

Childhood Psychological Resilience Factors in Young Adults with Adverse Childhood Experiences: A Qualitative Preliminary Study

Olumsuz Çocukluk Yaşantıları Olan Genç Yetişkinlerde Çocukluk Dönemi Psikolojik Sağlamlık Faktörleri: Nitel Bir Ön Çalışma

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ABSTRACT

Over the past decades, numerous studies have repeatedly demonstrated the risk factors and long-term negative outcomes associated with adverse childhood experiences. However, the factors that contribute to positive development and psychological resilience after adverse childhood experiences are less well known. The aim of this study was to understand the childhood resilience factors of young adults who experienced adverse childhood experiences. Focus Group Interview was used in this qualitative study. Participants were young adults (n= 6) who were university students between the ages of 21 and 26 (mean age = 23.17, SD= 2.14). The data were analyzed using thematic analysis. The results showed that individual, relational and societal factors played a protective role in the participants' childhood. At the same time, participants emphasized that relational and societal protective factors had some shortcomings or potentially damaging consequences. This preliminary study uncovered multiple layers of childhood protective factors (individual, relational and societal) and emphasized the importance of assessing the multifaceted nature of protective factors.

Keywords: Child abuse, neglect, protective factors, resiliency, emerging adulthood,

ÖZ

Geçtiğimiz on yıllarda çok sayıda araştırma çocukluk dönemi olumsuz yaşantılarına ilişkin risk faktörlerini ve uzun süreli olumsuz sonuçları tekrar tekrar ortaya koymuştur. Ancak, çocukluk dönemi olumsuz yaşantıları sonrası olumlu gelişime ve psikolojik sağlamlığa katkı sağlayan faktörler daha az bilinmektedir. Bu çalışmanın amacı çocukluk döneminde olumsuz yaşantılar deneyimleyen genç yetişkinlerin çocukluk dönemi psikolojik sağlamlık faktörlerini anlamaktır. Bu nitel çalışmada Odak Grup Görüşmesi kullanılmıştır. Katılımcılar 21-26 yaş arası (Yaş Ort.= 23.17, SS= 2.14) üniversite öğrencisi olan genç yetişkinlerden oluşmaktadır (n= 6). Veriler tematik analiz ile incelenmiştir. Sonuçlar bireysel, ilişkisel ve toplumsal düzeydeki faktörlerin katılımcıların çocukluğunda koruyucu rol oynadığını göstermiştir. Aynı zamanda katılımcılar ilişkisel ve toplumsal koruyucu faktörlerin kimi eksiklikleri veya potansiyel olarak zarar veren sonuçları olduğunu vurgulamıştır. Başlangıç niteliğindeki bu çalışma, çok katmanlı çocukluk dönemi koruyucu faktörlerini ortaya çıkarmıştır (bireysel, ilişkisel ve toplumsal) ve koruyucu faktörlerin çok yönlü doğasını değerlendirmenin önemini vurgulamıştır.

Anahtar sözcükler: Çocuk istismarı, ihmali, koruyucu faktörler, psikolojik sağlamlık, beliren yetişkinlik

Introduction

Childhood adversity encompasses a variety of negative experiences that can harm a child's physical safety and psychological well-being. Different types of child abuse and neglect (e.g. neglect, emotional abuse, sexual abuse, physical abuse (Hildyard and Wolfe 2002) and household dysfunction such as extreme poverty, witnessing domestic violence, community violence fall within the scope of childhood adversity. The short- and long-term detrimental effects of childhood adversity are well-documented by research spanning several decades (Hildyard and Wolfe 2002, Teicher and Samson 2016).

These prevalent negative experiences (Ulukol et al. 2013, Simsek et al. 2017) lead to a range of adverse outcomes, including physical and mental health issues, maladaptive behaviors, academic, educational, career, and social problems, delinquent behaviour, and economic hardships across the lifespan (Browne and Finkelhor 1986, Malinosky-Rummel and Hansen 1993, Hildyard and Wolfe 2002, Runyan et al. 2002, Currie and Spatz Widom 2010, Ulukol et al. 2013, Koçtürk et al. 2019). Studies have found that college students who experienced

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childhood maltreatment are less likely to exhibit resilient development compared to their non-maltreated counterparts (Topitzes et al. 2013).

Fortunately, despite the long-term challenges of facing childhood adversity, it is also known that some individuals demonstrate resilience to some extent following these experiences (McGloin and Widom 2001, Afifi and MacMillan 2011, Wekerle 2013, Leung et al. 2020). Resilience lacks a unified definition in literature (Yoon, Howell et al. 2021), though it generally refers to positive adaptation after certain adversity or violence (Masten 2001). Studies have found that the rate of short- and long-term resilience after childhood adversities ranges between 12% to 22% (Cicchetti et al. 1993, Kaufman et al. 1994, Cicchetti and Rogosch 1997, McGloin and Widom 2001). A review study suggested that the resilience rates among maltreated children are approximately from 10% to 25% (Walsh et al. 2018).

Given the substantial percentages of resilience observed after adverse experiences, a considerable body of research has shifted its focus to understanding the key factors and processes of resilience (Meng et al. 2018, Leung et al. 2020). The characteristics and resources that promote the resilience are called promotive or protective factors (Cicchetti and Garmezy 1993, Masten 2014). Considering the nuances among these terms (Yule et al. 2019, Yoon et al. 2021), the term "resilience factors" which encompasses both concepts, is preferred in this study.

Studies have demonstrated that childhood resilience factors are associated with positive outcomes in later life among individuals who have experienced childhood adversity (Crandall et al. 2019). In recent years, there is a growing attention in literature to discover the positive factors in childhood that lead to resilience in the face of adversity (Narayan et al. 2018). Yet, there is a need to understand these factors in college students. Especially, there is a lack of attention in the literature about culturally sensitive explorations of these factors (Ungar 2013). The current study aims to fill this gap by discovering the resilience factors in childhood retrospectively among young adults in Türkiye who were exposed to at least one type of childhood adversity.

As stated earlier, numerous studies have reported that children who experienced adversity may demonstrate resilience in later life, which can be attributed to wide range of contributing factors (Yule et al. 2019, Chang et al. 2022). Previous research has shown that individual, familial/ relational, and community-level factors contribute to resilience in the face of adversity (Afifi and MacMillan 2011).

Childhood individual level factors associated with resilience include inner strengths such as self-regulation skills (Russell et al. 2016, Daniel et al. 2020). Another salient protective factor related to resilience is familial and relational factors such as emotional availability of parents (Özsoy and Çelikkaleli 2021), familial resilience (Dong et al. 2020), continuous support and safety from other adults (Bellis et al. 2017). Additionally, societal, and environmental factors have been shown to positively influence healthy development following childhood adversities. For example, studies have linked neighborhood characteristics (Schuck and Widom 2019), neighborhood cohesion and support (Kırbaç 2017, Maguire-Jack et al. 2021), and school-related factors with resilience after childhood adversity. To sum, resilience after childhood adversity is influenced by multiple components in people's life.

The current study sought to explore childhood resilience factors among young adults who were exposed to childhood adversity. According to Ecological-Transactional model by Cicchetti and Lynch (1981), these resilience factors may be encountered at multiple levels of a child's life. These components include the individual level, the family level, and the broader community level (Cicchetti and Toth 2016). To comprehensively understand resilience in individuals who have experienced adverse childhood experiences, it's essential to explore the multifaceted contributing factors. Based on this framework, the current study aims to discover the childhood resilience factors of young adults within different levels of ecology using qualitative methodology.

Understanding the characteristics of the populations who demonstrate resilience is critical in order to plan effective intervention and prevention studies (Yule et al. 2019). From this perspective, college students are selected as the study group because they exhibit academic resilience by staying in school (Dumont et al. 2007, Koçtürk et al. 2019, Powell et al. 2021). The research question is "What did young adult college students experience or have/possess in childhood that may contribute positively to their resilience today?"

Method

In the current study, a phenomenological qualitative research method was adopted. The Focus Group Interview (FGI) approach was chosen to understand individual's experiences (Kitzinger 1995). It was anticipated that group dynamics within the FGI would facilitate participants in recalling more childhood experiences (Bowling

2002). Following the suggestions of Krueger and Casey (2014), the interview was conducted in the participants' primary language, Turkish.

Participants

Participants consisted of young adults (female= 4, male= 2) aged between 21 and 26 ($M= 23.17$, $SD= 2.14$), all of whom reported experiencing at least one type of childhood adversity in the ages of 0 and 18. All participants were enrolled in various faculties (Faculty of Education= 3, Faculty of Medicine= 1, Faculty of Veterinary Medicine= 1, and Faculty of Architecture= 1). The socioeconomic levels (SES) of the participants were categorized as lower-to-middle ($n= 2$), middle ($n= 3$), and middle-to-upper ($n= 1$).

Measures

Informed consent and FGI application form

These forms were used for participant recruitment. The form encompassed the study's objectives, process, risks and benefits, confidentiality measures, the contact information of researchers and questions concerning childhood adversities. The specific question presented regarding childhood adversity was: "If you have experienced at least one of the following during your childhood (0-18 years), please select the option below: Yes, I have experienced one of these experiences." The provided childhood experiences were: 1. Physical abuse (e.g. being slapped, kicked, punched, etc.), 2. Emotional abuse (e.g. contempt, humiliation, being sworn at), 3. Emotional neglect (i.e. not having a trusted adult to share experiences or feelings with), 4. Physical neglect (e.g. not meeting your basic needs such as food, medicine, clean clothes, etc.), 5. Sexual abuse (e.g. forced sexual intimacy or forced to watch sexual material, etc.). Participants could also choose, "Although I did not experience any of the options listed above, I was exposed to different types of childhood negative experiences (e.g. being economically exploited/being employed, dropping out of the school, poverty, loss of a parent, etc.)."

Socio-demographic information form

This form was used to collect participants' socio-demographic details including gender, age, faculty, and SES.

Interview Guide

A semi-structured interview form was prepared, comprising five main questions based on the components of the Ecological-Transactional model. Two experts with knowledge in bio-ecological approach provided feedback on the comprehensiveness of the form. Minor modifications were made on the form based on experts' input. Examples of probe questions were also prepared. An example of a main question is "2. During your childhood (between the ages of 0-18), were there adults/peers around you who understood you, supported you, volunteered to meet your needs, and spared time for you? If yes, please explain how and what was your relationship/ closeness with these people?" An example of a probe question is: "Would you mind talking more about this?" The interview did not cover questions about childhood adversities, as this topic was outside the scope of the research.

Procedure

Ethical approval for the current study was obtained from Hacettepe University Ethical Committee (The date of approval: 04.27.2021, Document number: 00001564339). No incentives were offered to study participants. The detailed procedure is outlined below. The FGI in this study were unfolded in several phases, as follows (Dilshad and Latif 2013):

(1) Planning the group

A total of 5-8 participants is suggested for FGI (Krueger and Casey, 2014). Kitzinger (1995) suggests that individuals with similar characteristics can enhance the interaction between participants. In this study, college students within the same age range, cognitive level, and socio-economic background were targeted.

(2) Group composition

Participants were recruited via announcements in contact groups and schools/classes e-mail groups. Over a two-week period, 10 individuals volunteered by submitting the online application form. All the applicants were eligible and were invited to the study through e-mail or phone. Eventually six of the volunteers joined the FGI meeting. As acknowledged by Krueger and Casey (2014), some participants may drop out before or during the

interview. In the current study, two participants stated that they were not volunteer anymore, and two participants dropped out from the study just prior to the interview due to technical and personal reasons.

There is no consensus on literature about a certain point or a certain number of participants to reach data saturation in thematic analysis (see Braun and Clarke 2021). Despite the relatively small sample size one FGI involving six participants, the procedure was considered sufficient for study's aim. This initial study's primary goal was to identify categories and main concepts under pre-determined themes, rather than grasping the entirety of the childhood resilience factors. Therefore, the FGI was conducted. The limitations regarding group composition will be discussed later.

(3) Conducting the focus group interview

The FGI was led by the facilitator (first author). The facilitator was a doctoral candidate during the time of the interview experienced in group counseling and interpersonal dynamics. The interviewer asked the questions on a conversational level, avoided power struggles with participants, and avoided asking "why" question, as suggested by Krueger and Casey (2014).

The facilitator initiated the interview by reiterating the research's purpose, ensuring that participants comprehended the scope of the interview. Participants were informed prior to the interview that they could choose not to answer or stop answering or withdraw from the interview at any point if they felt discomfort. Subsequently, the interviewer proceeded to ask the questions in accordance with the interview guide, and the participants took turns responding as they saw fit. Some participants expressed a desire to contribute to the conversation by sharing their additional experiences after hearing others' responses, leading to at least two rounds of answers for each question. As the discussion unfolded, some participants also shared negative experiences related to the resilience factors mentioned by other participants. Additionally, participants offered further explanations about the shortcomings and simultaneous detrimental consequences of their own resiliency factors. The facilitator maintained non-intervening stance and kept recording while participants freely expressed themselves during these moments, as they continued talking about resiliency factors.

(4) Recording the responses

The interview was audio-recorded with the written and oral permission of all participants. The interview lasted approximately 90 minutes. The interview then was transcribed verbatim, resulting in a transcript comprising 3922 words.

(5) Data analysis

Thematic analysis was used to identify the themes within the data because the data includes narratives of individual's experiences (Vaismoradi et al. 2013). The details of data analysis are presented in the subsection titled "Statistical Analysis" below.

(6) Reporting the findings

As recommended in literature (Anderson 1990), main ideas were summarized, and participant quotes were provided as examples for reporting. Each participant was assigned a code (P1, P2... P6) to ensure the anonymity. The themes, categories, and main concepts, along with verbatim statements were translated into English by one of the researchers (first author) and checked by the other researcher (second author).

Statistical analysis

Thematic analysis was adopted in the current study, as mentioned earlier. Before analysis, a codebook was prepared using the pre-determined themes (i.e. individual, familial/relational and community factors) (see Braun and Clarke 2021) with additional "other" theme which was prepared to use while coding, if necessary. On the other hand, specific categories or main concepts were not predefined.

After familiarization with the transcribed data, the first researcher meticulously coded lines relevant to each main interview question. Consequently, raw data was reduced to descriptive statements (Krueger 1994). The codes were then integrated into main concepts. Subsequently, two researchers (first and second author) collaboratively reached consensus on these concepts, determining the broader categories and themes that they belong to. After the preliminary coding, themes and data were reviewed again, followed by an in-depth discussion between the two researchers to ensure the main concepts and categories accurately captured the themes. In this stage, the theme "familial/relational" was refined to "relational" for brevity.

Although this study aimed to uncover the childhood resilience factors, participants' recollections of negative experiences related to these factors were not disregarded. A separate codebook was created for the detrimental consequences during data analysis using the same themes (i.e. individual, relational and community factors) and abovementioned coding process was followed. Then, the results (themes, categories, and main concepts) were presented to two independent researchers on the dissertation advisory committee of the first author, who offered feedback. The researchers hold a discussion about the themes and categories considering this feedback. Finally, data analysis stopped once the consensus was achieved. The facilitator shared themes and categories with four participants via e-mail, as requested.

The frequencies of the statements were intentionally omitted from calculation since the aim of the thematic analysis do not encompass quantifying the data. Instead, emphasis is placed on a contextual understanding (Vaismoradi et al. 2013). Peer assessment or intercoder reliability scores were not utilized in this study due to their limited applicability in thematic analysis, which involved subjective interpretation. In other words, the assessment of reliability may fail to affirm the objectivity of codes, as two individuals could easily adopt a shared subjective viewpoint towards the text as explained by Loffe and Yardley (2004 cited by Vaismoradi et al. 2013).

Results

Multiple categories emerged as a result of the analysis, aligning with pre-determined themes of childhood resiliency factors, which encompassed individual factors, relational factors, and community factors. The results are summarized in Table 1. Findings about shortcomings and potentially detrimental consequences of childhood resiliency factors are presented in Table 2.

Themes	Categories	Main concepts
Individual factors	Characteristics	self-esteem, being practical, self-determination
	Abilities	advocating for themselves, coping skills, prosocial skills, financial planning skills, life skills, academic achievements
	Self-regulatory strengths	physiological (engaging in physical activities such as exercise) behavioral (extra-curricular activities) emotional (writing a diary, engaging with art, spending time in nature) spiritual (gratitude, positive religious coping skills, religious rituals, grounding)
Relational factors	Parents Siblings Peers Teachers Relatives	having an adult around who makes them feel safe and protected, maternal support, having an emotionally available adult or peer, perceived social support from close friends, siblings, relatives, teachers, and close friends' families, being appreciated by adults.
Community factors	School related	school belongingness, school safety, classroom acceptance
	Socio-demographic	being the younger child, economic hardships, income stability
	Neighborhood related	Neighborhood cohesion, informal social control, neighborhood safety and support

Results about childhood resiliency factors

Theme 1-Individual factors

Participants highlighted individual characteristics (i.e. self-esteem, being practical, self-determination), abilities (i.e. advocating for themselves, coping skills, prosocial skills, financial planning skills, life skills, and academic achievements), and self-regulatory strengths (i.e. physiological, behavioral, emotional, and spiritual) that facilitated their positive adaptation and well-being during childhood as resilience factors.

The main concept of individual characteristics was commonly mentioned by participants. For instance, P6 explained her childhood strength, stating, "I was a responsible child... I am very practical now. My friends are impressed by this about me." Similarly, P3 shared her childhood self-determination, saying "I have always believed that [I can be successful] and now I think I have always achieved."

Study participants elaborated on how their abilities contributed to their resilience. P1 recounted her assertiveness, stating, "I wasn't thinking that nobody would take me seriously because I was a child. I was defending myself; I was an advocate for myself." Building upon this, P3 mentioned how her challenging childhood experiences

contributed to her resilience: *"I was living with my grandparents so that I could be closer to my school. I was practically on my own. All that life skills have made me stronger."*

All participants emphasized the contribution of physiological, behavioral, emotional, and/or spiritual self-regulation skills in fostering their resilience. P6 explained her emotional regulation practice of writing diary in nature, stating, *"Whenever I feel bad, I go to my special place in the woods and write a diary. It is still going on. It is my ritual since my childhood"* and P5 recounted, *"I was writing poems. In fact, my friends were saying to hold on to the things you wrote."* P1 mentioned extracurricular and physical activities as protective mechanisms, noting, *"I've been practicing traditional folk dancing and modern dancing since my childhood."* Two participants highlighted their spiritual self-regulation practices, connecting with a higher power. P5 described how she navigated the difficulties during childhood, sharing, *"When I shared something with him [with God], the peace of mind was very precious to me, since no one else would know. I couldn't tell an adult either because there was criticism, or it was ignored. Children's issues were not given much importance. I was sharing [with God] just to be able to share."*

Theme 2- Relational factors

Participants recalled various familial and relational factors that contributed to their resilient functioning during childhood. These factors were categorized into parents, siblings, peers, teachers, and relatives. Within this theme, participants highlighted concepts such as having an adult around who makes them feel safe and protected, receiving maternal support, having an emotionally available adult or peer, perceiving social support from close friends, siblings, relatives, teachers, and families of close friends, as well as being appreciated by adults.

Supportive acts from peers and relatives were emphasized by participants. For instance, P6 shared, *"I enjoyed sharing things with my friends"* and P2 elaborated on the consistent support from relatives *"My father was a soldier. I rarely saw him until I was 5-6 years old. My mom was very young when she gave me birth, so she had no idea about being mother... So, my aunts were a constant support for me in life, whatever I need."* P1 emphasized the importance of friends and friends' parents as sources of support, stating, *"I had a lot of friends, and my friends have provided me with emotional or financial support in all phases of my life. My friends' parents were also there for me as a support."*

Siblings were also recognized as a source of support, especially when the parental support was unavailable or limited. For instance, P5 stated, *"My older brother was my source of support between 0-18 ages and later on"* and continued *"My parents were authoritarian, but my older brother was always supportive. I shared everything with him."* P2 shared similar sentiment, *"Starting from my adolescence, my older sisters parented me.... My parents were not an emotional support for me, it's my older sister that is supportive."*

Theme 3- Community factors

This theme encompassed factors related to the community including school-related aspects (i.e. school belongingness, school safety, classroom acceptance), socio-demographic factors (i.e. being the younger child, economic hardships, income stability), and neighborhood-related factors (i.e. neighborhood cohesion, informal social control, neighborhood safety, and support).

Participants acknowledged the encouraging and supportive role of their school and classroom environments. P6 recalled, *"I was always picked out for in-class activities, such as group projects and being wanted made me feel things like being valued, being belonged."* P5 stated, *"I had two older brothers; they were not very successful. I guess that's why I made academic success my mission. I was successful and that gave me strength."*

Participants also identified the impact of having a fixed and limited income. P4 explained, *"We have always had a fixed income. I knew what I could ask for or not since I was little. It was very important. It gave me the sense of financial planning skills."*

In this study, participants reported the supportive role of their neighborhood through cohesion, informal social control, safety, and overall support. P1 described his neighborhood stating, *"I grew up in a neighborhood culture."* and mentioned the contribution of these social networks to him: *"... [in our neighborhood] everyone goes to each other's homes. These probably gave me social skills."* P4 expressed the sense of freedom in their hometown, stating *"We have our own town. I think I am freer there. Everyone knows each other."* P3 also recalled the neighborhood support with the following statement, *"We also had good neighborly relations. Doing social activities with them such as going to a picnic on a weekend, has helped me a lot."*

Moreover, participants mentioned that neighbors help each other by constructing an informal social control mechanism which means involvement in negative experiences to protect each other. For instance, P1 stated

"Ours is a 40-year-old neighborhood, and everyone knows each other. We know who enters our neighborhood or leaves it."

Results about shortcomings and detrimental consequences of childhood resilience factors

As mentioned above, certain relational and community childhood factors were reported by participants to have detrimental roles on participants' well-being. Relational factors included father's emotional unavailability, authoritarian parenting styles (characterized by overprotection and overcontrol), and relatives' unreliability, and community factors included socio-demographic factors (i.e. having younger siblings, being the oldest sibling) and neighborhood-related factors (i.e. neighborhood social pressure and overcontrol).

Theme-1: Relational factors

Under this theme, participants recalled instances of overanxious or emotionally un-supportive behavior from their parents during times when they asked for their support. P5 shared, *"My parents were so anxious. And they were either blaming me or giving their advice whenever I tell something."*

Participants mentioned that support and warmth was present from their mother, but not from their father. P4 explained, *"Both my parents, my dad and my mom were supportive but when I went through something emotional, I would rather share it with my mom, not my dad. When I was sad, my mother knew it right away."* P3 revealed, *"I was sharing my external experiences with my mother. I was choosing to share these kinds of things with mom because my fathers' approach was like, oh it must be something you did, it must be your fault."*

Participants also mentioned the detrimental consequences of their relationships between relatives. P5 disclosed, *"We were moving from town to town because of my fathers' job so my cousins were the only stable friendships in my life. I was trying to share a few things with my cousins but the teasing, the telling on me..... After that time, I didn't open to my cousins."*

Table 2. The shortcomings or detrimental effects of participants' childhood protective factors

Themes	Categories	Main concepts
Relational factors	Father related Parenting styles Relatives related	father's emotional unavailability, authoritarian parenting styles (overprotection and overcontrol), relatives' unreliability
Community factors	Socio-demographic	having younger siblings and/or being the oldest
	Neighborhood related	neighborhood social pressure and overcontrol

According to participants, helping with the parenting activities for their younger siblings not only made them skillful and caring but also it made their lives more challenging. P3 explained, *"I also experienced the hardship that comes with being the eldest child. I feel like I am a source of support rather than a receiver of the support because I am the parentified child. Taking care of them [my siblings] was also a positive thing, I can see the positive feature when I think of it now. I did that because I was able to, this gives strength but a child should be a child."*

Theme 2- Community factors

Participants mentioned the negative feature of living in a neighborhood with a strong social network, referring to it as neighborhood social pressure. This phenomenon was discussed by both female and male participants, with the description involving gender-based social pressure particularly affecting women. P4 stated *"We have our own neighborhood with our large family. I feel freer in terms of going out. For example, I was easily going to my grandmothers by myself. But as P1 said... Who is where, who does what with whom... I can't even walk around there with a guy friend. That is the culture there, the pressure."* A male participant also described a similar situation referring to his experience with a female partner. P2 explained, *"I believe neighborhood culture restricts people. For example, my girlfriend wanted me to drop her off 50-100 meters away from her neighborhood because people would ask her, who is the boy?"*

Discussion

The analysis yielded three overarching themes encompassing various categories as childhood resiliency factors: individual level, relational level, and community level. These factors have been predefined before data analysis, as previously addressed in preliminary research (see Afifi and MacMillan 2011, Cicchetti and Toth 2016). The data indicated that no additional themes were necessary to capture the concept of resiliency factors during

childhood. In terms of the shortcomings and potentially detrimental consequences of resiliency factors, participants mentioned relational and community-level factors, but not individual factors.

The results indicated that childhood individual strengths, characteristics, and abilities played a protective role for young adults who have at least one type of childhood adversity. This finding aligns with a substantial body of research (Afifi and MacMillan 2011, Hamby et al. 2018). An emerged concept from the theme supported previous research, indicating that advocating for oneself can be considered a resiliency factor for maltreated children (see Yoon et al. 2020). Participants also recalled various types of self-regulation as resiliency factor. Self-regulatory skills encompass a variety of components such as emotional, cognitive, and spiritual skills (Grych et al. 2015). The participants in this study stressed the importance of these physiological, behavioral, emotional, and spiritual regulatory skills. This result is consistent with existing research, including a recent meta-analysis that identified self-regulatory skills as one of the most consistent predictors of resilience following childhood adversity (see Yule et al. 2019). Therefore, it can be concluded that participants utilized self-regulatory strengths to navigate adversity and hardship during their childhood.

Participants acknowledged the role of childhood relational factors in contributing to their resilience such as support from parents, siblings, peers, teachers, and relatives. The protective functions of social support and interpersonal factors in mitigating the effects of childhood adversity have been repeatedly reported in previous research (Moses and Villodas 2017, Leung et al. 2020, Masten and Barnes 2018, Ozer et al. 2017) and these findings are supported in the current research. It's worth noting that participants often referred to non-parental social support resources in this study. This can be attributed to the fact that parents are often recognized as the primary source of childhood maltreatment (Grych et al. 2015) or as figures who failed to provide necessary support and safety in the face of adversity. As a result, it is reasonable to expect individuals to seek support from non-parental sources to cope with the challenges they encounter.

Another interesting finding of the study is that participants perceived economic hardship as an indicator for resilient development. Some participants claimed that the economic hardship and fixed income they experienced had positive outcomes (such as learning to handle a limited amount of money). This argument aligns with the idea of fostering child's independence and readiness for the outer world (Zencir and Haskan Avcı 2019). For instance, having a stable and fixed income may be an opportunity to teach children how to handle money. Nevertheless, it is essential to consider that the participants in this study self-described their socio-economic status as low-to-middle, middle, or middle-to-upper class. The result of economic limitations being a protective factor should be interpreted with caution, as the participants' economic backgrounds is not adequately representing populations from high-poverty level. It should be noted that the existing literature has consistently demonstrated positive associations between poverty, low SES, or economic hardship and childhood maltreatment (see Kırbaç 2017, Maguire- Jack et al. 2021). This factor should be further explored among individuals who grew up in circumstances of high poverty.

Participants also emphasized the positive impact of neighborhood cohesion and safety, which is in line with prior research findings (see Maguire-Jack and Showalter 2016, Yoon, Maguire-Jack et al. 2021). Neighborhood cohesion refers to shared values in the community, as well as instances of a high level of trust, support, and connections (Sampson et al. 1997 as cited in Maguire-Jack et al. 2022). In this study, participants reported the supportive role of their neighborhood through cohesion, informal social control, safety, and support. This finding is consistent with cultural norms in Türkiye, where collectivist values and relatedness are prevalent (Kağıtçıbaşı 2007). In such cultures, neighbors tend to look out for one another, knowing, protecting, and trusting each other within the neighborhood (Yılmaz Aslantürk and Aslantürk 2023).

In this study, participants also mentioned the shortcomings and potentially detrimental consequences of certain relational factors (such as emotional unavailability of the parents- especially the father, having younger siblings and becoming the parentified child, authoritarian parenting styles- overprotection and overcontrol) and community-level factors (such as socio-demographic and neighborhood related).

Firstly, participants highlighted the limitations of parental emotional support and emphasized the role of sibling and friend support rather than parental support. Secondly, even though participants recognized the positive roles of parental support and protection, some struggled with the emotional absence of their father or the over-involvement of their parents in their lives. These findings echo indications from the Türkiye's cultural context. According to Kağıtçıbaşı (2005), families in Türkiye demonstrate high relatedness alongside parental control, excessive involvement to child's life, and overprotection. Such tendencies arise from authoritarian and controlling parenting styles, a common feature in the Turkish household context (Sümer et al. 2010). Şar et al. (2021) have also pointed out the detrimental effects of overcontrol and overprotection within families on a

child's well-being. Additionally, participants mentioned the lack of paternal emotional availability. While literature has identified father involvement as a significant protective factor against the impact of child maltreatment (see Yoon et al. 2018), it seems that emotional involvement from fathers was lacking in the lives of participants. Consequently, in the current study, sibling and maternal support emerged as more relevant sources of emotional support during childhood.

Moreover, participants highlighted the pressure they felt over the involvement in child-caring responsibilities for younger siblings. Zencir and Haskan Avcı (2019) have previously discussed the high expectations placed on older children to be the caretaker of the younger siblings in Türkiye culture. The act of role change between parent and child conceptualizes as parentification of the child (Uluç and Köyden 2022). Importantly, all participants who mentioned parentification were female, and one male participant who mentioned it explained that his older sisters were parentified to take care of him. In Türkiye culture, older female children are generally attributed to a mini-mother or second mother in Turkish culture which can cause pressure for young girls. Cultural gender expectations frequently dictate that females take on caregiving roles for the males in the household (Koç et al. 2017). As a result, the protective role of siblings should be investigated in the realm of gender role expectations from the culture.

Lastly, some participants mentioned the downside of neighborhood social control, which can evolve into neighborhood social pressure. Communities with strong bonds are at risk of conflict derived from excessive involvement in one another's lives. The aspect of gender-based power dynamics should also be taken into consideration (Kağıtçıbaşı 2005). In this study, participants recalled instances of neighborhood social control that exhibited gender-based bias towards women. Prior research in Türkiye has indicated that female university students experience gender role stress within their community due to their gender (e.g. pressure from family, relatives, etc. Haskan Avcı et al. 2016). This suggests that the protective and supportive role of the neighborhood can sometimes manifest as over-involvement. Therefore, the potential risks associated with neighborhood cohesion, social ties, and informal social control, especially concerning young girls, warrant further exploration in society of Türkiye.

The current study has some limitations that may affect the generalizability. Therefore, the results should be interpreted with caution. Firstly, given the retrospective nature of the current study, there is a potential for participants to exhibit bias when recalling their childhood experiences. The most important limitation is the small number of participants and utilization of only one FGI session. As stated previously, initially, 10 individuals were recruited, but four opted to withdraw just before the FGI session. While six is an acceptable number of participants for an FGI (Krueger and Casey 2014), this sample cannot comprehensively represent the target population. Some researchers have found that even a few focus groups (two to three) helped to uncover around 80% of the themes (see Guest et al. 2006). In this study, all the pre-determined themes were emerged from a single FGI interview. Though, future studies should recruit more participants to few or several FGIs to evaluate data saturation and to see if there are more themes under childhood resiliency factors. Additionally, the participants in the current study were not randomly selected. Future studies should strive to reach larger, randomly chosen samples encompassing diverse backgrounds.

Another critical limitation pertains to the lack of differentiation among childhood adversity types among participants. Although all participants claimed experiencing at least one type of childhood adversity, no further information were elicited (e.g. type of adversity, timing, duration, perpetrator, etc.), as the details of these factors fall out of the scope of this research. Future studies could delve into the childhood resiliency factors across individuals with varying types of childhood adversities (e.g. sexual abuse, emotional neglect, community violence, etc.). Lastly, participants in the current study predominantly represented middle-class socio-economical levels. The positive or detrimental roles of other socio-demographic features on young adults with history of childhood adversity should be further discovered.

Conclusion

This study revealed the positive impacts of multi-level resilience factors (individual, relational, and community level) in the face of childhood adversity, as well as the multi-faceted nature (protective and detrimental) of these factors. The results demonstrated that participants were able to compensate for the absence some protective factors by utilizing alternative resources (e.g. relying on maternal or sibling emotional support when the father/parents were authoritarian or unavailable). Moreover, the results underscored the importance of taking the density of certain resilience factors into consideration (e.g. neighborhood cohesion and informal social control), as it was concluded that they can become detrimental when excessively present, especially for young girls.

Few implications can be made building from the results. The data highlighted that individual, relational, and community factors are recalled as resilience factors in the face of childhood adversities. Practitioners working with children should focus on strengthening these multi-level resiliency factors among at-risk children. However, given the simultaneously detrimental roles and shortcoming of these actors, seemingly protective factors should be critically evaluated before employing them to build or support resiliency.

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