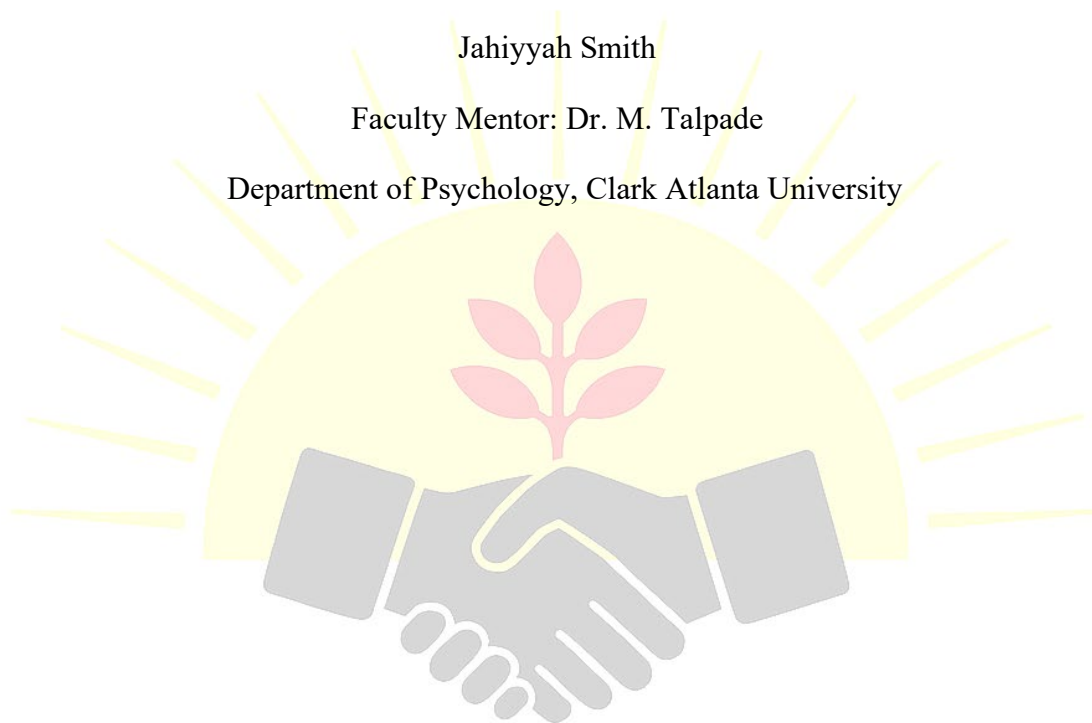


**An Exploration of the Theory Grounded in Resilience for Students with Adverse Childhood
Experiences**

Jahiyyah Smith

Faculty Mentor: Dr. M. Talpade

Department of Psychology, Clark Atlanta University



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Abstract

The purpose of this qualitative study was to explore the theory that explains resilience for students with ACEs, on a college campus. Past research on the concept of resilience for students with ACEs, indicated that individuals who experience significant ACE exposure in childhood are more likely to endorse negative general, mental, occupational, and relational health outcomes in adulthood. However, past research also indicated that many people who have experienced ACEs are resilient. This study answers the following research question: “What is the theory that explains resilience for students with adverse childhood experiences (ACE)?” The qualitative strategy used in this study was grounded theory. The sampling strategy to recruit participants was through recruitment flyers that were shared with gatekeepers. The participants were 7 undergraduate college students at Clark Atlanta University, who have experienced some form of ACE. The data method collection included semi-structured interviews that took place in person and online. Validation strategies included rich thick descriptions and peer reviewing. Results were coded into the following themes: *Adversity to strength*, *Intentional healthy healing*, *Meaningful relationships*, *Beneficial actions*, and *Spiritual or self-guided belief*. The findings indicated that students who have experienced adverse childhood experiences (ACE), must go through a process of transitioning from adversity to strength through intentional healthy healing, meaningful relationships, beneficial actions, and spiritual or self-guided belief in a better future. The results of this study can contribute to the field of educational psychology and help initiate positive change for students with ACEs and mental health practitioners.

Keywords: adverse childhood experiences (ACEs), resilience, students, post traumatic growth, post traumatic resilience

An Exploration of the Theory Grounded in Resilience for Students with Adverse Childhood Experiences

It has been repeatedly demonstrated by research that adverse childhood experience (ACE), can have a long-lasting impact on a person's emotional, physical, and psychological health. The lasting impact of ACE can affect one's behavior, mental health, and academic achievement for the rest of their lives. Adverse childhood experience (ACE) is defined as the perpetration of abuse or neglect that has a negative psychological or physical impact on children (Pasha-Zaidi et al., 2020). The original study on ACE identified several categories of abuse including physical and psychological abuse, sexual abuse, substance abuse in the family, mental illness in the family, domestic violence, criminal behavior or incarceration of a household member, parental separation or divorce, emotional or physical neglect, and exposure to trauma of any kind (Pasha-Zaidi et al., 2020). These experiences can impact behavioral, cognitive, and emotional development, which can result in negative physical and mental health problems throughout the lifespan (Post et al., 2020).

Evidence suggests that people who experience significant ACE exposure in childhood are more likely to endorse negative general, mental, occupational, and relational health outcomes in adulthood (Pliske et al. 2021). The greater the number of ACEs one is exposed to, the more likely one will develop serious physical and mental health complications later in life (Pliske et al. 2021). However, not all individuals exposed to ACEs exhibit negative outcomes, and many demonstrate resilience despite these challenges. Decades of research have shown that many people who have experienced ACEs are resilient (Merians et al. 2024). Resilience has been described as a trait, a process, an outcome, or an all encompassing combination of all three

(Munoz et al., 2020). Resilience has also been said to include not only external protective factors, but also internal psychological characteristics and/or specific coping behaviors. The internal psychological characteristics of resilience have been described as involving various established psychological variables, including self-efficacy, humor, patience, optimism, and faith (Munoz et al., 2020). Resilience refers to the capacity to recover from adversity and thrive despite experiencing trauma. The purpose of this study is to explore the theory that explains resilience in students with ACEs. The research question guiding this study is: What is the theory that explains resilience for students with adverse childhood experiences (ACE)?

Literature Review

This section summarizes current research on adverse childhood experience (ACE), resilience theory, and the relationship between adverse childhood experiences (ACEs) and resilience. By examining existing literature this paper will identify key theories of resilience, and analyze how these frameworks apply to students who have faced adversity.

Adverse Childhood Experience (ACE)

Adverse childhood experiences (ACEs) refer to potentially traumatic events that occur during childhood (0-17 years) and can have a lasting impact on physical, emotional, and mental health (Pasha-Zaidi et al., 2020). Child abuse, neglect, family violence, and living in unsafe communities are adversities children face globally that expose them to traumatic stress (Pliske et al., 2021). Students who have experienced ACEs may have difficulty regulating their behaviors and emotions; be fearful of new situations, easily frightened, difficult to console; and behave aggressively and impulsively (Post et al., 2020). Evidence suggests that people who experience significant ACE exposure in childhood are more likely to endorse negative outcomes in adulthood (Pliske et al., 2021). ACEs are often dosage dependent: The greater the number of

ACEs one is exposed to, the more likely one will develop serious physical and mental health complications later in life (Pliske et al., 2021).

Children who experience high levels of ACEs in early childhood may remain emotionally and behaviorally reactive to stress as they get older (Sanders et al., 2020), creating an increased likelihood of social and emotional distress, reduced engagement with peers, and feelings of vulnerability (Sanders et al., 2020). For children who have suffered ACEs, the initial ACE study highlighted the value of early intervention, strong relationships, and support mechanisms to lower the risk of these long-term effects. Knowing about ACEs aids in developing preventative and treatment plans for both adults and children.

Resilience Theory

Resilience can be conceptualized as a positive way of adapting to significant adversity or the ability to bounce back from difficult or stressful experiences (Kang et al., 2024). Despite traumatic experiences in the early years, some individuals are able to overcome their circumstances. Resilience is the reduction in vulnerability in the face of challenges, which enables individuals to reach a positive outcome (Post et al., 2020). Building resilience entails fortifying oneself via relationships, experience, and constructive coping techniques. It uses both external and internal resources to assist individuals in adjusting to difficult circumstances. The ability to endure and bounce back from adversity is what resilience is all about, notwithstanding it.

Resilience theory focuses on how individuals, communities, or systems can recover or adapt positively to adversity, stress, or trauma. It highlights how people may overcome obstacles and become stronger as a result, rather than being defined only by the hardships they encounter

(Pasha-Zaidi et al., 2020). Children who experience adverse childhood experiences (ACEs) but also have protective factors such as a supportive caregiver, strong community ties, and access to resources can show remarkable resilience (Thompson et al., 2024).

It's crucial to note that resilience theory is always evolving. It is subject to change over time and can be impacted by a variety of factors, including life experiences, support systems, and personal growth. A person may experience difficulties at some points in their life and then exhibit remarkable resilience, or they may require various approaches based on the situation.

Relationship Between Adverse Childhood Experiences (ACEs) and Resilience

The connection between resilience and adverse childhood experiences (ACEs) is of great importance because it illuminates how some people can develop and flourish in spite of early trauma. Given that resilience is conceptualized as the ability to respond and adapt positively to significant adversity such as childhood trauma (Kang et al., 2024), resilience may moderate the effect of childhood trauma on PTSD symptoms by decreasing the extent to which individuals use maladaptive coping strategies (Kang et al., 2024). Although ACEs can make people more likely to develop behavioral, mental, and physical health problems, resilience provides a way to lessen these negative impacts. Particularly relevant to childhood trauma, resilience may act as a buffer against the symptoms of trauma (Kang et al., 2024).

While resilience can lessen the negative impacts of ACEs, it cannot eliminate the difficulties or trauma. Rather, it supports long term well being by assisting people in adjusting, coping, and recovering. The purpose of this study seeks to explore the theory that explains resilience in students with ACEs. Specifically, examining how these individuals are able to adjust, overcome obstacles, and succeed academically, socially, and emotionally.

Research Question

Students who have experienced ACEs in the past frequently encounter additional difficulties balancing many responsibilities, some being college life, with the persistent consequences of their trauma. The protective elements and coping strategies that contribute to resilience have been identified by previous research. However, a large portion of research is still broad, lacking a theoretical framework designed for students who have experienced ACEs. Thus, the purpose of this study is to explore the theory that explains resilience in students with ACEs. The research question guiding this study is: “What is the theory that explains resilience for students with adverse childhood experiences (ACE)?”

Qualitative Research Orientation

A qualitative method would be most appropriate given the research question “What is the theory that explains resilience for students with adverse childhood experiences (ACE)?” because it provides a theoretically informed perspective on resilience as experienced and articulated by students. This can't be done quantitatively, representing this phenomena in numbers will not capture the information that's captured through personal experiences and interviews. The inquiry orientation used for this study is a grounded theory approach. A grounded theory approach seeks to explore and understand the underlying theory of resilience, opposed to testing specific variables. This qualitative method is suited for this exploratory research where the goal is to uncover deep meaning, themes, or processes that are not fully understood or detailed.

Research Design

Role of the Researcher

Multiple realities are ensured by this data. Depending on their experiences, identity, and upbringing, every student who has gone through an ACE has a different definition of resilience. Instead of pursuing a single, objective reality, this study attempts to investigate the various lived realities of resilience as they are encountered by college students. This study considers participant voices and insights as vital sources by interacting directly with students through qualitative methods including interviews. As the researcher, I have a personal interest in the subject because of past trauma experiences.

I am dedicated to helping underrepresented student groups. Although I have prior experiences with trauma, bracketing was used to suspend personal judgement only focusing on analysis of experiences. This data was also peer reviewed by other qualitative researchers. Also, rich thick descriptions are used to maintain data trustworthiness.

Sample and Context

The participants for this study were undergraduate college students at Clark Atlanta University, who have experienced some form of ACE. The total sample size for this study consisted of seven African american participants, who were undergraduates at a historically Black university. The sampling strategy to recruit participants was through recruitment flyers that were shared with gatekeepers. The study consisted primarily of women, though there was one male participant who had experienced ACEs in the sample.

The ages of the participants ranged from 19 to 23 years old. Participant one (22 years old), participant four (23 years old), and participant five (21 years old) are all female graduating seniors. Participant three (21 years old) is a male undergraduate senior. Participant six (21 years

old) is a female undergraduate junior. Participant eight (20 years old) is a female undergraduate sophomore. Lastly, participant two (19 years old) is a female undergraduate freshman. Due to confidentiality, the exact names or college major are not shared.

Sampling Procedures/ Ethical Considerations

Recruitment for this study occurred during the spring 2025 college semester, specifically throughout the month of March 2025. All participants were undergraduate college students, attending Clark Atlanta University, who have experienced some form of ACE. To meet the inclusion criteria for the study participants had to be enrolled in college. Also, participants had to experience some form of adverse childhood experience (ACEs) in their childhood. The sampling strategy to recruit participants was through recruitment flyers that were shared with gatekeepers.

For students interested in participating, they contacted the researcher via email expressing their interest. This study was done at a voluntary participation option. When participants agreed to participate, an in-person or virtual interview was scheduled where participants received a consent form. Before the interview procedure began, participants received an informed consent form, which gave them time to review it and determine if they wanted to proceed. The consent form included the purpose of the research, the researchers' contact details, any risks or discomforts, the advantages of taking part, the steps taken to protect participant privacy, and, if necessary, information about on-campus support.

Following the grounded theory procedure, semi-structured interviews were used as a primary source of data collection. All individual interviews (in-person or virtual), were conducted in a private room. Data collection during each interview typically lasted between 30 to 50 minutes. All interviews were audio recorded, with approval from the participants. A semi-

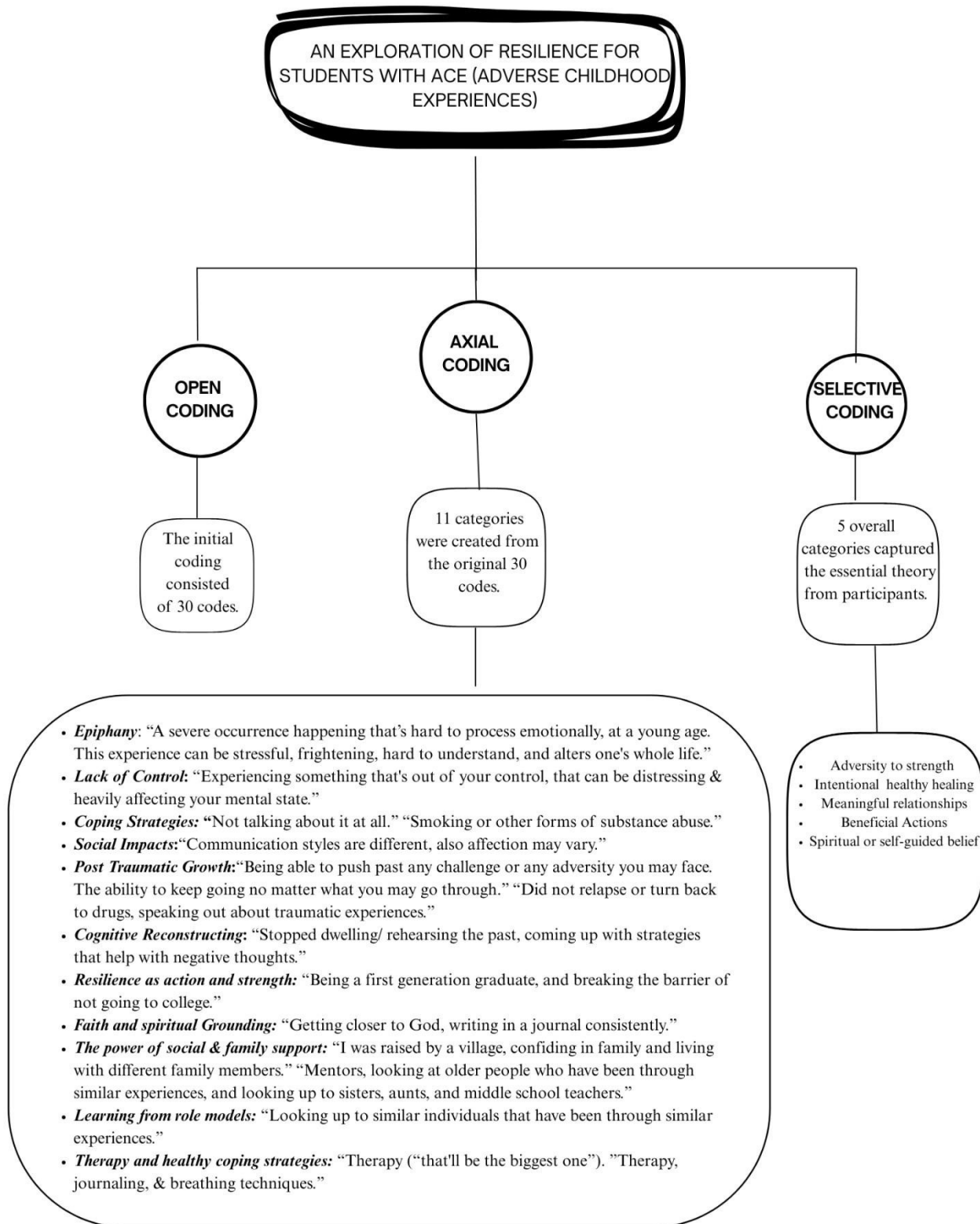
structured interview protocol was used. The interview process started with ice breaker questions, then screening questions, and concluded with interview questions (see Appendix A) for all interview questions. Participants were able to articulate what trauma means based on their own experiences, define resilience in a manner that suits them, and provide specific instances of how resilience has shown up in their life over time despite the trauma.

Data Validation

The data presented in this study has been subjected to peer review by colleagues at Clark Atlanta University, who understand the inner workings of qualitative research. Additionally, rich thick descriptions will be provided to ensure the credibility of this study and to maintain data trustworthiness.

Results

The data extracted from each interview was uploaded to ATLAS.ti, where codes were created. Data analysis began with open coding of each transcript line-by-line. Each transcript was read individually in order to identify codes with concepts, categories, and key components that characterized trauma leading to resilience. The initial coding consisted of 30 codes. Following initial coding, axial coding was used where the data was organized and categorized in a theoretical direction by looking for similarities and differences in the data from all the interviews. Axial coding was also used to create categories for the original codes through Excel. Through axial coding, 11 categories were created from the original 30 codes. Finally, selective coding was used to synthesize the 11 categories into five overall categories that captured the essential theory from participants. These findings were organized into a figure (see Figure 1).



Themes

The study's themes were derived from the original codes, grouped into more general categories, and then tied to the theoretical framework of the research. The theory of this study, illustrated in figure 1, presents resilience in students who have experienced adverse childhood experiences (ACEs) is a quality that is acquired, cultivated, and continuously exercised; it is not a fixed attribute. The process is internally driven, emotionally reflecting, and very relational. The five overall categories that captured the essential theory from participants are: *Adversity to strength, Intentional healthy healing, Meaningful relationships, Beneficial actions, and Spiritual or self-guided belief.*

Adversity to Strength

Several participants discussed their early experiences with ACEs and the post-traumatic growth that resulted from them. There were five codes used to create this theme. The most prominent codes for this theme were codes regarding “adversity,” “growth through resilience,” “pushing past adversity,” “strength and perseverance,” and “not defining self by trauma.” Due to personal experiences, participant two explained adversity and trauma as “An experience that has such a negative impact on you, which can affect you mentally or physically.” Participant two also explained the demonstration of strength from adversity by “not relapsing or turning back to drugs, speaking out about traumatic experiences, and pushing through the struggles I faced in my childhood.”

Participant five explained adversity and trauma as “Experiencing something that's out of your control, that can be distressing & heavily affecting your mental state.” Participant five

explained the demonstration of strength from adversity stating “After experiencing much death, I was able to find that light at the end of a dark tunnel.”

Intentional Healthy Healing

All participants spoke about being intentional about their healing process throughout their life, healthy coping strategies contributed to this healing. There were five codes used to create this theme. The most prominent codes for this theme were codes regarding “behavioral, cognitive, and emotional coping,” “cognitive reconstruction,” “internalized resilience,” and “healthy coping tools.” Participant three articulated how intentional healthy healing after experiencing adversity consisted of “Therapy, doing the work to break generational curses, and unlearning trauma relationships.” Participant seven expressed healthy healing as “journaling, talking out loud to myself, and connecting to nature.”

Also, participant four expressed intentional healing after adversity as “Stopped dwelling/ rehearsing the past, coming up with strategies that help with negative thoughts, limit the amount of time the past is visited, listening to music, exercising, talking to self & therapy.”

Meaningful Relationships

Most participants discussed the importance of meaningful relationships, when it comes to resilience. There were four codes used to create this theme. The most prominent codes for this theme were codes regarding “social support,” “family centered support,” “role models,” and “inspirational figures.” Participant three expressed how “Watching other people be resilient (specifically my mother in the home), looking up to people and the standard they set .. Grandmother, mother, and sister” helped with contributing to resilience. Participant seven explained that “Family supported me in a way that I couldn't myself” through adversity and the

steps to resilience. Also, participant one expressed how “Mentors, looking at older people who have been through similar experiences, and looking up to sisters, aunts, and middle school teachers” all contribute to resilience.

Beneficial Actions

Beneficial actions was another prevalent answer amongst participants that have faced adversity. There were four codes used to create this theme. The most prominent codes for this theme were codes regarding “action-oriented resilience”, “post traumatic growth,” and “healthy coping mechanism.” Participant four explained the demonstration of resilience as “Going to college, an altercation with my parents (living on my own). Participate four expressed “despite challenges still succeeding, passing classes and getting into an honor society.” Participant one expressed a demonstration of resilience as “Being a first-generation graduate, and breaking the barrier of not going to college.” Participant six described a demonstration of resilience as “Going to college and being a first-generation grad, and pushing through parents' opinions regarding going to college.”

Spiritual or Self-Guided Belief

Many participants elaborated on the power of spiritual or self guided belief when it comes to resilience and ACEs. Participant five expressed how “The ability to keep going through faith and hope for the future, knowing eventually I’ll be ok” has helped with contributing to resilience. Participant seven explained how “My family was there physically, God was there spiritually” relying on a higher power. Also, participant one articulated how “Getting closer to God” has helped with adversity and contributed to resilience.

Discussion

The interviews revealed the theory grounded in the views of the participants, those who have experienced adverse childhood experiences (ACEs). The theory identified that an individual experiencing ACEs, must go through a process of transitioning from adversity to strength through intentional healthy healing, meaningful relationships, beneficial actions, and spiritual or self-guided belief in a better future. These actions and beliefs in turn grew out of the resilience which was a part of the post traumatic growth.

The grounded theory approach used in this study explored the underlying theory of resilience, where deep meanings, themes, and processes were uncovered. Many participants articulated adversity, while also providing contributions that contributed to resilience. The findings are supported by existing literature on resilience for students with ACE (Munoz et al., 2020; Pasha-Zaidi et al., 2020; Pliske et al., 2021; Thompson et al., 2024;). In this study meaningful relationships and social/ family centered support were among the most prevalent themes. The findings of this study align with previous research. For example, in a study by Munoz and colleagues (2020) on childhood trauma survivors, the most prevalent theme is the presence of social support networks that include friends, families, and communities. Like findings in this current research, social support and family was the most prevalent theme contributing to resilience in students who have experienced ACE.

Pasha-Zaidi and colleagues (2020) studied the relationship between adverse childhood experiences and resilience among undergraduate students in Turkey. The findings of this study suggested that support from family members was positively correlated with reports of well-being among university students in Turkey, and that support from family, friends, and significant others

also served as a mediator between resilience and reports of well-being (Pasha-Zaidi et al., 2020). In comparison to this current study, meaningful relationships play a significant role in resilience for students with ACEs. Overall, this study captures the underlying theory of resilience for students with ACE. The importance of cognitive restructuring with the help of relationships, formal therapy, or personal growth, is underscored by these findings. Students with ACEs can be resilient, with many factors that contribute to this resiliency.

Limitations and Future Implications

A significant limitation for this study was the sample population. This study was not diverse. The sample population represented African American undergraduate college students, opposed to a diverse group of students. Also, this study took place on a HBCU campus targeting only HBCU students and not a variety of college students. Future research for this study will be broadening the horizons, where resilience can be examined as a context across various institutional types (community colleges, HBCUs, large public universities). Also, demographics which may be a possible mediator, will be considered during the analysis, in the future (e.g., race, gender, first-generation status). The results of this study can contribute to the field of educational psychology and help initiate positive change for students with ACEs and provide guidance for mental health practitioners.

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Appendix A

Interview Questions

This appendix consists of the interview questions that were asked to each participant individually, during the interview protocol.

Ice Breaker Questions:

1. What's your favorite restaurant?
2. What's your dream place to travel to?
3. What's your favorite way to relax?

Screening Questions:

1. Have you been through a traumatic experience when you were a child?
2. How old are you?
3. What is your classification?

Interview Questions:

1. How would you define Trauma?

Prob: How has any form of trauma impacted people around you?

Prob: How have these people coped with trauma?

2. What is the meaning of resilience to you?
3. How do you perceive resilience in your own life?

Prob: Can you describe a time when you demonstrated resilience?

4. What strategies or coping mechanisms did you develop to deal with the challenges you faced as a child?
5. What is a form of support you found to be most effective in developing and promoting resilience?
6. What do you think could help children who are currently facing the same kinds of challenges you faced as a child?