, and everyone in the class would hear me (laughs). And that gave me tremendous fear. (Bengi)

4.3.5 Positive characteristics

Participants claimed that ACEs had significant detrimental impacts on their current lives, but they also helped them become more understanding, empathic, and sympathetic. They pointed out that because they encountered a variety of issues as children, others might also have experienced them and that they could not be the only victim. Therefore, they tended to behave carefully around other individuals with a heightened empathetic awareness. It emerged that being exposed to ACEs resulted in various other positive characteristics as well. For example, in addition to being

empathetic, some participants who went through extreme poverty in their childhood, such as Elif, shared that they inevitably became frugal in financial matters. Feridun, who was exposed to physical violence, stated that he would never resort to violence, as he was suffered the consequences of violence as a victim. Nazım stressed that he was exposed to domestic violence at home; hence he tended to form healthy relationships and stay away from heated discussions. Most others claimed that they had better problem-solving and navigational skill in daily matters, which were helpful for their adult lives to deal with problems readily. Overall, even though ACEs resulted in some positive characteristics for participants, some may ask: Could not they have acquired these characteristics without being exposed to adverse experiences?

I still think I have much fewer expenses than anyone else, and I can't fully understand people's normal spending. For example, I find it surprising that my flat mates buy themselves new coats almost every winter. (Elif)

I am a compassionate person. I think like that. Because I have seen violence, I am not a person who can use violence. (Feridun)

I have paid particular attention that my relationships were not those of heated arguments. For example, my last relationship lasted two and a half years. We had such separations, but we did not argue so intensively and broke up. (Nazım)

I've been an empathetic person since I was little. I remember, for example, it was the same way in first grade and kindergarten; I can help immediately when someone else is upset. I think my experiences have made me a more compassionate, empathetic, and tolerant person since my childhood. My prejudice is also easily broken, because I look good when I think about myself. It's garish, a package like this, okay. But I know the back side; I can look at people that way: "Okay, she's happy right now, but maybe she's having many difficulties like me", which is a very important thing. (Merve)

Even at the school where I do my internship, I feel like I understand students' family dynamics better. Looking at the child, I seem to have a greater awareness of what they are doing and why. I feel like a more solution-oriented person. It seems easier to deal with everyday problems. Or I try to get into every field. Since I was little, I always found something to keep myself busy when I was bored, so I got into music; I did many things in many fields of art. I mean, if I hadn't lived, maybe I wouldn't be such an entrepreneurial person. In these aspects, it seems like an advantage again. (Bengi)

I'd been trying to figure out my mom's mood all day because I was wondering how she was feeling today and why she would be mad at me. What should I do? What should I not do? It's always like this; I wonder how the other party is feeling right now; I should act accordingly, not misbehave. This situation also made me such an empathetic person when I grew up. At the moment, I inevitably measure people's reactions and moods whenever I enter any environment. (Umay)

4.4 Protective and promoting factors

Protective and promoting factors of resilience despite retrospective ACEs emerged as the last superordinate domain. There were eight commonly shared factors, which were categorized as the corresponding subordinate themes of this domain. These include (1) education for escape and liberation, (2) having supportive people, (3) personal characteristics, (4) hope and aspirations, (5) coping strategies, (6) the need to believe, (7) therapy experience, and (8) taking control of life.

The adverse effects of ACEs in adult life can be minimized by mechanisms of protective factors. In this study, those factors were participants' protective factors that empowered them either as child or an adult in the face of their consequential ACEs. Some expressed that their protective factors differed in childhood and adulthood. While a participant did not have supportive people around in childhood, as an adult they had achieved that support now, or vice versa. Two protective factors were exclusively pertinent to adulthood: therapy experience and taking control of life. The rest were germane to childhood and adulthood. This superordinate domain is crucial as it helps to identify the protective factors that contribute to participants' higher subjective well-being in adulthood. Hence, findings here may guide researchers to promote those factors in early intervention studies.

4.4.1 Education for escape and liberation

Education was a protective factor for almost all participants. They perceived education and academic success as a chance to escape the house or the environment where they were exposed to ACEs and regarded it as a way to prove themselves to others. However, for some participants, such as Zeynep and Merve, the school both as an institution and a relational setting served a protective factor as well. They mentioned that they had different personalities at home and at school, where they were loved and cared for. Therefore, I distinguish academic success and school as the overall protective factors under this theme.

Sedef, like most others, implied that she held on to success because she had nothing else. Studying hard and focusing on courses was her coping mechanism for a long time. Nevertheless, she had positive relationships with school, teachers, and friends before. Sedef used to hang onto her education with hope, but she had nothing to hold onto due to the bullying she experienced at school. As a result, she has hung onto courses compulsorily and with a sense of hopelessness. She pointed out that while focusing on classes remained to be a protective factor as a coping mechanism in adult life, motivation became much more driven by desperation. When school was a great protective factor, it eventually turned into a bullying center. When she recounted those moments, she hesitated and teared up, which shows her distressing emotions. Similar to Sedef, Tuna held on to education and academic success because of desperation. He aimed for the higher social class and regarded education as the only option to reach his purpose. In a similar vein, Feridun viewed school as an exit from his challenging situation and believed studying was the only way to achieve his goals. In addition, he shared that he did not have anything else to hold onto.

Accordingly, he had to dedicate himself to courses and become successful like the other participants mentioned above.

I was the top student. I was the most well-known and spoken student. I was not afraid of anything; I was sociable. I suddenly lost everything (a long pause and tear up). So, I gave myself to the lessons. Because I couldn't do anything else, I couldn't fix my family life or my relationship with my friends or teacher at school. (Sedef)

I think the reason why I am strong is my academic success. It really is. In a capitalist society, if you want to change classes, education is the only way to class transitions. You'll hold on to education, even if it's fucked up education. So, I held on to it. (Tuna)

I had to somehow get myself out of there. The only way to do this was to improve myself and earn money. To do that, I had to get educated. That's why I've always been a successful student. I devoted myself to books. There was nothing else I could do or no one to talk about. I wasn't allowed to play games with my siblings; I had no friends. I was able to survive thanks to my dedication to education. (Feridun)

Zeynep stated that she was respected and appreciated for what she did or felt more competent with what she accomplished at school. However, she was the exact opposite at home. School seems to be a safe zone where she could show herself and eliminate all her anxiety and fear. Likewise, Merve demonstrated a different personality at school, where she could be herself. From what Merve shared, it is understood that she felt like an individual at school, loved, and received attention. For this reason, in school, Merve compensated what she could not see at home. Lastly, it is understood that Yavuz sees education and academic success as a tool to overcome the deficit perception he has developed by himself; his belief still maintains its validity.

Going to school was already the best thing for me. No one would go to the principal's office and ask for anything. I used to go and say: "Our class's hanger is broken; can you get it done?" "We have no money," he would say. "Would you mind if I collect money and bring it?" "It is possible." I was the person who collected 25 cents from such small children, bought a hanger and delivered the hanger to the manager, and said, "Please put it on." No matter how much fear and anxiety I had at home... The child profile that parents could grumble was me. But at school, I was also an ideal child. (Zeynep)

I associated love with academic success. I thought the more successful I was, the more this stigma would be receded. I still think so; I work hard and do my best in everything. This makes me feel good. (Yavuz)

I could and can say this: You are not only Merve in the house; you are not that child. You are no longer that child. Because I go to school, they love me there. My teachers love me. What has kept me alive so far has been my academic success anyway. (Merve)

4.4.2 Having supportive people

Being surrounded by supportive individuals when we require help can be an invaluable protective factor. Although the majority of participants in this study had supporting people in their current lives rather than in their childhoods, some participants reported having supportive people around when they were children as well. Those were mostly teachers, friends, partners, neighbors, and family members like grandparents, sisters, and parents. For some, teachers were savers, while for the others, teachers had negative effects on their lives.

Access to caring and encouraging people within the family seemed to serve a more effective protective factor than others. They were their grandparents, parents, or siblings. For instance, Kevser indicated that after her stepmother came into their lives, her life changed positively. She regarded her as very supportive and a savior. Elif mentioned her sister as a "prisoner of fate". This metaphor of the "prisoner of fate" evokes the idea of restriction and lack of free will, hence the place where the persecuted and imprisoned had to live. Elif explained that everything she and her sister did was under constant control, that they were unable to leave the house, and that they were socially and, in all other respects, restricted. At Therefore, the metaphor she chose perfectly captures her predicament.

Early friendships served as another protective factor in their lives. It is not surprising that participants with lower SBW had limited or no friends in childhood,

and they still had challenges in building and sustaining healthy friendships in their current lives. Others, however, had and continued to have supportive friends who supported their psychosocial well-being despite their adversities.

I had a teacher in primary school. She was in my English class in the 4th and 5th grades. That's why I chose to be an English teacher because she was the only one who treated me like a child and tried to make me laugh; she tried to make me forget what I had been experiencing. She tried to comfort me, but she had already left after 6th grade. No one was there with me. (Sedef)

I did not feel the absence of my birth mom. I started playing games with my stepmother. After that, for example, we went to shopping centers, and we went to the park. My mother did not restrict me; she supported me. She always wanted me to engage in musical education or sports. My mother was reading books to me, and I was reading to her. I can say that when I started living with my mother, I became freer. Also, I stayed away from such a thing (sexual abuse). (Kevser)

I had only my sister; we couldn't go out on the street anyway. We were more like a playmate where private things weren't talked about much. Or maybe we were doomed. (Laughs). Now, we have a very healthy relationship with my boyfriend, interestingly. Of course, there are problems, but they can be discussed and solved, and both of us want to solve them. It isn't that I versus you (surprised); you and I are together and fighting the problem. Wow. (Elif)

When I was younger, I was a social butterfly. This changed as I grew up. I loved playing games, and I think because I was a good, fair player, I was loved in the game, too. … My one-on-one relationships with my teachers were very good. You know, when they look into people's eyes, they look at them in a different light. You can understand from that eye that they attribute much meaning to you. And that look is such a savior. It means I trust you; I believe in you. Even if your success is destabilized in any way, it is never the issue. Just trust in you, an unconditional trust. It felt really good. (Zeynep)

I've always been open with my family. I would always tell them what I did, what I thought, or whatever happened at school. I still talk to them every day on the phone. So, I have a good relationship with my family, but we have a little educational difference. (Yavuz)

That slightly sweet and harsh side of my father kept us a little disciplined. He was harsh on me at times, but at the same time, he was interested, loved, and he kissed me. He was always asking about my needs. I think my father's way of raising me was correct to a certain extent. … Maybe not at such an early stage, but when I started high school, my brother supported me a lot with my interests. (Nazım)

I loved my friends. I have always been very friendly. We got along really well. I want to be friends with everyone; I always have an entourage. (Merve)

I had my grandmother and grandfather to support me. When I was little, I used to wake up, and my mother was still sleeping. She was always hiding the key somewhere so that we wouldn't leave. We were planning with my sister and were escaping to my grandmother because I felt much happier there. My grandmother used to be awake, and she prepared the breakfast table. She was waiting for us, and my grandfather was loving me a lot at the same time. I guess the two people who made me feel like a child and loved and valued when I was a kid were my grandparents. (Bengi)

I got great support from my teachers and was very lucky. They changed my life so much. They're the reason I'm here. This is one of the reasons why I decided to become a teacher. It was important to have someone to notice if you were okay that day; I had been feeling so invisible. I think I benefited well from the presence of my teachers. The safety net was very well established in my environment, especially during high school. Many of my teachers said, "You can do it; we support you; we know you; we understand you." (Umay)

4.4.3 Personal characteristics

Personal characteristics have an undeniable effect on people's lives. Some characteristic types, such as perseverance, stubbornness or adaptability, can empower people and mitigate the effects of ACEs. Participants shared that their characteristics helped them a lot. Some were unafraid to seek help; some were always hopeful, and others were stubborn and tenacious. Sedef stated that she did not give up her dreams. Zeynep believed that her characteristics of indifference and patience helped her. For Nazım, what he was going through was not a big deal. He stated that everyone was exposed to physical violence where he grew up, and he deserved it as well. The fact that he had a personality that did not magnify or exaggerate what he had lived through seemed to have been a protective factor for Nazım.

Many people tried to discourage me. That's why I was even sent to science high school by force. But no, I went to an Anatolian high school, and now I am doing what I want. (Sedef)

I was really stubborn. My brother was quieter. For example, I was not a very quiet person, even when I was beaten. Even though I was not exactly resisting, I was screaming. I didn't give in right away. (Elif)

My temperament is a big factor. My temperament in my childhood was one that I loved to play and didn't care too much. I had an indifferent disposition as a child. … I am a patient person, nothing else. It's about myself. I have great patience. I can wait too long. (Zeynep)

As I got older, my temperament changed a little. I started to be a funnier person in that group of friends. That's why I've always been liked by my friends… I'm stubborn. I run after it. Even the possibility of getting a low grade in a course motivates me. I am curious; I am curious about everything. As a child, I was a very curious person. I used to go out into nature constantly and examine animals. I can say that it gave me peace and helped me to hold on to life. (Yavuz)

I didn't think what I was going through was a big deal. For example, if my father beats me, I deserve it most of the time. Also, many people in Adana would beat their children too much anyway. But my father beats me relatively less often. Sometimes after the events I heard from my friends, I think that what I experienced was not much bigger. (Nazım)

Is there such a thing as children's rights? What can I do? Because one day, I saw that the billboard said children's rights. After that, I thought. "I wonder if there is a case of not beating on children's rights. Who can I get help from"? Also, my character makes my relationships a lot easier. Since I am very adaptable, I usually do not have much trouble at many points. (Merve)

I was very aware of what I went through, and I was a child who was saying it. I was complaining to my father about it. I was complaining to the people around me. I am not ashamed of such matters. I remember several different relatives at different times expressing that they understood me. … Despite all I've been through, I sometimes think I'm an "optimistic" person. So, I'm cheerful. Sometimes I feel very depressed because of a ridiculous event, I laugh and make jokes to feel better. Of course, it could also be a defense mechanism. I think it has something to do with such a character. (Umay)

4.4.4 Having hope and aspirations

One of the most recurrent protective factors was having hope and aspirations for the future. Almost all participants stated that the aim of getting rid of the house they lived in was a great motivation. This meant that they were aware of another possibility for their future. They said they dreamt about the day they would get rid of the house; therefore, they kept the hope alive. Some others, such as Feridun, still had aims and hope for life. Several participants stated that they had the aspiration to save and protect children like themselves. To this end, they chose to be teachers. Even

though this motivation seemed to support them in their adult lives, it is possible that they internalized that aspiration when they were a little child, because it was when they decided to be teachers.

I can notice. I can see a child who is like me. I can pay attention to them and do my best. I motivated a student on Monday. He didn't want to study at all, and he did it somehow. I had a way, and I formed a very nice, positive communication with him. It's very nice to be able to do that because that's what I want most. I don't want any child to go through something like that. I just want to help them as much as I can. This period is the best thing that makes me feel more comfortable. **(**Sedef)

I don't know; I was feeling bad when I was in the village. I guess I was expecting something like a savior. You always expect it to happen with marriage or something. After that, when I entered puberty, I realized that it wasn't like that. You can do it yourself. You can save yourself. I just wanted to get out of there. I wanted to go abroad, far from everyone. So, I gave myself to education because I could get out of there by education. (Kevser)

I studied hard because I was aware of this: either I would study and be able to get myself out of here, or I would not work and continue to live in this shit hall. I studied hard. I can say that it brings a lot of anxiety, as well. (Tuna)

Books have helped me a lot. Thanks to books, I knew that things could change. And they were the only things holding me strong because the books reminded me that I would not live in the situation forever and that everything could change. It was good for me to see many people go through difficult situations and to be able to empathize. Hope... Yes, hope indeed. That's why I started studying hard. This was my biggest motivation throughout high school. I'll graduate somehow, and I'll fuck off. (laughs). (Elif)

Right now, I have dreams that keep me alive. I strive for them. I mean, having a good job, a good career, living in a good place. Thanks to my dreams, I can "hold on." (Feridun)

When I consider my childhood experience, I think understanding the social state should be developed so that people like me can easily overcome the processes. They shouldn't go through a process that will stay apart from their mother. Their father should have parental leave. Children are being treated unfairly in every field, and I want to be where I can produce social policy against this. (Zeynep)

The idea of doing something for the children... The idea of doing something for the world because, after a while, the thing started to settle down: "I probably won't be able to fix myself, but I can help people avoid this. I can somehow save them or help them get better. (Merve)

The motivation to get into this school was very... Problems continued at home. But at the end of the day, the thought that I would leave here and get out of here had made me extremely happy. (Bengi)

4.4.5 Coping strategies

To overcome the destructive effects of ACEs, most participants developed coping strategies such as dreaming, engaging in hobbies, reading, keeping pets, and playing to distract themselves from the chaos at home. Tuna remarked that if he did not dream about something, he would commit suicide. Similarly, Elif believed that daydreaming was the most effective coping strategy to protect her. Feridun enjoyed reading, but in his early years, he only had a few toys to play with, and he said that his mother took them away from him after a while. He had previously explained that he had no friends or supporting adults and was unable to begin talking until primary school. Nonetheless, he revealed that he was conversing with his toys, by doing inner speech. Some pointed out that they had hobbies that kept them occupied. Bengi, for example, was passionate about music and movies. Likewise, Umay was interested in books and cinema. She said that she had not committed suicide thanks to good movies and music coming out. Overall, all those hobbies and dreams were helpful for participants to survive.

Some participants use similar coping mechanisms today, while others have developed new strategies. For instance, Sedef adopted cats, and she stated that taking care of the cats help her survive. Feridun shared that he still uses reading, watching cartoons, and playing as a coping strategy; however, he no longer plays with toys but with computer games. Bengi and Umay continued to have hobbies when they became adults. Both are interested in music and movies.

It's very debatable how healthy, but my cats center my life. I am so glad they are with me. I got them from very dangerous places. They are still alive. This makes me very happy, and they live very well, actually. (Sedef)

I guess I was always in my dream world as an escape. I was making plans. How to be asylum in Norway, what happens if you are adopted, how can I manipulate people, how I need to get citizenship... I was writing to the consulates. I was looking for an escape. Maybe if I hadn't built these, I would have faced that depression, that

suicide, that reality, and maybe I would have committed suicide; I don't know. Luckily, I dreamed. (Tuna)

My sister and I were aware that what we were going through was not normal, but we were distracting ourselves by escaping to our imagination and playing games. I was dreaming too much. I was in the daydreaming mode for almost half of my day. I was dreaming before I went to bed at night and when I woke up in the morning. It was the thing that protected me the most. (Elif)

I had a few toys in my preschool years. I used to play with and talk to them only, but I had no friends. (Feridun)

Ever since I was little, I've been a big dreamer. Therefore, the fact that I could easily turn my mind to other places may have made me not so much affected by the events in that house. For example, I remember one specific event. There was a huge debate going on inside. Either my brother or sister brought me and opened a movie on the computer. While there was a fight inside, I watched a movie. (Nazım)

I started the drums course; I joined the school group. Making music with people was very good for me. I felt really happy. I would wake up and go to school with love and never study, but I was going to school for music. Cinema helped me in my difficult times. Because when I go to bed and watch four or five movies, I dive into very different worlds. Especially when you go to the movies, for example, it is a very nice experience to break away from everything and be alone with that movie. (Bengi)

I read many books; I am very interested in movies. Discovering the areas I am interested in and the people I can share it with greatly changed everything. Sometimes such a small thing connected me to life: new books will be released, new movies will be released, and there will be concerts. I will not be able to go and will not be a part of this life, but I am very curious about what will happen. (Umay)

4.4.6 The need to believe

Believing in something divine such as God appeared to be a protective factor for some of the participants during childhood. However, as some participants no longer believed in God as adults However, sheltering in the belief God during their childhood years kept them away from suicide, according to their statements. Most of them did not attempt suicide due to the fear of burning in hell. For Elif, besides this fear, believing in God gave her the feeling that she was not alone. Apart from God, Zeynep believed in the founder of Turkey, Atatürk, who made her feel safe in this country. She also believed in the sun, nice weather and nature rather than a divine

being, which in her case was what “protected” her from the bad and fostered her well-being and resilience.

I wanted to give up. At the point where I believed in God, I thought suicide was a sin. I was so afraid of it. I said, "Damn, we're going to go from a place like a hell, but the place I'm going to should not be hell; I shouldn't burn." I think that was the thing that kept me from committing suicide the most. But now I'm an atheist; I don't believe it. (Tuna)

For a very long time, the thing that protected me the most when I was suicidal was my belief because I thought it was a "sin." But it was a sort of fear. But on the other hand, when I suited myself, it somehow felt like God was there too. God is with me, and somehow it felt like we would move on. And I constantly felt like God was already showing me the right way. (Elif)

I have a firmer belief in the sun or the good weather, a nice breeze wind. I believed more that they were protecting me. … The thing that made me feel the most peaceful in the classroom was Atatürk's picture. It was the thought that I needed to be safe in the country he founded. I was safe. Something that somehow reminds us that all the conditions of the system or the country I live in are always fair and just. (Zeynep)

When I was little, I was deeply bounded up with religion. I thought it was a test. I had to suffer what I went through because that was my test too. I thought it would pass if I prayed. I thought, I'll pray, and my mother will get well. … You will go to hell, don't kill yourself, whatever. It used to hold me, but now it doesn't hold me. Nobody is holding. I just don't want to upset my friends. There is someone I love. I don't want to upset him too much; I think he would be very impressed. (Merve)

4.4.7 Therapy experience

Receiving therapy and the resulting experiences emerged as another protective factor in participants’ lives, yet this factor was only pertinent to adulthood. They were not directed to go to therapy in their childhood. At the time of the study, five participants were taking therapy, and they shared that it is one of the most powerful protective factors in their lives. It seemed that receiving therapy changed their lives a lot and fixed many of the carryover scars of ACEs. During the interviews, I also felt the effects of therapy on participants. Even the ones with low SWB stated that they were more hopeful, had peace with themselves, and were more compassionate to themselves compared to before therapy.

Therapy assisted them in making sense of their childhood years and encouraged their interpersonal strengths. With the help of therapy, they started to express their feelings. For example, Sedef shared that she started interacting with peers and teachers at the university. Tuna expressed that he no longer directs his anger to public property and his parents. Thanks to therapy, Zeynep realized the importance of her well-being, and she now tries to avoid things that compromise her well-being, such as extra work or manipulative people. Besides, during the interview, people who go to therapy shared their adverse experiences easier than those who do not. In addition, therapy improves their resilience by making them believe that what has happened was not their fault and that those moments will not last forever. This therapy-acquired perspective appears to have promoted participants' resilience and well-being in comparison to the previous.

Right now, it's just therapy... If there wasn't therapy if I hadn't gone... Though I'm more confident now, I think I can support myself if I quit therapy. At least up to a certain level. But I want to be 100% confident in myself. This is my current goal. That's why I continue. (Sedef)

Therapy healed me. Really. By the way, I was a very stingy person. I used to be very reluctant to spend the money, but now I'm glad I gave it to my therapist. (Tuna)

It was very good for me to go to therapy with my friend's guidance and realize that what I was looking for in therapy was the need to protect my well-being. … After receiving therapy, I caught feelings, changes, and transformations in myself. (Zeynep)

I think my therapist is my protective factor for now. I see a lot of help from him/her. Therapy makes me feel good. (Bengi)

4.4.8 Taking control of life

According to some participants, being able to control their lives was a protective factor in their adulthood. From their statements, it was evident that participants did not experience any agency in childhood. They stated they had no power to change anything, and their presence had no influence on anything. However, when they

grew up, they felt the power of their control and that they could navigate and manage their own lives. They stated that they are no longer helpless children; they can control their lives, manage their own challenges and stand on their own feet. Such individuation seemed to enable them the power or ownership of control over their own lives, which served as a protective factor. Elif, for example, escaped from the house to focus on a life trajectory through her studies. Now she felt that she had that power that she did not have in her childhood. In a similar vein, Sedef asserts that she has the ability to seek the necessary help she requires. She is unlikely to bow down to blackmail and remain silent any longer. She may now raise her voice and claim her rights. Tuna and Nazım believed that they are empowered by financially supporting themselves and achieving their goals. They also become independent from the family.

I went through many bad things, but I might not have been exposed to that blackmail for years. Because whom are you going to tell? What will you say? But it isn't like that anymore. I am not a helpless child. I can get support in many ways. But most importantly, I want to be that support for myself. (Sedef)

I was angry with my parents for all the bad things I had experienced as a child. My family is also ignorant, and their financial situation, you know. I am free now. I am focused on myself. I can work if I want and gain some money (Tuna)

I escaped from home to study at this university. (Elif)

Seeing that I have achieved something concrete now gives me the greatest support. For example, I found a job with a good financial return. Even though my parents said, "he can't find a job in Istanbul," I found a job and have the title I dreamed of. (Nazım)

CHAPTER 5

DISCUSSION

This interpretive phenomenological study aimed to gain an in-depth understanding of the lived experiences of university students who self-identified themselves as resilient and had been retrospectively exposed to adverse childhood experiences (ACEs) as well as their current subjective well-being (SWB). Additionally, differentiating the protective factors among participants with higher SWB and lower SWB was the other aim of the study. Conducted with 11 core participants with a history of various ACE types, the study was guided by the ecological model (Bronfenbrenner, 1986) and theories of family resilience (Masten & Monn, 2015; Walsh, 2016) in order to capture a deeper understanding of participants' resilience and current SWB.

This chapter discusses the study findings in light of the existing relevant literature as well as the theoretical frameworks that guided the study. The discussion points presented here draw upon the excerpts in the "Findings" chapter as well as the researcher's notes and observations throughout the study process. In particular, the purpose of this chapter is to discuss the extent to which current findings concur with or contradict existing literature by the order of research questions posed in the study.

The prevalence of ACEs is high and closely interrelated with psychological well-being (Bellis et al., 2017; Chen & Chan, 2016), physical and mental health problems, including anxiety and depression (Kim et al., 2021; Luthar et al., 2021; Riedl et al., 2020), health-harming behaviors such as suicidal attempts and drug abuse (Velemínský et al., 2020), and lower levels of resilience (Goldenson et al., 2021). Luthar and others (2021) stated that experiences of negative childhood events

were connected to substantial psychiatric conditions by adulthood among students from highly successful schools, and the majority had wealthy parents. Also, young people who reported four or more ACEs had considerably higher psychopathology and displayed less resilience than those who scored lower than four, indicating a dose-dependent response (Goldenson et al., 2021). According to the Centers for Disease Control and Prevention (CDC, 2022b), one in six adults has had more than four ACEs, and 61% of people have had at least one adverse experience. Those people have problems later in life, such as chronic health problems, neurodevelopmental, social, emotional, and cognitive functioning problems, psychological problems, suicidality, low psychological well-being, and a decrease in self-control (Bellis et al., 2017; Chen & Chan, 2016; Felitti et al., 1998; Jones et al., 2022; Riedl et al., 2020; Velemínský et al., 2020; Tanyu et al., 2020; Zhang et al., 2020). Besides, according to a study conducted in the USA, the number of people with ACEs suffering from anxiety and depression has increased (Kim et al., 2021). However, not all children with ACEs have such problems; they may demonstrate resilience and adapt to adversity (Kartika, 2017; Masten, 2001).

The current study provides a greater insight into how university students who identify themselves as resilient perceive and interpret their retrospective ACEs in the axis of their resilience and current state of subjective well-being. The study also presents a rich portray that explores the variations in protective variables for those with high and low levels of subjective well-being. Four research questions guided the study:

i. What types of adverse ACEs were university students with high and low SWB exposed to in their early years of life?

ii. How do university students with high and low SWB and who perceive themselves as resilient make sense of or interpret their resilience in relation to their ACEs?

iii. How do university students with high and low SWB who were exposed to ACEs at home in early years of life and perceive themselves as resilient describe their current subjective well-being (SWB)?

iv. What were/are the protective (and/or promotive) factors that help(ed) them overcome adversities and demonstrate resilience despite their ACEs?

Four superordinate domains emerged in response to the research questions of the study, including (1) ACEs, (2) subjective evaluations of resilience, (3) consequences of ACEs, and (4) promoting and protective factors. The following part discusses these domains in accordance with the research questions.

5.1 Research question 1

What types of adverse ACEs were university students with high and low SWB exposed to in their early years of life?

All of the participants came from families where they experienced at least one ACE. Four subordinate themes were formed to explain the first research question, which was listed under the ACEs superordinate domain. Subordinate themes included poverty, parental absence, maltreatment in the home environment, and the complex nature of ACEs. The three subcategories of parental absence were death, divorce, and absence for other reasons. Maltreatment in the home environment involved emotional, sexual, and physical abuse and neglect.

The participants were mainly exposed to those ACEs, as indicated in previous studies (Bager et al., 2022; Felitti et al., 1998; Hardy, 2006; Inoue et al., 2022; Rhee

et al., 2019; Riedl et al., 2020; Velemínský et al., 2020; Zhang et al., 2020). Yet not all included the exact same experiences that Felitti and friends' (1998) list. Rather, some omitted different ACEs such as emotional abuse and neglect and sexual abuse (Kim et al., 2021). Similarly, in this study, the ACE inventory did not include all ACEs that were presented in the original study by Felitti and colleagues. In the current study, the participants from low-income families indicated their dissatisfaction with their living conditions and the high crime and drug usage rates in their neighborhoods. Also, they were bullied by their peers. This finding is consistent with the prior studies (Leventhal & Brooks-Gunn, 2004). Despite the fact that those youths reported having some psychological challenges and experiencing low well-being currently, their academic achievement and economic growth were not as inadequate as prior research suggested (Thomson et al., 2022). On the contrary, they concentrated more on the courses and have been successful throughout their academic careers with the aim of shifting their social class via education. In this study, participants beat the odds and became successful despite poverty. These findings align with previous studies (Abelev, 2009; Ratcliffe & Kalish, 2017). However, they were not psychologically healthy as shown in numerous other studies (Abelev, 2009; Ratcliffe & Kalish, 2017; Thomson et al., 2022). Research indicates that children from low-income families do worse than affluent children in all areas, including physical and mental health and education (Cooper & Steward, 2013; Duncan et al., 2010; Thomson et al., 2022). Current findings contradict the findings of previous research in this sence, since the participants attended one of Turkey's most prestigious universities and showed remarkable academic achievement. As a result, it would be incorrect to assert that they outperform affluent youngsters in

every way. One of the participants even stated that he was in a better position than his wealthy peers who receive money from their parents.

Many participants were subjected to physical and emotional abuse, and all were subjected to neglect. Although exposure to maltreatment in the home setting was not a criterion to participate in this study, there was not a single participant who had not been subjected to maltreatment. Except for only two participants, Yavuz and Zeynep, all others had been subjected to physical and emotional abuse, which suggested the prevalence of childhood maltreatment. This result is in line with prior studies conducted in Turkey (Odacı & Çelik, 2020) and in the USA (Rhee et al., 2019). As participants acknowledged, exposure to maltreatment in early childhood has had serious ramifications on their youth lives. They reported having trust issues, being triggered by parents, negative attitudes toward families and the idea of having children, and psychological and relationship problems, which they attributed to their early years' maltreatment. This finding overlaps with findings of previous studies that documented the long-term detrimental effects of early maltreatment (Felitti et al., 1998; Fromkin et al., 1974; Fu et al., 2018; Johnson et al., 2002; Putnam, 2006; Rhee et al., 2019; Odacı & Çelik, 2020; Romano et al., 2015; Rutter, 1998; Ustuner-Top & Cam, 2021; WHO Regional Office for Europe, 2014; WHO, 2022). It was significant that participants with more intense maltreatment rates had now more health-related challenges such as anxiety, depression, insomnia, and behavioral issues such as drug abuse and suicidal thoughts. This finding coincides with the study of Ustuner-Top and Cam (2021) which they conducted with Turkish university students. Moreover, a retrospective study conducted with hospital patients revealed that a higher number of ACEs, which were mostly emotional abuse and neglect, were related to psychological disorders, including depression, anxiety as well as

somatization, and physical problems, such as chronic pain, cancer, heart disease, and neurological disorders (Riedl et al., 2020). Additionally, as indicated in various previous documents (United Nations Children's Fund, 2014; WHO, 2022), in this study, no one had sought to notify or submit a formal complaint regarding mistreatment aside from two participants.

Nonetheless, several participants who had experienced severe physical and emotional abuse and neglect, such as Merve and Umay, had the highest subjective well-being (SWB) scores and had achieved extraordinary scholastic accomplishment. They also had nurturing and supportive interactions with friends and teachers. Others, on the other hand, had low SWB and satisfaction in life while achieving high academic performance. This finding is noteworthy as it contradicts earlier research which found that individuals subjected to maltreatment had poorer SWB, life satisfaction, and social support sensation (Festinger & Baker, 2010; Gentz et al., 2021; Rhee et al., 2019). Similarly, Romano and colleagues (2015) claimed that those children are more likely to struggle academically, leading to referrals for special education and lower grades, as well as experiencing mental health issues. They also demonstrated that mental health issues are negatively associated with academic success. Nonetheless, despite having certain psychological difficulties, participants of this study had no academic problems with which they had to cope.

Another prominent ACE type was the parental absence. Despite the fact that only four participants had experienced parental divorce or death, almost all had experienced parental absence for other reasons, the majority of which included the father absence. Parental absence profoundly impacted them, shaping their beliefs and characteristics for the present. Most exhibited negative feelings such as loneliness and worthlessness, and they craved attention, as also shown in Kartika's (2017)

study. Hence, this finding contradicts the study of Chen and colleagues (2023), in which they concluded that mothers' absence has more detrimental effects on children's cognitive abilities than fathers' absence. Even though participants were not affected cognitively, paternal absence gave rise to experiencing an array of difficulties in social life. According to ecological systems theory (Bronfenbrenner,1986) a child's immediate surroundings and interactions with the larger context are critical to their development. Similarly, the findings of parental absence highlight the significance of providing children with safe and caring proximal environment where the primary caregivers are accessible and involved.

Participants experienced various psychological and behavioral problems in their current lives as a result of the parental absence of any kind. This finding coheres with prior research (Amato, 1991; Chen & Chan, 2016; Himaz, 2009; Inoue et al., 2022; Kartika, 2017; McKay et al., 2021; Tyrka et al., 2008). For example, Tuna had suffered from poverty due to his parent's divorce, and he now struggled with spending money. Because of his father's absence, he had trust issues with men. Bengi, on the other hand, was relieved by her parent's divorce. Therefore, not the divorce itself but what it brings may shape the effects on children (Coleman et al., 2000; Hetherington et al., 1998).

Participants with lower SWB had a more long-term parental absence in early years of their lives, which resulted in inadequate care and nurturing. Kevser was a great example of inadequate care in terms of her mother's death and her father's abandonment. Likewise, some studies support this finding by claiming that parental absence is associated with reduced SWB (Amato & Anthony, 2014; Maier & Lachman, 2000). Some other studies, however, contradict this finding, arguing that there is no link between parental absence and future psychological difficulties

(Crook & Eliot, 1980; Furukawa et al., 1999). However, Chen and others (2023) claimed that long term parental absence negatively affect children's cognitive abilities in math and reading scores.

Another subordinate theme was the complex nature of ACEs, because participants' accounts revealed that ACEs are interrelated with each other and other risk factors. For instance, Sedef's parents' neglect exposed her to bullying and blackmailing at school; Kevser's mother's death resulted in a change of routine and exposure to sexual abuse by her grandmother; Tuna's parents' divorce resulted in poverty because, as a single mother, she faced financial difficulties; Tuna was also exposed to peer bullying in the neighborhood due to low SES and disadvantaged neighborhood. Elif's mother was very anxious on account of financial issues, and she reflected it on the children; Merve's parents were neglectful, which led her to involve in various fights to prove herself. Previous research has found that poverty, thus living in poor conditions, contribute to family and peer violence (Gentz et al., 2021), child maltreatment (National Academies of Sciences, Engineering, & Medicine, 2019; Ustuner-Top & Cam, 2021), and expose children to additional toxic stress (CDC, 2019a; Thomson et al., 2022). Furthermore, as in Elif's case, financial challenges can exacerbate psychological distress and the well-being of both parents and children (National Academies of Sciences, Engineering, and Medicine, 2019). Not only poverty but also parental absence has been linked to other ACEs and risk factors in studies conducted in Turkey and abroad. Parental separation was found to be highly associated with childhood maltreatment by Ustuner-Top and Cam (2021). A study conducted in China also proved that child maltreatment and violence increase when parental absence increases (Chen & Chan, 2016). Parental absence may trigger a chain of negative events that makes its consequences linger over time

(Maier & Lachman, 2000). In this study, Kevser was an excellent representation of such previous studies. Moreover, research found that there were strong interrelations between risk factors such as emotional neglect, parental stress related to poverty, and domestic violence (Vial et al., 2020). However, this study exclusively focused on parental risk factors.

In conclusion, participants were exposed to at least one ACE, which is poverty, maltreatment in the home environment (including physical, emotional, and sexual violence and neglect), and parental absence (due to parental death, divorce, or parental absence for other reasons). Importantly, all participants associated their ACEs with their current psychological and physical conditions, as well as their SWB levels. The ACEs reported in this study were not different from those identified in earlier studies. In accordance with the existing literature, the current findings also demonstrate a substantial link between ACEs and other risk variables. However, there is a contrast with earlier studies in that the participants had lower well-being and psychological concerns but did not have any academic challenges; instead, they have been highly successful in their life.

5.2. Research question 2

How do university students with high and low SWB and who perceive themselves as resilient make sense of or interpret their resilience in relation to their ACEs?

Self-declaration as a resilient individual was one of the requirements for participation in this study. Thus, all participants perceived that they exhibited the features of resilience. Yet, their evaluation of resilience was different from one another. The second research question is addressed using the superordinate domain called “subjective evaluations of resilience”. This domain contains three subordinate

themes: A diversity of attributions, perceptions of resilience, and resilience as a process and spectrum.

Participants' responses to the definition of resilience varied. For most, it meant surviving and not giving up; for others, it meant adapting; and for others, it meant disguising weaknesses, being powerful, and putting forth effort. While resilience was surviving and not committing suicide for Tuna, it was the will to live for Umay, and adapting to whatever you are going through for Elif. Therefore, from the participants' perspectives, there was no consensus on the definition of resilience. Yet, the concept of resilience is mostly described in the literature as a process, a capacity for, or the outcome of successful adaptation to unfavorable or difficult circumstances (Luthar et al., 2000; Gentz et al., 2021; Masten, 2001; Masten et al., 1990; Masten & Powell, 2003; Ong et al., 2009). For some researchers, resilience refers to better emotional and developmental results (Daniel, 2010; Joslyn, 2016; Masten et al., 1990), adapting to violence (Joslyn, 2016; Masten et al., 1990), and recovering from trauma (Hardy, 2015; Joslyn, 2016; Masten et al., 1990). The participants in this study mentioned some of these qualities of resilience, yet they added diverse qualities as well. Kevser, for example, embraces resilience as a means of concealing one's flaws while appearing powerful. Since she could do this, she perceived herself as resilient.

Participants perceived resilience negatively more often than positively. Most of them regarded resilience as a burden on their shoulders and assumed that anxiety came along with it. For instance, Tuna wished he had never gone through ACEs and did not demonstrate resilience. Resilience also gave some participants the power and confidence to manage and navigate life, such as for Kevser and Nazım. Elif emphasized that adaptability for changing circumstances was the positive aspect of

resilience, but it led to exhausting acts of self-compromising and people-pleasing. As it can be understood, their perceptions of resilience were shaped by what they attributed to it. Although Kevser struggled with adapting to adversity, she did not struggle with appearing strong to others, which she attributed to resilience. As a result, she was happy with the outcome, albeit others might not agree, because she did not fit their definition of resilience. Such an individual stance on resilience aligns with the study of Mahdiani and Ungar (2021) in which they problematize the challenges of who defines the state of adversity and who determines what outcomes are considered positive.

For the majority of participants, resilience was unfair since they had to cope with extremely deleterious events that needed could have been prevented otherwise. The only way they could survive was to study hard despite every negative outcome that they had to face with. Tuna stated that he was not offered any choice other than being resilient. He would either die or strive to live. Most participants tried to find help from other people or organizations but were ultimately left alone. Additionally, they mentioned how lonely they had been feeling throughout those early years of adversities. Merve contended that individuals tended to normalize these adverse experiences, as the notion of having to succeed despite a challenging history of ACE was becoming ingrained in the culture, which was strikingly stated in her own words as: *"Are you harassed? It's not a problem. Are you being beaten? It's not a problem. They make you stronger. It's becoming like a prerequisite now."* Hence, it can be inferred that those people complimenting victims today left them alone in the past, which suggests how socially driven problems are individualized Wischmann (2021). Nonetheless, resilience is defined in a non-individualized way by UNICEF (n.d.).

Participants agreed that resilience made them more confident, successful, powerful, solution-oriented, and resistant to challenging situations. However, they were not as happier and healthier as supported (Frey & Stutzer, 2002, as cited in Joslyn, 2016). Many of them also believed that they had psychological problems, because they tried hard to demonstrate resilience. They performed well academically, yet always striving for success made them feel anxious and inadequate. This finding coheres with previous studies that also documented exhausting aspects of having to demonstrate resilience (Luthar, 1991; Luthar et al., 1993). However, Poole and others (2017) found that resilient individuals who were exposed less to adverse experienced experienced less depression. Also, Campbell-Sills and colleagues (2006) suggested that those highly resilient individuals showed fewer depressive symptoms even though they were exposed to higher levels of emotional neglect. Furthermore, Bellis and colleagues (2018) supported that if people with four or more ACEs and showed resilience, the probability of health problems significantly decreased.

Participants appeared to be more perfectionists than typical adults, which led to their feelings of anxiety. Since they did not perceive any form of support other than academic accomplishment, they made an effort to maintain it and, as a result, associated their sense of worth with it. They felt tired and wished to be valued even if they were unsuccessful. It became clear that the majority placed more emphasis on academic resilience. They made much effort to bridge the gap between themselves and others in every domain, yet there is still clearly a disparity between those with and without ACEs, especially in terms of well-being. In that regard, this finding is consistent with Mahdiani and Ungar's (2021) theory, which holds that extreme resilience, which manifests as high hope or self-improvement, may have unfavorable effects in specific circumstances. On the other side, some researchers discuss

whether or not people suffer from psychological problems for the purpose of demonstrating resilience (Masten & Coatshworth, 1998). These researchers suggest that reduced stress levels and fewer psychological issues are associated with high resilience. Additionally, those individuals exhibit similar outcomes to their peers with low adversity (Bellis et al., 2018; Campbell-Sills et al., 2006; Masten et al., 1999; Mcdermott et al., 2020; Poole et al., 2017). As a result, current findings contradict those studies. This might be due to the fact that participants placed much emphasis on academic resilience rather than other forms of resilience, or the more they showed resilience, the less they experienced psychological problems (Goldenson et al., 2021). If the participants had demonstrated emotional resilience, they might have had less experience with psychological problems and showed higher SWB. Supporting this, Tranter and others (2021) indicated that showing emotional resilience might give rise to higher psychological well-being. Yet, Martin and Marsh (2006) suggested that showing academic resilience was also related to some positive psychological and educational outcomes. Their study showed that some factors, such as low anxiety and persistence can predict academic resilience. Even though the participants were persistent, they did not have a low level of anxiety. Furthermore, they might not exhibit resilience in areas other than academics, even though they felt resilient. As it is stated in Denny and others' study (2004), experiencing depression may be a sign of lower emotional resilience. Thus, there should be more effort into promoting other resilience areas than focusing only on academic resilience.

Almost all participants acknowledged that they did not show resilience in every area. Since they regarded academic resilience as their protective factor, most could only demonstrate resilience in the academic domain, which is consistent with findings in the literature (Wang et al., 1994). Some claimed that they had emotional

or behavioral resilience, but they were few. In addition, they did not encourage this resilience in the same way that they did academic resilience. There were also some contradictions in their sentences. Some participants were successful at school but were troubled children, had negative relationships with others, and exhibited internal and external problems. Merve acknowledged that she displayed emotional resilience, which she did only occasionally; she also shared experiencing some problems, such as fluctuating emotions. However, she stated that she hide it from people. Some others, like Elif, felt resilient in other areas as well.

Overall, participants did not demonstrate resilience across all areas, but they did so in at least the area of academic resilience. Some studies confirm this finding by stating that it is possible to demonstrate resilience in academic life but not in social areas or vice versa (Cicchetti, 2013; Kaufman et al., 1994; Luthar et al., 2000). Luthar and colleagues (2000) contend that it is unjust to demand that a child exhibit resilience in all areas when we do not even anticipate it in a typically developed child. Even though this finding contradicts some studies that define resilience based on only observable criteria such as academic success (Demuth & Brown, 2004; Mendez et al., 2002) and others that only focus on internal criteria such as well-being and low levels of anxiety, it is in line with other studies that focus on both observable and internal criteria (Amato & Anthony, 2014; Fergusson & Horwood, 2003; Luthar et al., 2000; Masten et al., 1990, Masten, 2001).

Some participants claimed that they were not always resilient. Some were resilient before but were now experiencing difficulties, whilst others were not resilient before but developed resilience later over time. Likewise, previous research emphasizes that resilience cannot be generalized and permanent across time but rather is complex and changes frequently (Luthar et al., 2000; Masten & Barnes,

2018; Masten & Powell, 2003). In addition, the results of a grounded theory study that explored women's narratives of recovery from child sexual abuse revealed that lower resilience was linked to exposure to additional trauma and resilience itself was described as a non-linear process (Banyard & Williams, 2007). For example, the participant Bengi did not previously exhibit behavioral resilience against the use of drugs and had internalizing and externalizing challenges, but she could now manage it better. Similarly, Zeynep was no longer anxious as she was in her childhood and adolescence years, which means that she developed the resilience necessary to cope with her anxious feelings over time. Previous studies with adolescents identified resilience in various areas, but fewer showed resilience when they became adults (Yule et al., 2019). Similarly, even though current participants showed resilience despite their ACEs, some did not show resilience before. As a result, this finding contradicts those studies that suggest behavior rates remain constant over time (Bell et al., 2015; Proctor et al., 2010) as well as those that claim children's long-term outcomes frequently show that a significant portion of them who experienced maltreatment exhibit resilience later in a way that lasts for the rest of their lives (Mendez et al., 2002; Proctor et al., 2010).

The current findings regarding resilience in the face of ACEs indeed suggest that participants with a history of ACEs are not doomed for the rest of their lives and can develop and demonstrate resilience over time. Similarly, research shows that exposure to ACEs may not necessarily lead to persistent adverse effects throughout life and that individuals may demonstrate resilience and thrive. For example, some Romanian orphanages that were victims of severe physical and psychological deprivation demonstrated positive results in the future (Ames, 1997; Rutter, 1998). Likewise, childhood adversity was found to be related to adult

depression for participants with lower resilience scores compared to higher scores (Poole et al., 2017). According to Masten and colleagues (1990), children who are exposed to prolonged adversity are reported to bounce back, do better, and recover quickly when some protective factors are provided, such as decent and stable care and a positive relationship with an adult, engaging with caregivers or peers, and interest in arts, sport, and academics. The future well-being of children exposed to ACEs can be improved by raising protective factors and lowering risk factors, as well as by improving the quality of the immediate environment for children and enhancing their resilience.

In conclusion, participants of this study considered themselves resilient, but not in all areas. Academic resilience was more prevalent than other types, such as emotional and behavioral resilience. Their perspectives on resilience differed, but some shared common criteria such as surviving, adaptation, and power. Although some had positive perceptions about their resilience, most felt like it was a burden and brought some difficulties, including anxiety, depression, low self-worth, and people-pleasing. However, as stated earlier, this may be the reflection of low emotional resilience. Lastly, their resilience changed over time, which suggested that they were aware resilience was not permanent and could alter.

5.3. Research question 3

How do university students with high and low SWB who were exposed to ACEs at home in early years of life and perceive themselves as resilient describe their current subjective well-being (SWB)?

SWB can be seen as the component or specific form of well-being that encompasses how individuals evaluate their own lives (Diener et al., 2018).

Happiness can relate to the attributes of subjective well-being as well as positive feelings, long-term life satisfaction, or any other sort of well-being. Since there is widespread concern in society for the well-being of youth (Webster et al., 2021), it is critical to investigate youths' current SWB. The third research question was formulated in response to this need. The superordinate theme of "consequences of ACEs" emerged address this research question. Relatedly, five subordinate themes were yielded: the state of happiness and prosperity, psychological and physical challenges, negative carryovers, undesirable feelings, and positive characteristics.

Diener and colleagues (2018) argue that SWB is a process rather than an end result. Similarly, the accounts of participants in this study suggest that they perceived their well-being more as a process or continuum than being a result. While Sedef was dissatisfied with her life in general, she believed she had started to feel better about her career decision. Zeynep claimed that she learned to feel better and how to increase her well-being over time. Similarly, Umay, who had the highest SWB score, stated that she acceptingly experienced ups and downs in her life. She had hopes for the future, but she also added that she was never completely content with herself. Even though participants' scores differed, their well-being varied depending on time, mode, and area. Overall, participants shared that they were getting better every year with the help of some protective factors in their current lives, such as therapy and supportive friends.

There was a noticeable difference of SWB quality between participants with higher and lower SWB scores. Kevser, Sedef, Elif, Tuna, and Feridun were less satisfied and happy, but several of them said they were much better now than in the past, suggesting that their SWB was gradually enhancing over time. Others with higher and average SWB scores, on the other hand, appeared happier, more

energetic, and optimistic and claimed that they were fine overall; they were satisfied with where they were at with their lives. Surprisingly, few participants with higher SWB revealed that they were dissatisfied with their life, unhappy, and occasionally contemplated suicide. However, these participants also made it clear that they would not commit suicide even if they consider it occasionally. Therefore, this finding contradicts some previous studies that established a relatively higher SWB being connected with happiness (Diener, 1984; Medvedev & Landhuis, 2018). However, as demonstrated by Diener and colleagues (2018), higher SWB may not necessarily predict favorable outcomes with all participants. Mosley-Johnson and others' longitudinal study (2019) found that having ACEs significantly affected low levels of life satisfaction. Therefore, it can be concluded that even if people with ACEs have higher SWB, they may experience a lower level of life satisfaction.

The participants were not entirely happy and satisfied, and this reflected on their daily lives. Even Umay, who had the highest SWB score, was rather dissatisfied with her life and strived to be a better version of herself. This could be attributed to unfair evaluations of her parents and teachers (Choi et al., 2019). Furthermore, most participants recalled negative past experiences and felt angry with their parents and blamed the system as well. They also expressed that they went through negative relationships with their friends. This finding contradicts with Diener and colleagues (2018) study which suggests people with higher SWB have better interactions with friends than others. At the same time, it supports their study in terms of showing that those with higher SWB exhibit several favorable characteristics or behaviors. Despite their ACEs, participants in the current study displayed favorable traits. The vast majority of them reported being more understanding, empathic, and

sympathetic. However, these features did not differ across those with high and low SWB, and they were the only favorable effects of ACEs.

Even though all the participants felt that they showed resilience, not all felt well in life and had high SWB. Therefore, it is difficult to claim that there is a direct link between resilience and SWB. Yet many studies suggest this tie between the two indeed exists (Bellis et al., 2017; Chen et al., 2021; Kelifa et al., 2021; Lin et al., 2004; Moreira et al., 2021; Satici, 2016; Qu et al., 2021; Yıldırım & Arslan, 2022), and enhancing resilience is one of the best ways to boost SWB (Fernández et al., 2020; Qu et al., 2021; Windle, 2011). Furthermore, by reducing adverse experiences and increasing resilience, it is possible to enhance psychological well-being (Bellis et al., 2017). In a similar vein, there is a negative relationship between certain types of ACEs and resilience, which in turn can be associated with lower psychological well-being (Chen et al., 2021). So, for these researchers there is a positive relationship between resilience and psychological well-being. However, in this study even if they had a favorable effect on each other, no direct association between resilience and SWB was identified. This finding aligns with studies that suggest resilience could result in desirable attributes like strong self-efficacy and a successful professional attitude (Harms et al., 2018; Kaloeti et al., 2019). However, it can also result in negative traits like the "it's all about me and getting what I deserve" mindset, which can undermine well-being (Harms et al., 2018). Some studies stated that through hope, there is an indirect positive connection between SWB and resilience (Martínez -Marti & Ruch, 2017; Satici, 2016). It appears that, according to participants' accounts, there is a connection between resilience and well-being, and yet this connection is more of an indirect nature than being direct, as previous research suggests.

Regardless of their SWB level, all participants reported having some problems in their current lives, such as psychological and physical challenges, unpleasant feelings, and negative reflections from their past. ACEs had a negative impact on their lives, despite the fact that they showed resilience and had a greater SWB. Furthermore, they linked those problems with their ACEs, as it is delineated in the following paragraph.

Almost all interviewees pointed out they currently struggled with psychological and physical challenges. Anxiety was the most prevalent psychological difficulty, and it led to other issues, such as insomnia and ADHD. Sedef and Tuna had severe insomnia; Elif had anxiety, ADHD, and borderline disorder that she brought from her past; Feridun had depression; Yavuz had anxiety and ADHD; Merve had anxiety and panic attacks; and Bengi dealt with anxiety and drug abuse problems. Beyond all these, some of them considered suicide occasionally, yet they also expressed that they would not commit suicide. During the member checking, the researcher aimed to meet with the participants with suicidal thoughts, especially to make sure that they were doing okay. Overall, even though they were getting better and some received professional help, they continued to have psychological and physical problems. Although these findings are in line with some studies, such as Iob's (2021) that found ACEs in several early life stages were linked to heightened depression symptoms in young adults, they are the complete opposite of some studies that link the absence of psychological disorders and well-being. For instance, Moore and Keyes (2003) asserted that the lack of physical and mental disorders is linked to well-being. In addition, Fernández and others (2020) maintained that depression, anxiety, and drug use appear to be the most important predictors of poor SWB. Yet, some participants in the current study shared that they

felt happy, had hope and aspirations, and had higher SWB scores. Research also found that a higher well-being rate was linked to reduced alcohol and cannabis consumption (Brown et al., 2021) while a higher ACEs was linked with poor diet, increased smoking and alcohol abuse (Bellis et al., 2017). Despite having a greater SWB, Bengi had been coping with the addiction, which for instance, provides counter evidence to these studies.

All these participants were successful for their entire lives, and at the time of the study, they studied at one of Turkey's premier universities. Regardless of their academic achievement, they had psychological and social problems, which contradicts some of the previous research. For example, studies found that higher academic success is associated with lower academic stress, higher subjective well-being (Choi et al., 2019), and greater life satisfaction (Diseth et al., 2012). However, nearly all participants in this study were stressed out and displeased with their lives and success. They were perfectionists, and their accomplishments were never good enough for them. For this reason, some experienced panic attacks, and some pushed themselves so hard to study hard that they sacrificed their psychological integrity. Those feelings and behaviors were shared by those with both lower and higher SWB. Participants with greater mental health, on the other hand, said they felt better than in the past. Therefore, it appeared that psychological health was a significant predictor of well-being (Edmunds & Alcaraz, 2021; Leiva et al., 2022; McEwan et al., 2007). Participants who were exposed to less adverse experiences, such as Yavuz and Zeynep, reported feeling better psychologically and having an average SWB. This finding was consistent with some studies (Bellis et al., 2017; Leiva et al., 2022).

Unsurprisingly, in conjunction with the current psychological and physical challenges they confronted, participants had to deal with many negative reflections

from their past. They experienced difficulties forming and maintaining healthy relationships. They refrained from sharing their emotions and had a fear of abandonment. Some did not want to get married or have children; some did not want to see happy father figures; some had less self-confidence and self-worth, had problems with emotional control, and the list goes on. Almost all of them had a trust problem with others. To summarize, they had various negative carryovers brought from their past ACEs which suggested their current psychological challenges.

In addition to mental health problems and negative reflections from their past, participants experienced unpleasant feelings in their current lives. They had more of those feelings as children and continued to have some in their adult lives. Worthlessness was a common emotion among participants. Because of this feeling, they defined their value by their academic success, which also brought numerous anxiety and physical problems to their current lives. Some of them expressed feelings of inadequacy in relation to worthlessness. Since they were made to feel like that in the past, now they had similar feelings and difficulties getting over it. Anger was another prevalent emotion. They stated feeling angry towards their parents, the system, and themselves. There were other negative emotions too, such as insecurity and loneliness. These undesirable feelings were shared by every participant in the study regardless of their SWB level. Related to these findings, prior research already established that ACEs have negative effects on people's future lives by influencing their health, emotional state, and well-being (Felitti, 2019). For some people, SWB is related to the existence of pleasant affect and the absence of negative affect (Diener, 1984; Satici, 2016). For this reason, Diener's study (1984) is in contradiction with the current findings in that her research indicates that if people have higher SWB, they have good feelings and thoughts.

All the problems and negative emotions that participants had today, positive characteristics, and their SWB appeared to be connected to their ACEs. They claimed they were unable to overcome the terrible feelings they had from their past, which caused sadness and dissatisfaction in their life. Even their perfectionism, which caused anxiety, stemmed from their early years, either from their parents or teachers. Sedef shared that she had sleeping and physical problems, but she refused to go hospital as though she deserved the pain she was going through. This instance shows that that when Sedef was younger, she may have somehow placed the guilt on herself, and now she was paying for it. Furthermore, Merve had to obey her mother, and now she had some problems refusing people; she had become a people-pleaser. In addition, the loneliness and neglect they experienced previously manifested itself now as having a large number of friends but feeling alone in a crowd. Some were oppressed and now afraid to be heard and seen; they tried to be invisible. Their fear of loss reflected today on their relationships with friends. Neverthless, they gained some positive characteristics. They indicated that because of their prior experiences, they were more understanding of individuals and did not pass judgment on others, but instead considered what those people may have suffered through.

Several other studies have well-documented the consequences of ACEs on the lives of children (Bellis et al., 2017; Corcoran & McNulty, 2018; Fu & Chen, 2023; Kelifa, 2021; Odacı & Çelik, 2020; Rhee et al., 2019; Riedl et al., 2020; Oshio et al., 2013; Ustuner-Top & Cam, 2021; Wu et al., 2022; Zhang et al., 2020). Rhee and colleagues (2019) indicated that higher risks of developing a psychiatric and drug abuse problem were linked to having any ACEs and had long-term effects on individuals' prospective psychological well-being. A study from China provided proof that ACEs have an ongoing effect on older adults' SWB (Fu & Chen, 2023).

Similarly, Mosley-Johnson and others (2019) underlined that ACEs were associated with lower life satisfaction, psychological well-being, and social well-being in the long term. ACEs, such as poverty (Allen et al., 2014; Diener, 2018; Edmunds & Alcaraz, 2021; Gentz et al., 2021; Leiva et al., 2022), parental absence (Maier & Lachman, 2000; Zhang et al., 2020), and maltreatment (Gentz et al., 2021; Wu et al., 2022; Zhang et al., 2020) can have negative impacts on individuals' SWB. Gentz and colleagues (2021) maintained that children exposed to violence might have lower SWB. They also discovered that the intensity of aggression is substantially linked to the SWB. Childhood maltreatment has also been linked to increased suicidal conduct (Johnson et al., 2002). Similarly, some of the participants in this study expressed suicidal tendencies. Recent research also found that poverty and psychological symptoms such as anxiety and depression were related to each other (Edmunds & Alcaraz, 2021). Along with maltreatment and poverty, parental divorce was found to be correlated with lower SWB (Amato & Anthony, 2014; Maier and Lachman, 2000; Størksen et al., 2005; Yárnoz-Yaben & Garmendia, 2016), greater depression and anxiety as well as negative relationships with others (Maier & Lachman, 2000; Chan & Chen, 2016; Størksen et al., 2005). However, for participants in this study, their parent's divorce was a relief. Therefore, it was not the divorce itself that affected them negatively but the consequences of the divorce, such as continual disputes within the family and single parenting. Nonetheless, they did not struggle academically, as some other studies found as well (Amato & Anthony, 2014; Himaz, 2009).

In conclusion, participants described their SWB as varying. They expressed feeling better with something, while feeling worse with another thing. However, overall, it can be inferred that their accounts were in accordance with the SWB scale.

Participants with higher scores reported being happier and more content with their lives, whereas those with lower levels reported unhappiness. However, when they elaborated on their emotions, it was evident to see their negative emotions and dissatisfaction with life. Some of them revealed that they thought about suicide on occasion and never felt good enough. Moreover, all participants had psychological or physical problems and negative carryovers from their past to present lives. Almost everyone suffered from anxiety, insomnia, depression, and attention deficit disorder. Furthermore, they all believed that what they had now, whether favorable or unpleasant, derived from their early life experiences. Therefore, no matter how well and resilient they felt, somehow, they experienced problems that affected their current lives. Nevertheless, it should be noted that with the help of some protective factors in their lives, they believed that they felt better than before. Positive relationships and therapy appeared to be quite beneficial in this regard. So, they were better than before, but probably not on par with those without ACEs.

5.4. Research question 4

What were/are the protective (and/or promotive) factors that help(ed) them overcome adversities and demonstrate resilience despite their ACEs?

Thanks to studies on initiatives that aim to reduce risk, increase resources, and enable protective mechanisms, it is increasingly possible to observe that children can develop and perform better in the face of adversity. (Masten & Coatsworth, 1998). Hence, special attention should be given to protective factors to lessen personal vulnerabilities or environmental risks. The superordinate domain "protective and promoting factors" that emerged in the study has identified the protective factors that helped participants demonstrate resilience and overcome

childhood adversities. This superordinate domain includes eight subordinate themes the names of which capture the protective factors that were commonly shared by the participants: Education for escape and liberation, having supportive people, personal characteristics, having hope and aspirations, coping strategies, the need to believe, therapy, and taking control of life. While the last two protective factors were exclusively associated with adulthood rather than childhood, the rest belonged to both childhood and adulthood.

Education by itself emerged as a significant protective factor for almost all participants, given that it served an escape chance from their chaotic early environments, and it led to other protective mechanisms, such as friends and teachers, a place to feel free and secure. For some participants, demonstrating educational success was the only thing they could hold on to survive and have a better future. This protective factor seemed to be one of the most effective motivations for participants to live and have hope for the future. It appears that this motivation stems from desperation and desire to be approved, valued, and loved, which is why academic success also led to anxiety for most participants. This factor would have been far more effective in improving their SWB and resilience if they had received unconditional love and support at school and home. Children that exhibit resilience have been able to hold onto or acquire important resources that act as the basic safety nets for human growth (Masten & Coatsworth, 1998). Likewise, it is suggested that secure and nurturing early education environments that allow children to play freely enhance resilience by promoting self-regulation and self-efficacy, which indeed can be a significant protective factor (Sciaraffa et al., 2018). Previous research also identified education and school to be protective factors. For instance, secure and supportive schools and a sense of belonging to school were

reported as significant protective factors (Erdemir, 2022d; Ekman et al., 2021; Gentz et al., 2021; Masten & Barnes, 2018; Moore & Ramirez, 2016; Njobati 2021; Sevil-Gülen & Demir, 2021; Yule et al., 2019). For participants in this study, the same was the case in terms of holding onto school and aiming educational success serving as protective factors.

Having supportive people in one's life emerged as another protective factor. Since the ecological model (Bronfenbrenner, 1986) and family resilience theories (Masten & Monn, 2015; Walsh, 2016) were adopted as the underlying theoretical frameworks, the specific importance of families should be highlighted. The first environmental protective factor a child may have is their parents or caregivers (Masten et al., 1990), and parental engagement directly affects youth resilience (Sevil-Gülen & Demir, 2021). For this reason, to support children and their resilience, their parents' resilience should also be promoted (Joslyn, 2016; Cheng et al., 2016), since they affect each other (Bronfenbrenner, 1986). A qualitative study conducted with low-income urban parents of young children who had experienced ACEs revealed that resilience can be enhanced by open communication, demonstration of love, and close family ties (Woods-Jaeger et al., 2018). Therefore, recent intervention programs aiming to enhance nurturing parenting are deemed successful in supporting children's wholistic development, thereby enhancing resilience (Heckman et al., 2020).

However, this crucial protective mechanism of supportive parenting was absent in accounts of current participants. As a result, participants had to rely on other people from their proximal environment as protective factors, rather than their parents or caregivers. Those were mostly their teachers, friends, partners, neighbors, grandparents, and siblings in childhood and adulthood. In this study, it was also

found that teachers' support was remarkably beneficial and helped many of the participants to survive and develop resilience. Likewise, research suggests that because preschool teachers may offer additional support during stressful moments, they can create a solid and caring bond that is especially important for children who have been through trauma (Sciaraffa et al., 2018). Thus, early childhood educators may offer a layer of protective factor for children who face difficulties with their parents. This study shows that supportive and loving people beyond the family appears more beneficial than any other human factor for children's resilience and their ability to cope with adversity. The reason can be the quality and durability of relationships, as suggested in previous research. For example, a relevant study found that non-family adult support was not found as an overall mediator, probably due to a lack of evaluation of the relationship's quality, consistency, and length (Moore & Ramirez, 2016). On the contrary, in a retrospective study, it was suggested that having trusted adults who support children continuously is a significant protective factor, which encourages children to develop resilience and reduce risk factors, thereby boosting psychological well-being. Similarly, Bellis and colleagues (2018) stressed the critical role of trusted adults in children health.

Except for parents and caretakers, childhood friendships appeared to play a major role in participants' lives. Participants with higher SWB reported having positive relationships with their friends. They had someone to play at school or on the street. Furthermore, the majority of them currently had those kinds of relationships with their friends. On the contrary, participants who were alone in their childhood, such as Sedef, Kevser, Feridun, and Elif, had relationship challenges with their friends in their current lives. They were also the ones who had low SWB levels. In addition to friends, teachers played a crucial role in their childhood. When they

assisted at-risk children, such as Umay, they served a substantial protective factor. Moreover, their role was critical not only in early years but also at university. Some participants stated that both the teachers themselves and the additional protective aspects and safety nets they provided helped them to a large extent. Similar to these current findings, research shows that stable, high-quality parenting skills (Erdemir, 2022b; Masten et al., 1990; Sameroff, 2000), presence of trusted, caring parents and caregivers (Mariscal, 2020; Masten & Barnes, 2018; Sevil-Gülen & Demir, 2021), having supportive and close relationships with other people or community (Hetherington & Elmore, 2003; Putnam, 2006; Sciaraffa et al., 2018), positive peer relationships (Bellis et al., 2018; Moreira et al., 2021) serve as important protective factors in the lives of children with ACE history.

The current findings show that personal traits of participants were indeed their protective factors. For some of them, perseverance, stubbornness, help-seeking behavior, and patience were useful in lessening the detrimental impacts of ACEs. They did not give up no matter how much they were pressed and left alone; they were patient, optimistic, adaptive, and friendly. They expressed that it was all these personal traits that helped them survive. Accordingly, various studies confirm this finding. Personal attitudes (Abelev, 2009; Bolger & Patterson, 2003; Ruiz-Román et al., 2020; Schimmenti et al., 2020; Masten et al., 1990), optimism (Ekman et al., 2021; Masten & Barnes, 2018), positive outlook to the future (Oshri et al., 2018), and social and adaptive skills (Mariscal, 2020) were reported as protective factors in individuals' lives. For instance, Schimmenti and others (2020) indicated that depending on the temperament and other inborn features of a certain individual, child maltreatment may or may not play a crucial role in the development of psychopathy.

Hence, neuropsychiatric disorders may not be developed if individuals have certain characteristics, and these characteristics can serve as protective factors.

One of the most common and critical protective factors for participants was having hope and aspirations. When there was no one around to support them, or when there was chaos at home, they hung on to their hopes and aims for the future. They expressed that they were aware of another life, so they did not give up and focused on the possibility of a bright future. The primary objective for them was to get rid of the house and all of the negative experiences they had. They also continued to have aspirations in their current lives. Most of them expressed their desire to save children who underwent similar adverse experiences. Some shared that they chose to become teachers simply because of their wish to make a difference in the lives of children, and this aim still kept them alive. Aligned with this finding, optimism (Ekman et al., 2021; Masten & Barnes, 2018), a positive outlook on the future (Oshri et al., 2018), and hope for the future (Sparks et al., 2021) are reported as protective factors. Likewise, in interventions that intended to help people with childhood trauma, hope was documented to be a crucial targeted outcome (Munoz et al., 2020).

To isolate themselves from the chaos at home, all participants developed various coping strategies, which served another protective factor in their life. These means of coping strategies included predominantly daydreaming, engaging with hobbies, reading, and playing. Finding opportunities and friends to play with was crucial in their childhood, as they used their imagination and play to escape what was happening at home. Even though these strategies were mostly used in the early years, some still had various methods that they employed today. For example, Bengi was distracting herself by decorating her room and watching movies, and she was now also engaged in music and movies. The finding of engaging in hobbies and other

activities contradicts Burton and Marshall's (2005) study where the engagement in extracurricular activities did not serve as a protective factor for youth, regardless of whether they were deemed to be at risk of involving in delinquent behavior. However, the focus of this study was solely on whether or not the delinquent behavior was demonstrated. On the other hand, Werner (2000) supports that special talents and hobbies are protective factors in childhood and adolescence for those subjected to parental mental illness, poverty, and multiple other risk factors.

Although believing in something was not a common protective factor shared by all participants, it was suggested as a quite powerful protective for those who believed. Tuna, Elif, and Merve believed in God, and in addition to fear of God, God also provided them with a sense of support and encouragement. They believed that believing in God kept them alive for a long time in their childhood. However, some completely lost or were on the verge of losing that belief in their current life. Beyond God, Zeynep proclaimed her faith in the good weather and Atatürk, the founder of the Republic of Turkey. Therefore, regardless of the limited number of people who had faith as a protective factor, believing in anything supported and safeguarded some of the participants, particularly in their early years of life. In general, previous studies confirm this finding by stating that strong religious orientation, spirituality, and faith are protective factors (Kartika, 2017; Mariscal, 2020; Masten, 2014b; Masten & Barnes, 2018; Werner, 2000).

Lastly, therapy and taking control of life came up as adult-only protective factors. At different ages and stages of development, children have diverse vulnerabilities and protective factors (Masten et al., 1990). Children should be able to reach therapy and have control over their life as a more comprehensive protective factor they require at that age. Given that participants were neglected and abused as

children, caregivers did not prioritize their psychological health. Therefore, participants could only manage to receive professional help as adults. Those who took therapy shared that it was one of the most effective protective factors in their lives right now. With the help of therapy, they learned to be compassionate with themselves. It seemed that therapy was the reason why they started to feel better every day. Several studies found that trauma-focused therapy plays a critical role as a coping mechanism for people with ACEs (Machado et al., 2020; Perry & Cuellar, 2022). Different therapy methods can function as a protective factor and foster resilience. For instance, a qualitative study conducted with young women with ACEs showed that using Equine Assisted Psychotherapy (EAP) enhanced their resilience (Craig et al., 2020). In addition, a study conducted in Turkey showed a medium and negative association between resilience and depression during the COVID-19 pandemic, which led the researchers to advise that those with greater levels of depression should receive more psychological support (Karaşar & Canlı, 2020). Moreover, during the keystone study of ACEs, Dr. Felitti and other scientists tried to understand patients' adverse experiences by asking, listening, and understanding. According to them, this method helped lessen traumatic shame, which had the unintended consequence of triggering symptoms associated with stress and, as a result, doctor visits (Felitti, 2019).

Participants had no control over life in early years. They gained the power of deciding or changing something when they were grown-ups. This ability to direct their own lives allowed them to seek additional protective factors, such as therapy, as well as engage in and focus on activities that made them feel better. Research shows that treatments in the form of a therapy can minimize the effects of ACEs and can avoid future victimizations (Eirich et al., 2020), and counseling and support

programs are protective factors for young people with ACEs (Masten & Powell, 2003). Few articles in the literature discussed the protective effects of therapy and taking control of one's life. However, the effects of taking therapy and control over life support other protective factors as well. Taking therapy, for example, can help you better understand yourself and those around you, which improves your relationships with friends and other people.

All the protective factors mentioned above are critical for individuals with ACEs. However, they could be even more effective if they are tailored according to the specific needs of individuals, as suggested by Sameroff and colleagues (2003). Individual actions that appear to be protective in one context may be ineffective in another (Masten et al., 1990). For example, where an unfavorable family environment was formerly a risk factor, a favorable family climate can now be a promoter (Sameroff, 2000; Sameroff et al., 2003). Thus, in the case of current participants, it would be effective to assist their family in strengthening children's resilience and SWB, since their risk factors were primarily within the family. Aligned with the frameworks of this study, family resilience should be increased for children to develop resilience, as they cannot be separated from each other (Bronfenbrenner, 1986; Masten & Monn, 2015; Walsh, 2016).

In some participants' lives, risk factors outnumbered protective factors. The majority of these participants were those with a low SWB. However, some participants, like Umay, Bengi, and Merve, had higher SWB, along with various risk factors. For them, the protective mechanisms were most likely greater than the risk factors, which necessitated extensive safety nets and supportive personal characteristics. However, some participants, such as Elif, had the polar opposite. They had different types of protective factors, but this did not lead to higher SWB or

resilience in diverse domains. This finding is consistent with the study of Masten and colleagues (1990). They noted that the presence of protective variables may not necessarily translate into resilience. Parental adaptation efforts, for example, may be insufficient if a child is too vulnerable or the severity of the trauma is too great to overcome (Masten et al., 1990). It was already known that resilience could be encouraged by reducing exposure risk, improving resources and assets, and strengthening strong protective mechanisms (Masten, 2014b) because people may have various risk factors in addition to protective factors in their lives (Masten& Coatsworth, 1998). Therefore, the aim should be increasing the protective factors; yet in this study, participants shared how their parents tried to undermine protective factors and isolate their children. Merve's mother hindered her from obtaining the necessary protective factors. for instance, she attempted to learn whether there was something called children's rights and something not to beat the child, but her mother threatened and scared her away. Elif's mother restricted her from joining social life and making friends. She even limited her school choice. Relatedly, some studies suggest that the greatest threats to human growth are those that compromise the protective factors (Masten, 2001; Masten, 2014b).

In conclusion, protective factors unquestionably improved participants' SWB and encouraged them to develop resilience. The protective factors that they shared were education for escape and liberation, having supportive people, personal traits, hope and aspirations, coping strategies, the need to believe, therapy, and taking control of life. It was significant that participants with higher SWB reported having more protective factors. These factors were generally the presence of caring adults and friends. Those with low SWB, on the other hand, lacked additional support mechanisms. Besides, participants with higher SWB had those supportive adults and

friends in the early years of life, whereas others had them in adulthood or never. The hope and aim of getting rid of where they lived increased participants' academic resilience, which was connected to feeling loved and cared for by their parents and teachers. At some point, though, this mechanism caused them to have low self-worth. It appears that if parents or teachers demonstrate their attitude towards children by supporting them in all areas, not only in academic success, and by making them feel loved in all circumstances, academic resilience will develop from an intrinsic motivation, which in the end, can reduce the risk of depression and anxiety in the future.

5.5 Discussion of findings based on theoretical frameworks

The findings of this study resonate with family resilience theories (Masten & Monn, 2015; Walsh, 2016) and the ecological model (Bronfenbrenner, 1986). Bronfenbrenner (1986) sought to answer "How do extrafamilial conditions affect intrafamilial processes?". He believed that the effects of external environment on families, hence on children's development, cannot be ignored. Different external systems have been developed to demonstrate the impact of the surrounding environment on individuals' development. He acknowledged that no single factor affects people; rather, it is a result of the interaction between various factors. Therefore, what happens in the home environment can affect the child's success at school, or what happens in the parents' lives affects the child at home. Hence, what the family is going through, such as poverty, reflects on their children and well-being, as shown in this study. In the case of the current participants, those families who experienced poverty impacted their children's well-being by leading them to live in non-stimulating and dangerous neighborhoods. In addition, experiencing

poverty caused parents to develop psychological problems and reflect them on their children, such as Elif's mother, who had anxiety due to financial difficulties. Even, her family's limited relations with others affected Elif and reflected on her future life by leading her to experience difficulties engaging with others.

Similarly, nearly all participants' parents were neglectful and used violence against their children. These chaotic and adverse relationships in the home environment influenced the participants when they were children and adults. In addition, those were reflected in other parts of their lives, such as relationships with friends and behaviors at school. For instance, Merve was involved in fights at school, Tuna harmed public property, and Feridun could not speak for a long time and had difficulties having friends. Also, the effects of teachers, friends, and other community members, such as neighbors, were undeniable and emerged as important findings in this study. This binding effect on children's lives supported the importance of the environment in their lives in both positive and negative ways. Even though supportive and caring adults positively affected children's lives, negative attitudes toward them, such as the parents and the bullying teacher that Sedef had at school when she was a child, were an example of this effect. On the other hand, Umay and Zeynep provided examples of how adults created safety nets in participants' mesosystem and assisted them in addressing their needs they sought. Thus, we can observe similar findings in this current study that support Bronfenbrenner's (1986) theory. It was impossible to ignore the interactions between systems. However, the participants did not share how they affected their parents and other systems, yet this effect may also be present.

Policies and intervention programs that should be developed and suggestions for teachers and caregivers may have a substantial impact on children's lives as

suggested in Bronfenbrenner's theory of ecological model (1986). The positive changes in the social context can create differences in the exosystem, which in the end make an influence on children's lives. For instance, paternity leave, fewer working hours, or the fathers' importance in a child's life should be arranged by the government and its policies, because this study identified the critical role of fathers and the prevalence of paternal absence and its consequences on children's future lives and well-being. Interventions should include both parents and children, if possible, their parents as well, by considering the ecological model. Moreover, providing equal rights for every child to reach high-quality education, especially early childhood education, would be one of the most effective interventions for children to build resilience and have higher SWB in the future.

Another theoretical framework, the combination of family resilience theories (Masten & Monn, 2015; Walsh, 2016), support the findings of this study. Masten and Monn (2015) defined resilience extensively to include various interacting systems. Similarly, for Walsh (2016), in a systems paradigm, family resilience builds capacity via processes that involve interactions between family members and between the family and other systems in the community or broader environment. Hence, they focus on enhancing not only individual child's resilience but also families as a whole. The ecological systems model (Bronfenbrenner, 1986) also underlines the interaction between systems in that supporting the resilience of families will prolong children's resilience. The integration of these frameworks shows that the interaction between people and systems could shape the family, therefore, the individual (Masten & Monn, 2015).

The roots of family resilience studies can be found in studies on adversity; however, the emphasis is on the family unit rather than on individuals (Masten &

Moss, 2015; Walsh, 2016). A family resilience approach that believes in the potential of at-risk people and supports their best efforts to make the most of their lives aims to find and include those who can make investments in their healthy growth and well-being (Walsh, 2016). For this reason, a new wave of multiple-level, integrated systems research on resilience has much to contribute. In the interests of enhancing science, intervention, and professional training, the time has come for a more concentrated effort to integrate theory and information from the child and family resilience traditions, as well as other disciplines of research on human resilience across the lifespan (Masten & Monn, 2015). In that sense, family dynamics have been studied as a means of fostering children's resilience (Masten &Monn, 2015; Walsh, 2016). Thus, they suggested that integrated models would take into account the processes through which one functional area of a system gradually influences another area. For instance, how a change in family patterns can affect a child's behavior can be an example of this. Their suggestion of combining the theories of children and family resilience was adopted in this study, because it is evident that although participants developed resilience in some areas, they would perhaps not be able to sustain it over time. It is also possible that if they had been supported by their parents and their resilience would have been developed together, they would have demonstrated resilience in areas other than only in the academics.

Numerous studies have demonstrated the significance of relations in fostering and maintaining personal resilience (Walsh, 2016). Therefore, the relationship with the family and its effects on children’s resilience and well-being cannot be ignored. Importantly, families cultivate various adaptive qualities in children that create a capacity for adaptive development and resilience in the future, in addition to their direct roles in safeguarding children from immediate hazards. Families play a critical

role in transmitting resilience down through the generations. (Masten & Monn, 2015). Family resilience is viewed in family theory and practice as a continuous process with developmental variations and obstacles that pass-through life cycles, where success or failure to adapt can affect the function and well-being of the family as a whole as well as for individual family members (Walsh, 2016). As a result, on-time and specialized interventions in the lives of children or families may progress gradually forward to affect future adaptation at several levels (Masten & Monn, 2015). Most participants in this study indeed hated their parents and did not perceive the family as a unit. Since the hate and anger were still intense, and they currently had other problems with their family, sustaining resilience and overcoming the difficulties together seemed to be impossible. As family resilience theory suggests, early intervention programs tailored to the unique needs of families and children can promote future well-being and resilience.

According to Walsh (2016), stress levels and adversities can be declined, development and healing can be encouraged, and families living in excessive adversity can be empowered by family resilience. Even though families can mediate the various risk factors for their children (Masten &Monn, 2015), according to participants' experiences, almost all of their parents did not function positively; hence, they did not have family resilience. If parents' resilience was enhanced, the possibility of reflecting on the other adversities outside of the family could be mediated by them (Masten &Monn, 2015). In this study, parents exposed children to adversities as well as reflected other adversities that they had on their children. Participants had been exposed to maltreatment by their parents and had to deal with domestic violence and the anxious behaviors of their parents. In this regard, enhancing resilience for both family and children is assumed to be the best system to

promote children's well-being and resilience later in life. The family resilience theories aim to link child and family resilience together. Instead of focusing only on positive views of self, routines and rituals for individuals, self-regulation and problem-solving skills, they focus on positive views of family, family routines and rituals, balancing family demands, and collaborative problem-solving. According to Masten and Monn (2015), to achieve this integration, there are some requirements, such as defining the pathways of adaptive function in children and families or identifying the processes that promote adaptive development in children and families and how these effects spread across systems.

To achieve holistic resilience that focuses on the person as a whole by including well-being, we should understand that a person is embedded in a family and a society rather than being sole individuals (Walsh, 2016). For instance, closeness and belonging to the family are major elements of family resilience (Walsh, 2016). However, almost none of the participants had close relationships with their parents. It is possible that their well-being and resilience level and areas would have been higher and more diverse, if they had close relationships with their parents and had family resilience. In addition, it should be noted that while families enhance child resilience, family resilience is also enhanced by communities (Walsh, 2016). Resilient families respond well to adversity in a variety of ways, and family members act together to overcome adversity (Walsh, 2016). However, participants' parents acted in more individual and disassociated ways. For example, Elif stated she was shocked when her boyfriend said, "What can we do to solve this disagreement?", because they were not against each other but were "we" and aimed to overcome difficulties together. Therefore, parental engagement and supporting families' resilience is crucial for children to achieve holistic resilience and attain higher SWB.

CHAPTER 6

CONCLUSION

This study explored university students' perceptions of their retrospective ACEs in relation to their resilience and current subjective well-being (SWB). The study also explored the differences in protective factors between individuals with high and low levels of SWB. All participants had been exposed to more than one adverse experience, and they were interrelated with each other and other risk factors. Besides, the higher risk factor was linked with greater problems that were related to health, including anxiety and insomnia. In terms of perceptions of resilience, the study identified that the term was perceived negatively more than positively. Even though participants agreed that resilience made them more confident, successful, powerful, solution-oriented, and resistant to difficult situations, the majority believed that resilience was a burden that brought about certain problems, such as anxiety, depression, low self-worth, and people-pleasing. Participants did not build resilience in all areas. They all demonstrated academic resilience, but only a few demonstrated resilience in other domains, such as social and behavioral resilience. It was also identified that their resilience was not permanent and varied over time. Even though all participants believed they were resilient, not all were content with their lives and had high SWB.

Findings suggest that some participants had higher SWB despite exposure to multiple and intense adverse experiences. Also, regardless of having higher or lower SWB, all had excellent academic achievement. However, despite showing resilience and higher SWB level, this study concluded that all participants experienced psychological or physical challenges, unpleasant feelings, and negative carryovers in

their lives, such as anxiety, depression, drug abuse, insomnia, and forming and sustaining relationships. In addition, the reason why some participants had higher SWB despite high-risk factors when compared to participants with lower SWB was that they had more protective factors. The study interprets that the presence of caring and supportive adult and peers is one of the most important protective factors in a person's life. Participants with higher SWB had such supportive adults and friends earlier in life than those with lower SWB, or never at all.

6.1. Significance and implications of the study

The significance of this study stems from a variety of factors. First, it addressed the gap in the existing literature by examining SWB and resilience together among university students with a history of ACEs. Second, this study explored resilience from a critical standpoint by highlighting not only its strengths and positive aspects but also drawbacks and negative aspects. Third, the interpretative phenomenological analysis undertaken in this study improved its significance by making it possible to understand in-depth youths' lived experiences of ACEs and the extent to which those ACEs were related to their current well-being. Thus, the analytical approach afforded a robust methodological lens on these focal areas of the study. Fourth, the study makes an important contribution to the strand of qualitative research on ACEs, as there is a dearth of research in this area and the majority of existing studies are quantitative. Fifth, the study is significant because it provides a retrospective analysis of participants' ACEs along with protective and promoting factors for resilience. Thus, not only the ACEs but the relevant factors that helped participants build resilience were explored. Sixth, findings extend the discussion of the theoretical conceptualizations of resilience by describing the mechanisms by which resources

for resilience at the individual and family levels interact to improve university students' subjective well-being.

This study emphasizes the influence of agents in proximal environment of children on their early experiences, including parents, other family members, teachers, and peers. Demonstrating the critical role of these agents in the future lives of children with ACEs may encourage them to interact positively with those children by raising their awareness. Thus, the findings of this study offer significant implications for educators and policymakers.

The role of early childhood education (ECE) is vital as it can serve a second microsystem and function as an early intervention strategy, especially when home microsystem does not function properly for the well-being of the child. In this regard, it is crucial to provide secure and quality education where children can be resourced by other protective factors, such as peers and teachers. Relatedly, ECE teachers' role is critical, as they can also function as early intervention professionals by supporting and encouraging children. For ECE teachers, it is vital to be aware of what types of things may trigger children with adverse experiences and what they need to cope with their adversities. To be able to gain this awareness, these teachers should be trained on trauma-informed care and practices. Besides, early intervention courses need to be integrated in preschool teacher education departments. Overall, the role of ECE and teachers is critical and can make a massive change in children's lives. They can serve as protective factors that help children build resilience in every area and attain higher SWB.

The study also has implications for policymakers to encourage parents to actively participate in their children's lives and develop three-generation intervention programs. In addition, the current study encourage them to guide holistic early

intervention programs that aim to promote children's well-being and resilience rather than concentrating on only one resilience domain (i.e., academic resilience). It is also crucial that intervention programs should aim family resilience rather than only individual resilience. The study revealed that participants' low self-worth and higher anxiety, which were connected with having academic resilience, were ultimately caused by the sole pursuit of approval and praise for academic accomplishments and the belief that they would not be cared for and loved if they had low academic success. Therefore, parents and teacher practitioners should express their love to children regardless of their academic success and support them in building resilience in other areas.

6.2. Limitations of the study

Even though this study has important implications, it also has limitations that should be considered in interpreting the findings. Firstly, the researcher had limited study time due to her impending graduation. As a result, the researcher could only meet with the participants twice during the data collection period and a third time with some of them for member checking. If there had been more time, the researcher could have met them more than twice, had long conversations with them, and observed them more precisely. Second, this study was based on only interview data. The researcher made an effort to gather other resources, including childhood diaries, but very few people shared them, and most were reluctant to share them. They claimed they had either boxed or thrown away those possessions, because they did not want to reflect on or remember the past. Third, only participant students themselves were interviewed. It could have been more beneficial to involve their parents, childhood friends, and current friends, as this would enable a more varied

perspective on their lives. However, since the topic was sensitive and most participants had been exposed to ACEs by their parents, it was difficult to achieve this. Finally, although the findings cannot be generalized, this study aimed to achieve naturalistic generalizability for those individuals with ACEs with higher and lower SWB currently.

6.3. Directions for further research

Findings of this study point to directions in which further studies can be conducted. Researchers can conduct a longitudinal study with the same participants at different times. This way, their SWB, resilience, and any change in their protective factors can be observed over time. Another suggestion for future studies is to use different data collection methods other than only interviews. If the study time is extended, researchers can develop greater rapport and receive some documents supporting the participants' data. Moreover, participants' friends and family members with close and genuine bonds can be included in the study. Also, the participants were recruited from only one top-ranked university. Different participants from various high-ranked and low-ranked schools can be focused to understand, since school culture and rank may affect their attitudes, SWB, resilience, and whether or not having psychological challenges.

Moreover, the ACE is a highly intimate and sensitive topic when working with adults. They may be readily triggered throughout the data collection process, especially during and after the interviews. As seen from the quotations of some participants, they sometimes expressed suicidal-related statements. Therefore, even though this study was approved by the ethical board, future researchers should have more comprehensive protocols for emergency psychological situations.

Lastly, even if it may be challenging to carry out, researchers can conduct applied intervention research that aim to improve not only academic resilience but also other resilience domains, then again collect data from participants and analyze their SWB levels. Alternatively, they can study with the students who have already attended a comprehensive intervention program.

APPENDIX A

APPROVAL OF THE ETHICS COMMITTEE FOR MASTER'S AND PHD THESES IN SOCIAL SCIENCES AND HUMANITIES

Evrak Tarih ve Sayısı: 01.12.2022-100174

T.C.
BOĞAZİÇİ ÜNİVERSİTESİ
SOSYAL VE BEŞERİ BİLİMLER YÜKSEK LİSANS VE DOKTORA TEZLERİ ETİK İNCELEME KOMİSYONU
TOPLANTI KARAR TUTANAĞI

Toplantı Sayısı	:	37
Toplantı Tarihi	:	30.11.2022
Toplantı Saati	:	16:00
Toplantı Yeri	:	Zoom Sanal Toplantı
Bulunanlar	:	Prof. Dr. Feyza Çorapçı, Doç. Dr. Arhan S. Ertan, Dr. Öğr. Üyesi Yasemin Sohtorik İlkmen, Dr. Öğr. Üyesi Ayşegül Metindoğan
Bulunmayanlar	:	Doç. Dr. Senem Yıldız, Dr. Öğr. Üyesi Harun Muratoğulları

Neslihan Şahin
Temel Eğitim

Sayın Araştırmacı,

"Dirençli Gençlerin Geriye Dönük Erken Çocukluk Dönemi Zorlayıcı Deneyimleri ve Mevcut Öznel İyi Oluşlarına İlişkin Perspektifleri" başlıklı projeniz ile ilgili olarak yaptığınız SBB-EAK 2022/82 sayılı başvuru komisyonumuz tarafından 30 Kasım 2022 tarihli toplantıda incelenmiş ve uygun bulunmuştur.

Bu karar üyelerin toplantıya çevrimiçi olarak katılımı ve oy birliği ile alınmıştır. Onay mektubu üye ve raportör olarak Yasemin Sohtorik İlkmen tarafından toplantıya katılan bütün üyeler adına e-imzalanmıştır.

Saygılarımızla, bilgilerinizi rica ederiz.

Dr. Öğr. Üyesi Yasemin
SOHTORİK İLKMEN
ÜYE

e-imzalıdır
Dr. Öğr. ÜyesiYasemin Sohtorik
İlkmen
Öğretim Üyesi
Raportör

SOBETİK 37 30.11.2022

Bu belge, güvenli elektronik imza ile imzalanmıştır.

APPENDIX B

FLYER FOR ANNOUNCEMENT OF THE STUDY (ENGLISH)

*Trigger Alert

This research includes challenging early childhood experiences such as poverty, parental divorce or death, and exposure to physical and/or psychological abuse at home.

Hello,

As a Boğaziçi University Early Childhood Education graduate student, I am conducting a thesis study. Within the scope of my master's thesis, I am researching the perspectives of resilient youth on their retrospective early childhood adverse experiences and their current subjective well-being. For this purpose, I would like to reach the volunteer students who are studying at

University and who meet the criteria written below.

- ◊ Being a bachelor's or master's student at XXX University,
- ◊ Exposing at least one of these adverse childhood experiences between the ages of 0-8 (1) poverty; (2) parental absence (mother, father, or primary caregiver) due to divorce, death, or other reasons; and (3) physical and/or psychological abuse and/or neglect at home,
- ◊ Regarding themselves as resilient[2] individual.

If you meet the criteria mentioned above, I invite you to participate in this study. First, you are expected to participate in an online survey, which lasts approximately 20-25 minutes, and then, if deemed appropriate by the researcher, you will be invited to participate in a face-to-face semi-structured interview, which lasts approximately 30-45 minutes. Your shared experiences and thoughts will only be used for scientific purposes in academic media in forms such as thesis, articles, or papers, and any information that may directly or indirectly reflect your identity (such as name, surname, city of birth, city of residence, registered university) is not included in these uses in any time.

[2] Resilience is defined as a process, a skill, or the result of successful adaptation in the face of challenging conditions and adverse experiences. It also refers to emotional and developmental outcomes that are better than expected, constructive adaptability to a high level of stress or violence and recovering from trauma.

If you want to volunteer to participate in this research, you can click on the link or scan the QR code to participate in the survey.

For any questions about the research, you can contact me via e-mail or phone.

Thank you for your support!

E-mail: XXX Phone: XXX

APPENDIX C

FLYER FOR ANNOUNCEMENT OF THE STUDY (TURKISH)

*Tetikleyici Uyarısı

Bu araştırma yoksulluk, ebeveyn boşanması veya ölümü ve evde fiziksel ve/ya psikolojik olarak olumsuz muameleye maruz kalma gibi zorlayıcı erken çocukluk deneyimlerini içerir.

Merhaba,

Boğaziçi Üniversitesi Erken Çocukluk Eğitimi yüksek lisans öğrencisi olarak bir tez çalışması yürütmekteyim. Yüksek lisans tezim kapsamında dirençli gençlerin geriye dönük erken çocukluk dönemi zorlayıcı deneyimleri ve mevcut öznel iyi oluşlarına ilişkin perspektiflerini araştırıyorum. Bunun için Boğaziçi Üniversitesi'nde okuyan ve aşağıda yazan kriterlere uyan araştırmaya katılabilecek gönüllü öğrencilere ulaşmak istiyorum.

- ◊ XXX Üniversitesinde lisans veya yüksek lisans öğrencisi olmak,
- ◊ 0-8 yaşları arasındayken (1) yoksulluk; (2) boşanma, ölüm veya diğer nedenlerle ebeveyn yokluğu (anne, baba, ya da temel bakım sağlayan birey) ve (3) evde fiziksel ve/ya psikolojik olumsuz muamele ve/ya ihmal gibi zorlayıcı çocukluk deneyimlerinden en az birine maruz kalmış olmak,
- ◊ Kendini dirençli/dayanıklı[3] bir birey olarak görmek.

Eğer yukarıda belirtilen kriterlere uyuyorsanız, öncesinde yaklaşık 20-25 dakika süren ilgili bir ankete katılmak, sonrasında araştırmacı tarafından uygun görülmesi durumunda yaklaşık 30-45 dakika süren bireysel görüşmeye katılmak üzere sizleri bu çalışmaya davet ediyorum. Paylaştığınız deneyim ve düşünceleriniz sadece tez çalışması, makale veya bildiri gibi formlarda akademik mecralarda bilimsel amaçlı kullanılacak ve bu kullanımlarda kimliğinizi doğrudan ya da dolaylı şekilde yansıtabilecek (isim, soy isim, doğum şehri, ikamet edilen şehir, kayıtlı olunan üniversite gibi) herhangi bir bilgi hiçbir zaman paylaşılmayacaktır.

Bu araştırmaya katılmaya gönüllü olmak isterseniz linke tıklayabilir veya QR kodu taratarak ankete katılabilirsiniz.

[3] Dirençlilik/dayanıklılık (resilience), zorlu koşullar ve olumsuz deneyimler karşısında bir süreç, bir yetenek veya başarılı bir uyumun sonucu olarak tanımlanır. Ayrıca, beklenenden daha iyi olan duygusal ve gelişimsel sonuçları, yüksek düzeyde stres veya şiddete uyum sağlamayı, bunlarla baş edebilmeyi ve/ya travmadan kurtulmayı ifade eder.

Araştırmayla ilgili her türlü sorunuz için bana mail adresimden veya telefon numaramdan ulaşabilirsiniz.

Desteğiniz için teşekkürler!

E-mail: XXX Telefon: XXX

APPENDIX D

PARTICIPANT INFORMED CONSENT FORM (ENGLISH)

Institution: Boğaziçi University
Project Title: Resilient Youths' Perspectives on Their Current Subjective Well-Being in Retrospect to Early Childhood Adverse Experiences
Thesis Advisor: Assoc. Prof. Ersoy Erdemir
E-mail: XXX
Tel: XXX
Researcher: Neslihan Şahin
E-mail: XXX
Tel: XXX
Consent Form: Online Questionnaire

Dear student,

I am Neslihan Şahin, a student of Boğaziçi University, Institute of Social Sciences, Early Childhood Education Master's Program. I invite you to participate in my master's thesis, in which I aim to examine resilient youths' perspectives on their current subjective well-being in retrospect to early childhood adverse experiences. The aim of this study is to analyze the experiences and current subjective well-being of university students who self-declared that they show resilience and were retrospectively exposed to adverse childhood experiences such as poverty, divorce, death or parental absence due to any reason, and physical and/or psychological abuse and/or neglect at home. Another aim of the study is to differentiate the protective/promotive factors of youth with high and low subjective well-being despite their adverse experiences in the early years. By participating in this research, you can contribute to the scientific literature.

If you agree to participate in the study, you will be asked to fill in a short form with your demographic information in the first step and then fill in a scale consisting of 46 questions called the "Subjective Well-Being Scale". Filling the form will take approximately 20-25 minutes. After completing the survey, you can exit by clicking the save button. If you do not want to continue, you can log out of the page, so your answers will not be saved. In the next parts of the research, it is aimed to reach some of the students who filled out this form and to conduct face-to-face semi-structured interviews. Your contact addresses (telephone number or e-mail address) will be requested in order to invite you to the second stage of the research. This information will then be used to contact students who volunteer to participate in the interview, and the contact information of other students will be destroyed afterward. Apart from this, contact addresses will not be shared with third parties or institutions in any way.

In this research, where your data will be used only for scientific purposes, what is expected from you is to answer all the questions completely, in a quiet environment, without being under the pressure of anyone, by choosing the most appropriate answers

in order to achieve the purpose of the study. The reliability of the research depends on your sincere assessment of the statements.

Participation in this study is entirely voluntary. We do not charge you, and we will not pay you anything. Thinking, remembering, and especially responding to adverse childhood experiences can be quite challenging and triggering. For this reason, you may not participate in this study or leave the study at any time, provided that it is before the analysis process. Even if you start filling out the form, you can withdraw from the study whenever you feel uncomfortable. In addition, if you experience a situation where you do not feel well psychologically or emotionally during the process, you can consult Boğaziçi University psychological counseling center BÜREM (https://burem.boun.edu.tr) and get psychological support, call the university emergency support line (1100), and you can read the sections related to the subject you need from BÜREM Self Support Brochures (https://burem.boun.edu.tr/node/17). Furthermore, this study will be based on the principle of confidentiality, and your personal information will not be shared even with the project coordinator. In the research, pseudonyms will be used instead of your real name, and there will be no information that will reveal who you are. In addition, the data you provide during the research will never be shared with other people who are not involved in the research and will be stored on a locked computer.

Before consenting this form, please ask if you have any questions about the study. If you have questions later, you can ask them to thesis advisor Assoc. Prof. Ersoy Erdemir (XXX) and project researcher Neslihan Şahin (XXX). Ethical approval was obtained from Boğaziçi University Ethics Committee for Master and PhD Theses in Social Sciences and Humanities (SOBETIK) to conduct the research. You can ask your research participant rights to SOBETIK (sbe-ethics@boun.edu.tr).

☐ I confirm that I have read and understood the above, and I agree to take part in this study.

Project Subject: In this study, resilient youths' perspectives on their current subjective well-being in retrospect to early childhood adverse experiences will be investigated. The impact of adverse experiences on the later periods of people's life is known. With this questionnaire and face-to-face interviews with university students it is aimed to understand the adverse experiences in early childhood and their effects on the subjective well-being of the individuals in their current lives in depth. Another aim of the study is to differentiate the protective/promotive factors in their lives despite their adverse experiences in the early years for those with high and low current subjective well-being. This study aims to contribute to the related literature by striving to explain early adverse experiences and their relationship with current subjective well-being and resilience and which protective factors support higher subjective well-being in children's future.

Confidentiality: The information you share during the study will be kept confidential; your personal information will not be shared even with the project coordinator. As a researcher, I will be the only person who knows your identity, as I will conduct face-to-face interviews, but I will use pseudonyms. Any information that will reveal your identity and cause you to be recognized will not be published. In addition to this thesis,

the findings to be obtained during the research can be used in other academic media, such as other articles or conference papers.

Possible Risks: As the research topic is sensitive, there are some possible risks. For example, thinking, remembering, and especially responding to poverty and/or physical and/or psychological adverse experiences in childhood can be very difficult and triggering. In addition, sharing these experiences can make you feel anxious. Due to all these possible situations, the research will be tried to be carried out very sensitively. You may not answer any question you do not want / you can answer them by writing afterward / you can take a break from the interview and continue later, or you can leave the study (online survey and semi-structured interview) at any time. You have a right to receive more detailed information about the research.

Possible Benefits: Although research is sensitive in nature, it can provide you with the opportunity to share and relax about the situations and feelings you are currently experiencing. At the same time, sharing these adverse experiences that you may not always have the opportunity to share with another person in secret and evaluating your own experiences with the help of open-ended questions can contribute to your self-awareness.

Withdrawal from the Study: You can leave the survey, which is the first part of the study, at any stage without giving any reason. In the face-to-face interviews, which are the second stage, you can end the interview at any time, or even if we have done the interview, you can withdraw from the study without giving any reason, provided that it is within 2 to 3 weeks at the latest after the end of the interview (before the analysis process starts). If you withdraw from the research, all the data you have provided will not be used in any way or for any purpose and will be promptly destroyed.

For your questions:

Before submitting this form electronically, you can ask any questions about the study. If you have any questions during the process, you can ask them to thesis advisor Assoc Prof. Ersoy Erdemir (XXX) and researcher Neslihan Şahin (XXX).

Approval for this research was received from Boğaziçi University Ethics Committee for Master and PhD Theses in Social Sciences and Humanities (SOBETIK). You can consult SOBETİK (sbe-ethics@boun.edu.tr) about your rights and possible complaints regarding the research.

If your e-mail address or phone number change, please let us know.

I listened to what was told to me and understood what was written on the form. I received / I do not want to receive a sample of this form. (If the participant wishes to receive a copy of the form, they can download a copy of this electronically approved form.)

Participant's Name-Surname:
Electronic signature: ....
Date (day/month/year): ...../...../.....

Researcher's Name-Surname: Neslihan Şahin
Electronic signature: ....
Date (day/month/year): ...../...../.....

APPENDIX E

PARTICIPANT INFORMED CONSENT FORM (TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi
Araştırmanın adı: Dirençli Gençlerin Geriye Dönük Erken Çocukluk Dönemi Zorlayıcı Deneyimleri ve Mevcut Öznel İyi Oluşlarına İlişkin Perspektifleri
Proje Yürütücüsü: Dr. Öğr. Üyesi Ersoy Erdemir
E-mail adresi: XXX
Telefonu: XXX
Araştırmacının adı: Neslihan Şahin
E-mail adresi: XXX
Telefonu: XXX
Onam Formu: Çevrimiçi Anket

Sayın öğrenci,

Ben, Boğaziçi Üniversitesi, Sosyal Bilimler Enstitüsü, Erken Çocukluk Eğitimi Yüksek Lisans Programı öğrencisi Neslihan Şahin. Sizi, dirençli üniversite öğrencilerinin geriye dönük erken çocukluk dönemi zorlayıcı deneyimleri ve mevcut öznel iyi oluşlarına ilişkin perspektiflerini incelemeyi hedeflediğim yüksek lisans tez çalışmama katılmaya davet ediyorum. Bu araştırmanın amacı dirençlilik/dayanıklılık sergilediklerini beyan eden ve geriye dönük olarak yoksulluk, boşanma, ölüm veya herhangi bir sebepten dolayı ebeveyn yokluğu ve evde fiziksel ve/ya psikolojik olumsuz muamele ve/ya ihmal gibi zorlayıcı çocukluk deneyimlerine maruz kalmış üniversite öğrencilerinin deneyimlerini ve mevcut/bugünün koşullarında öznel iyi oluşlarını anlamayı amaçlamaktadır. Çalışmanın bir diğer amacı, mevcut öznel iyi oluşu yüksek ve düşük olanlar için, erken yıllardaki zorlayıcı deneyimlerine rağmen hayatlarındaki koruyucu/destekleyici faktörleri ayırt etmektir. Bu araştırmaya katılarak bilimsel alan yazına katkı sağlayabilirsiniz.

Araştırmaya katılmayı kabul ettiğiniz takdirde sizlerden, ilk aşamada demografik bilgilerinizin olduğu kısa bir formu, sonraki aşamada ise "Öznel İyi Oluş Ölçeği" adı 46 sorudan oluşan envanteri doldurmanız istenecektir. Formu doldurmak, yaklaşık olarak 20-25 dakika sürecektir. Anketi doldurduktan sonra, kaydet butonuna basarak çıkış yapabilirsiniz. Eğer araştırmaya devam etmek istemezseniz sayfadan çıkış yapabilirsiniz, böylece cevaplarınız kaydedilmeyecektir. Araştırmanın sonraki bölümlerinde, bu formu dolduran öğrencilerden bazılarına ulaşılması ve yüz yüze yarı yapılandırılmış görüşmeler gerçekleştirilmesi hedeflenmektedir. Araştırmanın ikinci aşamasına sizleri davet edebilmek için iletişim adresleriniz (telefon numaranız veya e-posta adresiniz) istenecektir. Bu bilgiler sonrasında gönüllü olup görüşmeye katılmak isteyen öğrenciler ile iletişime geçmek için kullanılacak olup, diğer öğrencilerin iletişim bilgileri yok edilecektir. Bunun dışında, iletişim adresleri hiçbir şekilde üçüncü kişi veya kurumlar ile paylaşılmayacaktır.

Verilerinizin, sadece bilimsel amaçlar için kullanılacağı bu araştırmada sizden beklenen, çalışmanın amacına ulaşması için, bütün soruları eksiksiz, sessiz bir ortamda, kimsenin baskısı altında kalmadan, size en uygun cevapları seçerek cevaplamanızdır. Araştırmanın güvenilir olması, sizin ifadeleri samimi olarak değerlendirmenize bağlıdır.

Bu çalışmaya katılmak, tamamen gönüllülük esasına dayanır. Sizden ücret talep etmiyoruz ve size herhangi bir ödeme yapmayacağız. Çocukluk çağı dönemindeki, olumsuz muameleleri düşünmek, hatırlamak ve özellikle cevaplandırmak oldukça zorlayıcı ve tetikleyici olabilir. Bu sebeple, bu çalışmaya katılmayabileceğinizi veya çalışmadan analiz süreci öncesinde olmak kaydıyla, istediğiniz zaman ayrılabilirsiniz. Formu doldurmaya başlasanız bile kendinizi rahatsız hissettiğiniz her an çalışmadan çekilebilirsiniz. Buna ek olarak, süreç içerisinde kendinizi psikolojik veya duygusal anlamda iyi hissetmediğiniz bir durum yaşarsanız okulumuz psikolojik danışma merkezi olan BÜREM'e (https://burem.boun.edu.tr) danışabilir ve psikolojik destek alabilir, üniversite acil destek hattını arayabilir (1100), BÜREM Kendine Destek Broşürlerine (https://burem.boun.edu.tr/node/17) erişip ihtiyaç duyduğunuz konu ile ilgili kısımları okuyabilirsiniz. Ayrıca, bu çalışma gizlilik ilkesine dayalı olacak, kişisel bilgileriniz araştırmacı dışında proje yürütücüsü ile dahi paylaşılmayacaktır. Araştırmada gerçek isminiz yerine takma isimler kullanılacak ve kim olduğunuzu belli edecek herhangi bir bilgi yer almayacaktır. Buna ek olarak, araştırma boyunca sağladığınız verileriniz hiçbir şekilde araştırma dahilinde olmayan diğer kişiler ile paylaşılmayacak ve kilitli bir bilgisayarda saklanacaktır.

Bu formu onaylamadan önce, çalışmayla ilgili sorularınız varsa lütfen sorun. Daha sonra sorunuz olursa, proje yürütücüsü Dr. Öğr. Üyesi Ersoy Erdemir'e (XXX) ve proje araştırmacısı Neslihan Şahin'e (XXX) sorabilirsiniz. Araştırmanın yapılabilmesi için Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu'ndan (SOBETİK) onay alınmıştır. İlgili haklarınız konusunda Boğaziçi Üniversitesi Sosyal ve Beşeri Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu'na (SOBETİK) (sbe-ethics@boun.edu.tr) danışabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak, kendi rızam ile katılıyorum, istediğim zaman çalışmadan ayrılabileceğimi ve verilerimin kullanılmamasını talep edebileceğimi, hiçbir şekilde kimliğimi açığa çıkaracak bilgilerin araştırmada yer almayacağını ve araştırmacı dışında kimliğimi kimsenin bilmeyeceğini bilerek bu çalışmaya katılacağımı biliyorum. Araştırmanın ikinci kısmı için yüz yüze görüşmelere çağırılabileceğimi fakat istemediğim takdirde reddetme hakkımın olduğunun bilincindeyim. Verdiğim bilgilerin bilimsel amaçlı olarak kullanılmasını kabul ediyorum.

☐ Yukarıda yazılanları okudum, anladım ve araştırmaya katılmayı kabul ediyorum.

Proje Konusu: Bu çalışmada kendini dirençli olarak tanımlayan üniversite öğrencilerinin geriye dönük erken çocukluk dönemi zorlayıcı deneyimleri ve mevcut öznel iyi oluşlarına ilişkin perspektifleri araştırılacaktır. Erken çocukluk dönemi ve bu dönemde yaşanan zorlayıcı deneyimlerin hayatın sonraki dönemlerine olan etkisi bilinmektedir. Üniversite öğrencileri ile yapılan bu anket ve yüz yüze görüşmelerle, erken çocukluk döneminde yaşanan zorlayıcı deneyimler ve bunların kişilerin mevcut

yaşamlarında öznel iyi oluşlarına olan etkilerini derinlemesine anlamak hedeflenmiştir. Çalışmanın bir diğer amacı, mevcut öznel iyi oluşu yüksek ve düşük olanlar için erken yıllardaki zorlayıcı deneyimlerine rağmen hayatlarındaki koruyucu/destekleyici faktörleri ayırt etmektir. Bu çalışma, erken olumsuz deneyimler ve bunların mevcut öznel iyi oluş ve dirençlilik ile olan ilişkisinin ne olduğunu ve hangi koruyucu faktörlerin gelecekte daha yüksek öznel iyi oluşu desteklediğini açıklamaya çalışarak ilgili alan yazına katkı sunmayı amaçlamaktadır.

Gizlilik: Araştırma boyunca paylaştığınız bilgiler gizli tutulacaktır, kişisel bilgileriniz proje yürütücüsüyle dahi paylaşılmayacaktır. Araştırmacı olarak yüz yüze görüşmeler yapabileceğimden, kimliğinizi sadece ben bileceğim fakat araştırma yayınlanırken sizler için takma isimler kullanacağım. Kimliğinizin açığa çıkmasına ve tanınmanıza sebep olacak herhangi bir bilgi yayınlanmayacaktır. Araştırma boyunca elde edilecek bulgular, bu tez çalışmasına ek olarak diğer makale veya konferans bildirisi gibi diğer akademik mecralarda da kullanılabilecektir.

Olası Riskler: Araştırmanın konusu hassas olduğundan bazı olası riskler vardır. Örneğin, çocukluk çağı döneminde yaşanan yoksulluğu ve/ya fiziksel ve/ya psikolojik olumsuz muameleleri düşünmek, hatırlamak ve özellikle cevaplandırmak oldukça zor ve tetikleyici olabilir. Ayrıca bu deneyimlerinizi paylaşmak sizde kaygı yaratabilir. Tüm bu olası durumlar sebebiyle araştırma oldukça hassas yürütülmeye çalışılacaktır. İstemediğiniz herhangi bir soruya cevap vermeyebilir/sonrasında yazılı olarak cevap verebilir, bireysel görüşmeye ara verip daha sonra devam edebilir veya araştırmadan (anket ve bireysel görüşme) istediğiniz zaman ayrılabilirsiniz. Araştırmayla ilgili daha ayrıntılı bilgi alma hakkınız vardır.

Olası Yararlar: Araştırma her ne kadar doğası gereği hassas olsa da sizin için hali hazırda içinde yaşadığınız durumları ve duyguları paylaşma ve rahatlama olanağı sağlayabilir. Aynı zamanda her zaman paylaşmanıza fırsat bulamayabileceğiniz bu olumsuz deneyimleri gizlilik içerisinde bir diğer kişiyle paylaşmak ve açık uçlu sorular yardımıyla kendi yaşadıklarınızı değerlendirmek sizlerin öz farkındalık geliştirmenize katkıda bulunabilir.

Çalışmadan Çekilme: Araştırmanın ilk kısmı olan anketten istediğiniz aşamada herhangi bir sebep göstermeksizin ayrılabilirsiniz. İkinci aşama olan yüz yüze görüşmelerde istediğiniz an görüşmeyi sonlandırabilir, ya da görüşmeyi yapmış olsak dahi, görüşme bitiminden sonra en geç 2 ila 3 hafta içerisinde olmak kaydıyla (analiz süreci başlamadan önce), herhangi bir sebep belirtmeksizin araştırmadan çekilebilirsiniz. Araştırmadan çekilmeniz halinde, sağlamış olduğunuz tüm veriler hiçbir şekilde veya herhangi bir amaç için kullanılmayacak, ivedi biçimde imha edilecektir.

Sorularınız için:

Bu formu elektronik bir şekilde onaylamadan önce, çalışmayla ilgili sorularınız varsa sorabilirsiniz. Süreç içinde sorunuz olursa, proje yürütücüsü Dr. Öğr. Üyesi Ersoy Erdemir'e (XXX) ve proje araştırmacısı Neslihan Şahin'e (XXX) ulaşabilirsiniz.

Bu araştırma için Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu'ndan (SOBETİK) onay alınmıştır.

Araştırmayla ilgili haklarınız ve olası şikayetleriniz konusunda SOBETİK'e (sbe-ethics@boun.edu.tr) danışabilirsiniz.

E-posta adresiniz veya telefon numaranız değişirse, bize haber vermenizi rica ederiz.

Bana anlatılanları dinledim ve formda yazılanları anladım. Bu formun bir örneğini aldım / almak istemiyorum. (Katılımcı formun örneğini almak istemesi durumunda elektronik onaylı bu formun kopyasını indirebilir.)

Katılımcının Adı-Soyadı:
Elektronik imzası: .....
Tarih (gün/ay/yıl): ...../...../.....

Araştırmacının Adı-Soyadı: Neslihan Şahin
Elektronik imzası: .....
Tarih (gün/ay/yıl): ...../...../.....

APPENDIX F

DEMOGRAPHIC INFORMATION FORM (ENGLISH)

1. Are you an undergraduate or graduate student at XXX University?
   - Yes
   - No

2. I was exposed to at least one of the adverse childhood experiences when I was 0-8 years old.
(For this study, adverse childhood experiences are determined as (1) poverty; (2) parental absence (parent, father, or primary caregiver) due to divorce or death; and other reasons (3) physical and/or psychological abuse and/or neglect at home.)
   - Yes
   - No

3. Select all the adverse childhood experiences you were exposed to.
(You can tick more than one option.)
   - Poverty
   - Parental divorce
   - Parental death
   - Exposure to adverse physical abuse by any primary caregiver (including stepparents) at home
   - Exposure to negative psychological abuse by any primary caregiver (including stepparents) at home
   - Exposure to neglect by any primary caregiver (including stepparents) at home
   - Other …

4. Do you regard yourself as resilient despite the adverse childhood experiences you have been exposed?
(Resilience is defined as a process, a skill, or the result of successful adaptation in the face of challenging conditions and adverse experiences. It also refers to emotional and developmental outcomes that are better than expected, constructive adaptability to a high level of stress or violence and recovering from trauma.)
   - Yes
   - No

5. Your Name and Surname

6. Please indicate your gender.
   - Female
   - Male
   - Other (Specify)

7. Please write your age.

8. Select the school level you are currently studying at.
   - Bachelor
   - Master

9. What is your department?

10. What is your cumulative grade point average (GPA)?

11. Please write your e-mail address or phone number for communication.
(I need any of your contact addresses for face-to-face interviews that can be held in the second stage of the study. If you do not participate in the second stage, your contact information will be destroyed.)

APPENDIX G

DEMOGRAPHIC INFORMATION FORM (TURKISH)

1. XXX Üniversitesi lisans veya yüksek lisans öğrencisi misiniz?
    - Evet
    - Hayır

2. 0-8 yaş arasındayken zorlayıcı çocukluk deneyimlerinden en az birine maruz kaldım.
   (Bu araştırma için zorlayıcı çocukluk deneyimleri (1) yoksulluk; (2) boşanma veya ölüm nedeniyle ebeveyn yokluğu (anne, baba, ya da temel bakım sağlayan birey) ve (3) evde fiziksel ve/ya psikolojik olumsuz muamele ve/ya ihmal, olarak belirlenmiştir.)
    - Evet
    - Hayır

3. Maruz kaldığınız tüm zorlayıcı çocukluk deneyimlerini seçiniz.
   (Birden fazla seçenek işaretleyebilirsiniz.)
    - Yoksulluk
    - Ebeveyn boşanması
    - Ebeveyn ölümü
    - Evde herhangi bir temel bakım sağlayan tarafından (üvey ebeveynler dahil) olumsuz fiziksel muameleye maruz kalma
    - Evde herhangi bir temel bakım sağlayan tarafından (üvey ebeveynler dahil) olumsuz psikolojik muameleye maruz kalma
    - Evde herhangi bir temel bakım sağlayan tarafından (üvey ebeveynler dahil) ihmale maruz kalma
    - Diğer …

4. Maruz kaldığınız zorlayıcı çocukluk deneyimlerine rağmen kendinizi dirençli/dayanıklı olarak tanımıyor musunuz?
   (Dirençlilik/dayanıklılık (resilience), zorlu koşullar ve olumsuz deneyimler karşısında bir süreç, bir yetenek veya başarılı bir uyumun sonucu olarak tanımlanır. Ayrıca, beklenenden daha iyi olan duygusal ve gelişimsel sonuçları, yüksek düzeyde stres veya şiddete uyum sağlamayı, bunlarla baş edebilmeyi ve/ya travmadan kurtulmayı ifade eder.)
    - Evet
    - Hayır

5. Adınız ve Soyadınız

6. Cinsiyetinizi belirtiniz.
    - Kadın
    - Erkek
    - Diğer (Belirtiniz)

7. Yaşınızı yazınız.

8. Şu anda okuduğunuz okul seviyesini seçiniz.
    - Lisans
    - Yüksek Lisans

9. Bölümünüz nedir?

10. Genel not ortalamanız nedir (GNO/GPA)?

11. İletişim için e-mail adresinizi veya telefon numaranızı yazınız.
    (Araştırmanın ikinci aşamasında yapılabilecek olan yüz yüze görüşmeler için sizlerin herhangi bir iletişim adresinize ihtiyacım var. İkinci aşamaya katılmadığınız taktirde iletişim bilgileriniz yok edilecektir.)

APPENDIX H

SUBJECTIVE WELL-BEING SCALE (ENGLISH)

This inventory contains statements about various aspects of your personality and life. Read these statements one by one and decide how appropriate the statement is to you. Put an (X) sign under the blank if the statement “completely suits you” (5); “mostly appropriate” (4); “moderately appropriate” (3); “mildly appropriate” (2); “not suitable at all” (1), on the answer sheet. Please answer all statements without leaving blanks.

1. I enjoy making plans for the future.
2. The number of activities that I enjoy in my life is few.
3. I generally feel cheerful.
4. When I look back, I see that I did not get most of what I wanted.
5. I am generally satisfied with my personality traits.
6. I regret that I do not have the quality and number of friends I would like.
7. I successfully fulfill my responsibilities in daily life.
8. I have ideals that I want to reach.
9. The place of activities suitable for my interests and abilities in my life is to the extent I want.
10. I magnify even small problems.
11. I generally feel alive and energetic.
12. I believe that there will be good improvements in my life in the near future.
13. I am often disappointed in interpersonal relationships.
14. I have no difficulty in adding meanings to my life that will connect me to it.
15. I do not participate sufficiently in activities that entertain me.
16. I believe my hopes will come true.
17. I would change my past life if possible.
18. I am satisfied with my family relationships
19. I am generally sad and thoughtful.
20. I like to think about what I should do in my life.
21. I feel lonely.
22. I can effectively use the opportunities around me to achieve my goals.
23. In general, I feel peaceful.
24. I wish to be as happy as others seem happy.
25. I see problems as an instructive and natural part of life.
26. I envy the lives of the people around me.
27. I can act decisively enough to achieve my goals.
28. I find my life generally monotonous and boring.
29. I am satisfied with my assertiveness in social relationships.
30. I find it difficult to set goals for myself.
31. I feel that my inner world is getting richer as time goes on.
32. I have more distress than most people I know.
33. I trust my strength to cope with life's challenges.
34. I feel loved and trusted.

35. I feel intense guilt for mistakes I have made in the past.
36. In my free time, I find a hobby to spend time with pleasure.
37. My life is full of failures.
38. I give up quickly in the face of difficulties.
39. There are people around me that I can get support when I need it.
40. I often feel hopeless and depressed.
41. Reading and working are enjoyable pursuits for me.
42. I lead a life in line with my desires and values.
43. I have problems in my relationships with my family.
44. I am satisfied with the way I look at life from an optimistic perspective.
45. I cannot express myself to my friends as I want.
46. I enjoy my ability to help and support others.

APPENDIX I

SUBJECTIVE WELL-BEING SCALE (TURKISH)

Bu envanterde kişiliğinizin ve yaşamınızın çeşitli yönlerine ilişkin ifadeler bulunmaktadır. Bu ifadeleri tek tek okuyarak, ifadenin size ne derece uygun olduğuna karar veriniz. İfade size "tamamen uygunsa" cevap kağıdındaki (5); "çoğunlukla uygunsa" (4); "orta derecede uygunsa" (3); "biraz uygunsa" (2); "hiç uygun değilse" (1) numaralı boşluğun altına (X) işareti koyunuz. Lütfen tüm ifadelere boş bırakmadan cevap veriniz.

1. Geleceğe yönelik planlar yapmaktan hoşlanırım.
2. Yaşamımda zevk alarak yaptığım etkinlik sayısı azdır.
3. Genel olarak kendimi neşeli hissediyorum.
4. Geriye dönüp baktığımda istediklerimin çoğunu elde edemediğimi görüyorum.
5. Kişilik özelliklerimden genel olarak memnunum.
6. İstediğim nitelikte ve sayıda arkadaşım olmamasına üzülüyorum.
7. Günlük yaşamımdaki sorumluluklarımı başarıyla yerine getiririm.
8. Ulaşmak istediğim ideallerim var.
9. İlgi ve yeteneklerime uygun etkinliklerin yaşamımdaki yeri istediğim ölçüdedir.
10. Küçük sorunları bile büyütürüm.
11. Kendimi genel olarak canlı ve enerjik hissederim.
12. Yakın gelecekte yaşamımda güzel gelişmeler olacağına inanıyorum.
13. Kişilerarası ilişkilerde sıklıkla hayal kırıklığı yaşıyorum.
14. Yaşamıma beni ona bağlayacak anlamlar katmakta zorlanmam.
15. Beni eğlendiren faaliyetlere yeterince katılamıyorum.
16. Umutlarımın gerçekleşeceğine inanıyorum.
17. Mümkün olsa geçmiş hayatımı değiştiririm.
18. Ailemle olan ilişkilerimden memnunum.
19. Genelde hüzünlü ve düşünceliyim.
20. Yaşamımda yapmam gerekenleri düşünmek hoşuma gider.
21. Kendimi yalnız hissediyorum.
22. Amaçlarıma ulaşmak için çevremdeki olanakları etkili bir şekilde kullanabilirim.
23. Genel olarak kendimi huzurlu hissediyorum.
24. Başkalarının mutlu göründüğü kadar mutlu olmayı isterdim.
25. Sorunları yaşamın öğretici ve doğal bir parçası olarak görürüm.
26. Çevremdeki insanların yaşamlarına imreniyorum.
27. Amaçlarıma ulaşmak için yeterince kararlı davranabilirim.
28. Yaşamımı genel olarak monoton ve sıkıcı buluyorum.
29. Sosyal ilişkilerimdeki girişkenlik yanımdan hoşnutum.
30. Kendime hedefler koymakta zorlanıyorum.
31. İç dünyamın zaman geçtikçe zenginleştiğini hissediyorum.
32. Tanıdığım insanların çoğundan daha fazla sıkıntım var.
33. Yaşamın zorluklarıyla baş etme gücüme güveniyorum.
34. Sevilen ve güvenilen biri olduğumu hissediyorum.
35. Geçmişte yaptığım hatalardan dolayı yoğun suçluluk duygusu yaşıyorum.

36. Serbest zamanlarımda zevkle vakit geçirecek bir uğraşı bulurum.
37. Yaşamım başarısızlıklarla dolu.
38. Güçlükler karşısında çabuk pes ederim.
39. Çevremde ihtiyaç duyduğumda destek alabileceğim insanlar var.
40. Sıklıkla ümitsiz ve çökkün hissediyorum.
41. Okumak ve çalışmak benim için zevkli uğraşılardır.
42. İsteklerime ve değerlerime uygun bir hayat sürüyorum.
43. Ailemle olan ilişkilerimde sorunlar yaşıyorum.
44. Yaşama iyimser bir açıyla bakabilme yönümden memnunum.
45. Arkadaşlarıma kendimi istediğim gibi ifade edemiyorum.
46. Başkalarına yardım edebilme ve onlara destek olma becerimden hoşnutum.

APPENDIX J

INVITATION E-MAIL (ENGLISH)

Hello,

I am Neslihan Şahin, a student of Boğaziçi University, Institute of Social Sciences, Early Childhood Education Master's Program. Thank you for participating in the first part of my master's thesis, in which I aimed to examine resilient youths' perspectives on their current subjective well-being in retrospect to early childhood adverse experiences. In light of the information you provided in the questionnaires, I invite you to the semi-structured face-to-face interviews, which is the second part of my research. You can refuse to participate in this section, or if you do not wish to continue, you can withdraw from the study at any time before starting the analysis process and request the destruction of the data you have given.

If you wish to continue the research, two face-to-face interviews will be held with you. At the first meeting, the study will be explained to you in detail, and we will find an opportunity to meet. Although this first meeting does not have a certain time limit, the aim is to get to know each other and create a more comfortable and safer environment for the second part of the study. In the second meeting, a semi-structured interview will be held. It is anticipated that the interview will take approximately 30-45 minutes. In the second meeting, with your approval, an audio recording will be taken to use in the analysis phase. If you accept this consent form, we will be holding these meetings with you at a time and place of your choice, depending on your availability. During the second interview, a voice recording will be taken to be transcribed and analyzed later. No one other than the researcher and project coordinator will be able to access the information you have provided during the study, and your data will be stored on a locked computer. Your name and personal information will not be shared even with the thesis advisor. After the analysis, the information and voice recordings you have given will be destroyed.

If you have any questions during the process, you can ask them to thesis advisor Assoc. Prof. Ersoy Erdemir (XXX) and project researcher Neslihan Şahin (XXX). Ethical approval was obtained from Boğaziçi University Ethics Committee for Master and PhD Theses in Social Sciences and Humanities (SOBETIK) to conduct the research. You can ask your research participant rights to SOBETIK (sbe-ethics@boun.edu.tr).

In addition, if you experience a situation where you do not feel well psychologically or emotionally during the process, you can consult Boğaziçi University psychological counseling center BÜREM (https://burem.boun.edu.tr) and get psychological support, call the university emergency support line (1100), and you can read the sections related to the subject you need from BÜREM Self Support Brochures (https://burem.boun.edu.tr/node/17).

If you agree to continue the research, you can reply to this email as “I agree”. If you agree to participate, our meetings will be held at a time and place of your choice, depending on your availability.

Thanks in advance for your contribution and cooperation.

APPENDIX K

INVITATION E-MAIL (TURKISH)

Merhaba,

Ben, Boğaziçi Üniversitesi, Sosyal Bilimler Enstitüsü, Erken Çocukluk Eğitimi Yüksek Lisans Programı öğrencisi Neslihan Şahin. Dirençli üniversite öğrencilerinin geriye dönük erken çocukluk dönemi zorlayıcı deneyimleri ve mevcut öznel iyi oluşlarına ilişkin perspektiflerini incelemeyi hedeflediğim yüksek lisans tez çalışmamın ilk aşamasına katıldığınız için teşekkür ederim. Anketlerde verdiğiniz bilgiler ışığında sizleri araştırmamın ikinci kısmı olan yarı yapılandırılmış yüz yüze mülakatlara davet ediyorum. Bu kısma katılmayı reddedebilir veya araştırmaya devam etmek istemediğiniz takdirde araştırmadan analiz aşamasına başlamadan önce herhangi bir zamanda çekilebilir ve vermiş olduğunu verilerin yok edilmesini talep edebilirsiniz.

Araştırmaya devam etmek istemeniz halinde sizlerle yüz yüze iki görüşme yapılacaktır. İlk buluşmada araştırma ayrıntılı biçimde size şahsım tarafından anlatılacak ve tanışmak için bir fırsat yaratılacaktır. Bu ilk görüşmenin belli bir süre sınırı olmamakla beraber, amaç birbirimizi tanıyarak araştırmanın ikinci kısmı için daha rahat ve güvenilir bir ortam oluşturulmasıdır. İkinci görüşmede ise yarı yapılandırılmış bir görüşme yapılacaktır. Bu görüşmenin yaklaşık 30-45 dakika süreceği ön görülmektedir. Onayınız dahilinde ikinci görüşmede; analiz aşamasında kullanmak amacıyla ses kaydı alınacaktır. Bu onam formunu kabul ettiğiniz takdirde, müsaitlik durumunuza göre istediğiniz bir zaman ve mekânda sizinle bu görüşmeleri gerçekleştiriyor olacağız. İkinci görüşme sırasında daha sonra dökümü çıkarılıp analiz edilmek üzere ses kaydı alınacaktır. Araştırma boyunca vermiş olduğunuz bilgilere araştırmacı ve proje yürütücüsü dışında kimse ulaşamayacak ve kilitli bir bilgisayarda verileriniz saklanacaktır. İsimleriniz ve kişisel bilgileriniz danışanla dahi paylaşılmayacaktır. Analiz sonrasında ise vermiş olduğunuz bilgiler ve ses kayıtları yok edilecektir.

Süreç boyunca sorunuz olursa, proje yürütücüsü Dr. Öğr. Üyesi Ersoy Erdemir'e (XXX) ve proje araştırmacısına (XXX) sorabilirsiniz. Araştırmanın yapılabilmesi için Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu'ndan (SOBETİK) onay alınmıştır. Araştırmayla ilgili haklarınız konusunda Boğaziçi Üniversitesi Sosyal ve Beşeri Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu'na (SOBETİK) (sbe-ethics@boun.edu.tr) danışabilirsiniz.

Ayrıca, süreç içerisinde kendinizi psikolojik veya duygusal anlamda iyi hissetmediğiniz bir durum yaşarsanız okulumuz psikolojik danışma merkezi olan BÜREM'e (https://burem.boun.edu.tr) danışabilir ve psikolojik destek alabilir, üniversite acil destek hattını arayabilir (1100), BÜREM Kendine Destek Broşürlerine

(https://burem.boun.edu.tr/node/17) erişip ihtiyaç duyduğunuz konu ile ilgili kısımları okuyabilirsiniz

Araştırmaya devam etmeyi kabul ediyorsanız, bu e-postaya kabul ediyorum yanıtı verebilirsiniz. Kabul etmeniz durumunda müsaitlik durumunuza göre istediğiniz bir zaman ve mekânda görüşmelerimiz gerçekleştirilecektir.

Şimdiden katkınız ve iş birliğiniz için teşekkürler.

APPENDIX L

PARTICIPANT INFORMED CONSENT FORM (ENGLISH)

Institution: Boğaziçi University
Project Title: Resilient Youths' Perspectives on Their Current Subjective Well-Being in Retrospect to Early Childhood Adverse Experiences
Thesis Advisor: Assoc. Prof. Ersoy Erdemir
E-mail: XXX
Tel: XXX
Researcher: Neslihan Şahin
E-mail: XXX
Tel: XXX
Consent Form: Semi-Structured Face-to-Face Interviews

Dear student,

I am Neslihan Şahin, a student of Boğaziçi University, Institute of Social Sciences, Early Childhood Education Master's Program. I invite you to participate in the second part of my master's thesis, in which I aim to examine resilient youths' perspectives on their current subjective well-being in retrospect to early childhood adverse experiences. The aim of this study is to analyze the experiences and current subjective well-being of university students who self-declared that they show resilience and were retrospectively exposed to adverse childhood experiences such as poverty, divorce, death, or parental absence due to any reason, and physical and/or psychological abuse and/or neglect at home. Another aim of the study is to differentiate the protective/promotive factors of youth with high and low subjective well-being despite their adverse experiences in the early years. By participating in this research, you can contribute to the scientific literature.

Thank you for participating in the survey, which was the first part of the study, and for accepting to the invitation e-mail sent for the second part and being willing to continue the study voluntarily. At the first meeting, the study will be explained to you in detail, and we will find an opportunity to meet. Although this first meeting does not have a certain time limit, the aim is to get to know each other and create a more comfortable and safer environment for the second part of the study. In the second meeting, a semi-structured interview will be held. It is anticipated that the interview will take approximately 30-45 minutes. In the second meeting, with your approval, an audio recording will be taken to use in the analysis phase. If you accept this consent form, we will be holding these meetings with you at a time and place of your choice, depending on your availability. During the second interview, a voice recording will be taken to be transcribed and analyzed later.

Participation in this study is entirely voluntary. We do not charge you and we will not pay you anything. It can be difficult and triggering for you to think about and remember adverse childhood experiences and answer the relevant questions during

the interview. For this reason, I would like to remind you that you may not participate in this study or leave the study at any time, provided that within 2 to 3 weeks at the latest after the interview is completed (before the analysis process). In addition, if you experience a situation where you do not feel well psychologically or emotionally during the process, you can consult Boğaziçi University psychological counseling center BÜREM (https://burem.boun.edu.tr) and get psychological support, call the university emergency support line (1100), and you can read the sections related to the subject you need from BÜREM Self Support Brochures (https://burem.boun.edu.tr/node/17).

Furthermore, this study will be based on the principle of confidentiality, and your personal information will not be shared even with the project coordinator. In the research, pseudonyms will be used instead of your real name, and there will be no information that will reveal who you are. In addition, the data you provide during the research will never be shared with other people who are not involved in the research and will be stored on a locked computer. After the analysis, the information and voice recordings you have given will be destroyed.

Before consenting this form, please ask if you have any questions about the study. If you have questions later, you can ask them to the thesis advisor Assoc. Prof. Ersoy Erdemir (XXX) and project researcher Neslihan Şahin (XXX). Ethical approval was obtained from Boğaziçi University Ethics Committee for Master and PhD Theses in Social Sciences and Humanities (SOBETIK) to conduct the research. You can ask your research participant rights to SOBETIK (sbe-ethics@boun.edu.tr).

☐ I confirm that I have read and understood the above and I agree to take part in this study.
☐ I confirm the audio recording.

Project Subject: In this study, resilient youths' perspectives on their current subjective well-being in retrospect to early childhood adverse experiences will be investigated. The impact of adverse experiences on the later periods of people life are known. With this questionnaire and face-to-face interviews with university students, it is aimed to understand the adverse experiences in early childhood and their effects on the subjective well-being of the individuals in their current lives in depth. Another aim of the study is to differentiate the protective/promotive factors in their lives despite their adverse experiences in the early years for those with high and low current subjective well-being. This study aims to contribute to the related literature by striving to explain early adverse experiences and their relationship with current subjective well-being and resilience and which protective factors support higher subjective well-being in children's future.

Confidentiality: The information you share during the study will be kept confidential; your personal information will not be shared even with the project coordinator. As a researcher, I will be the only person who knows your identity, as I will conduct face-to-face interviews, but I will use pseudonyms. Any information that will reveal your identity and cause you to be recognized will not be published. In addition to this thesis, the findings to be obtained during the research can be used in other academic media, such as other articles or conference papers.

Possible Risks: As research topic is sensitive, there are some possible risks. For example, thinking, remembering and especially responding to poverty and/or physical and/or psychological adverse experiences in childhood can be very difficult and triggering. In addition, sharing these experiences can make you feel anxious. Due to all these possible situations, the research will be tried to be carried out very sensitively. You may not answer any question you do not want / you can answer them by writing afterwards / you can take a break from the interview and continue later, or you can leave the study (online survey and semi-structured interview) at any time. You have a right to receive more detailed information about the research.

Possible Benefits: Although research is sensitive in nature, it can provide you with the opportunity to share and relax about the situations and feelings you are currently experiencing. At the same time, sharing these adverse experiences that you may not always have the opportunity to share with another person in secret and evaluating your own experiences with the help of open-ended questions can contribute to your self-awareness.

Withdrawal from the Study: In the face-to-face interviews, which are the second part, you can end the interview at any time, or even if we have done the interview, you can withdraw from the study without giving any reason, provided that it is within 2 to 3 weeks at the latest after the end of the interview (before the analysis process starts). If you withdraw from the research, all the data you have provided will not be used in any way or for any purpose and will be promptly destroyed.

For your questions:

Before submitting this form electronically, you can ask any questions about the study. If you have any questions during the process, you can ask them to thesis advisor Assoc Prof. Ersoy Erdemir (XXX) and researcher Neslihan Şahin (XXX).

Approval for this research was received from Boğaziçi University Ethics Committee for Master and PhD Theses in Social Sciences and Humanities (SOBETIK). You can consult SOBETİK (sbe-ethics@boun.edu.tr) about your rights and possible complaints regarding the research.

If your e-mail address or phone number change, please let us know.

I listened to what was told to me and understood what was written on the form. I got / do not want to receive a sample of this form. (If the participant wishes to receive a copy of the form, the signed form will be scanned and sent to the participant's e-mail.)

Participant's Name-Surname:
Electronic signature: ....
Date (day/month/year): ...../...../.....

Researcher's Name-Surname: Neslihan Şahin
Electronic signature: ....
Date (day/month/year): ...../...../.....

APPENDIX M

PARTICIPANT INFORMED CONSENT FORM (TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi
Araştırmanın adı: Dirençli Gençlerin Geriye Dönük Erken Çocukluk Dönemi Zorlayıcı Deneyimleri ve Mevcut Öznel İyi Oluşlarına İlişkin Perspektifleri
Proje Yürütücüsü: Dr. Öğr. Üyesi Ersoy Erdemir
E-mail adresi: XXX
Telefonu: XXX
Araştırmacının adı: Neslihan Şahin
E-mail adresi: XXX
Telefonu: XXX

Onam Formu: Yarı Yapılandırılmış Yüz Yüze Görüşmeler

Ben, Boğaziçi Üniversitesi, Sosyal Bilimler Enstitüsü, Erken Çocukluk Eğitimi Yüksek Lisans Programı öğrencisi Neslihan Şahin. Sizi, dirençli üniversite öğrencilerinin geriye dönük erken çocukluk dönemi zorlayıcı deneyimleri ve mevcut öznel iyi oluşlarına ilişkin perspektiflerini incelemeyi hedeflediğim yüksek lisans tez çalışmamın ikinci aşamasına katılmaya davet ediyorum. Bu araştırmanın amacı dirençlilik/dayanıklılık sergilediklerini beyan eden ve geriye dönük olarak yoksulluk, boşanma, ölüm veya herhangi bir sebepten dolayı ebeveyn yokluğu, ve evde fiziksel ve/ya psikolojik olumsuz muamele ve/ya ihmal gibi zorlayıcı çocukluk deneyimlerine maruz kalmış üniversite öğrencilerinin deneyimlerini ve mevcut/bugünün koşullarında öznel iyi oluşlarını anlamayı amaçlamaktadır. Çalışmanın bir diğer amacı, mevcut öznel iyi oluşu yüksek ve düşük olanlar için, erken yıllardaki zorlayıcı deneyimlerine rağmen hayatlarındaki koruyucu/destekleyici faktörleri ayırt etmektir. Bu araştırmaya katılarak bilimsel alan yazına katkı sağlayabilirsiniz.

Araştırmanın ilk aşaması olan ankete katıldığınız ve ikinci aşaması için gönderilen davet e-postasına olumlu dönüp, gönüllü olarak araştırmaya devam etmek istediğiniz için teşekkür ederim. Bu aşamada sizlerle ikişer kere yüz yüze görüşmeler yapılması planlanmıştır. İlk buluşmada araştırma ayrıntılı biçimde size şahsım tarafından anlatılacak ve tanışmak için bir fırsat yaratılacaktır. Bu ilk görüşmenin belli bir süre sınırı olmamakla beraber, amaç birbirimizi tanıyarak araştırmanın ikinci kısmı için daha rahat ve güvenilir bir ortam oluşturulmasıdır. İkinci görüşmede ise yarı yapılandırılmış bir görüşme yapılacaktır. Bu görüşmenin yaklaşık 30-45 dakika süreceği ön görülmektedir. Onayınız dahilinde ikinci görüşmede; analiz aşamasında kullanmak amacıyla ses kaydı alınacaktır. Bu onam formunu kabul ettiğiniz takdirde, uygunluk durumunuza göre istediğiniz bir zaman ve mekânda sizinle bu görüşmeleri gerçekleştiriyor olacağız. İkinci görüşme sırasında daha sonra dökümü çıkarılıp analiz edilmek üzere ses kaydı alınacaktır.

Bu çalışmaya katılmak, tamamen gönüllülük esasına dayanır. Sizden ücret talep etmiyoruz ve size herhangi bir ödeme yapmayacağız. Çocukluk çağı dönemindeki,

yoksulluk, ebeveyn boşanması/yokluğu ve/ya fiziksel ve/ya psikolojik olumsuz muameleleri düşünmek, hatırlamak ve bu konulara odaklanan görüşmede ilgili soruları cevaplandırmak sizin için zor ve tetikleyici olabilir. Bu sebeple, bu çalışmaya katılmayabileceğinizi veya görüşme tamamlandıktan en geç 2 ila 3 hafta içerisinde olmak kaydıyla (analiz sürecine başlamadan önce), istediğiniz zaman çalışmadan ayrılabileceğinizi hatırlatmak istiyorum. Buna ek olarak, süreç içerisinde kendinizi psikolojik veya duygusal anlamda iyi hissetmediğiniz bir durum yaşarsanız okulumuz psikolojik danışma merkezi olan BÜREM'e (https://burem.boun.edu.tr) danışabilir ve psikolojik destek alabilir, üniversite acil destek hattını arayabilir (1100), BÜREM Kendine Destek Broşürlerine (https://burem.boun.edu.tr/node/17) erişip ihtiyaç duyduğunuz konu ile ilgili kısımları okuyabilirsiniz.

Bu çalışma gizlilik ilkesine dayalı olacak, kişisel bilgileriniz araştırmacı dışında araştırma yürütücüsü ile dahi paylaşılmayacaktır. Araştırmada gerçek isminiz yerine takma isimler kullanılacak ve kim olduğunuzu belli edecek herhangi bir bilgi yer almayacaktır. Ayrıca, araştırma boyunca sağladığınız verileriniz hiçbir şekilde araştırma dahilinde olmayan bir diğer kişi ve kurum ile paylaşılmayacak ve kilitli bir bilgisayarda saklanacaktır. Analiz sonrasında ise vermiş olduğunuz bilgiler ve ses kayıtları yok edilecektir.

Süreç boyunca sorunuz olursa, proje yürütücüsü Dr. Öğr. Üyesi Ersoy Erdemir'e (XXX) ve proje araştırmacısına (XXX) sorabilirsiniz. Araştırmanın yapılabilmesi için Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu'ndan (SOBETİK) onay alınmıştır. Araştırmayla ilgili haklarınız konusunda Boğaziçi Üniversitesi Sosyal ve Beşeri Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu'na (SOBETİK) (sbe-ethics@boun.edu.tr) danışabilirsiniz.

☐ Yukarıda yazılanları okudum, anladım ve araştırmaya katılmayı kabul ediyorum.

☐ Ses kaydı alınmasını kabul ediyorum.

Proje Konusu: Bu çalışmada kendini dirençli olarak tanımlayan üniversite öğrencilerinin geriye dönük erken çocukluk dönemi zorlayıcı deneyimleri ve mevcut öznel iyi oluşlarına ilişkin perspektifleri araştırılacaktır. Erken çocukluk dönemi ve bu dönemde yaşanan zorlayıcı deneyimlerin hayatın sonraki dönemlerine olan etkisi bilinmektedir. Üniversite öğrencileri ile yapılan bu anket ve yüz yüze görüşmelerle, erken çocukluk döneminde yaşanan zorlayıcı deneyimler ve bunların kişilerin mevcut yaşamlarında öznel iyi oluşlarına olan etkilerini derinlemesine anlamak hedeflenmiştir. Çalışmanın bir diğer amacı, mevcut öznel iyi oluşu yüksek ve düşük olanlar için erken yıllardaki zorlayıcı deneyimlerine rağmen hayatlarındaki koruyucu/destekleyici faktörleri ayırt etmektir. Bu çalışma, erken zorlayıcı deneyimler ve bunların mevcut öznel iyi oluş ve dirençlilik ile olan ilişkisinin ne olduğunu ve hangi koruyucu faktörlerin gelecekte daha yüksek öznel iyi oluşu desteklediğini açıklamaya çalışarak ilgili alan yazına katkı sunmayı amaçlamaktadır.

Gizlilik: Araştırma boyunca paylaştığınız bilgiler gizli tutulacaktır, kişisel bilgileriniz proje yürütücüsüyle dahi paylaşılmayacaktır. Araştırmacı olarak yüz yüze görüşmeler yapabileceğimden, kimliğinizi sadece ben bileceğim fakat araştırma yayınlanırken sizler için takma isimler kullanacağım. Kimliğinizin açığa çıkmasına ve tanınmanıza

sebep olacak herhangi bir bilgi yayınlanmayacaktır. Araştırma boyunca elde edilecek bulgular, bu tez çalışmasına ek olarak diğer makale veya konferans bildirisi gibi diğer akademik mecralarda da kullanılabilecektir.

Olası Riskler: Araştırmanın konusu hassas olduğundan bazı olası riskler vardır. Örneğin, çocukluk çağı döneminde yaşanan yoksulluğu ve/ya fiziksel ve/ya psikolojik olumsuz muameleleri düşünmek, hatırlamak ve özellikle cevaplandırmak oldukça zor ve tetikleyici olabilir. Ayrıca bu deneyimlerinizi paylaşmak sizde kaygı yaratabilir. Tüm bu olası durumlar sebebiyle araştırma oldukça hassas yürütülmeye çalışılacaktır. İstemediğiniz herhangi bir soruya cevap vermeyebilir/sonrasında yazılı olarak cevap verebilir, bireysel görüşmeye ara verip daha sonra devam edebilir veya araştırmadan (anket ve bireysel görüşme) istediğiniz zaman ayrılabilirsiniz. Araştırmayla ilgili daha ayrıntılı bilgi alma hakkınız vardır.

Olası Yararlar: Araştırma her ne kadar doğası gereği hassas olsa da, sizin için hali hazırda içinde yaşadığınız durumları ve duyguları paylaşma ve rahatlama olanağı sağlayabilir. Aynı zamanda her zaman paylaşmanıza fırsat bulamayabileceğiniz bu zorlayıcı deneyimleri gizlilik içerisinde bir diğer kişiyle paylaşmak ve açık uçlu sorular yardımıyla kendi yaşadıklarınızı değerlendirmek sizlerin öz farkındalık geliştirmenize katkıda bulunabilir.

Çalışmadan Çekilme: Araştırmanın ikinci aşaması olan yüz yüze görüşmelerde istediğiniz an görüşmeyi sonlandırabilir, ya da görüşmeyi yapmış olsak dahi, görüşme bitiminden sonra en geç 2 ila 3 hafta içerisinde olmak kaydıyla (analiz süreci başlamadan önce), herhangi bir sebep belirtmeksizin araştırmadan çekilebilirsiniz. Araştırmadan çekilmeniz halinde, sağlamış olduğunuz tüm veriler hiçbir şekilde veya herhangi bir amaç için kullanılmayacak, ivedi biçimde imha edilecektir.
Sorularınız için:

Bu formu elektronik bir şekilde onaylamadan önce, çalışmayla ilgili sorularınız varsa sorabilirsiniz. Süreç içinde sorunuz olursa, proje yürütücüsü Dr. Öğr. Üyesi Ersoy Erdemir'e (XXX) ve proje araştırmacısı Neslihan Şahin'e (XXX) ulaşabilirsiniz.

Bu araştırma için Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu'ndan (SOBETİK) onay alınmıştır. Araştırmayla ilgili haklarınız ve olası şikayetleriniz konusunda SOBETİK'e (sbe-ethics@boun.edu.tr) danışabilirsiniz.

E-posta adresiniz veya telefon numaranız değişirse, bize haber vermenizi rica ederiz.

Bana anlatılanları dinledim ve formda yazılanları anladım. Bu formun bir örneğini aldım / almak istemiyorum. (Katılımcı formun örneğini almak istemesi durumunda katılımcı ve araştırmacı tarafından imzalanan form, taranmış bir şekilde katılımcının e-postasına iletilecektir.)

Katılımcının Adı-Soyadı:
Elektronik imzası:
Tarih (gün/ay/yıl):

Araştırmacının Adı-Soyadı: Neslihan Şahin

Elektronik imzası:
Tarih (gün/ay/yıl):

APPENDIX N

INTERVIEW QUESTIONS (ENGLISH)

Interview Protocol Project: Resilient Youths' Perspectives on their Current Subjective Well-Being in Retrospect to Early Childhood Adverse Experiences
Time of interview:
Date:
Interviewer:
Interviewee:
Questions:

1. What have you experienced in terms of adverse childhood experiences?
    1. What was most difficult for you regarding your early years?
    2. How did you feel back then?
    3. How these adverse experiences affected you when you were a child?
    4. Do you think your adverse experiences affect your current life? If so, how do you think that your adverse experiences affect your current life?
2. In what ways do you describe yourself as resilient?
    1. What does resilience mean to you?
    2. Do you feel resilient in every area (social, emotional, academic, etc)?
    3. How is your relationship with school/friends/family?
    4. What is it or what are those that helped you, if any/if you did, to overcome your adverse experiences and thrive in life after childhood? In other words, how did you navigate?
3. To what do you owe your resilience?
    1. Can you explain more about your protective and promotive factors?
    2. When you were a child, was there anyone who comforted or supported you when you need? Who was he/she? In what ways was she/he a support for you?
    3. Other than any individual, was there anything that comforted or supported you when you needed it? What was it? In what way was it a support for you?
    4. Who or what has helped you survive so far?
4. How do you describe your current subjective well-being?
    1. How do you describe their life quality in terms of health, happiness, and prosperity?
    2. How satisfied are you with your current life?
    3. Do you currently experience problems in daily life? If so, what kind of problems do you have?
    4. If you experience current well-being problems, what do you think is the reason for it?

APPENDIX O

INTERVIEW QUESTIONS (TURKISH)

Görüşme Protokolü Projesi: Dirençli Gençlerin Geriye Dönük Erken Çocukluk Dönemi Zorlayıcı Deneyimleri ve Mevcut Öznel İyi Oluşlarına İlişkin Perspektifleri
Görüşme zamanı:
Tarih:
Görüşmeci:
Katılımcı:
Sorular:

1. Zorlayıcı çocukluk deneyimi olarak neler yaşadınız?
    1. Çocukluk yıllarınızda sizi en çok ne zorladı?
    2. O zamanlar nasıl hissettiniz?
    3. Çocukken yaşadığınız bu zorlayıcı deneyimler sizi nasıl etkiledi?
    4. Yaşadığınız zorlayıcı deneyimlerin şu anki yaşamınızı etkilediğini düşünüyor musunuz? Eğer öyleyse, yaşadığınız zorlayıcı deneyimlerin şu anki yaşamınızı nasıl etkilediğini düşünüyorsunuz?
2. Kendinizi hangi yönlerden dirençli/dayanıklı olarak tanımlarsınız?
    1. Dirençlilik/dayanıklılık sizin için ne ifade ediyor?
    2. Her alanda (sosyal, duygusal, akademik vb.) kendinizi dirençli/dayanıklı hissediyor musunuz?
    3. Okul/arkadaşlar/aile ile ilişkiniz nasıl?
    4. Zorlayıcı deneyimlerinizin üstesinden gelmenize ve çocukluktan sonraki yaşamda başarılı olmanıza yardımcı olan, (olduysa/yaptıysanız) şeyler nelerdi? Başka bir deyişle, nasıl yol aldınız?
3. Dayanıklılığınızı neye borçlusunuz?
    1. Koruyucu ve teşvik edici faktörlerinizden biraz daha bahseder misiniz?
    2. Siz çocukken ihtiyaç duyduğunuzda sizi teselli eden ya da destekleyen birileri oldu mu? Kimlerdi? Size hangi yönlerden destek oldular?
    3. Birey dışında ihtiyaç duyduğunuzda sizi teselli eden ya da destekleyen bir şey oldu mu? Bu neydi? Size nasıl bir destek oldu?
    4. Şimdiye kadar hayatta kalmanıza kim veya ne yardım etti?
4. Mevcut öznel iyi oluşunuzu nasıl tanımlarsınız?
    1. Sağlık, mutluluk ve refah açısından yaşam kalitelerini nasıl tanımlarsınız?
    2. Şu anki hayatınızdan ne kadar memnunsunuz?
    3. Şu anda günlük hayatta sorunlar yaşıyor musunuz? Eğer öyleyse, ne tür sorunlar yaşıyorsunuz?
    4. Mevcut refah sorunları yaşıyorsanız, bunun nedeninin ne olduğunu düşünüyorsunuz?

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