IMPACT OF ADVERSITIES ON CHILDREN'S RESILIENCE: THE ROLE OF PROTECTIVE AND COMPENSATORY FACTORS

A THESIS

Submitted in fulfillment of the requirements for the

award of the degree of

DOCTOR OF PHILOSOPHY

Submitted by

Ankita Garg

Regn. No. 901710001

Supervisor

Prof. Santha Kumari

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES (SHSS)

THAPAR INSTITUTE OF ENGINEERING AND TECHNOLOGY (TIET)

(DEEMED TO BE UNIVERSITY)

PATIALA-147004, PUNJAB, INDIA

MAY, 2024

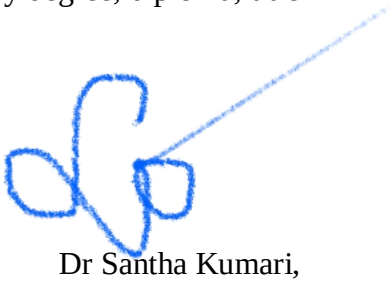
Declaration

I hereby declare that this thesis titled “Impact of adversities on children’s resilience: The role of protective and compensatory factors” is an original piece of work done by me for the award of the degree of Doctor of Philosophy in Psychology. I also declare that this thesis or any part of it has not been submitted by me for the award of any degree, diploma, title or recognition before.

Patiala Ankita Garg

Certificate

I hereby certify that this thesis titled “Impact of adversities on children’s resilience: The role of protective and compensatory factors” is a record of bonafide study and research carried out by Ankita Garg under my supervision and guidance for the partial fulfillment of the requirements for the degree of Doctor of Philosophy in Psychology. The results embodied in the thesis have not been submitted to any other University or Institute for the award of any degree, diploma, title or recognition.



Dr Santha Kumari,

(Thesis Supervisor)

Professor, TSLAS,

TIET, Patiala

Acknowledgments

'Grateful to Radha Krishna'

Throughout my life, I have always believed in Radha Krishna, no matter how many good and bad days I experienced. They were aware of my abilities and my life goals. They guided me and gave me the opportunity to join and complete my Doctorate from this prestigious institution. I anticipated a difficult journey ahead of me. But I knew my strengths and had faith in them; I drove myself on this lovely track and completed the ride in a beautiful way.

I am indebted to thank my PhD supervisor Prof. Santha Kumari, her consistent generosity to withstand me since July'2017. Her discipline and ethical approach makes me feel fortunate to have traveled this journey under her guidance. She taught me things which did not only help me with my PhD work but helped me grow as a person. She had always been very welcoming and open-minded to our brainstorming discussions, which laid the foundation of this work. I consider myself lucky to have embarked on this road under her leadership, as her vast knowledge, numerous skills, discipline, and ethical attitude have been invaluable.

I express my sincere gratitude to Prof. Padmakumar Nair, the Director of Thapar Institute of Engineering and Technology, Patiala, Dr. N. Tejo Prakash, the Dean of Research and Development Cell and Dr. Kaustuv Roy, the Head of the School of Humanities and Social Sciences at Thapar University for creating a favorable environment that promotes high-quality research and continuous learning. I would like to extend my sincere appreciation to the eminent members of my Doctoral Committee - Prof. Maninder Singh, Dean of Academic Affairs, Dr. Apurva Bakshi, and Dr. Anil Verma for their contributions, blessings and support.

Besides, I would like to thank all the teachers of SHSS for their participation, inputs, support and encouragement. I would like to express my gratitude to Dr. Ravi Kiran, Professor, SHSS for guiding and encouraging me throughout in this journey. Further, I would like to express my gratitude towards Mr. Varinder Jain, SHSS for his support and blessings. My seniors from SHSS have helped me a lot and given me encouragement and love like elder sisters, specifically Ms. Aarzoo, and Ms. Puneet Virk. I also want to thank Mr. Bharat Vadhera, SHSS for all his help and blessings.

I want to express my gratitude to my mother, Mrs. Rekha Garg, for her unwavering encouragement and support throughout. She always accompanied me when I had to travel to Patiala for meetings with my supervisor, as I recall. We would often talk about when I would finish my thesis, to which every time she would reply, "Soon my girl". I express my gratitude to Mrs. Smeeta Goel, my extended mother, for her constant encouragement throughout my academics, career, and home life. She believed in me always.

I express my gratitude to Mr. Baldev Garg, my father, for his everlasting love, care, and support. He also travels with me to Patiala whenever I have to go there. He has also financially supported my research before marriage. I express my gratitude to Mr. Parveen Goel, my extended father, for setting an example of dedication in my field of work and inspiring me to follow it. In addition, I appreciate his genuine interest in my work and his assistance whenever I need it. My gratitude goes out to my family, Mr. Satish Jain and Mrs. Neeta Jain, for encouraging me to complete the thesis. I also want to thank my husband Mr. Harshit Goel for all his love, patience, warmth, motivation and financial support. He has always been there for me whenever I needed his help. His hard work, ethics and conscientiousness have inspired me to try to become like him.

My brothers Mr. Piyush Garg, Mr. Dushyant Goel, and Mr. Yajur Goel needs a special mention as they has always been my personal counselor and has tried their best to help me with research and being there for me during emotional ups and downs.

Lastly, I want to thank all the participant of my research and each and every person who helped me in this journey.

Ankita Garg

Abstract

Our adult lives are significantly shaped by the experiences we encounter as children. Numerous illnesses and psychological issues have been linked to childhood adversity, such as abuse, dysfunctional families, and neglect. People with resilience have the mental strength to handle stress and adversity. It is the capacity to "bounce back" from life's challenges. Numerous studies have shown that resilience in children is influenced by protective factors and compensatory factors, which, in turn, affect behavioral outcomes. However, prior research has mainly been unable to provide insight into the combined roles of protective factors and compensatory in helping children develop resilience. Consequently, it was considered essential to explore in the current study if adversity, resilience, and behavioral outcomes (emotional awareness, self-esteem, and academic achievement) in children can be associated with protective (well-being and hardiness) and compensatory factors (adult mentoring and parental support).

A total of 400 students from public and private schools across districts of Punjab, India—200 boys and 200 girls of the age range 9 to 12 years participated in the study. Children who have experienced adversity were identified using the Adverse Childhood Experiences Questionnaire (ACE-Q). The self-reported questionnaires were used to evaluate protective and compensatory factors. Two distinct tools were used to measure resilience: the Child and Youth Resilience Measure (CYRM) and the Mandala art technique. For structural equation modeling (SEM), a conceptual framework was developed and tested with AMOS 23. Resilience, protective factors, compensatory factors, and behavioral outcomes were negatively correlated with children who experienced adversity. Additionally, compensatory factors were shown to mediate the relationship between adversity and resilience in the conceptual model. Furthermore, when the

model was tested individually, parental support and well-being mediated the relationship between children's resilience and adversity.

The current study expands on previous research by showing how protective and compensatory factors mediate the relationships between childhood adversity and resilience. The study's findings have theoretical and applied implications for parents, educators, consultants, researchers, policy makers, and trained psychologists. Our study has practical implications for all the counselors and psychologists who can introduce an art technique named mandala to calm and relax children. Mandala helps children identify their emotions through colors and be resilient at the same time. Parents and school teachers can also extend this technique to their children and students. Future generations can benefit the most from our study if parents, through positive parenting, can help children to be resilient and deal with life challenges.

Keywords: Resilience, Adversity, Protective Factors, Compensatory Factors, Behavioral outcomes

Contents

List of Tables

List of Figures

List of Appendices

CHAPTER 1

INTRODUCTION

1.1 Statement of the problem

India is home to a substantial child population; the majorities of children are regarded as vulnerable and at risk and face several challenges throughout their early years. Adversity in childhood has been shown to have both short- and long-term effects. A child who has experienced adversity has been linked to worse adult health outcomes. Both the physical and psychological aspects of this poor health are evident. However, there needs to be more solid empirical research on the effects of adversity on psychological health during childhood and adolescence. Although there is a chance of unpleasant psychological health, many people overcome these obstacles and succeed in various life areas. These individuals are resilient in the face of difficulty.

Numerous studies have shown that resilience improves an individual's quality of life and fosters success in various fields. Therefore, resilience may also contribute to the development of healthy behaviors and outcomes in those who are at risk. However, research on the relationship between behavioral outcomes and resilience is lacking. Studies have not shown a correlation between children's behavioral outcomes and resilience. The goal of the current study is to examine the challenges that children are currently facing and how those challenges affect their resilience and behavioral outcomes. This study also aims to develop a conceptual framework for comprehending how protective and compensatory factors relate to adversity and resilience.

1.2 Children at risk

"Childhood should be carefree, playing in the sun; not living a nightmare in the darkness of the soul." ― Dave Pelzer (1993, p. 98)

Children are naturally vulnerable since they are still growing and developing and are believed to have not reached their full potential. Throughout elementary school and starting in grade five, children go through significant developmental experiences. Their identity is shaped by these experiences, which also impact lifelong learning and health. During this developmental stage, children can have positive experiences that set the stage for healthy growth, such as a stable and responsive connection with the primary carer, a safe and supportive environment, sufficient nutrition, and others. Conversely, adverse events that occur during this time frame, such as financial hardship, physical or emotional abuse, disregard for the necessities of the child, such as inadequate access to food and healthcare, among other things, impair the child's development (Grantham-McGregor et al., 2007). According to a recent World Health Organisation (WHO) research, adverse childhood experiences may have prevented over 250 million, or 43% of children in low- and middle-income countries from reaching their full developmental potential (WHO, 2016). Children with delays or losses in their development tend to lag in one or more areas of their development—physical, cognitive, linguistic, and socio-emotional—which can negatively impact their future development (Blair & Raver, 2012; Richards & Wadsworth, 2004). Children require safe and stable housing, enough food that is both nourishing and adequate, access to healthcare, stable relationships with adult carers, nurturing and responsive parenting, and high-quality learning opportunities at home, in school, and for themselves to develop to the fullest extent possible.

1.3 What is Adversity?

A lack of favorable circumstances or opportunities is referred to as adversity. This condition can be caused mainly by suffering from deprivation or distress, as well as physical, mental, or social losses (Hildon et al., 2008). Adverse childhood events or even trauma that may have a long-term negative impact on children's health and wellness are commonly referred to as childhood adversity (Patterson et al., 2014; Reid et al., 2017; Racine et al., 2020). Childhood adversity falls into a lot of different categories. These could include the duration of the situation, the intensity of the unfavorable circumstances, the number of occurrences, the interval between the adversity and the expected result, and the technique employed to determine the frequency of adversity.

Conversely, the outcomes of various adversities vary significantly from one another. Furthermore, the same adversity could present itself in multiple ways, impacting social or economic results and situations. Numerous medical ailments and psychological issues have been linked to childhood exposure to adversities such as abuse, dysfunctional families, and neglect (Benjet et al., 2010; Green et al., 2010; Scott et al., 2011; Solıs et al., 2015; Varese et al., 2012). Children's health and well-being are in danger both now and in the future from prolonged and cumulative adversities or from those that happen during vulnerable times in early neurobiological development (Masten & Barnes, 2018).

Any encounter that has a detrimental effect on a person is considered a trauma. The meaning of trauma can be found in many different dictionaries and literature. However, the fundamental idea behind them all is that a traumatic incident seriously harms the person experiencing it. A person who has physical damage may experience an injury or shock to their body. This is the case in a number of accidents and violent occurrences. Events may also result in psychological harm, as

well as emotional upheaval and anguish for the person. Emotionally charged situations, as well as physical mishaps and incidents, can cause psychological damage. Traumatic incidents have an immediate impact on the victim as well as long-term effects. There are many different types of traumatic events and experiences, such as sexual or physical abuse, extreme neglect, violence in the home, hostage situations, war, witnessing a death, murder or suicide, kidnapping, rape, incest, and car or aircraft crashes. It seems that trauma or traumatic experiences can be considered a form of adversity, based on the description provided above regarding adversity and trauma. Even if they might not be classified as trauma, various circumstances or experiences might yet be considered unfavorable or adversity. As a result, situations like acute poverty, poor health, congenital physical deformities, etc., belong in the category of adversity rather than trauma. That being said, adversities can be broadly categorised as difficult circumstances, recent trauma, and long-term trauma.

Adversity in childhood encompasses a broad spectrum of childhood experiences, encompassing at least four areas. First, family dysfunction or disruption, such as parental divorce, separation, abuse, or neglect, is the most common way to evaluate childhood adversity (Danielson & Sanders, 2018; Edalati et al., 2020). Second, the low socioeconomic status of the home, including financial difficulties and parents' low levels of education and occupation, is another common way to measure it (Benjet et al., 2009; Tan et al., 2017; Yazgan et al., 2021). Apart from the two domains mentioned above, physical issues could also be incorporated into the context of childhood adversity, as physical health issues have the potential to create significant stress, perhaps lasting a lifetime for children. For instance, measurements of children's physical conditions, including hospitalization, chronic illness, or poor health, have been included in the literature on childhood adversity (Surtees & Wainwright, 2007; Davidson & Adams, 2013; Shen

et al., 2017). Lastly, because education and schooling are such essential aspects of childhood, school adversity also contributes to childhood adversity. According to Mandal, Yogesh, and Pandey (2012), there was a positive correlation found between the majority of mindfulness dimensions and the overall score and positive affect, and a negative correlation found between various aspects of mental illness/distress and negative affect. Furthermore, while negative affect linked favourably with the dimensions of mental illness and suffering, positive affect correlated significantly and adversely with the same. Children "spend more time in school than any other setting except their bed." (Eccles and Roeser, 2011, p. 225). For example, studies have indicated that kids who perform poorly in school experience increased parental pressure, increased instructor criticism, and less peer friendliness (Shen, 2020). These arguments suggest that the educational realm should be considered when creating childhood adversity. According to Fereidooni, Daniels, & Lommen (2024), there is a proof that experiencing victimisation as a child or teenager is linked to experiencing victimisation as an adult. Potential predictors of revictimization included the intensity of symptoms for a variety of trauma-related conditions, dissociation, emotion dysregulation, and risky sexual behaviors. The association between childhood abuse and adult victimization is mediated by these putative risk variables, but there is scant evidence for other factors such as social support, attachment patterns, maladaptive schemas, and risk detection.

1.3.1 Adversities in children: India's statistics

It has been determined that in high-, middle-low-income nations, the prevalence of exposure to childhood adversity is 38–39% (Kessler et al., 2010). There is a severe lack of reliable information regarding the scope, intensity, and patterns of childhood adversity in India. In addition, children are becoming more vulnerable due to being exposed to a broader range of

contemporary difficulties due to the fast-evolving socioeconomic and cultural landscape. Nonetheless, a 2007 research by the Indian government's Ministry of Women and Child Development highlights how common abuse is in the country. Twelve thousand four hundred forty-seven children participated in this nationwide investigation. These children fit into many different groups, like children living in families, children attending school, children living in institutions, children working, and children living on the streets. Sixty-eight percent of the respondents overall stated that they had witnessed physical abuse of children. In the state of Andhra Pradesh, the percentage was 63.74 percent; more boys than girls reported physical abuse.

Additionally, compared to older children, younger children reported greater levels of violence. Further 89% said that their parents, who served as their primary carers, had physically abused them. According to the betrayal trauma theory, abuse by a carer or someone close to the victim causes more difficulties with the victim's physical and mental health than abuse by a non-caregiver (Teli, Bano & Paul, 2022). 56.37% of children residing in institutions reported experiencing physical abuse. Regarding youngsters living in Andhra Pradesh's institutions, the percentage was 62.16% for boys and 37-84% for girls. The total prevalence rate of sexual abuse was 53.22%, while among minors residing in institutions, the incidence was 47.08%. In Andhra Pradesh, where abuse allegations were among the highest, specifically, 54.21% of boys and 45.79 % of girls reported sexual abuse. About 70% of the youngsters did not report the abuse to anybody, and the majority of the perpetrators were well-known individuals. As stated by Thomas et al. (2022), attempts have been made to help survivors of child sexual abuse become more resilient and move in the direction of a bright future. Nevertheless, they are not receiving enough attention to address the various emotional problems they are dealing with, which could have long-term adverse effects on their social, professional, and personal lives. The researchers

continued stating that regular and systematic provision of integrated mental health support is necessary.

The prevalence of emotional abuse is also very high; 48.37% of the respondents reported having been the victim of it. Boys comprised the most significant percentage of youngsters in institutions (53.75%), while girls comprised 42.25%. Of the children in Andhra Pradesh, 30.30% of the girls and 69.70% of the boys experienced emotional abuse (47.15 percent). According to study on girl-child neglect, over two-thirds of the girls suffered from gender-based discrimination from their parents and were ignored, on top of being discriminated against by their brothers, in the social and cultural environment of India.

According to Charlette, Nongkynrih, and Gupta (2012), the National Family Health Survey III, which was conducted in 29 states during the 2005–2006 period, estimates the prevalence of domestic abuse to be approximately 37.2%. States differ in this spectrum; Bihar, for example, has high rates, while Himachal Pradesh has lower rates. The writers also discussed the financial loss, gynecological issues, and physical and psychological risks associated with domestic abuse. Family members, especially youngsters who experience domestic violence in their home, also suffer from it.

Many people can overcome the negative impacts of these occurrences, even though childhood adversities are quite prevalent and affect many people. They can handle these upsetting occurrences and circumstances and exhibit resilience in the face of difficulty.

1.4 Resilience

Adversities are associated with the concept of resilience. Standard definitions of resilience include the capacity to thrive in adversity, immunity to trauma, and overcoming obstacles

without giving up. In the last fifty years, resilience as a phenomenon has drawn the attention of psychologists. When conducting a study on children growing up in high-risk circumstances in the 1960s and 1970s, psychologists identified a unique group of children. Despite being in danger, this group of young people did not exhibit maladaptive behavior. Garmezy (1984) investigated the likelihood of maladaptation in children whose parents had been diagnosed with schizophrenia. He discovered that many kids could adapt well despite the elevated danger. These kids who could withstand stress were dubbed "invulnerable."

Emmy Werner (1989) was one of the first scientists to adopt the term resilience in the 1970s. In her research, she evaluated a group of children from Kauai, Hawaii, and discovered that children from challenging backgrounds—like those on Kauai—tended to behave destructively as adults. Nevertheless, about one-third of these kids did not behave in the same harmful way as the others, so they were referred to as resilient. The behaviour and distinct traits of the robust children were different from those of the less resilient children. Resilience is the term used to describe the process by which these exceptional children have developed resilience.

Many definitions of resilience have been proposed by the diverse researchers who have studied it. Resilience is the ability of children to grow and develop normally in the face of such adverse situations (Masten et al., 2018). As it relates to a particular person, Roy et al. (2011) define resilience as their whole adaptive capacity in a particular environment, which they can use to meet current or future challenges through various processes and connections. Resilience is "a class of phenomena characterized by positive outcomes despite significant threats to adaptation or development" by Masten (2001). According to this definition, people exhibit resilience when they achieve outcomes that may have been challenging for them to get due to facing challenges or suffering. Masten, Best, and Garmezy (1990) provided a more detailed definition of resilience,

stating that it is the "process of, capacity for, or outcome of successful adaption despite challenging or threatening circumstances." According to this definition, resilience encompasses the three elements of overcoming adversity, overcoming adversity through a process, and overcoming adversity to achieve a desired outcome. Other definitions of resilience focus only on the skills, the steps involved, or the results. For instance, resilience is defined by Michael Rutter (1985, 1987) as the ability to overcome stress or hardship. On the other hand, in the words of Luthar, Cicchetti, and Becker (2000), resilience relies on overcoming a significant threat or adversity. While the latter definition concentrates on the consequences after exposure to stressors, the former concentrates on the process that leads to positive outcomes.

According to Michael Ungar's (2008) definition, resilience is an individual's capacity or what enables them to overcome life challenges. In his view, resilience is the capacity of an individual to discover possibilities for feeling good about themselves and to locate resources that support their health in the face of severe adversity, whether it be environmental, psychological, or both. It also means that these experiences and health resources must be offered in a way that is relevant to the person's family, community, and culture. However, two fundamental concepts of resilience underpin all of these definitions. An individual must first experience hardship in his life and then overcome it such that the outcome, or the final result, is either good or outstanding. Most studies conducted in the early years of resilience research concentrated on adolescents who lived in high-risk social or physical contexts. However, the field of resilience research quickly grew to include various populations, including the elderly, those impacted by armed conflict, those with chronic illnesses, etc. It was believed that people can face challenges at any point in their lives and that these experiences can lead to resilient outcomes (Cicchetti & Garmezy, 1993). As a result, the field of resilience study has broadened to encompass individuals from all

backgrounds, cultures, and socioeconomic statuses who have experienced or are currently experiencing a range of traumatic experiences or challenges in their lives.

Initially, when investigating resilience, researchers concentrated on figuring out which characteristics of the resilient kids—like their personality traits or sense of self-worth—were able to overcome their challenging situations. Determining resilient elements was justified by the potential to promote their development in all at-risk individuals. As research in this field has grown, it has become clear that flourishing in extreme stress can also be attributed to circumstances outside the person, such as their social surroundings. People are not isolated entities, and it has been shown that resilient children can modify how they connect with others, increasing their resilience even further. The focus moved to comprehending the mechanism behind resilience upon realizing that the adjustments brought about by the resilient youngsters produced better results. Researchers believed characterizing resilient elements alone would not suffice to capture resilience because resilience is dynamic and ever-evolving. Simultaneously, it was recognized that these resilient elements held significance since they initiated the resilience process. To comprehend resilience, researchers are now using an interdisciplinary approach. Resilience's practical uses and ways to foster it in different demographic groups are receiving much attention. These three are the waves of resilience research, according to Wright and Masten (2006). Resilience research's initial main objective was to identify the traits of certain individuals that contributed to their resilience. Because resilient and non-resilient individuals had similar experiences with risk variables and were expected to have similar results, researchers studied both groups of individuals. Determining the characteristics of a resilient person was made more accessible by the distinctions between resilient and non-resilient individuals concerning specific personality traits and attitudes. Scholars have also investigated how setting affects resilience

development. The "resilient factors" that have been induced or enhanced by environmental conditions have been studied. These characteristics are sometimes referred to as compensatory factors because they provide a buffer against adverse effects and reduce the possibility of unfavorable outcomes for people who are at risk.

Considering that earlier research focused on children in high-risk settings, the variables associated with resilience are specific to children. A few studies have reported on some factors, whereas many have observed overlaps and divergences among the facets. Numerous characteristics associated with resilience have been identified by multiple researchers (Werner, 1989; Grotberg, 2003). These can be divided into three categories: community factors, interpersonal or familial influences, and personal/individual aspects. Researchers first focused on identifying the characteristics that support resilience before attempting to understand how these factors support resilience. As a result, numerous models that depicted the operations aiming to build resilience were created. Both straightforward systems and intricate multilevel systems were included in these simulations. The systems depict the interactions between the several shields within the individual, family, and community.

Michael Rutter (1993) asserts that a child cannot become resilient by the protective factors alone. A child's resilience, or lack thereof, is determined by their behavior. According to him, the protective factors set off in the child are the processes that result in resilience. By helping the child develop a good self-image, lessening the impact of risk factors, ending a vicious cycle, and creating new chances, these activities help children become resilient. Regarding resilience processes, Linda Winfield (1994) stated that they are not exclusive of one another; they complement one another. These are mutually reinforcing and interrelated processes. She suggests that having resilient children is not always possible, even when certain protective

factors and protective processes interact. Resilience is dynamic; it relies on the risks and vulnerabilities present in a child's life at any given time and the systems and safeguards to protect them. Because of the circumstances around an event or moment, the youngster may sometimes exhibit resilience and lack it in others.

Numerous studies on resilience have demonstrated its enormous potential to enhance people's quality of life and well-being through intervention programs, mainly as these initiatives target populations that are considered to be at risk. This is because it attempts to guide the person toward positive results rather than just decreasing psychopathology or other undesirable outcomes. It seeks to enhance an individual's qualities and assets by focusing on them. From the standpoint of national development, well-functioning people benefit society since they lay the groundwork for resilience (processes and trajectories) in their early years, according to Kate McAlpine (2009). A decrease in health dysfunction in later years may result from identifying therapies and processes that foster resilience.

Many studies on resilience have been conducted with older children, ages 12 to 18 years (Meshman et al., 2021). It is now more crucial than ever to emphasize the need for resilience and the essential intervention techniques for younger children. Research has shown that younger children (ages 0 to 12 years) who build resilience are likelier to have better future outcomes than older children (Peña Aguilera, Cristina de la, 2016). Developing therapies that will promote children's healthy development requires a thorough understanding of the characteristics that may predict children's resilience and the relationships that exist between them.

1.5 Theoretical Framework

Numerous theoretical frameworks have been put out to explain the connection between resilience and adversity. Different scholars have referred to the three resilience models that fundamentally describe the same mechanisms for how stress affects quality adaptation. These consist of the compensatory, challenge, and immunity vs vulnerability paradigm (protective factor model) (O'Leary, 1998).

The compensatory model views resilience as a factor that balances off risk exposures. Compensatory and risk factors independently influence the outcome of the prediction. A strong reliance on faith to maintain a positive outlook on life, an active approach to problem-solving, the ability to see the positive side of things even when going through a difficult time, and the capacity to draw positive attention from others were the four main characteristics shared by the young adults categorised as resilient in Werner and Smith's (2001) study. The study conducted by Kumpfer and Hopkins (1993; quoted in Ungar, 2004) found compensatory factors such as community support, parental support, and adult or carer support.

As per the challenge model, people may become more adaptive if there is a risk element that is not excessively elevated. The experience prepares the person for the next challenge (O'Leary, 1998). According to O'Leary (1998), the protective factor model of resilience describes how protection and risk factors interact to lower the likelihood of a bad result and attenuate the impact of risk exposure. This resilience model is based on systems theory and developmental literature. It suggests that despite adverse or unpleasant life conditions, these protective variables promote positive results and healthy personality traits (Bonanno, 2004; Ungar, 2004). According to Ungar

(2004), thriving, well-being, hardiness, emotional control, and problem-solving abilities were among the protective variables.

Upon examination of the theoretical frameworks supporting compensatory and protective factors that may function as both environmental and human characteristics, it becomes evident that these factors significantly mediate resilience in the face of adversity.

1.5.1 Protective Factors

Protective factors play a crucial role in fostering resilience by bringing about positive outcomes while containing negative ones. Not all children who experience adversity grow up to lead harmful lives filled with drug misuse and violence. Numerous resilient youths are built to lead comparatively healthier lives. The protective factors reduce each child's risk variables and act as a barrier against adversity. Protective factors are traits linked to a decreased probability of unfavorable consequences or that lessen the influence of a risk factor. The person's qualities are protective factors, such as well-being, hardiness, prosperity, good self-image, self-control, or social competence. It is not possible to find answers by concentrating on risk factors. By emphasizing these unique qualities, a protective factors approach helps avert adversities. Among the several protective factors, two are elaborated upon below.

1.5.1.1 Well-being

A person's potential development, feeling in control of their life, having a purpose, engaging in constructive relationships, and experiencing happy or contented emotions are all regarded as components of well-being (Huppert, 2009). It is a persistent state that supports population growth and well-being. Subjective well-being is correlated with good mental health. Positive mental health is "a state of well-being in which the individual realizes his or her abilities, can

cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community," according to the World Health Organization (WHO, 2001). Self-actualization theory (Maslow, 1970) and constructivist self-determination theory (CSDT; Saakvitne et al., 1998) are two theories related to well-being. To better comprehend well-being, these ideas highlight the developmental viewpoint employed to analyze damage and progress following a trauma crisis. CSDT stresses the individual's developmental, social, and cultural circumstances and combines psychoanalytic theory with constructivist thinking, social learning theory, and cognitive development theory (Saakvitne et al., 1998). According to the theory, the meaning that a person assigns to trauma depends on several factors, including the person's experience of self, age, and developmental stage; biological and psychological resources; expectations and experiences with others; and social, cultural, and economic background (Nishikawa, 2006). According to Babad et al. (2020), early trauma has a detrimental impact on wellbeing all through life. The extreme poverty experienced in early life is associated with various developmental problems in cognitive-academic, social-emotional, and physical-biological well-being (Yoshikawa, Aber, & Beardslee, 2012). Evidence shows that many children, families, and communities achieve well-being despite extreme adversity and hardship in defiance of all realistic expectations. In the last forty years, academics and therapists from various fields—such as social work, psychiatry, psychology, philosophy, epidemiology, and anthropology—have attempted to clarify the factors that influence children's ability to flourish in the face of adversity. An increasing corpus of cross-cultural research in various contexts that aims to expand or redefine our understanding of protective factors and adversity has also tested the frameworks created by this primarily Euro-American literature. Well-being can be used as an "indicator" of mental health functioning and resilience at the individual level

(Kirmayer et al., 2009). It can also be used to help plan interventions for marginalized and oppressed populations, such as children in indigenous communities, those experiencing the aftermath of genocidal violence, and those exposed to human trafficking.

1.5.1.2 Hardiness

Hardiness is often associated with thriving, but it also refers to a person's capacity to find the positive side of adversity. According to Bonanno (2004), hardiness has three dimensions: (A) having a strong desire to live a meaningful life, (B) thinking that one can affect one's environment and the course of events, and (C) thinking that one can develop and learn from both good and bad life experiences. The construct of hardiness, according to a concept derived from existential personality theory, is a collection of personality traits that serve as a resource for resistance when faced with stressful life situations (Florian et al., 1995; Maddi, 2005).

Hardiness has received much attention from personality theorists and researchers as an internal resource that may mitigate the negative consequences of stress on one's physical and mental well-being (Florian et al., 1995). These people can view potentially stressful situations as less dangerous and cause less distress since hardiness is a personality feature that helps cushion exposure to excessive stress. Additionally, they are more self-assured and adept at using coping mechanisms and social support (Bonanno, 2004). According to Florian et al. (1995), hardiness modifies two aspects of assessment: (a) it lowers the appraisal of threat, and (b) it raises the expectations of successful coping. Hardiness was defined by researchers Maddi and Kobasa (1984) as feeling in control of one's surroundings. One of their research studies examined the prevalence of life stress in hundreds of executives. Hardiness undoubtedly developed in

individuals who maintained their health in the face of hardship and believed they had the perseverance to make a real difference in their environment (Segal, 1986).

Connor and Davidson define resilience as "stress coping ability," or the ability to bounce back fast from difficult situations (Connor & Davidson, 2003). Prior studies have demonstrated a correlation between increased resilience and higher levels of reported mental and physical well-being (Bullock et al., 2019). Unsurprisingly, psychological hardiness and resilience have a favorable correlation, given their conceptual overlap (Darvishzadeh & Bozorgi, 2016; Salehian & Sarvari, 2021). Studies examining both variables also reveal comparable positive correlations with happiness and life satisfaction and negative correlations with depression (Tadayon et al., 2018; Salehian & Sarvari, 2021).

1.5.2 Compensatory Factors

Environmental or compensatory factors work counteractively to neutralize risk exposure. Consequently, risks impact a developmental result that is opposite to that of compensatory factors. This is a direct result of dangers that happen on its own. Therefore, after accounting for risks in the equation, compensatory factors are inserted in a regression analysis and contribute additively to the prediction of outcomes. For instance, it has been discovered that parental support mitigates the risks of fighting and being around violent adults (Zimmerman et al., 1998). In this study, parental support indicated that their adolescent children would behave less violently; this impact was independent and countered the challenges. Regarding compensatory factors, the most immediate and long-lasting effects on children's ability to develop healthy are found in family and adult mentoring, according to Bowlby's attachment theory (1971) and

Bronfenbrenner's ecological systems theory (1979). Although there are several compensatory factors, the researcher explains two in this study.

1.5.2.1 Adult mentoring

A mentor is generally understood as a "father" figure who mentors and teaches a younger person. An influential adult without a parent is a natural mentor (Zimmerman et al., 2002). The mentor may be a family member who is not a parent, a neighbor, a pastor, or someone else in the community or at school. Most respondents named their grandfather, cousin, or uncle—or other extended family members— mentors. A study has to define and discuss a "theory," "framework," or "model" concerning mentoring to be seen as developing a theoretical perspective or framework.

The theory of generativity (Erikson, 1972), numerous age and stage theories (Levinson et al., 1978), and career development theories (Hall, 1976) were among the theories that fall under the more general category of developmental theories. These ideas were applied to show that mentoring is a crucial stage in a person's life that can result in successful relationships and a successful profession. The hierarchy of needs theory and Abraham Maslow's 1970 study are relevant to the relationship between mentors and adolescents. According to Maslow (1970), everyone wants self-fulfillment, security, love, respect, and fundamental physiology. To help pupils self-realize in the classroom and life, tutors can assist children by giving them stability, love, and attention. Natural mentors can help children who are at risk develop resilience by acting as a shield against anxiety and depression. According to the mentioned theories, having a mentor could control the relationship between stress, relational issues, and social support. Mentors who are not parents can offer dependable assistance, impart moral principles,

knowledge, and abilities, encourage, inspire, improve interpersonal relationships, enhance resilience, and cultivate self-esteem. According to several studies, children at risk with mentors—especially nonparental kin—show less problematic behavior, have better attitudes towards learning, feel more successful in school, engage in less nonviolent delinquency, and experience lower levels of anxiety and melancholy (Rhodes et al., 1992; Taylor & Roberts, 1995). The mentors who put in the time and effort and maintain regular, long-term contact with the children they assist are the most successful.

1.5.2.2 Parental support

In the immediate environment of their early children, parents are regarded as the most significant primary role models. Theoretical viewpoints serve as the foundation for study and motivate researchers in the social sciences to advance their work. This is true for parent participation as well. The three main theories of parent engagement are described in this section: (1) Bronfenbrenner's ecological systems theory, (2) Vygotsky's sociocultural theory, and (1) Piaget's theory of cognitive development. These three theories are addressed in relation to parent engagement since they significantly impact the research field. Theorising children's cognitive development, Jean Piaget emphasised the positive impacts of social and familial experiences. He has been described as an interactionist as well as a constructivist. His basic hypothesis was that early infants are active learners who work hard to match their internal structures, or perceptions of the natural world, with their external constructions, or the outside facts they encounter in their surroundings (Piaget, 1981). Children constantly modify, revise, integrate, and adapt their internal structures to new experiences as agents in the sense that they are (Prior & Gerard, 2007).

The social environment and other individuals significantly impact the children's surroundings. This suggests that children learn most effectively when they interact with their environment, particularly with their parents, who are important role models in those settings (Athey, 2007). It was further stated by Dash and Verma (2017), an individual's emotional climate is shaped by their family, and was defined by the differences in behavior, attitude, and demand patterns between parents and their children. Piaget's theories influenced Lev Vygotsky, who focused on the interaction between people and their physical and social environments in his sociocultural theory. According to him, social and cultural variables significantly impact learning and development (Vygotsky, 1978). People are influenced by their culture and are surrounded by family members (Rieber & Robinson, 2004). Since families are a child's first teachers and communities are where they learn for the first time, children's relationships with their family members in the community are crucial to their learning and development. Children learn about the world through this connection because of this. Another idea is the Ecological Systems idea, which Urie Bronfenbrenner promoted. It concerns the justification of parental participation and its influence on relevant research investigations (Hung, 2007, for example). This idea contends that a child's growth is influenced by their environment, family, and internal elements (Bronfenbrenner, 1979).

Masten (2014) remarked that every literature review conducted since the start of resilience research has supported the link between resilience and parents. The ability to effectively manage wounds, pressures, and challenging circumstances is resilience. Children's innate values, the supportive role of the family, and the supportive community all combine to develop resilience (Luthar et al., 2000). In this regard, Doty, Davis, and Arditti (2017) offer a resilience model in which family support acts as a resilience facilitator.

Adversities are associated with poor developmental outcomes and mental health issues. However, resilience may prevent the negative behavioral outcomes. According to the current study, protective and compensatory factors help children develop resilience and produce better behavioural outcomes when they are present.

1.6 Behavioral outcomes

1.6.1 Emotional Awareness

The capacity to understand and articulate one's feelings and those of others is known as emotional awareness. Emotion is a concept that must be understood before one may comprehend emotional awareness. One widely accepted theory holds that fluctuations in emotional experience from moment to moment are consistent with ongoing, automatic (i.e., occurring without conscious effort) adjustments in physiological, cognitive, and motivational states. These adjustments are based on ongoing, implicit, or explicit assessments of how well needs, objectives, and values are being met in interactions with the environment. Lane and Schwartz (1987) first put forth the concept of emotional awareness—the capacity to identify and characterize feelings in oneself and others. This model's central premise is that individual differences in emotional awareness correspond to differences in the degree of integration and differentiation of the schemata—implicit programs or sets of rules—used to process emotional information, whether that information is internalized through introspection or comes from the outside world. According to Lane and Schwartz (1987), emotional awareness is a distinct branch of cognitive development that may advance considerably apart from other psychological domains. The emotional domain is essential to human existence. Emotions are with us every day, in a variety of circumstances; they tell us what is acceptable and beneficial for us, and they

motivate us to take action since we are hardwired to seek out pleasurable experiences and to avoid unpleasant ones. Our emotions play a major role in our decision-making, daily functioning, and emotional states. concerning both ourselves and other individuals. Although each person's level of emotional awareness is unique, the emotions we go through as children have an impact on how we behave as adults. The so-called emotional awareness has a major role in how we handle relationships, work, and any other scenario we find ourselves in.

1.6.2 Self-esteem

Each of us has an intrinsic sense of self. We have a highly developed cognitive self-concept, but we also have a very accessible affective perception of our skill, lovability, and merit. We refer to this comprehensive assessment of one's value as self-esteem. Most people think of self-esteem as a continuous scale from high to low. Those with high self-esteem are highly confident in themselves, while those with low self-esteem are insecure or conflicted about who they are.

Sociometer theory (Leary and Baumeister, 2000; Leary et al., 1995) holds that people's innate need to fit in is why self-esteem exists. Since social acceptability was crucial for survival throughout evolution, self-esteem evolved as a "sociometer"—a measure of one's degree of social approval. A person's entire subjective emotional assessment of their value is reflected in their level of self-esteem. It is both an attitude toward oneself and a judgment of oneself (Hewitt, 2009). Self-esteem is generally seen as the evaluation aspect of self-concept, a more comprehensive representation of the self that includes consciousness and thought. Numerous studies (Schei et al., 2015; Skrove, Romundstad, and Indredavik, 2013; Veselska et al., 2009) have suggested that self-esteem mostly depends on resilience. Self-esteem is influenced by a

variety of factors, including resilience, one's temperament, early life experiences, school experiences, parenting style, and the amount of pleasant experiences one enjoys.

1.6.3 Academic achievement

According to Steinmayr et al. (2014), academic accomplishment is a measure of performance outcomes that show how well a person has completed particular objectives that were the main focus of activities in instructional contexts, particularly in schools, colleges, and universities. Education can function as a compensatory mechanism by giving students a sense of competition and opportunity for achievement and enhancing their overall capacity to handle misfortune in life. Children's behavior can be intensely cultivated in schools. There, children live, play, and carry out daily tasks while being watched over by educators in a tiny civilization. The school and the family are distinct social structures in numerous aspects. Students place great importance on the quality of classroom experiences (Watkins, C., 2005). Students will be more successful in an atmosphere that celebrates individual uniqueness and respects diversity.

Numerous challenges and adaptive behaviours have been considered in human resilience research, which offers a wealth of pertinent insights about resilience in young people and adolescents. Resilience in the context of severe adversity is defined as an individual's ability to negotiate for the psychological, social, cultural, and physical resources that support their well-being on an individual and group level, as well as the ability to navigate these resources in a way that is meaningful to them on a cultural level (Ungar, 2005). Resilience and academic achievement are positively correlated (Wagnlid & Collins, 2009). Academic achievement is measured by how well students perform on tests, assignments, in-class exams, and certificate exams.

1.7 Research Gap

Research on resilience in older children (ages 12 to 18 years) is abundant. Studies suggest that building resilience in children between the ages of 6 and 12 years can positively impact their future outcomes compared to later in life. Resilience-building among younger individuals is, therefore, essential. This current study aims to uncover the characteristics that can improve resilience in younger children because there is a shortage of research on resilience in this age range. Furthermore, researchers have not thoroughly investigated resilience, particularly in India, or the factors contributing to resilience development and favorable behavioral consequences. Most research papers published in the literature have concentrated solely on protective variables, including individual characteristics, familial dynamics, and outside resources that help children develop resilience to adverse life events. Few scholars define compensatory variables as family dynamics, outside supports obtained from the surroundings, and protective factors as simply the children's individual characteristics. Moreover, no differentiation was established between compensatory variables, external environmental supports, and protective factors, which are personal qualities that help children, become more resilient. This gave the researcher the idea to investigate protective and compensatory factors in the current study, such as traits and environmental factors. Simultaneously, the current investigation aims to determine which protective and compensatory factors best predict the development of resilience in youngsters.

Further, a conceptual framework was put out to clarify how mediating variables like protective and compensatory factors relate to the relationship between adversity, resilience, and behavioral outcomes in children. In conclusion, the study aims to find relevant adversities and compensatory and protective variables that mitigate risk and enable more resilient results. By studying a particular population with well-defined risk, protective, and compensatory factors,

this research substantially contributes to the development of resilience. It offers information that can direct the design of interventions intended for use with children who are at risk.

1.8 Motivation for the study

Previous studies pertaining to adversities and resilience have primarily focused on older children aged 12 to 18 years. However, studies in the younger age range (6–12 years) are scarce in India. It is often acknowledged that the experiences we have as children, both good and bad, affect us throughout our lives. Our everyday interactions shape our expectations and emotions from the moment we are born. We must arm our young children with the necessary tools to overcome adversity. Building resilience may be a subject of intense interest and discussion among researchers, professionals working with children and families, and parents due to its potential to improve children's short- and long-term results. Increasing children's resilience makes it easier for them to deal with the challenges they face as kids. Furthermore, resilience is essential to children's mental health. Resilient children are better at handling stress, which may be a common reaction to traumatic events or challenging situations.

Additionally, most research on children's resilience has been on protective variables, such as character traits, familial dynamics, and outside resources. In most research, it is difficult to distinguish between compensatory and protective factors. Protective factors include personal qualities or attributes inherent to the individual, such as self-control, well-being, and thriving. Additionally, compensatory variables are those aspects of the environment that rely on outside assistance, such as external, community, or family support. The researcher was driven to determine which variable best supports children's development of resilience and positive behavioral outcomes. In addition, the research disentangles the relationship between adversity,

resilience, and behavioral outcomes by creating a conceptual framework through mediating variables, including compensatory and protective factors.

1.9 Research Objectives

Research objectives of the present research are described below:

1. To study the impact of adversity on children's resilience and behavioral outcomes.
2. To analyze the role of protective factors in children's resilience.
3. To analyze the role of compensatory factors in children's resilience.
4. To design a conceptual framework to understand the linkage between adversity, children's resilience, and behavioral outcomes through mediating variables such as protective and compensatory factors.

Conceptual framework of the study

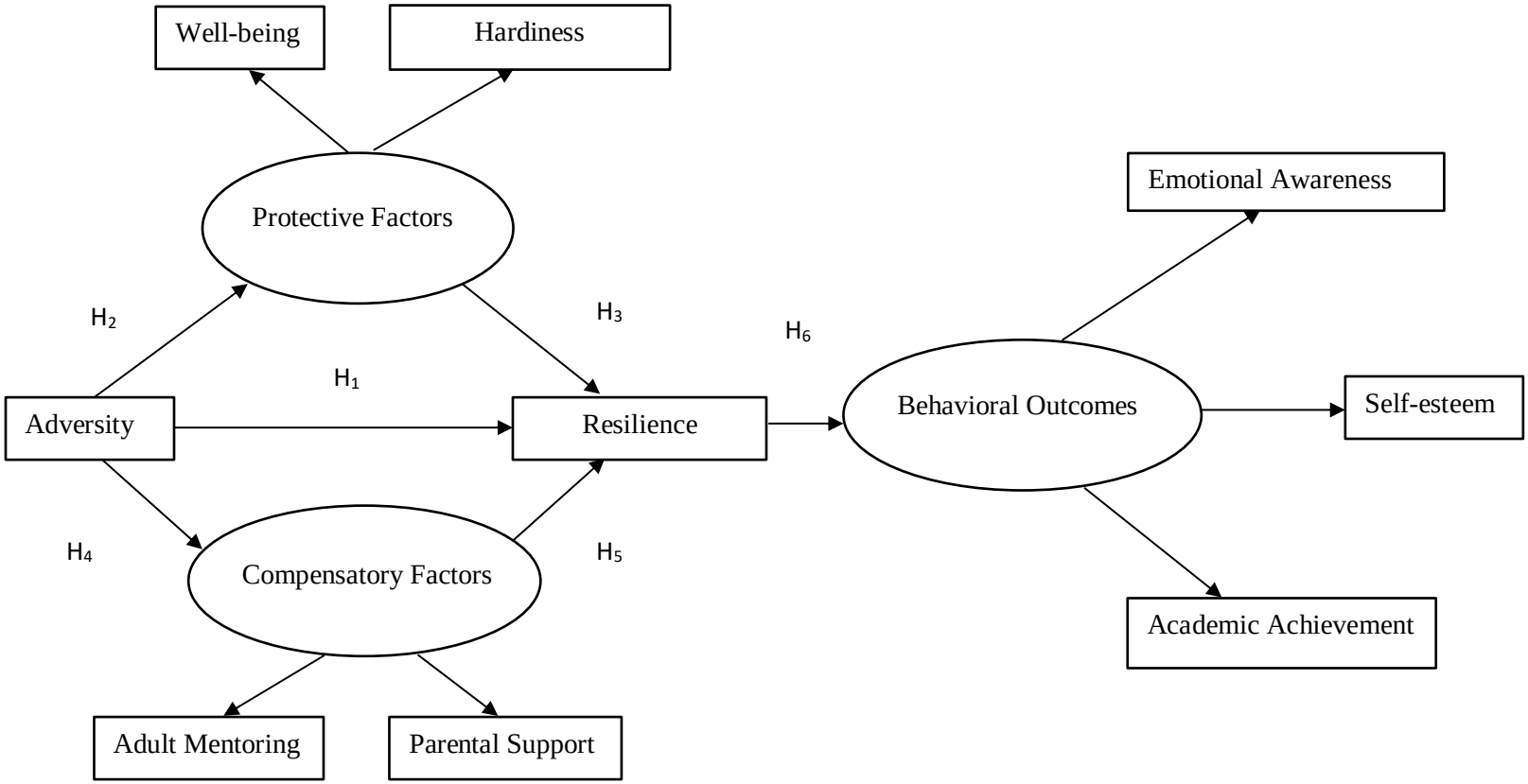


Figure 1. ***The general proposed path model between adversity, resilience, and behavioral outcomes through protective and compensatory factors***

1.10 Hypotheses

Denckla et al. (2020) found that when faced with adversity, children with low resilience are more likely to experience adverse outcomes than children with high resilience. According to Southwick et al. (2014), whereas some early events have a high risk of negative consequences and low resilience, others often grow or overcome them. However, the literature presents conflicting results, which should be noted. For example, research conducted in 2014 by Herbers et al. and in 2013 by Rutter showed that most people who are exposed to adversity manage to avoid the negative consequences that come with it and carry on with their usual lives. It may be said that these people have high resilience levels. This led to the formulation of the following hypothesis for the present study:

H_1: Adversity has a direct and negative effect on resilience.

Babad et al. (2020) found that early trauma had a detrimental impact on wellbeing throughout life. For instance, Corcoran and McNulty (2017) discovered that attachment processes in college students caused childhood trauma to inversely lower well-being. Resilience and hardiness can decline with an increased intolerance of uncertainty. Hardiness has been linked positively to several positive personality qualities and negatively associated with stress, harmful coping mechanisms, and mental health (Eschleman et al., 2010). Drawing from the literature mentioned above, the subsequent hypotheses have been developed:

H_2: Adversity is negatively related to protective factors.

H_{2a}: Adversity is negatively related to well-being.

H_{2b}: Adversity is negatively related to hardiness.

Not everyone who has had hardships in the past goes on to experience sadness and ill health as they age. Greater life satisfaction, happy feelings, and psychological resilience are linked to higher levels of hardiness and well-being (Connor and Davidson, 2003; Windle, 2011). Chen (2016) discovered a direct and favorable relationship between resilience and well-being. Higher resilience and less psychological distress are linked to high hardiness (Hoge, Austin, & Pollack, 2007). Therefore, the following hypotheses have been formulated:

H_3: Protective factors are positively related to resilience.

H_{3a}: Well-being is positively related to resilience.

H_{3b}: Hardiness is positively related to resilience.

According to Nnama-okechukwu et al. (2018), many children have faced a variety of challenges, including broken homes and families, poverty, abuse, and neglect. Being in such difficult circumstances negatively impacts their physical and emotional well-being and frequently keeps children from developing wholesome attachments and constructive social interactions with their mentors, making them a susceptible group (Belsey & Sherr, 2011; Dwyer et al., 2010). Adversity has a negative association with parental support, according to Steele et al. (2016) and Labella et al. (2017). Drawing from the aforementioned literature, the subsequent hypotheses have been developed:

H_4: Adversity is negatively related to compensatory factors.

H_{4a}: Adversity is negatively related to adult mentoring.

H_{4b}: Adversity is negatively related to parental support.

Hurd and Zimmerman (2010) discovered that the youth benefited from the natural mentor relationship in several ways, including coping strategy development, resilience and self-esteem building, and problem-solving and decision-making involvement. According to research, children with stable relationships with their significant others are more resilient and less sensitive to stress (Marriner et al. 2014). Through the mediating functions of hope and coping, Cheraghian et al. (2023) demonstrated that parental support significantly and indirectly impacts resilience. According to Doty, Davis, and Arditti's (2017) resilience model, family support is a catalyst for resilience. Based on the above-stated literature, the following hypotheses have been formulated:

H_5: Compensatory factors are positively related to resilience.

H_{5a}: Adult mentoring is positively related to resilience.

H_{5b}: Parental support is positively related to resilience.

According to Choudhary and Sharma (2019), resilient students have excellent problem-solving skills, are goal-oriented, have high emotional awareness and self-worth, maintain high standards, and are socially competent to face difficult situations. Choudhary et al. (2022) claim that resilience raises one's sense of self-worth in facing difficulties. In Siebecke's (2023) study, the researcher found a positive correlation between resilience and academic advancement. As a result, the following hypotheses have been developed:

H_6: Resilience is positively related to behavioral outcomes.

H_{6a}: Resilience is positively related to emotional awareness.

H_{6b}: Resilience is positively related to self-esteem.

H_{6c}: Resilience is positively related to academic achievement.

Well-being, also known as wellness, is commonly used as a sign of resilience, according to Kiefer (2008). This is especially true when resilience is defined as the ability to overcome challenges, adversity, or trauma to the point that functioning is improved upon. According to Víllora et al. (2020), having been bullied as a youngster was linked to a marked decline in wellbeing. According to research by Martin and Martin (2002), 50% of those who had a traumatic incident in life did not exhibit any signs of emotional discomfort. This suggests that mediating factors, including well-being, could account for the ways in which adverse life experiences are linked to differences in resilience scores. Maddi and Khoshaba (1994) may mediate the relationship between the different predictors of resilience, or they may overlap and associate resilience with hardiness. The following hypotheses were therefore developed for the current investigation:

H_7: Adversity indirectly affects resilience and behavioral outcomes through protective factors.

H_{7a}: Adversity indirectly affects resilience and behavioral outcomes through well-being.

H_{7b}: Adversity indirectly affects resilience and behavioral outcomes through hardiness.

Positive parenting techniques can operate as a buffer against the damaging effects of adversity, especially on a child's early development and resilience, claim Yamaoka and Bard (2019). According to the compensatory model of resilience (Cohen, 2004; Thoits, 2011), people with supportive relationships are shielded from the negative impacts of stress on their health outcomes. Based on the above-stated literature, the following hypotheses have been formulated:

H_8: Adversity indirectly affects resilience and behavioral outcomes through compensatory factors.

H_{8a}: Adversity indirectly affects resilience and behavioral outcomes through adult mentoring.

H_{8b}: Adversity indirectly affects resilience and behavioral outcomes through parental support.

1.10.1 Protective Factors

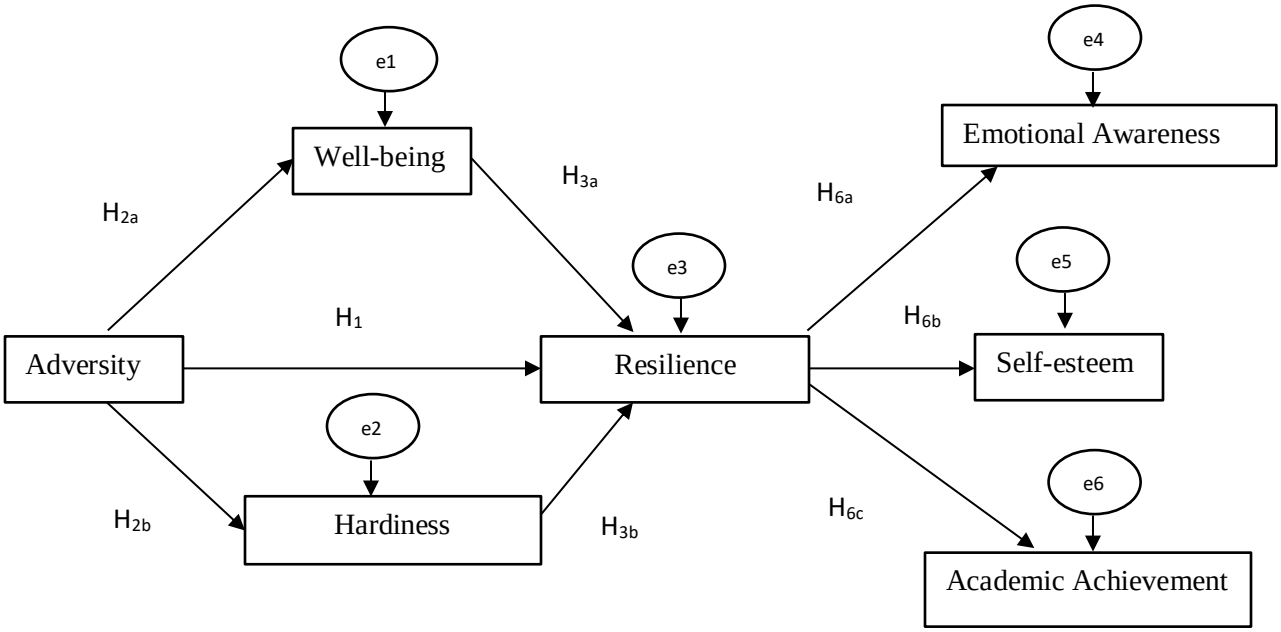


Figure 2. ***Path for adversity, resilience, and behavioral outcomes through well-being and hardiness (Protective factors)*** (Note. e = error; H = Hypotheses)

The model shown in Figure 2 served as the foundation for the following hypotheses. The rationale has been given above.

The following hypotheses were for objectives 1 & 2:

H_1: Adversity has a direct and negative effect on resilience.

H_{2a}: Adversity is negatively related to well-being.

H_{3a}: Well-being is positively associated with resilience.

H_{2b}: Adversity is negatively related to hardiness.

H_{3b}: Hardiness is positively associated with resilience.

H_{6a}: Resilience is positively related to emotional awareness.

H_{6b}: Resilience is positively associated with self-esteem.

H_{6c}: Resilience is positively related to academic achievement.

H_{7a}: Adversity indirectly affects resilience and behavioral outcomes through well-being.

H_{7b}: Adversity indirectly affects resilience and behavioral outcomes through hardiness

1.10.2 Compensatory Factors

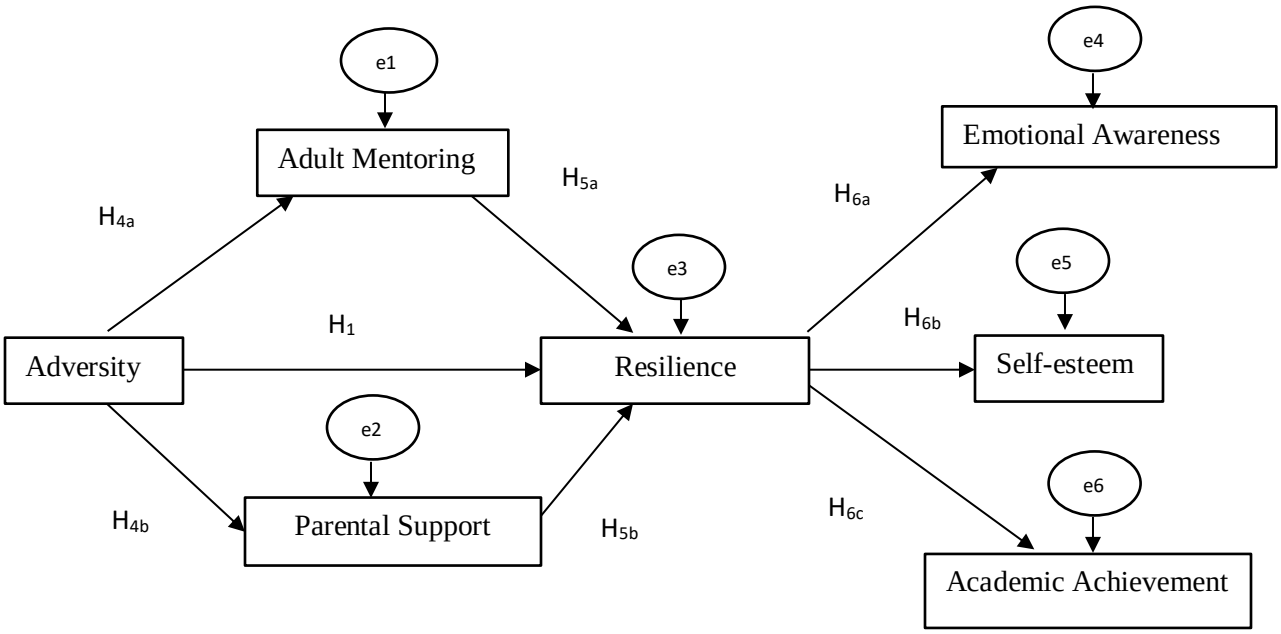


Figure 3. ***Path for adversity, resilience, and behavioral outcomes through adult mentoring and parental support (Compensatory factors)*** (Note. e = error; H = Hypotheses)

The following hypotheses were developed using the model shown in Figure 3. The rationale has been provided above.

The following hypotheses were for objectives 1 & 3:

H_1: Adversity has a direct and negative effect on resilience.

H_{4a}: Adversity is negatively related to adult mentoring.

H_{5a}: Adult mentoring is positively associated with resilience.

H_{4b}: Adversity is negatively related to parental support.

H_{5b}: Parental support is positively associated with resilience.

H_{6a}: Resilience is positively related to emotional awareness.

H_{6b}: Resilience is positively associated with self-esteem.

H_{6c}: Resilience is positively related to academic achievement.

H_{8a}: Adversity indirectly affects resilience and behavioral outcomes through adult mentoring.

H_{8b}: Adversity indirectly affects resilience and behavioral outcomes through parental support.

1.11 Organization of the Thesis

The thesis is divided into six chapters. The first chapter, Introduction, covers the various types of adversity and the variables that can affect behavioral outcomes and resilience. Based on the characteristics of resilience and its theoretical foundation, the study objectives' applicability became apparent in this chapter. The thesis moved on to chapter two, which followed a concise description of the goals.

The *Review of the Literature* in Chapter 2 explained the current research on the study's goals.

The design, methods, and analysis of the current investigation were emphasized in Chapter 3, *Methodology*. It included a detailed explanation of every phase of the procedure, from contacting to thanking the volunteers to the very end of the study.

In Chapter 4, *Results*, the study's conclusions were logically described and supported with tables and figures. The results section concludes with a summary of the findings.

In Chapter 5, *Discussion*, the study's results are examined with opposing and supporting viewpoints from literature across the globe.

The study's *conclusions* are summarized in Chapter 6 and include clear information about any limitations, implications, and future directions.

The list of references and appendices that complete the thesis are included at the end of the thesis.

CHAPTER 2

REVIEW OF LITERATURE

The current study aimed to determine the relationship between adversities and resilience through mediating variables (protective and compensatory factors) and to examine the effects of adversities on children's resilience and behavioral outcomes (emotional awareness, self-esteem, and academic achievement) that follow. Well-being and hardiness were protective factors, whereas parental support and adult mentoring were compensatory factors. The participants were school students who had experienced adversities and those who had not. The study's conceptualization, goals, and motivation were emphasized in the preceding chapter.

The studies mentioning the effects of adversity on resilience, as well as protective and compensatory factors, will be included in this chapter. Furthermore, research on compensatory and protective factors mediating between adversity and resilience was incorporated. Additional research on behavioral outcomes and resilience was also mentioned. Finally, it highlights the necessity of the current investigation by synthesizing the review of studies.

2.1 Adversity and Resilience

Children and teenagers face a variety of unfavorable situations all around the world that could interfere with their ability to develop normally. Numerous medical ailments and psychological issues have been linked to childhood exposure to adversities such as abuse, dysfunctional families, and neglect (Benjet et al., 2010; Green et al., 2010; Scott et al., 2011; Solıs et al., 2015; Varese et al., 2012). Children's health and well-being are in danger both now and in the future from prolonged and cumulative adversities or from those that happen during vulnerable times in

early neurobiological development (Masten & Barnes, 2018). According to Southwick et al. (2014), some childhood experiences are detrimental, whereas others typically grow or overcome hardship. Their everyday experiences with negative situations and pressures significantly impact their general quality of life, mental and physical health, and life satisfaction (Luhmann et al., 2012). Continuously exposure to stressors can upset people's homeostasis and aggravate the symptoms of depression, anxiety, and other mental health issues (McMahon et al., 2003; Schneiderman et al., 2005). Adverse experiences include acute and solitary events and persistent and chronic events (Bollini, Walker, Hamann & Kestler, 2004). Examples of adverse experiences include parent-child divorce (Kessler et al., 1997), different forms of abuse (Dube et al., 2001), witnessing domestic violence (Davies et al., 2006), and being impoverished (Evans & English, 2002). These bad experiences have been linked to many unfavorable outcomes, including low academic success, resilience (Lacour & Tissington, 2011), and emotional and behavioral issues (DePrince et al., 2009). Moreover, research has shown that the degree of adversity endured can forecast the quantity of emotional and behavioral problems (Herbers et al., 2014). According to Denckla et al. (2020), children who lack resilience are likelier than those with high resilience to experience negative outcomes from adversity.

However, most people manage to carry on with their regular lives and escape the unfavorable consequences of exposure to traumatic events (Herbers et al., 2014; Rutter, 2013). These people can be said to have high levels of resilience. Resilience is "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (Masten et al., 1990, p. 426). It has recently been proposed that, in addition to the well-established detrimental effects of terrible experiences, adverse events may also have potential benefits in boosting an individual's resilience (Seery, 2011; Seery et al., 2010).

Finding the factors that can be utilized to predict children's resilience will aid in concentrating interventions and assisting individuals who require assistance during this vulnerable time. Understanding the factors that can affect a person's resilience is just as crucial as comprehending the factors that can put them at risk for unfavorable consequences (Alvord & Grados, 2005). People at risk of negative outcomes related to adversity are more likely to be resilient when they have certain "protective factors" and "compensatory factors" in place. These factors prevent at-risk individuals from experiencing the negative outcomes that come with adversity and instead encourage resilient outcomes (Carbonell et al., 2002).

2.2 Protective factors

2.2.1 Adversity and well-being

The WHO defines health as "not simply the absence of disease or infirmity" but rather "a state of wellbeing," and this idea of wellbeing is central to their definition (Vik & Carlquist, 2018). For instance, Corcoran and McNulty (2017) discovered that attachment processes were the means via which childhood adversity indirectly decreased well-being among college students. According to Babad et al. (2020), early trauma has a detrimental impact on wellbeing all through life. The extreme poverty experienced in early life is associated with various developmental problems in cognitive-academic, social-emotional, and physical-biological well-being (Yoshikawa, Aber, & Beardslee, 2012). Witnessing domestic abuse, having a household member imprisoned, having a parent with a mental illness, having a parent struggling with drugs or alcohol, and going through a divorce are examples of adversities. Childhood well-being is inversely correlated with these events (Juwariah et al., 2022). Adolescents who lack resilience are more likely to have psychosocial maladaptation and psychopathology as adults, according to Banerjee et al. (2018).

They also show that resilience is favorably correlated with other variables and well-being. According to Paul and Singh's (2020) research, poor levels of education among family adults, indoor air pollution, inadequate household cleanliness, and malnutrition are the main biological and social risk factors influencing the well-being of Indian children. Numerous researches revealed that psychological well-being was damaged by intolerance for uncertainty. For instance, Satici et al. (2020) showed that Turkish people's mental health is strongly impacted by their intolerance of ambiguity.

2.2.2 Adversity and Hardiness

Hardiness is a psychological trait that has been favorably linked to resilience, resilience to stress, and the ability to perform well in difficult situations. For demanding situations and occupations, this personality type might be helpful (Bartone et al., 2008). Hardy people are more self-assured, adept at utilizing coping strategies and social support, and have a broader range of possible outcomes (Bonanno, 2004). Those with high levels of hardiness tend to be more resilient to the detrimental effects of stressful situations, making them less likely to become ill than those with low levels of the trait (Kobassa, 1979). Those who possess toughness view life's experiences as less dangerous. Reduced resilience and toughness can result from a greater intolerance of uncertainty. According to research, hardiness is a predictor of mental health and is strongly and positively connected with several good personality qualities; it is also significantly and adversely correlated with stress and negative coping behaviors (Eschleman et al., 2010). Hardy people can handle academic stress well (Oktavia et al., 2019), which lessens the harmful consequences on their health (Hystad et al., 2009). Andronnikova (2021) also discovered a connection between students in Grades 9–11 (15–18 years old) and their ability to tolerate uncertainty and their level

of hardiness. This study showed a negative relationship between students' hardiness levels and their intolerance of uncertainty.

2.2.3 Well-being and Resilience

Not everyone who has experienced hardships in the past experiences despair or ill health as they age. Greater life satisfaction, happy emotions, and psychological resilience are linked to higher levels of hardiness and well-being (Connor and Davidson, 2003; Windle, 2011). Chen (2016) discovered a direct and beneficial relationship between well-being and resilience. Research revealed a negative correlation between well-being and stress (Min et al., 2013) and a positive correlation between well-being and resilience (Satici, 2016). According to Meng et al. (2018), resilient people are happier and less likely to acquire psychopathology. For instance, studies have shown that students' well-being increases resilience and shields them from the consequences of adverse childhood experiences (Mello 2016; Theron and Theron 2014). Furthermore, the information available regarding Chinese students has led numerous academics to promote well-being as a critical component of students' resilience in the classroom (Holdsworth et al., 2018; Johnson et al., 2015; Hartley, 2011, 2012).

2.2.4 Hardiness and Resilience

Major life stressors are tempered by hardiness (Maddi et al., 2006). Increased commitment, a sense of control, and challenge are characteristics of a person with high hardiness, linked to lower psychological discomfort and a higher quality of life (Hoge, Austin, & Pollack, 2007; Johnsen et al., 2009). A psychological characteristic known as "hardiness" is linked to resilience, excellent health, and effective functioning in various stressful situations. Hardiness has been shown in earlier studies to be a dispositional characteristic that preserves and improves

resilience and performance under stressful conditions (Maddi et al., 2006). Research revealed a favourable correlation between hardiness and resilience. According to Kobasa et al. (1982), hardiness is a source of internal strength that lessens the damaging consequences of stress. Furthermore, hardiness and resilience showed strong negative correlation with anxiety, despair, indicating that hardy and resilient individuals can withstand a range of negative consequences (Rahimian- bugar & Asgharnejad- farid, 2008).

2.3 Compensatory Factors

2.3.1 Adversity and Adult Mentoring

The hierarchy of needs theory and Abraham Maslow's 1970 study are relevant to the relationship between mentors and adolescents. According to Maslow (1970), everyone desires self-fulfillment, security, love, respect, and fundamental physiology. If young people want to make a better life for themselves, they should look for an adult or a peer who can help them make the proper choices that will help them succeed in life. To help pupils achieve self-realization in the classroom and in life, tutors can assist you in giving them stability, love, and attention. Nnama-okechukwu et al. (2018) state that children placed in alternative care have experienced abuse, neglect, shattered homes and families, and poverty. Their physical and mental health suffers as a result of these challenging conditions, which also often prevent kids from forming positive social bonds and healthy attachments (Belsey & Sherr, 2011; Dwyer et al., 2010). They are a susceptible community. According to Madhavan et al. (2021), children with at least one positive adult mentoring relationship do better as adults. According to Brown et al. (2009), a mentor-mentee connection can function as a corrective link for vulnerable children who do not have an adult caretaker. It can foster resilience, mental well-being, and positive social relationships.

Individuals pick up life lessons through observing and copying the actions of others. This leads to a lifetime of experiences that shape their beliefs about what is good and wrong in the world and how to fulfill their ambitions (PriceMitchell, 2014). According to Walters (2016), early adolescent bonding with role models creates a barrier that keeps young people from associating with rebellious kids and delinquent groups. According to Culyba et al. (2016), adults who build relationships and act as role models for young people in urban environments who are from underprivileged backgrounds are essential because they can prevent poor academic performance, substance addiction, and violence.

2.3.2 Adversity and Parental Support

Families are the most significant component that has the most immediate and long-lasting effects on children's ability to develop effectively, according to Bowlby's attachment theory (1971) and Bronfenbrenner's ecological systems theory (1979). While some parents choose to respond to stress by using alcohol or violence, parents who possess adaptable coping mechanisms are to handle and teach their kids applicable coping mechanisms as well. Parental support is adversely correlated with adversity because children who experience adversity are less equipped to handle challenges (Steele et al., 2016 & Labella et al., 2017). Through the mediating functions of hope and coping, Cheraghian et al. (2023) demonstrated that parental support significantly and indirectly impacts resilience. According to Chiang et al. (2018), young children are shielded against harm in a variety of ways by having intimate attachment ties with carers who are not "in the child." Parenting protects human development from risk or adversity, claim Masten et al. (2019). Essential functions and processes, including socialization, attachment connections, nurturing behaviors, stress management, sharing cultural customs and knowledge that advance human development, are all considered while organizing this protection.

2.3.3 Adult mentoring and resilience

An individual who provides guidance, tutoring, instruction, coaching, support, or encouragement is known as a mentor. In educational environments, mentors frequently take on the role of surrogate parents (Georgiou et al., 2009). Most of the 615 participants, according to Hurd and Zimmerman's (2010) research, named a natural mentor from their family. Although their research focused on sexual behavior, depression, and mental health, the study's conclusions emphasized how natural mentors might increase young people's resilience. The children benefited from the natural mentor relationship in several ways, including coping methods, self-esteem boosting, and including mentees in decision-making and problem-solving (Hurd & Zimmerman, 2010). Positive outcomes from their mentorship relationship included the girls in Bangladesh developing greater resilience and self-assurance. These nine girls in Bangladesh benefited from the mentoring connection because all children, whether in Dhaka or Atlanta, have a fundamental desire for acceptance and belonging (Maslow, 1970). According to Sperandio (2008), the study provided evidence that adolescent girls' self-esteem and career aspirations could be positively impacted by same-sex role models. Because of the mentor, the girls felt more invested in the school and cared for, which increased their motivation. According to research, kids with stable relationships with their significant others are more resilient and less sensitive to stress (Marriner et al., 2014).

2.3.4 Parental support and resilience

One of the most crucial environments for children to complete their developmental duties is with their parents. In particular, warmth—that is, showing youngsters that they are loved, cared for,

interested, and content—can serve as the foundation for enhancing their sense of identity, well-being, and vitality (Gagne, 2003), as well as for lowering depression (Grolnick, 2009).

As a result, parents are crucial in helping to raise and nurture their kids at every developmental stage. They create the conditions for adaptations to arise, enabling kids to effectively overcome various obstacles (Masten & Palmer, 2019).

Masten (2014) remarked on how every literature review conducted since the start of resilience research has supported the link between resilience and parents. The ability to effectively manage wounds, pressures, and challenging circumstances is resilience. Doty, Davis, and Arditti (2017) offer a resilience model in this context that emphasizes the role of family support in fostering resilience. Additionally, people with greater resilience manage stressful circumstances actively (Palamarchuk & Vaillancourt, 2021; Chen, 2016).

According to Synder (2002), improved problem-solving skills and a decrease in avoidant coping were linked to higher levels of resilience. He considers that talking about aspirations and objectives with children and providing supportive parenting helps them feel they have control over their surroundings. Parenting is the primary component that safeguards children's development in the face of adversity, according to Ungar (2004). According to Bethell et al. (2016), children who had emotional, mental, or behavioral disorders, as well as other early adversities, exhibited higher levels of resilience. Parents reported feeling less stressed about parenting and being more involved in their kids' activities. In neglected children, long-term, multi-domain resilience is rarely shown when parents are positively impacted by adversity. Due to their inability to handle hardships, they are unable to provide for their children appropriately, which leads to a variety of adult health issues associated with child abuse (Felitti et al., 2010).

2.4 Behavioral outcomes

2.4.1 Resilience and Emotional Awareness

Emotional awareness is one of the five emotional skills, along with emotional regulation, emotional autonomy, social competence, and life and well-being competencies, according to the model developed by Bisquerra and Pérez-Escoda (2007). Throughout life, they can be developed and trained, encouraging contextual adaptation and increasing the likelihood of success when dealing with challenging situations. In addition, emotional awareness is thought to be the most essential competency for the growth of more sophisticated emotional competencies or talents (Bajgar et al., 2005; Lane, 2000). Tugade and Fredrickson (2004) cite that the combination of multiple research methodologies suggests that resilient people have high positive emotionality, are curious and open to new experiences, and have optimistic and energetic approaches to life (Block & Kremen, 1996; Klohnen, 1996). Further research indicates that individuals with high resilience deliberately foster their positive emotionality by intentionally evoking pleasant feelings via humor (Werner & Smith, 1992), relaxation methods (Demos, 1989; Wolin & Wolin, 1993), and positive thinking (Kumpfer, 1999). In a study, Kashdan and Rottenberg (2010) investigated the connection between emotional intelligence dimensions such as emotional regulation, well-being, and resilience. Based on their median resilience ratings, the researcher divided the participants into two groups: those with low resilience and those with high resilience. It was discovered that teenagers with little resilience significantly outperformed those with high resilience on the loss of emotional control scale. Resilient students hold themselves to high standards, are goal-oriented, have high emotional awareness and self-worth, are exceptionally good at solving problems, and are socially competent to withstand adversity (Choudhary & Sharma, 2019). A study involving 100 students—50 boys and 50 girls—Sehrawat and Simon

(2021) found a significant positive correlation between emotional awareness and resilience. The findings show that students with strong resilience outperform those with low resilience regarding emotional awareness (Sarangi & Rath, 2022).

2.4.2 Resilience and Self-esteem

Experts have reached a consensus regarding the relationship between resilience and self-esteem, which shows a strong correlation between the two factors. As such, resilient participants have greater self-esteem than susceptible teenagers, according to Dumont and Prevost's (1999) early research on a sample of 297 adolescents. High scorers tended to retain high levels of self-esteem even in the face of traumatic negative experiences, according to research by Oshio, Nakaya, Kaneko, et al. (2002) on the association between resilience and self-esteem in teenagers with negative experiences. According to studies by Oshio, Kaneko, Nagamine et al. (2003), teens with good mental health also tend to score highly on resilience despite adversity. Researchers are generally in agreement that resilience and self-esteem are significantly correlated. Choudhary et al. (2022) claim that resilience raises one's sense of self-worth in facing difficulties. Oshio, Nakaya, Kaneko, et al. (2002) investigated the connection between resilience and self-esteem in teenagers who had gone through hardship. Research indicates that people with high resilience scores also probably have high levels of self-esteem, even in the face of difficult circumstances. Mishra (2012) discovered that various situational, internal, and external influences likely influence children's resilience and self-esteem.

2.4.3 Resilience and Academic Achievement

Multiple connections exist between academic achievement, schooling, the environment, and resilience. According to some studies, Resilience is thought to impact academic success

positively. Fru-Ngongban (2023) provides evidence of this since she discovered a strong correlation between resilience and academic achievement among school-age children in the Minawao refugee camp in Cameroon. According to Kwek et al. (2013), academic achievement in a school setting can be strongly predicted by resilience. More broadly, resilience building in the classroom can help kids directly by reducing their anxiety or depression, which can positively affect their future academic success as well as their general health now and in the future (Challen et al., 2014). Additionally, the researcher discloses in the Siebecke (2023) study that the dataset was sourced from Sweden, encompassing 5576 pupils between the ages of 10 and 12. The findings indicate a good correlation between resilience and academic advancement.

2.5 Mediation modeling

Mediation models are used to find explanations for the relationship between a predictor and an outcome variable (Baron & Kenny, 1986; Frazier, Tix, & Barron, 2004). Mediation modeling benefits psychological research because it can shed light on complicated psychological consequences by revealing intricate relationship patterns between factors.

2.5.1 The mediating role of protective factors

Studies indicate that an individual's reaction to unfavorable life circumstances is significantly influenced by their level of resilience. Research has demonstrated that those with lower resilience are more prone to psychological discomfort after a negative life event compared to those with higher resilience. For instance, the association between stress indicators and resilience—such as everyday stressors like being late for work or difficult life events like a spouse's death—was examined by Ong, Bergeman, Bisconti, and Wallace (2006). The findings show variations in emotional reactions after disparities in resilience explained traumatic events.

Resilience scores were positively correlated with a reduced emotional response to the stressful incident (Ong et al., 2006). Hardy, Concato, and Gill (2004) discovered comparable findings corroborating the hypothesis that stressful life events and resilience are related. Individuals who reported higher levels of resilience were less likely than those who reported lower levels to view an incident as stressful (Hardy et al., 2004).

The literature proves the connection between resilience and traumatic life experiences. It's essential to learn more about how authors might interpret the connection between resilience and adversity in life. Investigating this through the mediated or indirect impacts of the relevant variable(s) is advisable. According to the current study, protective factors—such as hardiness and well-being—may be crucial in elucidating the relationship between adversity and resilience. Adverse Childhood Experiences (ACEs) have been associated with a multitude of potential health consequences, including mental and physical health disorders. Still, there is also rising evidence linking ACEs to good elements of mental health, such as well-being. Compared to individuals with fewer unpleasant events, adults with a history of childhood adversity were likelier to have significantly lower psychological well-being than adults (Bellis et al., 2013). Similarly, Oshio et al. (2013) found that adult well-being was substantially worse for those who experienced adversities in childhood. Furthermore, a considerable decline in the subjective well-being of Spanish undergraduate students was linked to several bullying events during their infancy (Víllora et al., 2020).

Uncertain financial circumstances, uncertain job, physical illness, marital disagreement, and the loss of a loved one are examples of stressful life events that obstruct the growth of well-being (Lyons, 1991). Historically, many theories and models have been proposed to explain the relationship between stressful life events and reduced well-being. Selye's (1936) early definition

of the physiological "stress response," which occurs in reaction to beneficial and detrimental stressful experiences, begins to describe how stress may affect overall performance. Stressful life experiences can also impact a person's psychological health by undermining their sense of purpose, competence, and self-worth, claims Taylor (1983). For instance, a stressful occurrence like the onset of a severe illness or disease frequently leaves the affected person feeling helpless and uncontrollable over their environment and themselves. Stressful living circumstances are typically associated with adverse behavioral responses that diminish well-being consequences, according to Janoff-Bulman's (1989) assumptive world theory and numerous meaning-making theories (Park, 2010; Park & Folkman, 1997). Negative life experiences in particular upset pre-existing schemas, increasing uncomfortable feelings (such uncertainty, lack of mastery, agency, and inadequate self-control), and decreasing wellbeing (Park, 2010). Research indicates that those who have endured prolonged adversity, like destitution or persistent illness, exhibit a lowered sense of overall wellbeing. Most astonishingly, studies have shown that kids who experience ongoing adversity have worse levels of mastery and self-esteem than their peers of the same age, as well as more issues with behaviour, learning, and physiology (Shonkoff et al., 2012). There is ample evidence to suggest that unfavourable life events are associated with reduced psychological well-being.

In addition to mental health, or the lack of mental diseases, well-being, often called wellness (Kiefer, 2008), is frequently employed as an indicator of resilience. This is particularly true if resilience represents the ability to bounce back from setbacks, hardships, or traumatic experiences to the point where one's functioning improves over time. Therefore, psychologically speaking and regarding the relevant genetic and environmental components, well-being goes beyond the absence of mental disease (Haworth et al., 2015). According to research, adversity

can affect students' well-being, resilience, sense of purpose in life, and mental health (Yan et al., 2011; Liu et al., 2016; Wei et al., 2021). Resilience is also associated with psychological health and well-being evaluations throughout life (Avey et al., 2010). For instance, Fe, Cao, Feng, and Peng (2013) found a positive correlation between resilience and mental well-being. People with more excellent well-being scores were also more resilient, had quicker recovery times, and were less inclined to show signs of severe mental health problems.

McDermott et al. (2010) found proof of a connection between resilience and psychological well-being. Young people who have had mental illness in the past or present were more likely to score poorly on a resilience test, indicating a potential link between decreased resilience and more significant psychological discomfort and mental disease over time. Furthermore, when resilient people were present, psychological well-being and mental health evaluations were much more unexpected (Lee, Sudom, & Zamorski, 2013). If a variable has an empirical link with the outcome variable and the predictor allocated to it in the model, Baron and Kenny (1986) suggest that the variable may have potential as a mediator.

As well-being has been consistently associated with both reports of resilience (Avey et al., 2010; Fe et al., 2013; Lee et al., 2013; McDermott et al., 2010) and adverse life events (Hardy et al., 2004; King et al., 1998; Ong et al., 2006), it meets the requirements to be investigated as a possible mediating variable. Remarkably, studies show that adverse life experiences do not always result in a decline in resilience. Actually, according to research by Martin and Martin (2002), 50% of people who had a traumatic incident in life did not exhibit any signs of emotional suffering. This implies that the paths through which unfavorable life events are connected to variations in resilience scores may be explained by mediating variables, such as well-being.

The Hardiness personality construct, as initially outlined by Kobasa (1979) and expanded upon by Maddi and Khoshaba (1994), may mediate the interaction between the several resilience predictors, or it may overlap and correlate with resilience. According to research, the "hardy attitudes" of commitment, control, and challenge supplement social skills, coping mechanisms, and behaviors that promote health. Those who score highly on the commitment component possess a persistent capacity to "see the big picture" and stay focused on intrapersonal and interpersonal objectives. The trait-level capacity to exert and preserve resources even in situations that may appear to be "uncontrollable" is reflected in the control factor. Lastly, people with high Challenge factor scores perceive stressors in a way that keeps them hopeful, expands their coping mechanisms, and allows them to grow from their experiences rather than "catastrophizing." It has been demonstrated that hardy people are extroverted and diligent, have less overt psychopathology, and are better able to recover from traumatic life experiences.

2.5.2 The mediating role of compensatory factors

Research suggests that there are situations in which facing hardship or misfortune early in life can build resilience later on—a phenomenon known as the "steeling effect" (Rutter, 2006). For instance, some adults who endured severe adversity as children due to the Great Depression were better equipped to handle challenging circumstances than adults (Rutter, 2006). However, it cannot be believed that accumulated childhood trauma will result in a steeling effect in the majority of adults, given the volume of evidence demonstrating that childhood adversity can be very damaging to adult physical and mental health (Felitti et al., 1998; Merrick et al., 2019). Instead, it's critical to think about the positive adult experiences that act as "turning points" (Rutter, 2006) to counteract painful childhood memories and enhance well-being. Adults with better levels of both physical and mental health are more likely to feel a sense of belonging in

society and to have social support, which is an example of a turning point (Wang et al., 2018). Increased social connectedness has been linked to improved adult mental, physiological, and physical health by fostering a feeling of "coherence," or meaning and purpose in life (Umberson & Karas, 2010). Furthermore, among people from various socioeconomic backgrounds and urban and rural locations, there is a definite correlation between improved health outcomes and higher levels of community belonging (Kitchen et al., 2012). Numerous theoretical frameworks, such as the compensatory model of resilience, contribute to understanding how early events affect health outcomes.

According to the compensatory model of resilience (Cohen, 2004; Thoits, 2011), people with supportive relationships are shielded from the negative impacts of stress on their health outcomes. According to Rodriguez et al. (2019), social support may impact an individual's appraisal reaction in the transactional model of stress and coping (Lazarus, 1984), which explains the process via which stress is buffered. The biological necessity for human survival underlies the need for parents to be there for their children when required and the need for children to be satisfied by their parents. Teenagers still view their parents as a secure foundation from which to explore, and they occasionally go back to their parents' shelter to assist them—particularly during stressful, unwell, or anxious moments (Marvin & Britner, 1999). One of the most crucial environments for children to complete their developmental tasks is with their parents. In particular, warmth—that is, showing children that one loves, cares, is interested in them, and is content—can serve as the foundation for enhancing children's sense of identity, well-being, and vitality, as well as decreasing sadness (Grolnick, 2009; Gagné, 2003). According to Yamaoka and Bard, the absence of good parenting practices can be viewed as a kind of adversity in and of itself. Good parenting techniques can safeguard against the adverse impacts

of hardships, particularly in the initial phases of child development (Yamaoka, 2019). When a parent is effective, a kid develops an internalized sense of security and confidence essential to self-monitoring behaviors and adaptation throughout life (Herbers et al., 2014).

2.6 Summary of the review of literature

Essential domains of adversity, resilience, compensatory factors, protective factors, and behavioral outcomes are included in the literature review. The objective of the current study was to identify protective and compensatory factors as indicators of resilience in the face of adversity. The ability to recover from adversity is resilience. Children can endure hardship and develop resilience if crucial protective and compensatory factors are in place. Then, they will be more prepared to deal with difficult situations. A substantial amount of evidence indicates that adversity and resilience are related. Adversity may have the opposite effect on resilience. Compared to children who do not experience difficulty, children who face adversity may be less resilient. A review was done on the relationship between adversity, protective factors (hardiness and well-being), and compensatory factors (parental support and adult mentoring). Adversity and protective factors have an unfavorable relationship.

Likewise, there is a negative correlation between compensatory factors and adversity. Additionally, the favorable relationships between resilience, compensatory factors, and protective factors were examined. Resilience and behavioral outcomes (self-esteem, emotional awareness, and academic success) correlated positively. Generally speaking, the literature review draws attention to the complex interactions between the study's factors and can support children's development of resilience and positive behavioral outcomes.

CHAPTER 3

METHODOLOGY

The current study attempted to determine the relationship between adversities and resilience through the mediating variables (protective and compensatory factors) by examining the effects of adversities on children's resilience and the following behavioral outcomes (emotional awareness, self-esteem, and academic achievement). Well-being and resilience were protective factors, whereas parental support and adult mentoring were compensatory factors.

The methodology is explained in the chapter under various section headings. *Research design* is covered in Section 3.1. Section 3.2, titled *Sample*, explains the study's participants and sampling procedure. The details of the tools used to measure the study's variables were described in Section 3.3, *Tools*. Section 3.4 of the *Procedure* describes the researcher's exact steps to complete this study. Section 3.5, titled *Statistical Analysis*, introduces and explains the statistical computations in the study to manage the quantified data.

Further, this chapter also includes one figure explaining the sampling frame. Figure 1 describes the sampling frame of students from districts of Punjab, India.

3.1 Research Design

This study used a descriptive research design. The exogenous variable is adversity. Well-being and hardiness (protective factors) and parental support and adult mentoring (compensatory factors) are the endogenous (mediating) variables, and resilience and behavioral outcomes such as self-esteem, emotional awareness, and academic achievement are the endogenous variables.

Questionnaires were carried out independently on each subject to measure the above variables. The art technique was also used to decrease the element of social desirability.

3.2 Sample

The target group for the present study is children facing adversities. Data was collected from 400 students (B: 200; G: 200) of the age range 9 to 12 years (M = 10.59, SD = 1.07) from the grade 5th to 7th (M = 5.63, SD = 1.07) of public and private schools across districts of Punjab, India: Jalandhar, Patiala, Sangrur, and Ludhiana. The districts were randomly selected from 22 districts of Punjab; out of the 453 schools of each four districts, only 100 schools (Jalandhar: 33, 33%; Patiala: 30, 30%; Sangrur: 10, 10%; & Ludhiana: 27, 27%) gave consent for the data collection, out of which four private and four public schools were randomly selected from the four districts. The data collected was primary, qualitative, and quantitative. The final sample comprised 50 students from each school, with an equal number of boys (25) and girls (25). The sample of the parents who filled out the adverse childhood experiences questionnaire on behalf of the children was 400 (M = 37.73 yrs., SD = 3.23). All the parents were in 12th grade and above. The questionnaire was filled by 80% of mothers and 20% of fathers. The socio-economic status of the parents varied from Lower Income Group (30%), Middle Income Group (45%), and Upper Income Group (25%). Figure 4 presents a graphic view of the sampling procedure and the final sample selected for the study.

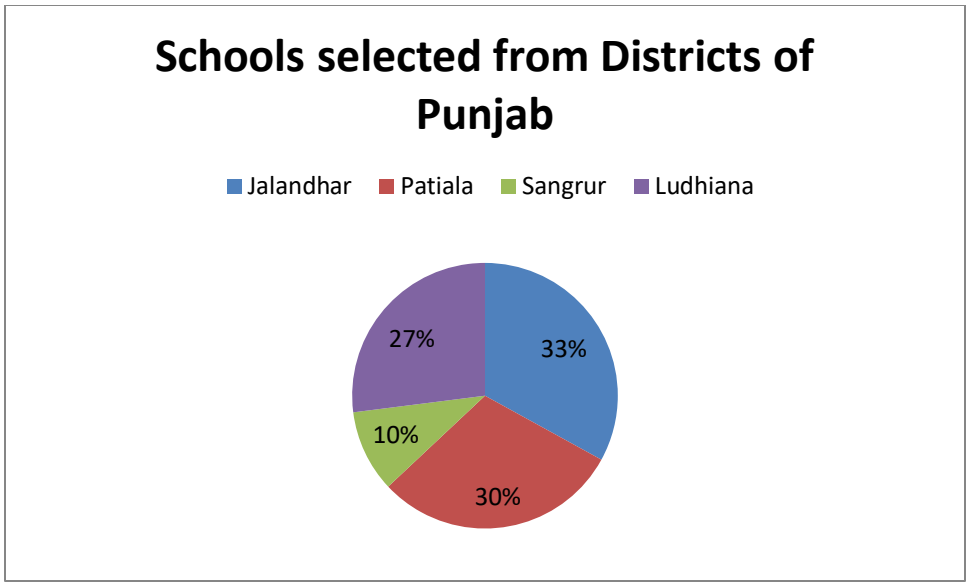


Figure 4. ***The selection of the schools on the basis of 22 districts of Punjab, India***

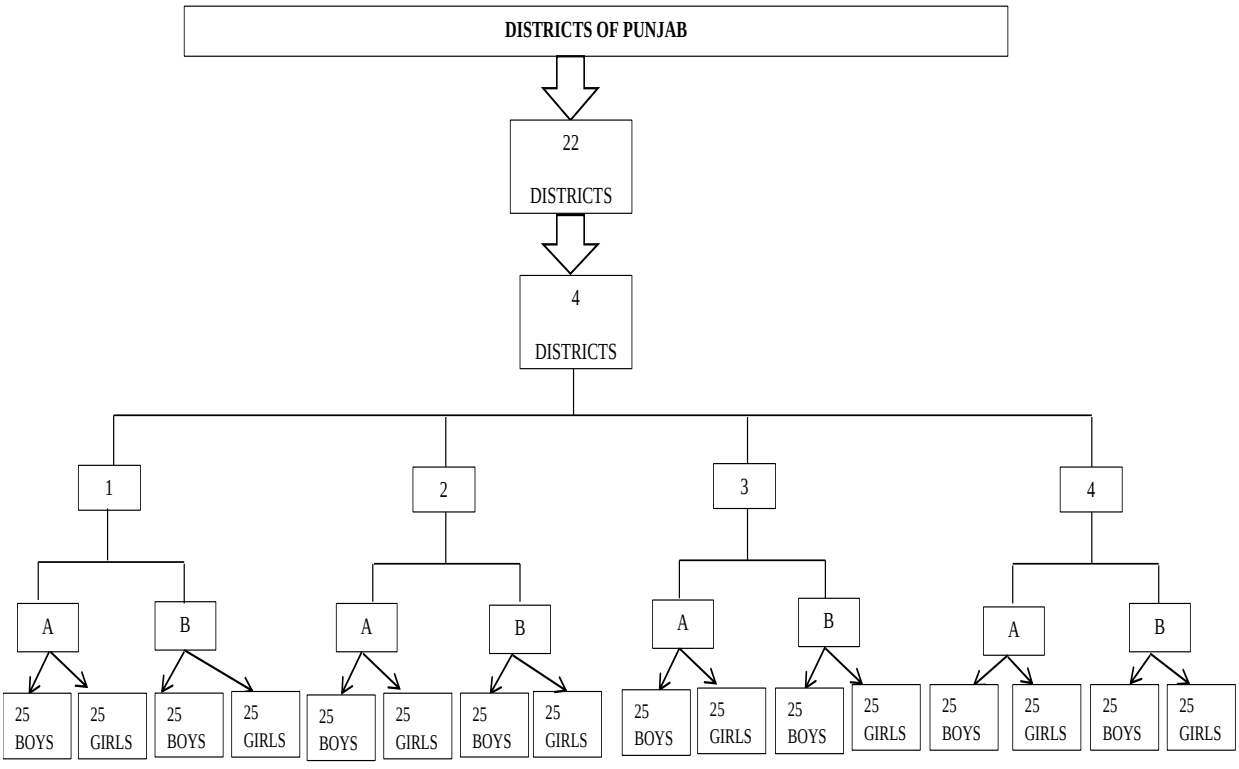


Figure 5. ***Sampling frame of students from districts of Punjab, India***

3.3 Tools used

The study employed a variety of tools, including a demographic sheet, student academic records, self-report questionnaires, and an art technique. The demographic sheet gathered information about the parents' attributes, like gender, income bracket, and educational attainment. All the questionnaires used in the study were standardized psychological tests. The original questionnaires were in English. The author employed the back translation technique to ensure that the participants could understand the Hindi version of the questionnaires. For the Hindi edition, the author used the help of a bilingual Hindi-English teacher. The demographic sheet, standardized questionnaires, and art technique (Mandala Sheet) are attached in the Appendices.

3.3.1 Adverse Childhood Experiences Questionnaire (ACE-Q)

The Adverse Childhood Experiences Questionnaire (ACE-Q) (Felitti et al., 1998) was used to determine whether or not the child has experienced adversities in their lives. The questionnaire consists of 10 items (e.g., “Were your parents ever separated or divorced? Was a household member depressed or mentally ill, or did a household member attempt suicide?”). The parents/caregivers completed this questionnaire. The respondent must tick either ‘Yes’ (adversity faced) or ‘No’ (adversity not faced) for each item. The possible scores are 0–10. The total scores for the items measure the questionnaire. The calculated realibility of the sample studied was (Cronbach α) of 0.75.

3.3.2 *Stirling Children’s Well-Being Scale (SCWBS)*

Well-being was assessed using the Stirling Children's Well-being Scale (SCWBS), developed by Liddle and Carter (2015). Twelve self-reporting items comprise the scale; answers are given on a five-point Likert scale from 1 to 5 (1: Never; 5: All the time). The average score ranges from 1 to

5. The scale has two subcomponents, which consist of 6 items, each naming a positive emotional state (e.g., “I think there are many things I can be proud of”) and a positive outlook (e.g., “I can find lots of fun things to do”). It can be applied as a quick screening tool for psychological well-being. Summated scores over the items provide a measure of well-being. The scale has a reported reliability (Cronbach α) of 0.95.

3.3.3 *Dispositional Hardiness Scale*

Hardiness was measured using the Dispositional Hardiness Scale developed by Bartone and Paul (2007). A four-point Likert scale, ranging from 0 to 3, is used to collect responses to the 15 self-reporting questions (0: Not at all true; 3: Completely true). The items include commitment (e.g., "I look forward to my daily activities"), challenge (e.g., "Changes in routine are interesting to me"), and control (e.g., "By working hard, you can nearly always achieve your goals"). Each subscale covers the overall hardiness construct and has five items each. Summated scores over the items provide a measure of hardiness. The scale has a reported reliability (Cronbach α) of 0.92.

3.3.4 *Perceptions of Parents Scale (POPS) Child Version*

Parental support was measured using the Grolnick, Ryan, and Deci (1991) Perceptions of Parents Scale (POPS). The scale is a 22-item self-reporting questionnaire comprising 11 items for mothers and 11 for fathers. To respond, participants must circle a letter in front of one of four descriptions of a parent, most likely their parent (e.g., “Some fathers always like to talk to their children’s teachers about how they are doing in school,” or “Some mothers usually don’t ask their children what they did in school that day” and so on). It is a Likert scale with response options ranging from 1 to 4. The range of average scores is 1 to 4. For each item, the participants

rated the degree to which the behavior or attitude described fit the item. The summation of scores across the items provides a measure of parental support. The scale has a reported reliability (Cronbach α) of 0.91.

3.3.5 *The mentorship Relationship scale*

The adult mentoring of children was measured using the mentorship relationship scale developed by Jakacki and Pola (2011). To determine whether a mentor helps to improve academic performance, attitude, behavior, or self-esteem, respondents must answer eight questions on a 5-point Likert scale that ranges from 1 (strongly disagree) to 5 (strongly agree). The scale has two parts. Part 1 describes the relationship with the mentor (e.g., “What was the role of your mentor? How often did you communicate? How long have you had this relationship?”). For qualitative data, students were asked to share any information about mentors in their lives in the comment box that followed the mentor questions. Part 2 of the survey contains Likert scale items describing the relationship with mentors, such as "Improve school performance (grades, test scores); Improve self-esteem/self-confidence." The scale has the reported reliability (Cronbach α) of 0.91.

3.3.6 *Resilience Level*

The resilience level in the children was estimated in two parts: part 1 was the self-reported questionnaire, which was assessed using Ungar's (2009) Child and Youth Resilience Measure (CYRM), and Part 2 was the art technique (Mandala Session) by South Lakes Federation (2014). A positive correlation existed between CYRM and an art technique ($r=.27$, $p<.01$).

3.3.6.1 *Child and Youth Resilience Measure (CYRM)* (Part 1)

CYRM measures the resources—individual, relational, communal, and cultural—people have at their disposal to support their resilience. The measure was created at the Resilience Research Centre (RRC) in 14 communities worldwide as part of the International Resilience Project (IRP). The CYRM was first intended for use with young people between 9 to 23 years old. Since its original validation, the measure has also been modified into a 26-item variant for children ages 5 to 12. This 26-item self-report questionnaire asks respondents to rate their answers on a three-point Likert scale from 1 to 3. (1: No; 2: Sometimes; 3: Yes). There are three possible scores: 1 to 3. It was used with resilience monkeys' emojis. The items assess three subscales: context (e.g., "Do you participate in religious activities?"), relationship with the primary carer (e.g., "Do you talk to your family about how you feel?"), and individual (e.g., "Do you share with people around you?"). Resilience is measured using the sum of the scores across the items. The scale has a reported reliability (Cronbach α) of 0.86.

3.3.6.2 *The art technique* (Part 2)

Resilience can be identified at four levels: individual, family, school, and friends/community. The researcher employed the mandala, an artistic technique, in the current study to assess resilience, keeping in mind the resiliency mandala (Wolin & Wolin, 1993). A mandala is a symbol of realizing one's inner self or essence. This entails achieving serenity or peace and being true or honest with oneself (Babouchkina & Robbins, 2015). Mandalas have a calming and rejuvenating effect on their creator, according to Jung (1972). With mandalas, children can acquire resilience, concentrate their attention on the drawing process, and put their current difficulties behind them (Kim et al., 2017).

Children's resilience was assessed using a Mandala Session: Exploring Feelings via Colors. The idea was to use color to investigate their feelings about various aspects of their lives. A mandala sheet and colored pencils (Faber's castle coloring pens) were required. Part 1 of the mandala session breaks down the mandala into four divisions: self, friends, school, and home. Children must first indicate in one section how they feel about a specific aspect of their lives, such as "self." For example, if they are content and at ease in that area, they may indicate it using yellow. They may go with a darker hue if circumstances are difficult.

The young person will be free to select the color they feel best represents their emotions, yet the researcher will still let them interpret the colors in any way they see fit. Part two states that after the young person has colored in one portion, discuss their color choices with them. Explain the reasons behind the young person's color choices using active listening techniques. In the third part, the researcher will select a different area and ask the young person to color it, repeating part one. Again, talk about the rationale behind their color selections after this. After that, you can do this for every section. There were light and dark colors. A score of one was represented by a dark color and a score of two by a light color. The mandala had an overall score of 8. Summated scores measured resilience. The art technique has a reported reliability (Cronbach α) of 0.56. The scoring of the mandala is provided in the appendices.

3.3.7 *Emotion Awareness Questionnaire (EAQ 30)*

Emotion awareness was measured using the Emotion Awareness Questionnaire (EAQ) developed by Rieffe et al. (2007). The questionnaire is a 30-item self-reporting test with three Likert scale response options: 1 for not true, 2 for sometimes true, and 3 for frequently true. The possible scores are 1 to 3. The items measure Differentiating Emotions {e.g., “I never know exactly what kind of feeling I am having” (reverse coded)}, Verbal Sharing of Emotions (e.g., “I

can easily explain to a friend how I feel inside"), Bodily Awareness of Emotions (e.g., "When I am scared or nervous, I feel something in my tummy"), Acting Out Emotions (e.g., "It is important to understand how I am feeling"), Analyses of Emotions {e.g., "When I am upset about something, I often keep it to myself" (reverse coded)}, and Attention to Others' Emotions, {e.g., "When I am angry or upset, I try to hide this" (reverse coded)}. Summated scores over the items provide a measure of EAQ. The scale has a reported reliability (Cronbach α) of 0.91.

3.3.8 *Hare Self-esteem Scale*

Self-esteem is measured using the Hare Self-esteem scale, which was created by Hare in 1975. It is a 30-item self-reporting questionnaire requiring responses on a four-point Likert scale varying from 1 to 4 (1: strongly disagree; 4: strongly agree). The items consist of three domains: self-esteem school (e.g., "Most of my teachers do not understand me" reverse coded), self-esteem peer (e.g., "I am not popular as other people of my age" reverse coded), and self-esteem home (e.g., "My parents expect too much of me" reverse coded); each subscale consists of 10 items. The scores ranged from 1 to 4 per domain. A score for overall self-esteem is calculated as the average of the three subscales. Higher scores correspond to greater self-esteem. The original scale has a reported reliability (Cronbach α) of 0.97.

3.3.9 *Academic Achievement*

The children's academic achievement in the form of marks was directly obtained from the school teacher/principal. An annual report of students was obtained. The marks system of all the schools was the same. As per the CBSE guidelines, students' marks are determined by utilizing a Continuous Comprehensive Evaluation (CCE) for every subject. Formative assessment (FA) and summative assessment (SA) are the two parts of the CCE. Teachers might implement formative

assessments to track their students' progress continuously. Quizzes, projects, assignments, and class exams could be a part. In a school year, four formative evaluations are completed. Performance evaluation at the end of each term is the summative assessment. Summative evaluations take the form of written exams and are given in September and March at the end of each term. The percentage of students in each of the seven subjects was taken in the current study. Table 1 below describes the assessment criterion.

Table 1. ***The assessment criteria of the subjects***

Term	**Type of assessment**	**% of weight**	**Term-wise weight**		**Total**
First term- (April to September)	Formative Assessment - 1	10%	Formative Assessment (1+2)	20%	Formative Assessment =40%
	Formative Assessment - 2	10%			
	Summative Assessment - 1	30%	Summative Assessment – 1	30%	
Second Term – (October to March)	Formative Assessment – 3	10%	Formative Assessment (3+4)	20%	Summative Assessment =60%
	Formative Assessment - 4	10%			
	Summative Assessment - 2	30%	Summative Assessment -2	30%	Total = 100 marks

Note: Guidelines from the CBSE for the Continuous and Comprehensive Evaluation (CCE) system. All schools in India affiliated with the CBSE must meet the criteria listed above (www.cbse.nic.in).

The criteria mentioned above apply to all the subjects: seven subjects, a total of 700. The percentage was calculated for each student (Percentage = Marks obtained/700*100) and recorded in the data.

3.4 Procedure

In order to acquire authorization to collect data on school premises, the researcher personally approached the principals of the selected schools. The head was given a brief explanation of the study's purpose by the researcher, along with an assurance that the data collection would not interfere with the academic routines or teaching schedules of the participating students and the respective teachers. Following approval, the researcher gave the demographic sheet, consent form, and questionnaire on adverse childhood experiences to the parents of the children via the school administration. The consent form stated that all data will be treated with the utmost confidentiality and used exclusively for research purposes. Also, it indicated that their children's involvement was entirely optional and that they were free to end it at any time. After obtaining consent from parents and administering the adverse childhood experiences questionnaire, the researcher approached the children and administered the test individually. For each child, the duration was roughly sixty minutes. Children colored the corresponding sections of the mandala on mandala papers that they first received and then completed questionnaires. The researcher provided reinforcement, in terms of some educational materials, to all children who had participated. The data was scored and entered into the Excel sheet. Amos (version 23.0) and SPSS (version 26.0) were used for the data analysis. The interpretation of the results was carried out using the several conceptual frameworks provided here.

3.5 Statistical Analysis

The statistical methods employed to examine the data are described in this section. Descriptive and inferential statistics were the statistical methods used in this research. Descriptive statistics were produced to represent the data. Inferential statistics like correlation and structural equation modeling (SEM) were utilized to examine the relationship between the variables. Amos (version 23.0) and SPSS (version 26.0) were used for the data analysis.

3.5.1 Descriptive Statistics

Descriptive statistics were calculated for behavioral outcomes, psychological variables, and socio-demographic variables. Quantitative and qualitative research used descriptive statistics to calculate percentages and a data summary (Kaliyadan & Kulkarni, 2019). It includes measures of central tendency (mean, median & mode) and dispersion and variation (range, standard deviation & variance). The current study computed the percentage, mean, and standard deviation for socio-demographic information. The behavioral outcomes, psychological factors' means, and standard deviations were also calculated.

3.5.2 Correlation

Correlation analysis was performed to ascertain the link between the variables. Analysis was conducted to determine the degree to which variables like adversities, protective factors (hardiness and well-being), compensatory factors (parental support and adult mentoring), resilience, and behavioral outcomes (academic achievement, emotional awareness, and self-esteem) are related to one another.

3.5.3 Structural Equation Modeling (SEM)

Structural equation modeling (SEM) was employed to investigate the relationship between the variables. The primary goal of the investigation was to examine the conceptual models that illustrate the connections between the independent (adversities, protective factors, and compensatory factors) and dependent variables (resilience and behavioral outcomes).

In the present research, protective factors (well-being and hardiness) and compensatory factors (adult mentoring and parental support) were the mediating variables between adversities, resilience, and behavioral outcomes (emotional awareness, self-esteem, and academic achievement).

SEM includes two processes: a validation of the measuring model applied by the confirmation factor analysis and a second adjustment of the structural model performed by the path analysis. In the current investigation, structural equation modelling, or SEM, was conducted using Amos 23.0. Researchers can enter their model into Amos as a path diagram to show the possible relationships between the different variables. If the CR is more than ± 1.96 in p =.05 and ± 2.58 in p = 0.01, the estimate is significant.

It provides various absolute model fit indices (Chi-square, GFI, NFI, and many others) to gauge how well the model fits the information. The researchers who conduct analysis using SEM and whose sample size is quite 200 should also consider other fit tests (ex., NNFI, CFI, RMSEA to check the model (Shadfar and Iraj, 2013). The following critical indices (Table 2) were employed in this study to assess the structural models' goodness of fit.

Table 2. ***Essential Indices***

INDICES	**CRITERIA**	**RESEARCHERS**
CMIN/DF	Between 2-5	Paswan, 2009
GFI	>.95 OR ≥.90	Jöreskog and D. Sörbom. 1993
NFI	≥.90	Bentler & Bonett, 1980
CFI	>.95 OR ≥.90	Hu, Li-Tze, and Peter Bentler. 1999
TLI	>.95 OR ≥.90	Bentler, 1990
RMSEA	<.08	Browne, Michael and Robert Cudeck. 1992

CHAPTER 4

RESULTS

The detailed analysis and interpretation of the data obtained for this study are compiled in this chapter. Using Amos 23.0 and SPSS 26, descriptive statistics, Pearson's product-moment correlation, and structural equation modeling were used. There are three sections in it. The preliminary analysis, which includes reliability, descriptive statistics, correlation results, and an explanation of how one construct relates to the others, is provided in Section 4.1. It also validates the relationship between the tools used to assess the same construct. In Section 4.2, common method variance was discussed. In section 4.3, SEM was calculated and discussed. The novelty and uniqueness of the present research focused on the two factors, i.e., protective and compensatory factors, taken together in a conceptual model and tested to determine which one is the best predictor of the two.

4.1 Preliminary Analyses

The distributions of the variables were evaluated by computing the skewness and kurtosis levels before using the SEM analysis. The variables in the present study all fell within the advised cutoffs for skewness and kurtosis (i.e., |2| for skewness and |7| for kurtosis; West et al., 1995), indicating a normal distribution. According to the data on adversity, around 50% of students (boys: 25%; girls: 25%) experienced or were now enduring difficulties, and the remaining 50% did not experience any adversity. Table 1 displays the study variables' descriptive statistics (mean standard deviation, correlation, skewness, and reliability). All the study variables were statistically significant (p<.01) and strong ($r \geq .5$) or moderately strong ($r \geq .3$). As shown in

Table 3 below, the reliability of all the scales was adequate to or greater than 0.70, which was found within the acceptable range.

Table 3. ***Descriptive Statistics, Correlation, Skewness, Kurtosis and Reliability of study variables (N = 400)***

	AD	*WB*	*HD*	*AM*	*PS*	*RE*	*MAN*	*EA*	*SE*	*AAC*
AD	1									
WB	-.38**	1								
HD	-.40**	.32**	1							
AM	-.22**	.35**	.39**	1						
PS	-.33**	.35**	.23**	.26**	1					
RE	-.41**	.45**	.34**	.33**	.58**	1				
MAN	-.35**	.32**	.54**	.35**	.23**	.27**	1			
EA	-.32**	.47**	.29**	.32**	.50**	.65**	.33**	1		
SE	-.36**	.24**	.47**	.18**	.35**	.45**	.37**	.52**	1	
AAC	-.38**	.25**	.38**	.12*	.37**	.45**	.36**	.47**	.72**	1
N	400	400	400	400	400	400	400	400	400	400
M	1.63	35.08	23.09	25.51	30.71	54.01	5.86	61.82	23.85	70.69
SD	1.93	11.44	8.26	6.80	6.16	9.87	1.30	12.10	7.60	15.69
Skewness	.74	.19	.15	.02	-.23	-.01	.10	-.14	-.14	-.20
Kurtosis	-.86	-.90	-1.39	-1.06	-.84	-.82	-1.15	-.60	-1.46	-1.07
Scale *α*	0.75	0.95	0.92	0.91	0.91	0.86	0.56	0.91	0.97	

**p< .01, *p< .05

Note: AD: Adversity, WB: Well-being, HD: Hardiness, AM Adult Mentoring, PS: Parental Support, RE: Resilience, MAN: Mandala, EA: Emotional Awareness, SE: Self-Esteem, AAC: Academic Achievement

The results showed a negative relationship between adversity and resilience (r = -.41, p<.01), meaning resilience was significantly decreased when facing adversity. Likewise, adversity was

negatively related to well-being, hardiness, adult mentoring, and parental support. It was further shown well-being, and hardiness was positively associated with resilience (r=.45, p<.01; r=.34, p<.01) respectively. Furthermore, the results showed that resilience was positively related to emotional awareness, self-esteem, and academic achievement (r= .65, p<.01; r=.45, p<.01; r=.45, p<.01) respectively.

4.2 Common Method Variance

To determine whether the common method variance is present, the data were subjected to Harman's single factor test using principal axis factoring (Podsakoff et al., 2003). The first component extracted less than 50 percent (34 percent) of the variance, indicating no common method variance in the data is present.

4.3 Structural Equation Modeling

Model 1: The relationship between adversity, resilience, and behavioral outcomes through protective and compensatory factors

The structural component models were obtained through path analysis utilizing Structural Equation Modeling (AMOS-23). Below is a description of the analysis findings summarized in Table 4. The findings showed that the model fit the data well. Table 4 depicts the model fit indices of protective and compensatory factors studied. It is shown that all the values acquired in the fit indices are in the acceptable range.

Table 4. ***Model Fit***

Level of Model Fit	Overall Model Fit					
	Model Fit			Model Comparison		
Fit Measures	CMIN/df	RMSEA	GFI	NFI	TLI	CFI
Overall model	2.67	.064	.98	.98	.96	.98

Note. CMIN/df= minimum discrepancy function/degrees of freedom; RMSEA = Root-Mean-Square Error of Approximation; GFI = Goodness-of-Fit Index; NFI = Normed Fit Index; TLI =Tucker–Lewis Index; CFI=Comparative Fit Index.

Since the relative/normed chi-square (x2/df) was less than 5.0 (Paswan, 2009) and the required RMSEA value was less than 0.08 (Browne et al., 1992), it can be said that our data fit the model. Other metrics that show how well a model is fitting, such as the GFI, CFI, NFI, and TLI, were all above 0.9. The regression weights are presented in the path analysis table given below.

Table 5. ***Regression weights for the path of protective and compensatory factors***

	Estimate	*S.E.*	*C.R.*	*P Value*
Resilience <--- Adversity	.081	.46	.89	.371
Protective Factors <--- Adversity	-.40	.31	-4.65	.01
Resilience <--- Protective Factors	.17	.31	.79	.428
Compensatory Factors <--- Adversity	-.49	.12	-5.49	.01
Resilience <--- Compensatory Factors	.75	.910	3.03	.01
Behavioral Outcomes <--- Resilience	.58	.051	13.11	.01

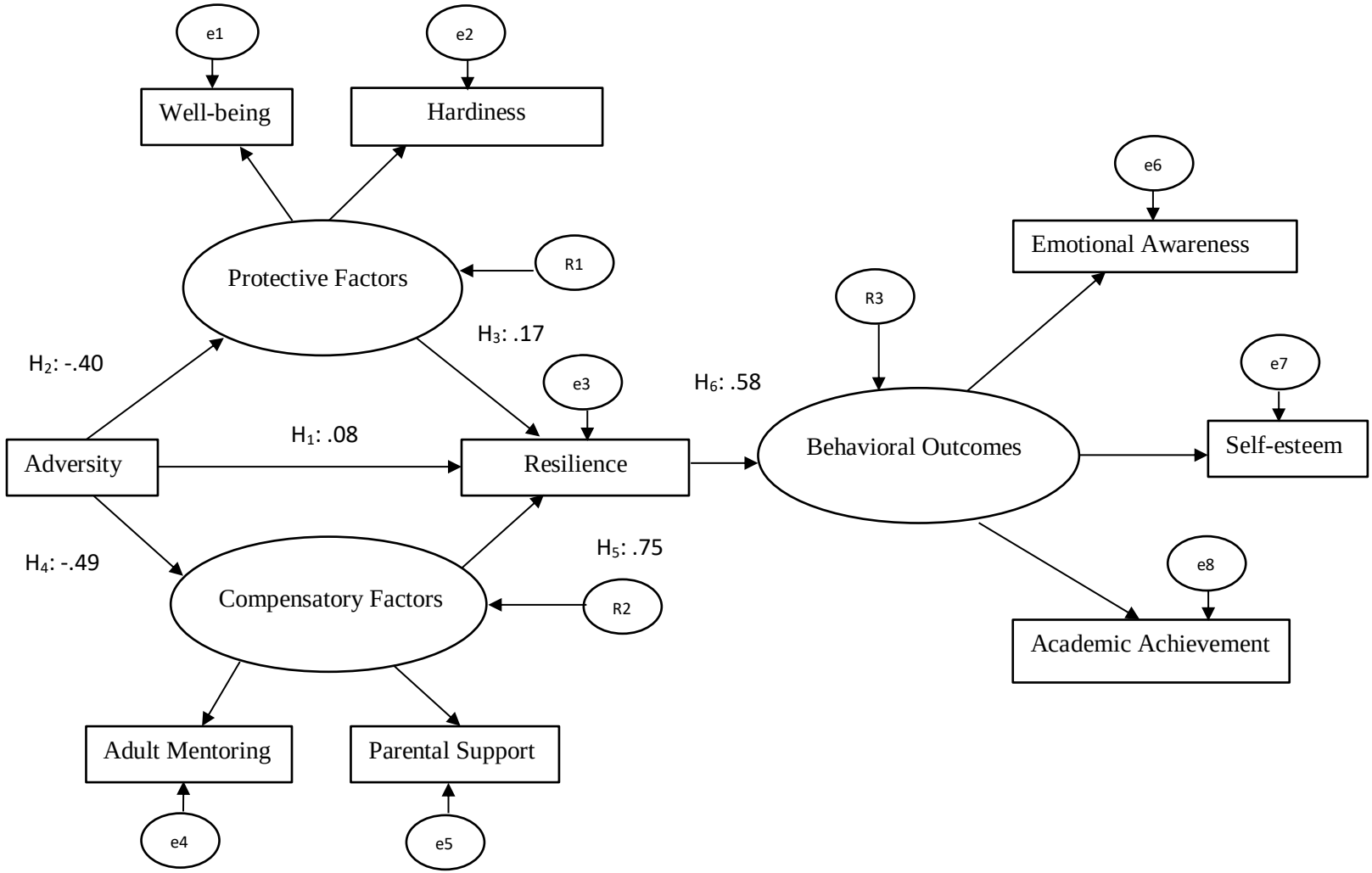


Figure 6. ***Shows the path for adversity, resilience, and behavioral outcomes through protective and compensatory factors***

It is evident from Table 5 and Fig. 6 that a few of the hypotheses were confirmed (H_2, H_4, H_5, & H_6). In contrast, H_8 was partially confirmed as the indirect effect on resilience through compensatory factors in the face of adversity (H_4*H_5 = -.36, p <.01). The bias-corrected bootstrap 95% Confidence Interval (CI) [.50, .62, p <.01] provided additional evidence in favor of the indirect effect of resilience through compensatory factors in the face of adversity. As a result, H_8 was confirmed. However, the indirect impact of adversity on resilience through protective factors (H_2*H_3 = -.07, p <.01) explains that there is no mediation between adversity and resilience through protective factors. The indirect effect of adversity on resilience through protective factors was further validated by the bias-corrected bootstrap 95% Confidence Interval (CI) of [.000, .000, p<.01, NS]. As a result, H_7 was not confirmed. These results suggested that adversity to resilience was partially mediated by compensatory factors but not by protective factors.

Model 2: The relationship between adversity, resilience, and behavioral outcomes through protective factors

In this model, well-being and hardiness were observed as the predictors of resilience. Secondly, well-being was observed as the mediator between adversity, resilience, and behavioral outcomes. The goodness of fit model is mentioned in the table below.

Table 6. ***Model Fit Indices***

Level of Model Fit	Overall Model Fit					
	Model Fit			Model Comparison		
Fit Measures	CMIN/df	RMSEA	GFI	NFI	TLI	CFI
Protective factors	2.67	.063	.98	.98	.96	.98

Note. CMIN/df= minimum discrepancy function/degrees of freedom; RMSEA = Root-Mean-Square Error of Approximation; GFI = Goodness-of-Fit Index; NFI = Normed Fit Index; TLI =Tucker–Lewis Index; CFI=Comparative Fit Index.

Since the relative/normed chi-square (x2/df) was less than 5.0 (Paswan, 2009) and the required RMSEA value was less than 0.08 (Browne et al., 1992), it can be said that our data fit the model. Other metrics that show how well a model is fitting, such as the GFI, CFI, NFI, and TLI, were all above 0.9. The regression weights are presented in the path analysis table given below.

Table 7. ***Regression weights for the path of well-being and hardiness (Protective Factors)***

	Estimate	*S.E.*	*C.R.*	*P Value*
Resilience <--- Adversity	-.23	.25	-4.76	.01
Well-being <--- Adversity	-.38	.27	-8.23	.01
Resilience <--- Well-being	.31	.04	6.61	.01
Hardiness <--- Adversity	-.33	.21	-6.71	.01
Resilience <--- Hardiness	.14	.06	3.09	.01
Emotional Awareness <--- Resilience	.43	.05	10.36	.01
Self-esteem <--- Resilience	.33	.03	7.60	.01
Academic achievement <--- Resilience	.15	.06	4.03	.01

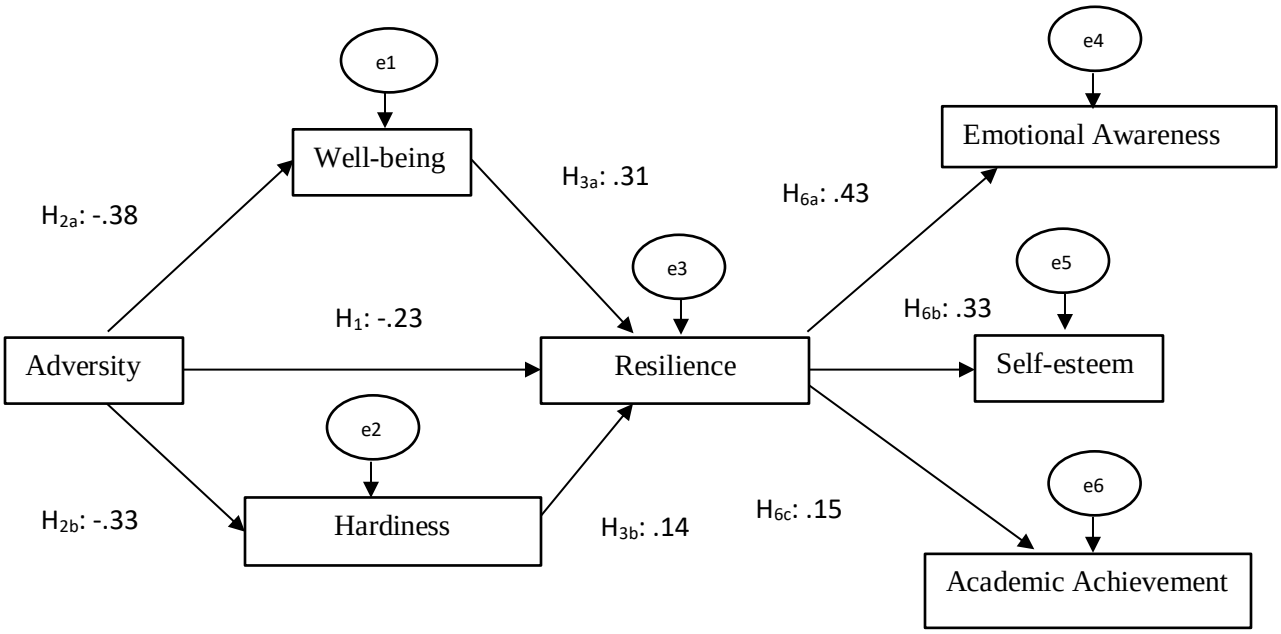


Figure 7. ***Shows the path for adversity, resilience, and behavioral outcomes through well-being and hardiness (Protective factors)***

It is evident from Table 7 and Fig. 7 that all the hypotheses were confirmed (H_1, H_{2a}, H_{2b}, H_{3a}, H_{3b}, H_{6a}, H_{6b} & H_{6c}) while H_{7a} was partially confirmed as the indirect effect on resilience through well-being in the face of adversity (H_{2a}*H_{3a} = -.12, p <.01), explaining 34% of indirect effect and 66% of direct effect, and was significant. As the percentage of indirect effect is more than the direct effect, there is a partial mediation between adversity and resilience through well-being. The bias-corrected bootstrap 95% Confidence Interval (CI) [.009, .06, p <.01] provided additional evidence in favor of the indirect effect of resilience through well-being in the face of adversity. As a result, H_{7a} was confirmed. However, the indirect effect of adversity on resilience through hardiness (H_{2b}*H_{3b} = -.05, p <.01), explaining 18% of indirect effect and 82% of direct effect, was insignificant, as shown in Table 7 and Fig. 7. This explains that indirect effect has low percentage than the direct effect, so there is no mediation between adversity and resilience

through hardiness. The indirect effect of adversity on resilience through hardiness was further supported by the bias-corrected bootstrap 95% Confidence Interval (CI) of [.000, .000, p<.01, NS]. As a result, H_{7b} was not confirmed. These results suggested that adversity to resilience was partially mediated by well-being but not hardiness.

Model 2.1: The relationship between adversity, resilience, and behavioral outcomes through protective factors using Mandala

In this model, the mandala was used to measure resilience. The same output was obtained in model 2; well-being and hardiness were observed as predictors of resilience. Secondly, well-being was observed as the mediator between adversity, resilience, and behavioral outcomes. The goodness of fit model is mentioned in the table below.

Table 8. ***Model Fit Indices (Mandala)***

Level of Model Fit	Overall Model Fit					
	Model Fit			Model Comparison		
Fit Measures	CMIN/df	RMSEA	GFI	NFI	TLI	CFI
Protective factors	3.27	.073	.98	.97	.93	.98

Note. CMIN/df= minimum discrepancy function/degrees of freedom; RMSEA = Root-Mean-Square Error of Approximation; GFI = Goodness-of-Fit Index; NFI = Normed Fit Index; TLI =Tucker–Lewis Index; CFI=Comparative Fit Index.

Since the relative/normed chi-square (x2/df) was less than 5.0 (Paswan, 2009) and the required RMSEA value was less than 0.08 (Browne et al., 1992), it can be said that our data fit the model. Other metrics that show how well a model is fitting, such as the GFI, CFI, NFI, and TLI, were all above 0.9. The regression weights are presented in the path analysis table given below.

Table 9. ***Regression weights for the path of well-being and hardiness (Protective Factors) using Mandala***

	Estimate	*S.E.*	*C.R.*	*P Value*
Mandala <--- Adversity	-.12	.03	-2.53	.01
Well-being <--- Adversity	-.38	.27	-8.23	.01
Mandala <--- Well-being	.13	.05	2.82	.01
Hardiness <--- Adversity	-.33	.21	-6.71	.01
Mandala <--- Hardiness	.45	.07	9.89	.01
Emotional Awareness <--- Mandala	.06	.40	1.42	.01
Self-esteem <--- Mandala	.17	.30	3.30	.01
Academic achievement <--- Mandala	.09	.45	2.34	.01

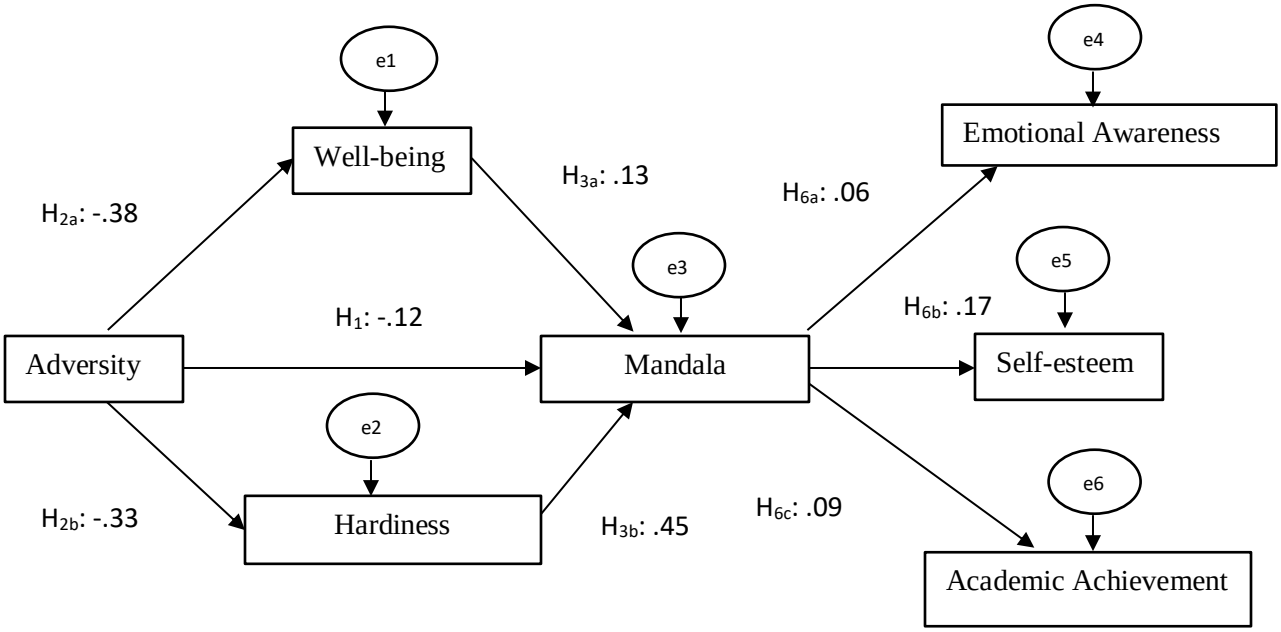


Figure 8. ***Shows the path for adversity, mandala (resilience), and behavioral outcomes through well-being and hardiness (Protective factors)***

It is evident from Table 9 and Fig. 8 that all the hypotheses were confirmed (H_1, H_{2a}, H_{2b}, H_{3a}, H_{3b}, H_{6a}, H_{6b} & H_{6c}). In contrast, H_{7a} was partially confirmed as the indirect effect on resilience through well-being in the face of adversity (H_{2a}*H_{3a} = -.05, p <.01), explaining 30% of indirect and 70% of direct effects, and was significant. As the percentage of indirect effect is more than the direct effect, there is a partial mediation between adversity and resilience through well-being. The bias-corrected bootstrap 95% Confidence Interval (CI) [.042, .144, p <.01] provided additional evidence in favor of the indirect effect of resilience through well-being in the face of adversity. As a result, H_{7a} was confirmed. However, the indirect effect of adversity on resilience through hardiness (H_{2b}*H_{3b} = -.15, p <.01), explaining 55% of the indirect effect and 45% of the direct effect, was insignificant, as shown in Table 9 and Fig. 8. This explains that indirect effect has low percentage than the direct effect, so there is no mediation between adversity and resilience through hardiness. The indirect effect of adversity on resilience through hardiness was further supported by the bias-corrected bootstrap 95% Confidence Interval (CI) of [.000, .000, p<.01, NS]. As a result, H_{7b} was not confirmed. These results suggested that adversity to resilience was partially mediated by well-being but not hardiness.

Model 3: The relationship between adversity, resilience, and behavioral outcomes through compensatory factors

In this model, adult mentoring and parental support were observed as the predictors of resilience. Secondly, parental support was observed as the mediator between adversity, resilience, and behavioral outcomes. The goodness of fit model is mentioned in the table below.

Table 10. ***Model Fit Indices***

Level of Model Fit	Overall Model Fit					
	Model Fit			Model Comparison		
Fit Measures	CMIN/df	RMSEA	GFI	NFI	TLI	CFI
Compensatory factors	2.92	.070	.98	.98	.95	.98

Note. CMIN/df= minimum discrepancy function/degrees of freedom; RMSEA = Root-Mean-Square Error of Approximation; GFI = Goodness-of-Fit Index; NFI = Normed Fit Index; TLI =Tucker–Lewis Index; CFI=Comparative Fit Index.

Since the relative/normed chi-square (x2/df) was less than 5.0 (Paswan, 2009) and the required RMSEA value was less than 0.08 (Browne et al., 1992), it can be said that our data fit the model. Other metrics that show how well a model is fitting, such as the GFI, CFI, NFI, and TLI, were all above 0.9. The regression weights are presented in the path analysis table given below.

Table 11. ***Regression weights for the path of adult mentoring and parental support (Compensatory Factors)***

	Estimate	*S.E.*	*C.R.*	*P Value*
Resilience <--- Adversity	-.22	.21	-5.42	.01
Adult mentoring <--- Adversity	-.15	.18	-2.96	.01
Resilience <--- Adult mentoring	.16	.06	3.93	.01
Parental Support <--- Adversity	-.33	.15	-6.90	.01
Resilience <--- Parental Support	.46	.06	11.09	.01
Emotional Awareness <--- Resilience	.42	.06	8.92	.01
Self-esteem <--- Resilience	.37	.04	7.72	.01
Academic achievement <--- Resilience	.15	.06	4.03	.01

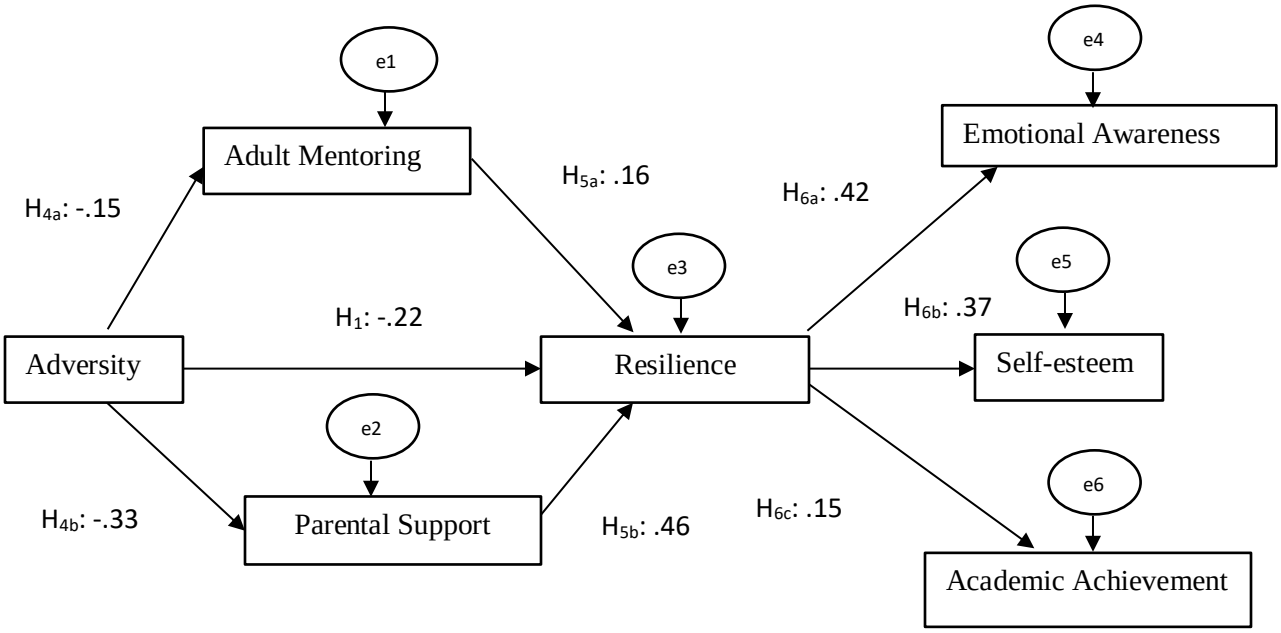


Figure 9. ***Shows the path for adversity, resilience, and behavioral outcomes through adult mentoring and parental support (Compensatory factors)***

It is evident from Table 11 and Fig. 9 that all the hypotheses were confirmed (H_1, H_{4a}, H_{4b}, H_{5a}, H_{5b}, H_{6a}, H_{6b} & H_{6c}). In contrast, H_{8b} was partially confirmed as the indirect effect on resilience through parental support in the face of adversity (H_{4b}*H_{5b} = -.15, p <.01), explaining 41% of indirect effect and 59% of direct effect, and was significant. As the percentage of indirect effect is more than the direct effect, there is a partial mediation between adversity and resilience through parental support. The bias-corrected bootstrap 95% Confidence Interval (CI) [.01, .06, p <.01] provided additional evidence in favor of the indirect effect of resilience through parental support in the face of adversity. As a result, H_{8b} was confirmed. However, the indirect effect of adversity on resilience through adult mentoring (H_{4a}*H_{5a} = -.02, p <.01), explaining 8% of indirect effect and 92% of direct effect, was insignificant, as shown in Table 11 and Fig. 9. This explains that indirect effect has low percentage than the direct effect, so there is no mediation

between adversity and resilience through adult mentoring. The indirect effect of adversity on resilience through adult mentoring was further supported by the bias-corrected bootstrap 95% Confidence Interval (CI) of [.000, .000, p<.01, NS]. As a result, H_{8a} was not confirmed. These results suggested that adversity to resilience was partially mediated by parental support but not adult mentoring.

Model 3.1: The relationship between adversity, resilience, and behavioral outcomes through compensatory factors using mandala

In this model, the mandala was used to measure resilience. The same output was obtained in model 3; adult mentoring and parental support were observed as predictors of resilience. Secondly, parental support was observed as the mediator between adversity, resilience, and behavioral outcomes. The goodness of fit model is mentioned in the table below.

Table 12. ***Model Fit Indices (Mandala)***

Level of Model Fit	Overall Model Fit					
	Model Fit			Model Comparison		
Fit Measures	CMIN/df	RMSEA	GFI	NFI	TLI	CFI
Compensatory factors	3.35	.074	.98	.98	.92	.98

Note. CMIN/df= minimum discrepancy function/degrees of freedom; RMSEA = Root-Mean-Square Error of Approximation; GFI = Goodness-of-Fit Index; NFI = Normed Fit Index; TLI =Tucker–Lewis Index; CFI=Comparative Fit Index.

Since the relative/normed chi-square (x2/df) was less than 5.0 (Paswan, 2009) and the required RMSEA value was less than 0.08 (Browne et al., 1992), it can be said that our data fit the model.

Other metrics that show how well a model is fitting, such as the GFI, CFI, NFI, and TLI, were all above 0.9. The regression weights are presented in the path analysis table given below.

Table 13. ***Regression weights for the path of adult mentoring and parental support (Compensatory factors)using mandala***

	Estimate	*S.E.*	*C.R.*	*P Value*
Mandala <--- Adversity	-.27	.03	-5.59	.01
Adult mentoring <--- Adversity	-.15	.18	-2.96	.01
Mandala <--- Adult mentoring	.27	.09	5.86	.01
Parental Support <--- Adversity	-.33	.15	-6.90	.01
Mandala <--- Parental Support	.07	.06	4.16	.01
Emotional Awareness <--- Mandala	.15	.43	3.31	.01
Self-esteem <--- Mandala	.18	.26	4.05	.01
Academic achievement <--- Mandala	.06	.46	1.64	.01

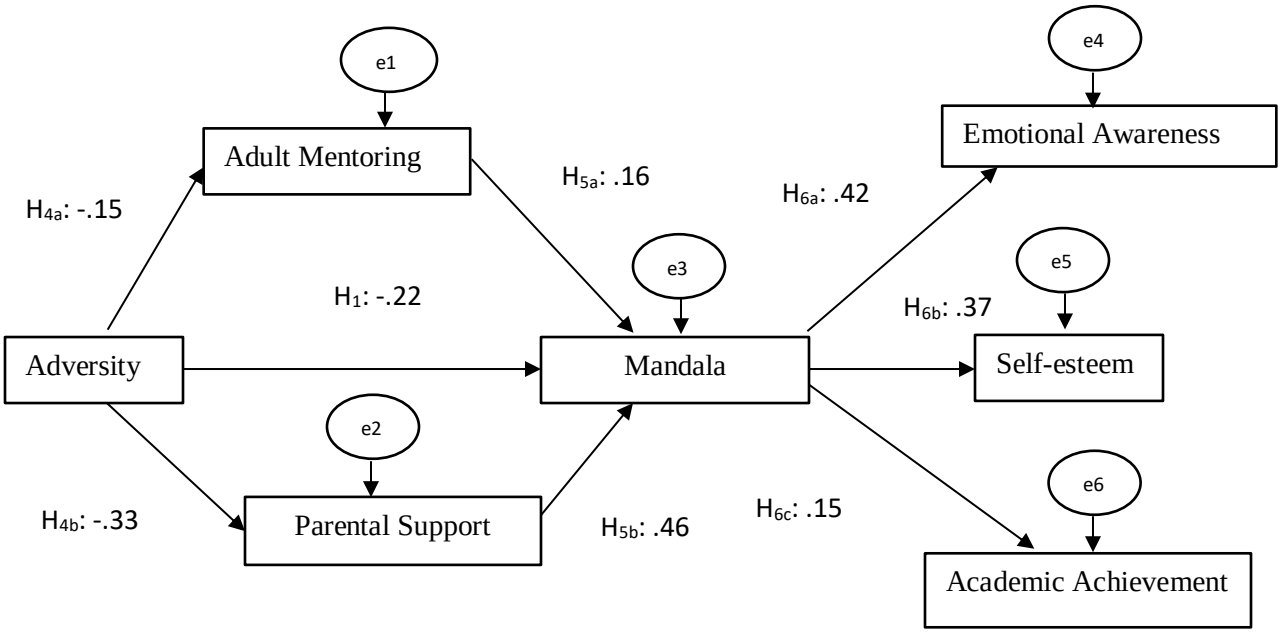


Figure 10. ***Shows the path for adversiy, mandala (resilience), and behavioral outcomes through adult mentoring and parental support (Compensatory factors)***

It is evident from Table 13 and Fig. 10 that all the hypotheses were confirmed (H_1, H_{4a}, H_{4b}, H_{5a}, H_{5b}, H_{6a}, H_{6b} & H_{6c}). In contrast, H_{8b} was partially confirmed as the indirect effect on resilience through parental support in the face of adversity (H_{4b}*H_{5b} = -.15, p <.01), explaining 41% of indirect effect and 59% of direct effect, and was significant. As the percentage of indirect effect is more than the direct effect, there is a partial mediation between adversity and resilience through parental support. The bias-corrected bootstrap 95% Confidence Interval (CI) [.03, 10, p <.01] provided additional evidence in favor of the indirect effect of resilience through parental support in the face of adversity. As a result, H_{8b} was confirmed. However, the indirect effect of adversity on resilience through adult mentoring (H_{4a}*H_{5a} = -.02, p <.01), explaining 8% of indirect effect and 92% of direct effect, was insignificant, as shown in Table 13 and Fig. 10. This explains that indirect effect has low percentage than the direct effect, so there is no mediation between adversity and resilience through adult mentoring. The indirect effect of adversity on resilience through adult mentoring was further supported by the bias-corrected bootstrap 95% Confidence Interval (CI) of [.000, .000, p<.01, NS]. As a result, H_{8a} was not confirmed. These results suggested that adversity to resilience was partially mediated by parental support but not adult mentoring.

4.4 Summary of the chapter

The significant findings were that compensatory factors significantly mediate adversity, resilience, and behavioral outcomes in the conceptual model. When the model was tested separately, in the protective factors model, it was found well-being was established as the mediator between adversity, resilience, and behavioral outcomes. Further, the compensatory factor model found parental support to mediate between adversity, resilience, and behavioral outcomes. Further, the justification for the findings is elaborated in Chapter 5.

CHAPTER 5

DISCUSSION

This study used protective and compensatory factors to examine the relationships between adversity, resilience, and behavioral outcomes. Also, the mediating variable that prevailed in these interactions was identified by the current investigation. The model fit our hypotheses and was well-established, according to the results. Notably, in our model, the indirect relationship between adversity and resilience was statistically significant. These findings proved that the primary mediator of the relationships between childhood adversity and resilience was compensatory variables, i.e., adult mentoring and parental support (environmental factors).

5.1 The relationship between adversity and resilience

The results validated our hypothesis (H_1), which states that adversity has a direct negative association with resilience. Perhaps due to their lowered resilience and increased likelihood of adverse outcomes, children experience adversity (Denckla et al., 2020). This finding aligns with the results reported by Deborah (2017), who found in a comparative study that children who do not live with their parents are less likely to be resilient than children living with their parents. A plausible explanation for this result is that some childhood experiences are negatively impacted and have low resilience, while others typically grow or overcome adversity (Southwick et al., 2014).

5.2 The relationship between adversity and protective factors

Well-being and hardiness were the two vital protective factors examined in this study. These mediate the variables between adversity, children's resilience, and behavioral outcomes. The

results confirmed all of the hypotheses in this section. The current study's findings confirmed the hypotheses and proposed a negative relationship between adversity and protective factors. The results (H_2, H_{2a}, and H_{2b}) were confirmed through measurement and SEM modeling. These results align with previous research on adversity and protective factors. Adversity has a negative effect on people's well-being and ability to be hardy, which is probably why these findings have occurred. The results align with a few studies reporting that several developmental issues in cognitive-academic, social-emotional, and physical-biological well-being negatively correlate with extreme poverty encountered during childhood (Yoshikawa, Aber, & Beardslee, 2012). Further, it was stated that adversities can also include experiencing a divorce, having a parent with a mental illness, having a parent who struggles with drugs or alcohol, seeing domestic abuse, and having a household member in jail or prison. There was a negative correlation between these occurrences and children's well-being (Juwariah et al., 2022).

A person with a high level of hardiness is characterized by internal motivation to learn from difficult experiences, control over life events, a sense of purpose in life, and the ability to see challenges as opportunities rather than threats, as predicted and supported by previous research (Maddi et al., 2006). Hardiness and stress have been demonstrated to be negatively correlated (Ben-Zur et al., 2005). This outcome also aligns with the research conducted by Maddi et al. (2006), which found that hardiness is positively correlated with perceived familial support and problem-solving abilities and negatively correlated with adversity.

5.3 The relationship between protective factors and resilience

The hypotheses (H_3, H_{3a}, and H_{3b}) were confirmed, which suggested a positive relationship between protective factors and children's resilience. The SEM findings confirmed these

hypotheses. These findings align with previous research by Oppong (2019), who suggested that various factors, including overall well-being, impact resilience in Ghanaian homeless children and adolescents. Furthermore, adolescents with low resilience are more likely to develop psychosocial maladaptation and psychopathology as adults, according to research by Banerjee et al. (2018). They also show how resilience and well-being are positively correlated. Eschleman et al. (2010) found a positive correlation between hardiness and optimism, resilience, self-esteem, and a sense of coherence. Hardiness is a psychological style favorably linked to resilience and the ability to perform well in difficult situations (Bartone et al., 2008). For demanding situations and occupations, this personality type might be helpful.

5.4 The relationship between adversity and compensatory factors

The present study examined two significant predictors of compensatory factors: parental support and adult mentoring. These mediate between adversity, children's resilience, and behavioral outcomes. These results (H_4, H_{4a}, and H_{4b}) were confirmed through measurement and SEM modeling. Previous studies have indicated that young adults struggling with adversity are more likely to experience unfavorable outcomes and are not positively correlated with parental warmth (Sharma & Srivastav, 2023). The outcomes supported the findings of Steele et al. (2016) and Labella et al. (2017), who found a negative correlation between adversity and parental support.

Moreover, Nnama-okechukwu et al. (2018) discovered that children placed in foster care had experienced adversity, including neglect, violence, and shattered homes and families. These challenging situations harm their psychological and physical well-being, often preventing kids from forming healthy relationships and engaging in positive social interactions (Belsey & Sherr, 2011; Dwyer et al., 2010). As a result, children who grow up with nervous, insecure, or chaotic

attachment styles (Liotti, 2011; Madhavan et al., 2021) will experience long-term consequences for their relationships with others (McCarthy & Maughan, 2010).

5.5 The relationship between compensatory factors and resilience

Additionally, we discovered that parental support and adult mentorship were positively associated with resilience, consistent with our H_5, $H_{5a,}$ and H_{5b}. These findings align with past research by Bethell (2016), who claimed that when parents nurture their children, they become more resilient. Parental support significantly impacts children's resilience (Wittkowski et al., 2017; Yamaoka, Bard, 2019; & Benatov, 2019). Children who experience physical abuse, sexual abuse, or both view their family as a haven to which they can turn for support when they need it. Neeru & Patheja (2022) and Froma (2021) revealed that children who have stable parental support can manage new challenges and exhibit resilience. According to Madhavan et al. (2021), children with at least one positive adult-mentor relationship do better as adults. A mentor-mentee relationship can be a corrective bond for vulnerable youngsters without an adult caretaker, fostering resilience, mental health, and beneficial social connections (Brown et al., 2009).

5.6 The relationship between resilience and behavioral outcomes

Furthermore, the current research discovered a direct and positive relationship between resilience and the behavioral outcomes H_6, H_{6a}, H_{6b}, and H_{6c} (emotional awareness, self-esteem, and academic achievement), in that order. Children's behavioral outcomes are probably influenced by resilience since it develops their social and cognitive abilities. The results are consistent with research on academic achievement, self-esteem, and emotional awareness. Sehrawat and Simon (2021) discovered emotional awareness and resilience to be positively correlated. The results of Sarangi and Rath's (2022) study show that more resilient students score higher on emotional

awareness than less resilient students. According to Choudhary and Sharma (2019), resilient students can transform difficult circumstances into a state of motivation by maintaining high standards, being goal-oriented, and having good self-esteem and emotional awareness. Resilience can increase self-esteem in the face of hardship, claim Choudhary et al. (2022). The present results confirm a study by Fru-Ngongban (2023), which discovered a strong relationship between resilience and academic achievement in school-age children living in the Minawao refugee camp. According to Challen et al. (2014), students who were given more resilience experienced less anxiety and depression, which in turn enhanced their general well-being and academic performance.

5.7 The mediating role of protective and compensatory factors between adversity and resilience

The most interesting conclusion from the current research relates to the mediation role played by compensatory (parental support and adult mentorship) and protective (well-being and hardiness) factors. As per the conceptual model employed in this study, it is evident that adversity indirectly impacts resilience via compensatory factors (H_8). Children who receive parental support and adult assistance are more resilient to adverse situations. Specific developmental theories, such as Bowlby's (1971) attachment theory, McLoyd's (1990) Family Stress Model, and previous research (Ozbay et al., 2008; Dawson & Pooley, 2013), assert that adult mentoring and parental support are the most effective ways to help children develop resilience because they positively affect an individual's internal resources as an environmental factor. Adult mentoring and parental support are the two most important aspects of the environment for resilience (Masten et al., 2019). According to Wanberg et al. (2003), mentoring is a unique, powerful,

developmentally appropriate one-on-one relationship. It influences how the mentor and the mentee develop as individuals and as a pair emotionally.

Nevertheless, the current investigation did not confirm (H_7). The reason could be that children find it harder to internalize internal factors than external ones. It requires time for children to build personality traits to handle difficulties. Research supports the theory that a child's environment affects their resilience rather than a particular personality feature (Hudziak & Bartels, 2008). Furthermore, Chiang et al. (2018) noted that a young child's protective mechanisms against adversity are diverse and come from their effective attachment linkages to their parents and mentors, which are not innate in the child. Therefore, in the current study, protective factors did not mediate between adversity and resilience.

Conversely, the results supported our H_{7a} and H_{8b} when the model independently examined the factors. Adversity, according to H_{7a}, has an indirect impact on resilience and behavioral outcomes through well-being. The theories of self-actualization (Maslow, 1970) and self-determination (Deci & Ryan, 2000), which form the basis of well-being, may provide a convincing explanation. Self-determination theory primarily addresses post-traumatic damage and growth events from a developmental perspective, which connects well-being with resilience. Early trauma has an adverse effect on wellbeing throughout life, claim Babad et al. (2020).

On the other hand, children who exhibit well-being can build resilience naturally. Furthermore, the H_{8b} claims that parental support has an indirect role in how adversity influences resilience and behavioral outcomes. The result is consistent with the work done by Yamaoka and Bard (2019), who stated that positive parenting strategies have the potential to mitigate the adverse consequences of adversities and have an association with resilience, particularly during the initial

stages of development. Consequently, the lack of these strategies might be interpreted as a type of adversity. According to Masten et al. (2019), parenting shields human growth from danger or misfortune. When planning this protection, consideration is given to several crucial processes and functions, such as socialization, attachment relationships, nurturing behaviors, stress management, and exchanging cultural information and practices that promote resilience and human development.

5.8 General Discussion

This study contributes significantly to understanding the complex dynamics between adversities, resilience, protective factors, compensatory factors, and behavioral outcomes. This study has expanded and differentiated the role of protective factors as the personality traits and compensatory factors as the environmental factors of the individual.

The study showed a direct, inverse relationship between adversity and resilience. Children who face adversity, in particular, show low resilience levels. This suggests that children who lack resilience aren't able to handle hardships very well. The study's conclusions showed that adversity, protective, and compensatory factors had a negative association. Children facing adversities exhibit low levels of well-being and hardiness. They also lack parental support and adult mentoring, affecting their resilience and behavioral outcomes.

The research findings have confirmed an indirect relationship between resilience, compensatory and protective factors, and behavioral outcomes. Protective factors such as well-being or hardiness help children cope with difficult circumstances more effectively, fostering resilience and beneficial behavioral outcomes. In comparison, children will be able to handle traumatic childhood experiences if they have adult support and affection from their parents (compensatory

factors). They will, therefore, be resilient and display favorable behavioral results. We know that resilience is dynamic because of the abovementioned information. Since it is something we can acquire, it is essential to determine the key elements that will support children's resilience. We can only influence a child's behavior throughout their early years by fostering resilience and establishing these factors. Thus, by identifying these characteristics—well-being and hardiness as protective factors and adult mentorship and parental support as compensatory factors—the current study contributed to the body of literature already in existence.

The study's findings also indicate a positive association between resilience and behavioral outcomes. Children exhibiting resilience will depict positive behavioral outcomes. Many children are raised in environments that are thought to pose a risk to their normal, healthy development (such as homelessness, violence, drug misuse, conflict in the family, and physical or mental disease). These unfavorable circumstances could impede children's cognitive, social, and emotional growth, hindering their capacity to realize their full adult potential (Zolkoski & Bullock, 2012). Nonetheless, many children overcome similar difficulties, exhibiting resilience (Blum, McNeely, & Nonnemaker, 2001). A study highlighted by Boden et al. (2016) indicates that resilient children will be less likely to participate in risky behaviors and have emotional awareness, social initiative, self-esteem, and academic performance.

The present study indicated that using a mandala as an artistic technique may be another measure of resilience. It is the instrument for realizing one's self. Research indicates that individuals who have experienced traumatic events can benefit from writing about their experiences and expressing their feelings via art (Gerteisen, 2008; Henderson et al., 2007). By fostering positive affect and emphasizing positive emotions rather than traumatic events, producing an artistic work that embodies the entire self—like a mandala—should increase resilience and improve

physical and psychological health. This will lay the foundation for the psyche's receptivity to open up and allow for the development of resources and strengths essential for a healthy lifestyle.

CHAPTER 6

CONCLUSION

The concept of resilience has several dimensions. Barankin and Khalou (2007) provide an example from their book that highlights the evolving feature of resilience. Like trees, each child is unique in both size and shape. Family is the land and the water that supplies the essential circumstances for the trees to flourish, and the weather—the sun, rain, and other elements—plays a part in how the trees grow in the context of the school, the neighborhood, and society. Many factors that are either protective or compensatory are known to have an impact on resilience (Wiener, 2003). The major findings of this study were that adversity negatively impacts resilience and behavioral outcomes. This means that when children face adversity, their resilience levels are low, and they exhibit negative behavioral outcomes. In addition, the present study found that compensatory factors mediated the role between adversity and resilience. If the child has parental support or any adult mentor, they can easily face adverse situations. When the model was tested separately, it was found that well-being in the protective factor model and parental support in the compensatory factor model act as mediators between adversity and resilience. The sole emphasis of this study was the growth of children's resilience and behavioral outcomes in the context of adversity through protective and compensatory factors. These findings can contribute to the available resilience literature to improve and build resilience in children facing adversities in life.

6.1 Implications

There are implications for the current study. The findings of this study improve the resilience models' capacity to forecast characteristics of children's personalities and external circumstances

that lead to favorable behavioral outcomes. This information would interest several stakeholders, including researchers, educators, parents, psychologists, policymakers, and specialists in promoting behavioral outcomes and resilience.

Everyone faces challenges throughout life. There will be big and small ones. There will be difficult moments, whether it is dealing with a loved one's passing, a divorce, heartache, or something as simple as adding orange juice to your cereal this morning instead of milk. When these unavoidably challenging moments come, we have two options: we either give up, or we can press on and try our best. Resilience is a very useful skill in this situation. Resilience is the capacity to rise above adversity or hardship and continue on. It is making the decision to keep going and trust that everything will work out for the best. However, this crucial ability is not something that comes naturally. Though resilience is not innate in children, it can be acquired through time. As the current study suggests, compensatory and protective factors can help it evolve.

First, even though today's children have more obstacles than ever before, parents still play a crucial role in their lives—possibly even more so in Indian culture—and the quality of their relationships with them, directly and indirectly, affects how resilient children are. Encouraging positive parenting practices may positively impact the positive behavior of the child. It is crucial for children's future adjustment and psychological well-being that parents instill mental toughness in them during their early years. Teaching children how to solve problems independently can help them become resilient and cope with uncertainty. A parent's natural tendency to step in and help their child so they won't be uncomfortable is to intervene, yet doing so actually prevents the youngster from developing resilience. For children to learn coping strategies and how to solve problems, they need to be uncomfortable. Promoting healthy risk-

taking in children is crucial in a world where playgrounds are rendered "safe" using bouncy surface objects and helicopter parenting. A youngster taking a safe risk is forced to move outside their comfort zone, but the consequences of failing are minimal. A few examples are participating in a school play, picking up a new sport, or approaching a shy buddy. Youngsters who avoid danger come to believe they cannot overcome challenges. Children who seize the opportunity develop self-confidence and autonomous personality qualities.

In the same way, educators contribute significantly to children's growth in resilience and self-assurance. The World Health Organization (WHO) believes that schools significantly impact the development of tomorrow's citizens, and therefore, school programs must be implemented to promote life skills. According to Ungar et al. (2014), the more school, community, and family contexts we create, the more probable we will involve youth in learning and building their general resilience. Every school ought to have a sufficient number of qualified counselors or therapists on staff to assist children through any challenging periods, be it personal tragedies, stress related to school, or challenges adjusting to the school environment. Teachers should receive training from school counselors on supporting students experiencing emotional and academic difficulties. To help them self-evaluate their stress or depression, teachers need to have a self-care manual. They are also capable of considering and bolstering their resilience. Following skill development, they can foster children's resilience. Bullying frequently occurs in schools these days, and the stress that these children experience can have a major negative effect on their future success in school and life. Counselors should hold weekly lectures in schools on relevant subjects, including bullying, academic pressure, and personality traits, to assist children in coping with these challenges. Counselors should also organize parenting classes in schools to teach parents how to help children with difficulties and build strong relationships between

parents and children. It is imperative that stress management training and gratitude journaling (Khanna & Singh, 2021) be implemented in schools as they have a significant positive impact on students' resilience, well-being, academic success, self-esteem, and other aspects of life.

Additionally, we emphasized that resilience is closely linked to well-being or the protective characteristic that keeps one safe throughout difficult times. Therefore, protective factors (well-being, hardiness, social competence, etc.) should be enhanced to help children handle problems independently. Adults who are parents, teachers, and other professionals should so support and encourage the growth of protective factors. Different techniques, including art therapy, vignette approaches, role-playing, and workshops, should be encouraged to develop internal factors. Finally, running resilience programs for children, parents, and educators that consider protective and compensatory factors is essential.

The significance of the current research is also rooted in its exploration of other modes of resilience, as opposed to depending solely on verbal or written methods. The present study used the mandala as an artistic tool to assess resilience. The mandalas can evaluate other research variables, including emotional awareness, well-being, and self-esteem. Many counseling treatments centre on helping children understand their feelings and emotions in the context of adversity, and using a mandala as an additional tool could be beneficial. Future studies should concentrate on mandalas as therapeutic interventions to support the expression of challenging, profound emotions. The therapist can assist the child in finding meaning and developing more self-awareness by guiding them as they examine and process the images and emotions produced in the mandalas. According to Russell & Fosha (2008), treating positive emotion after negative catharsis helps individuals become more resilient, open-minded, and sensitive, which allows them to comprehend and create new mental schemas. It appears that this work is significant.

6.2 Limitations and Future Directions

The current study has specific limitations. The study utilized self-reported measures. Each respondent provided answers according to their interpretation of the question, leading to potential variations in understanding among participants for certain items. Additionally, responses may have been affected by social desirability bias. Future research should consider incorporating vignette-based approaches, art therapy methods, or other projective techniques to enhance the validity of self-report data.

Secondly, while statistical analyses confirmed the findings, the generalizability of the study is restricted by the sample size and the limited geographic scope of Punjab. Punjab offers significant socio-cultural diversity; however, including participants from other states and regions of India would enhance the representativeness of the findings and enable broader comparisons of children's resilience.

Third, academic achievement was evaluated through assessments based on the CBSE framework. This limitation restricts the applicability of findings to students from other educational boards, such as ICSE or regional boards. Future research should investigate the impact of board-related differences on the relationships among adversity, resilience, and outcomes.

Fourth, although gender balance was maintained during the sampling phase, comprehensive comparative analyses between boys and girls were not performed. This limited the capacity to investigate gender-specific dynamics of resilience. Future research should include multi-group analyses to determine if pathways vary by sex.

Fifth, while demographic information including parental education, occupation, and socio-economic status was gathered, these variables were excluded as covariates in the structural models. These factors may serve as potential confounders, affecting both exposure to adversity and outcomes related to resilience. Future research should incorporate demographic variables as control variables or moderators to enhance understanding.

The study employed a cross-sectional design, which precluded the empirical establishment of causal and temporal relationships, despite the theoretical foundation of the structural models. Longitudinal designs are essential to establish the temporal relationship between adversity and resilience, as well as to determine the consistent operation of protective and compensatory factors over time.

Seventh, the structural models posited no direct relationships among categories of protective factors (e.g., well-being ↔ hardiness) or compensatory factors (e.g., parental support ↔ adult mentoring). This decision aimed to prevent model over-complexity; however, future research could investigate these intra-category correlations to assess potential reinforcing effects.

Despite these limitations, the study contributes significantly by highlighting the mediating roles of protective and compensatory factors in the resilience process of children facing adversity. Improving upon the identified limitations by employing diverse sampling methods, longitudinal research designs, wider educational contexts, and advanced statistical techniques will enhance the comprehension of resilience in Indian and cross-cultural settings.

REFERENCES

Alvord, M. K., & Grados, J. J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology: Research and Practice*, 36(3), 238–245.

Andronnikova, O. O. (2021). On the relationship between uncertainty tolerance and hardiness in adolescents. *Journal of Siberian Federal University. Humanities & Social Sciences*, 14(3), 320–326.

Athey, C. (2007). *Extending thought in young children: A parent-teacher partnership* (2nd ed.). Thousand Oaks, CA: Paul Chapman Publishing.

Avey, J. B., Luthans, F., Smith, R. M., & Palmer, N. F. (2010). Impact of positive psychological capital on employee well-being over time. *Journal of Occupational Health Psychology*, 15, 17-28.

Babad, S., Zwilling, A., Carson, K. W., Fairchild, V., & Nikulina, V. (2020). Childhood environmental instability and social-emotional outcomes in emerging adults. *Journal of InterpersonalViolence*. https://doi.org/10.1177/0886260520948147

Babouchkina, A., & Robbins, S. J. (2015). Reducing negative mood through mandala creation: A randomized controlled trial. *Art Therapy*, 32(1), 34- 39. DOI:10.1080/07421656.2015.994428

Bajgar, J., Ciarrochi, J., Lane, R., & Deane, F. P. (2005). Development of the levels of emotional awareness scale for children (LEAS-C). *British Journal of Developmental Psychology*, 23(4), 569–586.

Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to

bounce back from negative emotional experiences. *Journal of Personality and Social Psychology*, 86(2), 320– 333. doi:10.1037/0022-3514.86.2.320.

Banerjee, R., & Das G., Aparajita & Burman, J., & Paul, B., & Bandyopadhyay, L., & Suman, S. (2018). Resilience level among adolescent children: a school-based study in Kolkata, India. *International Journal of Contemporary Pediatrics*. 5. 1641. 10.18203/2349-3291.ijcp20182581.

Barankin, T., & Khanlou, N. (2007). *Growing up resilient*. Ontario: CAMH.

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.

Bartone, P. T., Roland, R. R., Picano, J. J., & Williams, T. J. (2008). Psychological hardiness predicts success in US Army Special Forces Candidates. *International Journal of Selection and Assessment*, 16, 78-81.

Bartone, Paul T. (2007). Test-Retest Reliability of the Dispositional Resilience Scale-15, a Brief Hardiness Scale. *Psychological Reports 101,* 3, 943–44.

Bellis, M. A., Hughes, K., Jones, A., Perkins, C., & McHale, P. (2013). Childhood happiness and violence: a retrospective study of their impacts on adult well-being. *BMJ Open*, 3(9), e003427. https://doi. org/10.1136/bmjopen-2013-003427.

Belsey, M., & Sherr, L. (2011). The definition of true orphan prevalence: Trends, contexts and implications for policies and programmes. *Vulnerable Children and Youth Studies*. 6. 1-16. 10.1080/17450128.2011.587552.

Benjet, C., Borges, G., Medina-Mora, M. E., Zambrano, J., Cruz, C., and Méndez, E. (2009). Descriptive epidemiology of chronic childhood adversity in Mexican adolescents. *J. Adol. Health* 45, 483–489. doi: 10.1016/j.jadohealth.2009.03.002

Benjet, Corina, Guilherme B., and María E. Medina-Mora. (2010). Chronic Childhood Adversity and Onset of Psychopathology during Three Life Stages: Childhood, Adolescence and Adulthood. *Journal of Psychiatric Research 44*, 11, 732–40.

Bentler, P. M., & Bonett, D. G. (1980). Significance tests and goodness of fit in the analysis of covariance structures. *Psychological Bulletin*, 88(3), 588–606. https://doi.org/10.1037/0033-2909.88.3.588

Bentler, P. M. (1990). Comparative Fit Indexes in Structural Models. *Psychological Bulletin 107*, 2: 238–46.

Bethell, C., Narangerel G., Michele S., & Lawrence W. (2016). Adverse Childhood Experiences, Resilience and Mindfulness-Based Approaches: Common Denominator Issues for Children with Emotional, Mental, or Behavioral Problems. *Child and Adolescent Psychiatric Clinics of North America 25*, 2,139–56.

Bisquerra, R., & Pérez-Escoda, N. (2007). Las competencias emocionales. EducaciónXX1, 10, 61–82. https://doi.org/10.5944/educxx1.1.10.297

Blair C., Raver C.C. (2012). Child development in the context of adversity: Experiential canalization of brain and behavior. *American Psychologist*, 67, 309.

Block, J., & Kremen, A. M. (1996). IQ and egoresiliency: Conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology*, 70, 349-361. doi:10.1037/0022-3514.70.2.349

Blum, R. W., McNeely, C., & Nonnemaker, J. (2001). *Vulnerability, risk, and protection. Adolescent risk and vulnerability: Concepts and measurement, (pp.50-72)*. Washington, D.C.: National Academies Press.

Boden, J. M., Sanders, J., Munford, R., Liebenberg, L., & McLeod, G. F. (2016). Paths to positive development: A model of outcomes in the New Zealand youth transitions study. *Child Indicators Research*, 9(4), 889-911.

Bollini, A.M., Walker, E.F., Hamann, S. & Kestler, L. (2004). The influence of perceived control and locus of control on the cortisol and subjective responses to stress. *Biological Psychology*, 67(3), 245–260.

Bonanno, George A. (2004). Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive after Extremely Aversive Events? *The American Psychologist*, 59, 20–28.

Bowlby, J. (1971). *Attachment and Loss*. Harmonds worth: Penguin.

Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.

Browne, Michael W., and Robert C. (1992). Alternative Ways of Assessing Model Fit. *Sociological Methods & Research*, 21, 230–58.

Bullock, G., Collins, G., Arden, N., & Filbay, S. (2019). Resilience is associated with greater health related quality of life and flourishing in former cricketers. *Journal of science and medicine in sport*, 22, S41–S41.

Carbonell, D.M., Reinherz, H.Z., Giaconia, R.M., Stashwick, C.K., Paradis, A.D. & Beardslee, W.R. (2002). Adolescent protective factors promoting resilience in young adults at risk for depression. *Child and Adolescent Social Work Journal*, 19(5), 393–412.

Challen, A. R., Machin, S. J., & Gillham, J. E. (2014). The UK Resilience Programme: A School–Based Universal Nonrandomized Pragmatic Controlled Trial. *Journal of Consulting and Clinical Psychology*, 82(1), 75–89.

Charlette, S. L., Nongkynrih, B., & Gupta, S. K. (2012). Domestic violence in India: Need for public health action. *Indian Journal of Public Health*, 56, 140-145.

Chen, C. (2016). The role of resilience and coping styles in subjective well-being among chinese university students. *The Asia-Pacifc Education Researcher*, 25(3), 377–387. https://doi.org/10.1007/s4029 9-016-0274-5.

Cheraghian, H., Moradian, K. & Nouri, T. (2023). Structural model of resilience based on parental support: the mediating role of hope and active coping. *BMC Psychiatry 23*, 260 https://doi.org/10.1186/s12888-023-04678-z

Chiang, J.J., Chen, E., Miller, G.E. (2018). Midlife self-reported social support as a buffer against premature mortality risks associated with child abuse. Nature Human Behaviour, 261–268. doi: 10.1038/s41562-018-0316-5.

Choudhary, Y., & Kumar, M., & Mahore, R., & Lanke, G., & Dubey, M. (2022). Aggression, Self-Esteem, and Resilience among Children: A School-Based Cross-Sectional Study from Central India. *Asian Journal of Social Health and Behavior*. 5. 115-21. 10.4103/shb.shb_165_21.

Choudhury, Sabiha, A., & Riju, S. (2019). Resilience and Emotional Intelligence: A Comparative Study between Government and Private School Children in Sonapur, Assam. IRA-*International Journal of Management & Social Sciences*, 157.

Cicchetti, D., & Garmezy, N. (1993). Prospects and promises in the study of resilience. *Development and Psychopathology*, 5(4), 497-502. doi:http://dx.doi.org/10.1017/S0954579400006118

Cohen, S. (2004) Social Relationships and Health. American Psychologist, 59, 676–684. doi: 10.1037/0003-066X.59.8.676

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: the connor-davidson resilience scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. https://doi.org/10.1002/da.10113.

Corcoran, M., & McNulty, M. (2017). Examining the role of attachment in the relationship between childhood adversity, psychological distress and subjective well-being. *Child Abuse & Neglect*, 76, 297– 309. https://doi.org/10.1016/j.chiabu.2017.11.012.

Culyba, A. J., Ginsburg, K. R., Fein, J. A., Branas, C. C., Richmond, T. S., & Wiebe, D. J. (2016). Protective effects of adolescent–adult connection on male youth in urban environments. *Journal of Adolescent Health*, 58(2), 237-240. doi:10.1016/j.jadohealth.2015.10.247

Danielson, R., & Sanders, G. F. (2018). An effective measure of childhood adversity that is valid with older adults. *Child Abuse Neglect*, 82, 156–167. doi: 10.1016/j.chiabu.2018.05.028

Darvishzadeh, K., & Bozorgi, Z.D. (2016). The relationship between resilience, psychological hardiness, spiritual intelligence, and development of the moral judgement of the female students. *Asian Social Science*, 12(3), 170–176.

Dash, S. S., & Verma, S. K. (2017). A psycho-social study on the role of parenting and emotional regulation on intergenerational support: An youth perspective. *Indian Journal of Positive Psychology*, 8(4).

Davidson, S., & Adams, J. (2013). Adversity and internalizing problems among rural Chinese adolescents: The roles of parents and teachers. *International Journal of Behavioural Development*, 37, 530–541. doi: 10.1177/0165025413503421

Davies, P.T., Winter, M.A. & Cicchetti, D. (2006). The implications of emotional security theory for understanding and treating childhood psychopathology. *Development and Psychopathology*, 18(3), 707–735.

Demos, E. V. (1989). Resiliency in infancy. In T. F. Dugan, R. Cole (Eds.). *The child of our times: Studies in the development of resiliency*. Philadelphia: Brunner/Mazel, 3-22.

Denckla, C. A., Cicchetti, D., Kubzansky, L. D., Seedat, S., Teicher, M. H., Williams, D. R., & Koenen, K. C. (2020). Psychological resilience: an update on definitions, a critical appraisal, and research recommendations. *European journal of psychotraumatology*, 11(1), 1822064. https://doi.org/10.1080/20008198.2020.1822064

DePrince, A.P., Weinzierl, K.M. & Combs, M.D. (2009). Executive function performance and trauma exposure in a community sample of children. *Child Abuse & Neglect*, 33(6), 353–361.

Doty, J.L., Davis, L., & Arditti, J.A. (2017). Cascading resilience: Leverage points in promoting parent and child well-being. *Journal of Family Theory & Review*, 9(1), 111–26. https://doi.org/10.1111/jftr.12175.

Dube, S.R., Anda, R.F., Felitti, V.J., Chapman, D.P., Williamson, D.F. & Giles, W.H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. *JAMA*, 286(24), 3089–3096.

Dumont, M. & Provost, M.A., (1999). Resilience in adolescents: protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression, *Journal of Youth and Adolescence*, 28(3), 343–363.

Oshio, A., Nakaya, M., Kaneko, H. & Nagamine, S. (2002). Development and validation of an Adolescent Resilience Scale. *Japanese Journal of Counseling Science*, 35, 57-65.

Oshio, A, Kaneko, H., Nagamine, S. & Nakaya, M., (2003). Construct validity of the Adolescent resilient scale. *Psychological Reports*, 93(3), 1217-1222

Dwyer, K. M., Fredstrom, B. K., Rubin, K. H., Booth-LaForce, C., Rose-Krasnor, L., & Burgess, K. B. (2010). Attachment, social information processing, and friendship quality of early adolescent girls and boys. *Journal of Social and Personal Relationships*, 27(1), 91-116. https://doi.org/10.1177/0265407509346420

Eccles, J. S., & Roeser, R. W. (2011). Schools as developmental contexts during adolescence. *Journal of Research Adolescence*, 21, 225–241. doi: 10.1111/j.1532-7795.2010.00725.x

Edalati, H., Nicholls, T. L., Schütz, C. G., Somers, J. M., Distasio, J., Aubry, T., et al. (2020). Examining the relationships between cumulative childhood adversity and the risk of criminal justice involvement and victimization among homeless adults with mental illnesses after receiving housing first intervention. *Canadian Journal of Psychiatry*, 65, 409–417. doi: 10.1177/0706743720902616

Erickson, E. (1972). *Childhood and Society*. Harmondsworth: Penguin Books.

Eschleman, K. J., Bowling, N. A., & Alarcon, G. M. (2010). A meta-analytic examination of hardiness. *International Journal of Stress Management*, 17(4), 277–307. 10.1037/a0020476.

Evans, G. W. & English, K. (2002). The environment of poverty: Multiple stressor exposure, psychophysiological stress, and socio emotional adjustment. *Child Development*, 73(4), 1238–1248.

Fe, H., Cao, R., Feng, Z., Guan, H., & Peng, J. (2013). The impacts of dispositional optimism and psychological resilience on the subjective well-being of burn patients: A structural equation modelling analysis. *Plos One*, 8. doi:10.1371/journal.pone.0082939

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8

Fereidooni, F., Daniels, J. K., & Lommen, M. J. J. (2024). Childhood Maltreatment and Revictimization: A Systematic Literature Review. *Trauma, violence & abuse*, 25(1), 291–305. https://doi.org/10.1177/15248380221150475

Florian, V., Mikulincer, M., Taubman, O. (1995). Does hardiness contribute to mental health during a stressful real-life situation? The roles of appraisal and coping. *Journal of Personality and Social Psychology*, 68, 687-695.

Frazier, P. A., Tix, A. P., & Barron, K. E. (2004). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology*, 51, 115-134.

Gagné, M. (2003). The role of autonomy support and autonomy orientation in prosocial behavior engagement. *Motivation and emotion*, 27(3), 199-223. https://doi.org/10.1023/A:1025007614869.

Garmezy, N., Masten, A. S., & Tellegen, A. (1984). The Study of Stress and Competence in Children: A Building Block for Developmental Psychopathology. *Child Development*, 55(1), 97-111. Retrieved from http://www.jstor.org/stable/1129837

Georgiou, S. N., Demetriou, A. P., & Stavrinides, P. (2009). Attachment style and mentoring relationships in adolescence. *Educational Psychology*, 28(6), 603-614.

Gerteisen, J. (2008). Monsters, monkeys, & mandalas: Art therapy with children experiencing the effects of trauma and fetal alcohol spectrum disorder (FASD). *Art Therapy*, 25, 90-93.

Grantham, McGregor, S., Cheung, Y.B., Cueto, S., Glewwe, P., Richter, L., & Strupp, B. (2007). International Child Development Steering Group Developmental potential in the first 5 years for

children in developing countries. *Lancet London England*, 369,60–70. doi: 10.1016/S0140-6736(07)60032-4.

Green, J., K. A. McLaughlin, P. A. Berglund, M. J. Gruber, N. A. Sampson, A. M. Zaslavsky, & R. C. Kessler. (2010). Childhood Adversities and Adult Psychiatric Disorders in the National Comorbidity Survey Replication: Associations with First Onset of DSM-IV Disorders. *Archives of General Psychiatry* 67, 113–123.

Grolnick, W.S. (2009). The role of parents in facilitating autonomous self-regulation for education. *School Field*, 7(2), 164–73. https://doi.org/10.1177/14778785091043.

Grolnick, W. S., Ryan, R. M., & Deci, E. L. (1991). The inner resources for school performance: Motivational mediators of children's perceptions of their parents. *Journal of Educational Psychology*, 83, 508-517

Grotberg, E. H. (2003). *Resilience for today: gaining strength from adversity*. Praeger, Westport, CT; London

Hall, D.T. (1976). *Careers in Organizations*. Glenview, Ill: Foresman & Co.

Hardy, S. E., Concato, J., & Gill, T. M. (2004). Resilience of community-dwelling older persons. *Journal of the American Geriatrics Society*, 52, 257-262.

Hare, B. R. (1975). *The HARE General and Area-Specific (School, Peer, and Home) Self-Esteem Scale*. New York: Department of Sociology SUNY Stony Brook, Stony Brook.

Hartley, M. T. (2011). Examining the relationships between resilience, mental health, and academic persistence in undergraduate college students. *Journal of American College Health*, 59(7), 596–604. https://doi.org/10.1080/07448481.2010.515632.

Hartley, M. T. (2012). Assessing and promoting resilience: an additional tool to address the increasing number of college students with psychological problems. *College Counseling*, 15(1), 37–51. https ://doi.org/10.1002/j.2161-1882.2012.00004.x.

Haworth, C. M. A., Carter, K., Eley, T., Plomin, R. (2015). Understanding the genetic and environmental specificity and overlap between well-being and internalizing symptoms in adolescence. *Development Science*. doi:10.1111/desc.12376

Henderson, P., Rosen, D., & Mascaro, N. (2007). Empirical study of the healing nature of mandalas. *Psychology of Aesthetics, Creativity, and the Arts*, 1(3), 148-154.

Herbers, J.E., Cutuli, J.J., Monn, A.R., Narayan, A.J. & Masten, A.S. (2014). Trauma, adversity, and parent–child relationships among young children experiencing homelessness. *Journal of Abnormal Child Psychology*, 42(7), 1167–1174.

Hewitt, J.P. (2009). *Oxford Handbook of Positive Psychology*. Oxford University Press, 217–224.ISBN 978- 0-19-518724-3.

Hildon, Z., Smith, G., Netuveli, G. and Blane, D. (2008). Understanding adversity and resilience at older ages. *Sociology of Health & Illness*, 30(5), 726-740.

Hoge, E. A., Austin, E. D., & Pollack, M. H. (2007). Resilience: Research evidence and conceptual considerations for post-traumatic stress disorder. *Depression and Anxiety*, 24, 139-152.

Holdsworth, S., Turner, M., & Scott-Young, C. M. (2018). Not drowning, waving. Resilience and university: a student perspective. *Studies in Higher Education*, 43(11), 1837–1853. https://doi.org/10.1080/03075 079.2017.1284193.

Hu, Li-Tze, & Peter, M. B. (1999). Cutoff Criteria for Fit Indexes in Covariance Structure Analysis: Conventional Criteria versus New Alternatives. Structural Equation Modeling. *A Multidisciplinary Journal,* 6, (1), 1–55.

Hung, C. (2007). Families, schools and Taiwanese children's outcomes. *Educational Researcher*, 49(2), 115–125.

Huppert, F. A. (2009). Psychological well-being: evidence regarding its causes and consequences. *Applied Psychology Health Well Being*, 1(2), 137–64. https://doi.org/10.1111/j.1758-0854.2009.01008.x.

Hurd, N. M., & Zimmerman, M. A. (2010). Natural mentors, mental health, and risk behaviors: A longitudinal analysis of African American adolescents transitioning into adulthood. *American Journal of Community Psychology*, 36, 36-48.

Hystad, S. W., Eid, J., Laberg, J. C., Johnsen, B. H., Bartone, P. T. (2009). Academic stress and health: exploring the moderating role of personality hardiness. *Scandinavian Journal of Educational Research*, 53, 421–429. doi: 10.1080/00313830903180349

Jakacki, P. C. (2011). Mentoring during Adolescence and Adult Resilience. The University of Southern Mississippi.

Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, 7, 113-136.

Johnsen, B. H., Eid, J., Pallesen, S., Bartone, P. T., & Nissestad, A. O. (2009). Predicting transformational in naval cadets: Effects of personality hardiness and training. *Journal of Applied Social Psychology*, 39, 2213-2235.

Johnson, M. L., Taasoobshirazi, G., Kestler, J. L., & Cordova, J. R. (2015). Models and messengers of resilience: a theoretical model of college students' resilience, regulatory strategy use, and academic achievement. *Educational Psychology*, 35(7), 869–885. https://doi.org/10.1080/01443 410.2014.893560.

Jöreskog, K., & D. Sörbom. (1993). *LISREL 8: Structural Equation Modeling with the SIMPLIS Command Language*. Chicago, IL: Scientific Software International Inc.

Jung, C.G. (1972). *Mandala symbolism*. Princeton, NJ: Princeton University Press.

Juwariah T, Suhariadi F, Soedirham O. (2022). Childhood adversities and mental health problems: A systematic review. *Journal of Public Health Research*, 11(3). doi:10.1177/22799036221106613

Kaliyadan, F., & Kulkarni, V. (2019). Types of variables, descriptive statistics, and sample size. *Indian Dermatology Online Journal*, 10(1), 82-86. https://doi.org/10.4103/idoj.IDOJ_468_18

Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. Clinical psychology review, 30(7), 865–878. https://doi.org/10.1016/j.cpr.2010.03.001

Kessler, R. C., McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., et al. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *The British Journal of Psychiatry*, 197, 378–385. doi: 10.1192/bjp.bp.110.080499

Kessler, R.C., Davis, C.G. & Kendler, K.S. (1997). Childhood adversity and adult psychiatric disorder in the US National Comorbidity Survey. *Psychological Medicine*, 27(5), 1101–1119.

Khanna, P., & Singh, K. (2021). Stress management training and gratitude journaling in the classroom: an initial investigation in Indian context. Current psychology (New Brunswick, N.J.), 40(11), 5737–5748. https://doi.org/10.1007/s12144-020-01242-w

Kiefer, R. A., (2008). An integrative review of the concept of well-being. *Holistic Nursing Practice*, 22(5):244–252. doi:10.1097/01.HNP.0000334915.16186.b2

Kim, H., Kim, S., Choe, K., & Kim, J. (2017). Effects of Mandala art Therapy on Subjective WellBeing, Resilience, and Hope in Psychiatric Inpatients. *Archives of Psychiatric Nursing*, 39, 49Z. http://dx.doi.org/10.1016/j.apnu.2017.08.008

King, L. A., King, D. W., Fairbank, J. A., Keane, T. M., & Adams, G. A. (1998). Resilience–recovery factors in post-traumatic stress disorder among female and male Vietnam veterans: Hardiness, postwar social support, and additional stressful life events. *Journal of Personality and Social Psychology*, 74, 420-34.

Kirmayer, L. J., Sehdev, M., Whitley, R., Dandeneau, S., & Isaac, C. (2009). Community resilience: Models, metaphors and measures. *Journal of Aboriginal Health*, 5, 62–117.

Kitchen, P., Williams, A., Chowhan, J. (2012). Sense of community belonging and health in Canada: a regional analysis. *Social Indicators Research*, 107, 103–26. doi: 10.1007/s11205-011-9830-9

Klohnen, E. C. (1996). Conceptual analysis and measurement of the construct of ego-resiliency. *Journal of Personal and Social Psychology*, 70(5), 1067-1079. doi: 10.1037/0022-3514.70.5.1067

Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, 37, 1–11. 10.1037/0022-3514.37.1.1

Kobasa, S. C. Maddi, S. R. & Kahn, S. (1982). Hardiness and health: a prospective study. *Journal of Personality and social psychology*, 42, 168- 177.

Kumpfer, K. L., Hopkins, R. (1993). Prevention: Current research and trends. *Recent Advances in Addictive Disorders*, 16(1), 11-20.

Kumpfer, K. L. (1999). Factors and processes contributing to resilience: The resilience framework. In M. D. Glantz, J. L. Johnson, (Eds.), *Resilience and development: Positive life adaptations* (179-224). New York: Kluwer Academic/Plenum Publishers.

Kwek, A., Bui, H. T., Rynne, J., & Kam Fung So, K. (2013). The Impact of Self-Esteem and Resilience on Academic Performance: An Investigation of Domestic and International Hospitality and Tourism Undergraduate Students. *Journal of Hospitality & Tourism Education*, 25,110–122.

Labella, M. H., Narayan, A. J., Mccormick, C. M., Desjardins, C. D., Masten, A. S. (2017). Risk and adversity, parenting quality, and children social-emotional adjustment in families experiencing homelessness. *Child Development*, 90(1), 227-244.

Lacour, M. & Tissington, L. D. (2011). The Effects of Poverty on Academic Achievement. *Educational Research and Reviews*, 6(7), 522–527.

Lane, R. D., Schwartz, G. E. (1987). Levels of emotional awareness: A cognitive-developmental theory and its application to psychopathology. *American Journal of Psychiatry*, 144, 133–43. doi: 10.1176/ajp.144.2.133.

Lazarus, R. S., Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer publishing company.

Leary, M.R., Baumeister, R.F. (2000). The nature and function of self-esteem: Sciometer theory. In:Zanna, M.P. (Ed.), *Advances in Experimental Social Psychology*. San Diego, CA: Academic Press, 1-62.

Lee, J. E., Sudom, K. A., & Zamorski, M. A. (2013). Longitudinal analysis of psychological resilience and mental health in Canadian military personnel returning from overseas deployment. *Journal of Occupational Health Psychology*, 18, 327-337.

Levinson, D.J., Darrow, C.N., Klein, E.B., Levinson, M.H., & McKee, B. (1978). *The Seasons of a Man's Life*. New York: Ballantine Books.

Liddle, I., & Carter, G. F. (2015). Emotional and psychological well-being in children: The development and validation of the Stirling Children's Well-being Scale. *Educational Psychology in Practice*, 31(2), 174–185. https://doi.org/ 10.1080/02667363.2015.1008409

Liu, W., Mei J., Tian, L., Huebner, E. S. (2016). Age and gender differences in the relation between school-related social support and subjective well-being in school among students. Social Indicators Research, 125, 1065–1083. doi: 10.1007/s11205-015-0873-1

Luhmann, M., Hofmann, W., Eid, M., and Lucas, R. E. (2012). Subjective well-being and adaptation to life events: a meta-analysis. Journal of Personality and Social Psychology, 102, 592–615. doi: 10.1037/a0025948

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*. 71(3), 543 -562. doi: 10.1111/1467-8624.00164

Lyons, J. (1991). Strategies for assessing the potential for positive adjustment following trauma. *Journal of Traumatic Stress*, 4, 93–111.

Maddi, S. R., Khoshaba, D. M. (2005). *Resilience at work: How to succeed no matter what life throws at you*: AMACOM Division of American Management Association.

Maddi S. R., Kobasa S. C. (1984). *The hardy executive: Health under stress*. Homewood, IL: Dow Jones-Irwin.

Maddi, S. R., Harvey, R. H., Khoshaba, D. M., Lu, J. L., Persico, M., & Brow, M. (2006). The personality construct of hardiness, III: Relationships with repression, innovativeness, authoritarianism, and performance. *Journal of Personality*, 74, 575-598.

Maddi, S.R. & Khoshaba, D.M. (1994). Hardiness and mental health. *Journal of Personality* Assessment, 63, 265-274.

Madhavan, L., Modi, K., Chatterjee, S., Goel, R., Agarwal, S., Upreti, A. Sharma, M. (2021). The role of long-term mentoring in alternative child care settings. *Child Abuse & Neglect*, 105298. doi:10.1016/j.chiabu.2021.105298

Mandal, S., Yogesh, A., & Pandey, R. (2012). Mental Health and Mindfulness: Mediational Role of Positive and Negative Affect. SIS Journal of Projective Psychology and Mental Health. 19. 150-159.

Marriner, P., Caciolli, J., & Moore, K. (2014). The relationship of attachment to resilience and their impact on perceived stress. In K. Kaniasty, K. A. Moore, S. Howard, & P. Buchwald (Eds.), *Stress and anxiety: applications to social and environmental threats, psychological well-being, occupational challenges and developmental psychology* (pp. 73–82). Germany: Logos Verlag.

Martin, P., & Martin, M. (2002). Proximal and distal influences on development: The model of development adaptation. *Developmental Review*, 22, 78-96.

Marvin, R.S., Britner, P.A. (1999). Normative development: The ontogeny of attachment. In: Cassidy J, Shaver PR, editors. *Handbook of attachment theory, research and clinical applications* (pp. 44–67). New York: Guilford Press.

Maslow, A. H. (1970). *Motivation and personality*. New York: Harper & Row.

Masten, A.S. (2014). Global perspectives on resilience in children and youth. *Child Development*, 85, 6–20. https://doi.org/10.1111/cdev.12205.

Masten, A.S., Palmer, A. (2019). Parenting to promote resilience in children. In: Bornstein MH, editor (3rd eds.), *Handbook of parenting*. New York: Routledge. https://doi.org/10.4324/9780429401695-6.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238. doi: 10.1037/0003-066X.56.3.227

Masten, A. S., & Barnes, A. J. (2018). Resilience in Children: Developmental Perspectives. *Children (Basel, Switzerland)*, 5(7), 98. https://doi.org/10.3390/children5070098

Masten, A. S., & Palmer, A. R. (2019). Parenting to promote resilience in children. In M. H. Bornstein (Ed.), *Handbook of parenting: The practice of parenting* (pp. 156–188). Routledge/Taylor & Francis Group.

Masten, A.S., Best, K.M. & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2(4), 425–444.

McAlpine, K. (2009). Literature review: Enhancing resilience in Tanzanian children and youth that are separated from their families. Retrieved from http://dijacom.com/mkombozi/publications/research_report/2009_11_01_research_report_resilience_ENG.pdf

McDermott, B. M., Cobham, V. E., Berry, H., & Stallman, H. M. (2010). Vulnerability factors for disaster-induced child post-traumatic stress disorder: The case for low family resilience and previous mental illness. *Australian and New Zealand Journal of Psychiatry*, 44, 384-389.

McMahon, S. D., Grant, K. E., Compas, B. E., Thurm, A. E., & Ey, S. (2003). Stress and psychopathology in children and adolescents: is there evidence of specificity? *Journal of Child Psychology and Psychiatry,* 44, 107–133. doi: 10.1111/1469-7610.00105

Mello, J. (2016). Life adversity, social support, resilience, and college student mental health. All Master's Thesis. 347. https://digitalcommons.cwu.edu/etd/347

Meng, X., Fleury, M. J., Xiang, Y. T., Li, M., & D'Arcy, C. (2018). Resilience and protective factors among people with a history of child maltreatment: a systematic review. *Social*

Psychiatry & Psychiatric Epidemiology, 53(5), 453–475. https://doi.org/10.1007/s00127-018-1485-2.

Merrick, M.T., Ford, D.C., Ports, K.A., Guinn, A.S., Chen, J., Klevens, J. (2019). Vital signs: estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention—25 states, 2015–2017. Morbidity and Mortality Weekly Report, 68, 999. doi: 10.15585/mmwr.mm6844e1

Mesman, E., Vreeker, A., & Hillegers, M. (2021). Resilience and mental health in children and adolescents: an update of the recent literature and future directions. *Current opinion in psychiatry*, 34(6), 586–592. https://doi.org/10.1097/YCO.0000000000000741

Min, J. A., Jung, Y. E., Kim, D. J., Yim, H. W., Kim, J. J., Kim, T. S., et al. (2013). Characteristics associated with low resilience in patients with depression and/or anxiety disorders. *Quality of Life Research*, 22(2), 231–241. https://doi.org/10.1007/s11136-012-0153-3.

Misra, K. S. (2012). *School Environment Manual*. New Delhi: National Psychological Corporation.

Nishikawa, Y. (2006). *Thriving in the face of adversity: Perceptions of elementary-school principals*. La Verne, CA: University of La Verne.

Nnama-Okechukwu, C. U., Anazonwu, N. P., & Okoye, U. O. (2018). Vulnerable children, alternative care system and placement decision in Nigeria: In who's best interest? *African Population Studies*, 32(2).

NSCDC. (2005). N.S.C. on the D.C Excessive stress disrupts the architecture of the developing brain. *Working Papers*, 3

O'Leary V. E. (1998). Strength in the face of adversity: Individual and social thriving. *Journal of Social Issues*, 54, 425-446.

Oktavia, W. K., Urbayatun, S., Mujidin, Z. (2019). The role of peer social support and hardiness personality toward the academic stress on students. *International Journal of Science & Technology Research*, 8, 2903–2907.

Ong, A. D., Bergeman, C. S., Bisconti, T. L., & Wallace, K. A. (2006). Psychological resilience, positive emotions, and successful adaptation to stress in later life. *Journal of Personality and Social Psychology*, 91, 730-749.

Oshio, T., Umeda, M., & Kawakami, N. (2013). Childhood adversity and adulthood subjective wellbeing: evidence from Japan. *Journal of Happiness Studies*, 14(3), 843–860. https://doi. org/10.1007/s10902-012-9358-y.

Palamarchuk, I.S., Vaillancourt, T. (2021). Mental Resilience and Coping With Stress: A Comprehensive, Multi-level Model of Cognitive Processing, Decision Making, and Behavior. *Frontiers in Behavioral Neuroscience*, 15. https://doi.org/10.3389/fnbeh.2021.719674. PMID: 34421556; PMCID: PMC8377204.

Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136, 257-301.

Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology*, 1, 115-144.

Paswan, A. (2009). *Confirmatory Factor Analysis and Structural Equations Modeling, An Introduction, Department of Marketing and Logistics.* Texas, USA: COB, University of North.

Patterson, M. L., Moniruzzaman, A., & Somers, J. M. (2014). Setting the stage for chronic health problems: Cumulative childhood adversity among homeless adults with mental illness in Vancouver, British Columbia. *BMC Public Health*, 14, 1–10. doi: 10.1186/1471-2458-14-350

Paul, R., & Singh, A. (2020). Does early childhood adversities affect physical, cognitive and language development in indian children? Evidence from a panel study. *SSM - Population Health*, 12. doi:10.1016/j.ssmph.2020.100693

Peña Aguilera, Cristina de la. (2016). Resilience in Young Children at Risk : A Systematic Literature Review on the Studies Conducted to Date and Their Outcomes.

Piaget, J. (1981). *Their relations during child development*. Palo Alto, CA: Annual Reviews.

Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in Behavioural research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88(5), 879–903.

Price-Mitchell, M. (2014). How role models influence youth strategies for success. Retrieved on December 6, 2017 from http://www.rootsofaction.com/role-modelsyouth-strategies-success/

Prior, J., & Gerard, M. R. (2007). *Family involvement in early childhood education: Research into practice*. New York: Thomson.

Racine, N., Eirich, R., Dimitropoulos, G., Hartwick, C., and Madigan, S. (2020). Development of trauma symptoms following adversity in childhood: the moderating role of protective factors. *Child Abuse & Neglect*, 101. doi: 10. 1016/j.chiabu.2020.104375

Rahimian- bugar, A. Asgharnejad- farid, A. A. (2008). The Relationship between Mental Health and Psychological Hardiness and Self- resilience in Young and Adult Survivors of Bam Earthquake. *Psychiatry and clinical psychology in Iran*, 14, 70- 62.

Reid, J. A., Baglivio, M. T., Piquero, A. R., Greenwald, M. A., & Epps, N. (2017). Human trafficking of minors and childhood adversity in Florida. *American Journal of Public Health*, 107, 306–311. doi: 10.2105/AJPH.2016.303564

Rhodes, J. E., Ebert, L., & Fischer, K. (1992), Natural mentors: An overlooked resource in the social networks of youth, African American mothers. *American Journal of Community Psychology*, 20, 445–462.

Richards, M., & Wadsworth, M. (2004). Long term effects of early adversity on cognitive function. *Archives of Disease in Childhood*, 89, 922–927.

Rieber, R. W., & Robinson, D. K. (2004). *The essential Vygotsky*. NewYork: Kluwer Academic / Plenum Publishers.

Rieffe, Carolien, Mark Meerum Terwogt, K. V., Petrides, Richard, C., Anne, C., Miers, & Abigail, T. (2007). Psychometric Properties of the Emotion Awareness Questionnaire for Children. *Personality and Individual Differences*, 43, 95–105.

Rodriguez, N., Flores, R.T., London, E.F., Bingham, Mira, C., Myers, H.F., Arroyo, D. (2019). A test of the main-effects, stress-buffering, stress-exacerbation, and joint-effects models among Mexican-origin adults. *Journal of Latinx Psychology*, 7, 212. doi: 10.1037/lat0000116

Roy, A., Vladimir, C., & Marco, S. (2011). Resilience Mitigates the Suicide Risk Associated with Childhood Trauma. *Journal of Affective Disorders*, 133, (3), 591–94.

Russell, E. & Fosha, D. (2008). Transformational affects and core state in AEDP: the Emergence and consolidation of Joy, Hope, Gratitude, and confidence in the solid goodness of the self. *Journal of Psychotherapy Integration*, 18, 167-190.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1–12. doi: 10.1196/annals.1376.002

Rutter, M. (1985). Resilience in the face of adversity- Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598 – 611. doi:10.1192/bjp.147.6.598

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316-331. http://dx.doi.org/10.1111/j.1939- 0025.1987.tb03541.x

Rutter, M. (1993). Resilience: Some conceptual considerations. *Journal of Adolescent Health*, 14(8), 626-631. doi: http://dx.doi.org/10.1016/1054-139X(93)90196-V

Rutter, M. (2013). Annual research review: Resilience–clinical implications. *Journal of Child Psychology and Psychiatry*, 54(4), 474–487.

Saakvitne, K. W., Tennen, H., Affleck, G. (1998). Exploring thriving in the context of clinical trauma theory: Constructivist self-development theory. *Journal of Social Issues*, 54, 279-299.

Salehian, M.H., & Sarvari, S. (2021). The relationship between psychological hardiness and resilience and its role in the actual well-being of mothers with handicapped children. *Journal of Psychopathology*, 27, 163–169.

Sarangi, S. & Rath, S. (2022). Emotional Intelligence and Resilience in Adolescents. *International Journal of Indian Psychology*, 10(1), 658-666. DIP:18.01.066.20221001, DOI:10.25215/1001.06

Satici, B., Saricali, M. , Satici, S. A. , & Griffiths, M. D. (2020). Intolerance of uncertainty and mental well-being: Serial mediation by rumination and fear of COVID-19. *International Journal of Mental Health & Addiction*, 1–12. 10.1007/s11469-020-00305-0.

Satici, S. A. (2016). Psychological vulnerability, resilience, and subjective well-being: the mediating role of hope. *Personality and Individual Differences*, 102, 68–73. https://doi.org/10.1016/j. paid.2016.06.057.

Schei, J., T. S. Novik, P. H. Thomsen, S. Lydersen, M. S. Indredavik, & T. Jozefiak. (2015). What Predicts a Good Adolescent to Adult Transition in ADHD? The Role of Self-Reported Resilience. *Journal of Attention Disorders*. https://doi.org/10.

Schneiderman, N., Ironson, G., and Siegel, S. D. (2005). Stress and health: psychological, behavioral, and biological determinants. *Annual Review of Clinical Psychology*, 1, 607–628. doi: 10.1146/annurev.clinpsy.1.102803.144141

Scott, Kate M., Michael, V. K., Matthias, C., Angermeyer, C. B., Ronny, B., Giovanni, de G., Josep, M. H. (2011). Association of Childhood Adversities and Early-Onset Mental Disorders with Adult-Onset Chronic Physical Conditions. *Archives of General Psychiatry*, 68, (8), 838–44.

Seery, M. D. (2011). Resilience A silver lining to experiencing adverse life events? *Current Directions in Psychological Science*, 20(6), 390–394.

Seery, M.D., Holman, E.A. & Silver, R.C. (2010). Whatever does not kill us: cumulative lifetime adversity, vulnerability, and resilience? *Journal of Personality and Social Psychology*, 99(6), 1025–1041.

Segal, J. (1986). *Winning life's toughest battles: Roots of human resilience*. New York, NY: McGraw-Hill.

Sehrawat, A. & Simon, S. (2021). Emotional Intelligence and Resilience among Young Adults. *International Journal of Indian Psychology*, 9(2), 1835- 1841. DIP:18.01.182.20210902, DOI:10.25215/0902.18

Selye, H. (1936). A syndrome produced by diverse nocuous agents. *Nature*, 138, 32.

Shadfar, S., & Iraj M. (2013). Application of Structural Equation Modeling (SEM) in Restructuring State Intervention Strategies toward Paddy Production Development. *International Journal of Academic Research in Business and Social Sciences*, 3, (12) https://doi.org/10.6007/ijarbss/v3-i12/472.

Shen, W., & Hannum, E. (2020). Credit limits as an element of family socioeconomic status: An application to the case of children's educational outcomes in rural Gansu province. In P. A. Kong, E. Hannum, and G. A. Postiglione (Eds), *Rural Education in China's Social Transition*

Development, Government. (2007). Study On Child Abuse: India 2007. esocialsciences.com, Working Papers.

Shen, W., Hu, L.-C., & Hannum, E. (2017). Cumulative adversity, childhood behavioral problems, and educational mobility in China's poorest rural communities. *Chinese Journal of Sociology*, 3, 491–517. doi: 10.1177/2057150X17736664

Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129, 232-246.

Siebecke, D.E. (2023). Does social well-being predict academic resilience and achievement? Analysis of Swedish PISA 2018 data. *European Journal of Psychology of Education*. https://doi.org/10.1007/s10212-023-00762-w

Skrove, M., Romundstad, P., & Indredavik, M. S. (2013). Resilience, Lifestyle and Symptoms of Anxiety and Depression in Adolescence: The Young-HUNT Study. *Social Psychiatry and Psychiatric Epidemiology*, 48, (3), 407–416.

Snyder, C.R. (2002). Hope theory Rainbows in the mind. *Psychological Inquiry*, 13, 249–75. https://doi.org/10.1207/S15327965PLI1304_01.

Solıs, C. B., Kelly-Irving, M., Fantin, R., Darnaudery, M., Torrisani, J., Lang, T., & Delpierre, C. (2015). Adverse Childhood Experiences and Physiological Wear-and-Tear in Midlife: Findings from the 1958 British Birth Cohort. *Proceedings of the National Academy of Sciences*, 112, 738–746.

South Lakes Federation. (2014). Emotional Resilience – Useful Resources for Schools

Southwick, V.J., Bonanno, Y.O., Masicn, I.O., Panter-Brick, K.O., & Yehunda, T.O. (2014) Lifetime traumas and mental health: the significance of cumulative adversity. *Journal of Health and Social Behaviour*, 36, 360-76.

Sperandio, J. (2008). Alternative mentoring of street girls in Bangladesh: New identities and non-traditional opportunities. *Mentoring and Tutoring: Partnership in Learning*, 16(2), 207-221.

Steele, H., Bate, J., Steele, M., Dube, S. R., Danskin, K., & Knafo, H., et al. (2016). Adverse childhood experiences, poverty, and parenting stress. *Canadian Journal of Behavioural Science*, 48(1), 32-38.

Steinmayr, R., Meißner, A., Weidinger, A. F., & Wirthwein, L. (2014). *Academic achievement*. Oxford Bibliographies Online Datasets. doi:10.1093/obo/9780199756810-0108

Watkins, C. (2005). *Classrooms as Learning Communities: What's in it for Schools?* London: Routledg Falmer.

Surtees, P. G., & Wainwright, N. W. (2007). The shackles of misfortune: Social adversity assessment and representation in a chronic-disease epidemiological setting. Social Science and Medicine, 64, 95–111. doi: 10.1016/j.socscimed.2006.08.013

Tadayon, M., Dabirizadeh, S., Zarea, K., Behroozi, N., & Haghighizadeh, M.H. (2018). Investigating the relationship between psychological hardiness and resilience with depression in women with breast cancer. *The Gulf journal of oncology*, 1(28), 23–30.

Tan, T. X., Wang, Y., & Ruggerio, A. D. (2017). Childhood adversity and children's academic functioning: Roles of parenting stress and neighborhood support. *Journal of Child & Family Studies*, 26, 2742–2752. doi: 10.1007/s10826-017-0775-8

Taylor, R., & Roberts, D. (1995), Kinship support and maternal and adolescent well-being in economically disadvantaged African American families. *Child Development*, 66, 1585–1597.

Taylor, S. E. (1983). Adjustment to threatening events: A theory of cognitive adaptation. *American Psychologist*, 38, 1161-1173.

Teli, B. A., Bano, S., & Paul, M. A. (2022). Mediation effect of psychological factors on betrayal trauma and physical health symptoms among young adults. *International Journal of Community Medicine and Public Health*, 9(5), 2163.

Theron, L. C., & Theron, A. M. C. (2014). Education services and resilience processes: resilient black South African students' experiences. *Children and Youth Services Review*, 47, 297–306. https://doi. org/10.1016/j.childyouth.2014.10.003.

Thomas, T., George, S., Sarma, U., Prabhakar, B., & Menon, J. (2022). Predictors of Resilience Among Survivors of Child Sexual Abuse in Institutional Care in Kerala, India. Journal of Indian Association for Child and Adolescent Mental Health, 18, 54 - 62. https://doi.org/10.1177/09731342221096497.

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behaviour*, 52, 145–61. doi: 10.1177/0022146510395592

Umberson, D., Karas, M.J. (2010). Social relationships and health: a flashpoint for health policy. *Journal of Health and Social Behaviour*, 51, 54–66. doi: 10.1177/0022146510383501

Ungar, M. (2004). A constructionist discourse on resilience. *Youth & Society*, 35, 341-365.

Ungar, M. (2005). Introduction: Resilience across cultures and contexts. *Handbook for working with children and youth: Pathways to resilience across cultures and contexts.* Thousand Oaks, CA: Sage Publications

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work*, 38(2), 218- 235. doi: 10.1093/bjsw/bcl3431

Ungar, M., & Liebenberg, L. (2009). Cross-Cultural Consultation Leading to the Development of a Valid Measure of Youth Resilience: The International Resilience Project1. *Study Psychology*, 51, 259–68.

Ungar, M., Russell, P., & Connelly, G. (2014). School-Based Interventions to Enhance the Resilience of Students. *Journal of Educational and Developmental Psychology*, 4(1). https://doi.org/10.5539/jedp.v4n1p66

Ungar, M. (2004). The Importance of Parents and Other Caregivers to the Resilience of High-Risk Adolescents. *Family Process*, 43, (1), 23–41.

Varese, F., Smeets, F., Drukker, M., Lieverse, R., Lataster, T., Viechtbauer, W., & Bentall, R. P. (2012). Childhood Adversities Increase the Risk of Psychosis: A Meta-Analysis of Patient Control, Prospective- and Cross-Sectional Cohort Studies. *Schizophrenia Bulletin*, 38, 661–671.

Veselska, Z., Geckova, A. M., Orosova, O., Gajdosova, B., Dijk, J. P., & Reijneveld, S. A., (2009). Self-Esteem and Resilience: The Connection with Risky Behavior among Adolescents. *Addictive Behaviors*, 34, (3), 287–291.

Vik, M. H., & Carlquist, E. (2018). Measuring subjective well-being for policy purposes: the example of well-being indicators in the WHO "Health 2020" framework. *Scandinavian Journal of Public Health*, 46(2), 279–286. https://doi.org/10.1177/1403494817724952.

Víllora, B., Larrañaga, E., Yubero, S., Alfaro, A., & Navarro, R. (2020). Relations among poly-bullying victimization, subjective well-being and resilience in a Sample of late adolescents. *International Journal of Environmental Research and Public Health*, 17(2), 590.

Vygotsky, L. S. (1978). *Mind in society*. Cambridge, MA: Harvard University Press.

Wagnlid, G.M., Collins, J.A. (2009) Assessing Resilience. *Journal of Psychosocial Nursing and Mental Health Services*, 47(12).

Walters, G. D. (2016). Someone to look up to: Effect of role models on delinquent peer selection and influence. *Youth violence and juvenile justice*, 14(3), 257-271. doi:10.1177/1541204015569317

Wang. J., Mann. F., Lloyd-Evans, B., Ma R, Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. *BMC Psychiatry*, 18, 1–16. doi: 10.1186/s12888-018-1736-5

Wei L. Z., Liu Y. L., Liu C. X., Lin J., Wang X. (2021). The effect of family cohesion on mental health of high school students: a moderated mediation model. *Study of Psychology and Behaviour*, 19, 361–367.

Werner, E. E., Smith, R. S. (2001). *Journeys from childhood to midlife: Risk resilience and recovery*. New York, NY: Cornell University Press.

Werner, E. E. (1989). High-risk children in young adulthood: A longitudinal study from birth to 32 years. *American Journal of Orthopsychiatry*, 59(1), 72–81. doi: 10.1111/j.1939-0025.1989.tb01636.x

Werner, E., & Smith, R. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.

West, S. G., Finch, J. F., & Curran, P. J. (1995). Structural equation models with non-normal variables: Problems and remedies. In Hoyle, R. H. (Ed.). *Structural Equation Modeling: Concepts, Issues, and Applications* (pp. 56–75). Thousand Oaks.

WHO. (2016). http://www.who.int/topics/early-child-development/en/ WWW Document]. URL.

Wiener, J. (2003). Resilience and Multiple Risks: A Response to Bernice Wong. *Learning Disabilities Research & Practice*, 18, 77-81. https://doi.org/10.1111/1540-5826.00061

Winfield, L. F. (1994). Developing Resilience in Urban Youth. *Urban Monograph Series*.

Wolin, S. J., & Wolin, S. (1993). *Bound and determined: Growing up resilient in a troubled family*. New York: Villard.

Wolin, S. J., & Wolin, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. New York, NY: Villard.

World Health Organization. (2001). *The world health report 2001: mental health: new understanding, new hope*. Geneva: World Health Organization.

Wright, M. O., & Masten, A. S. (2006). Resilience processes in development. In A. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children*, (pp. 17-38). USA : Springer

Yamaoka, Y., Bard, D.E. (2019). Positive parenting matters in the face of early adversity. *American Journal of Preventive Medicine*, 56(4), 530-539.

Yan, B. B., Zheng, X., & Zhang, X. G. (2011). Effects mechanism of social support on subjective wellbeing of college students -the mediating influence of self-control and depression. *Journal of Psychology and Science*, 34, 471–475. doi: 10.16719/j.cnki.1671-6981.2011.02.009

Yazgan, I., Hanson, J. L., Bates, J. E., Lansford, J. E., Pettit, G. S., & Dodge, K. A. (2021). Cumulative early childhood adversity and later antisocial behavior: The mediating role of passive avoidance. *Developmental Psychopathology*, 33, 340–350. doi: 10.1017/ S0954579419001809

Yoshikawa, H., Aber, J. L. & Beardslee, W. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. *American Psychologist*, 67(4), 272-284.http://dx.doi.org/10.1037/a0028015

Zimmerman, M. A., Steinman K. J., & Rowe K. J. (1998). Violence among urban African American adolescents: The protective effects of parental support. In X.B. Arriaga, & S. Oskamp (Eds.), *Addressing community problems: Psychological research and interventions* (pp. 78–103). Thousand Oaks, CA: Sage.

Zimmerman, M. A., Jeffrey B. B., & Paul C. N. (2002). Natural Mentors and Adolescent Resiliency: A Study with Urban Youth. *American Journal of Community Psychology*, 30, (2), 221–43.

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review,* 34(12), 2295-2303

APPENDIX (1)

Permission Letter

To

The Principal

_____

_____

Subject: Request for granting permission to collect data

Respected Sir/Madam

I Ankita Garg, student of Thapar Institute of Engineering & Technology, Patiala wish to collect data for my research on children in the age group of 8-12 years from various schools.

My research is about improving children's resilience which helps them to deal with the adversities they experience during childhood. It provides a foundation for developing skills and habits (e.g. coping skills, healthy thinking habits) that enable them to deal with later adversities during adolescence and adulthood. The required information will be collected through testing and experimentation which will take approximately 40-45 minutes.

I assure that all information collected from the child will be kept strictly confidential. Proper care will be taken so that the child is comfortable at the time of testing. Parents will be required to provide their consent for participating and also for allowing their children to be a part of this study.

I wish to collect data for this research from your esteemed institution. Therefore, I request you to kindly grant me permission to do so.

Thanking you in advance

Ankita Garg
Research Scholar
Thapar Institute of Engineering & Technology
Patiala

Dr. Santha Kumari

Professor & Supervisor

TSLAS, TIET, Patiala

APPENDIX (2)

Consent Form for Parents

Thapar Institute of Engineering &Technology (Deemed to be University), Patiala

I Ankita Garg, a PhD scholar in psychology in the School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala. For my research work, I am collecting data from children of the age group of 8-12 years from various schools.

My research is about improving children's resilience which helps them to deal with the adversities they experience during childhood. It provides a foundation for developing skills and habits (e.g. coping skills, healthy thinking habits) that enable them to deal with later adversities during adolescence and adulthood. Testing will be conducted during school hours allotted by the school authorities within the premises to avoid any inconvenience. Time duration for completion of these tests and experiments will be approximately 40-45 minutes.

I assure that the information collected from you and your child will be kept strictly confidential. Proper care will be taken so that the child is comfortable at the time of testing. If you wish to withdraw from this study, you can contact me at any point of time. If you agree to participate, I will be sending a few questionnaires for you so that you can fill up and return through your child.

Your support and valuable time for participating in this study will be highly appreciated. I request you to kindly provide your consent for your child's participation in this study. If you have any query you can contact me on phone or through e-mail at any time.

Thanking you in advance
Ankita Garg

Research Scholar
Thapar Institute of Engineering & Technology
Patiala
Email- ankitagarg241994@gmail.com

☐ I have read the above statements and agree to participate in this study and also provide my consent to include my son/daughter in this study.

Name: Signature:

Date:

Place: Phone No.:

APPENDIX (3)

Demographic Data of the parent and the child

Please provide the required information pertaining to you and your child as given below. Either of the parents can provide the details.

Parent's Particulars:

Parent's Name:

Mother/Father (tick who is providing details)

Age:

Parents Educational Qualification (Tick your highest qualification)

Metric

Class12
Undergraduate
Postgraduate

Annual Income:

Particulars of the Child:

Name:

Gender: Male/Female

Age:

No. of siblings

Date of Birth: _Date_____/___Month_____/___Year_____

School:

Class:

APPENDIX (4)

Adverse Childhood Experiences Questionnaire (ACE-Q)

Statements	NO	YES
1. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	**0**	**1**
2. Did a parent or other adult in the household often push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	**0**	**1**
3. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?	**0**	**1**
4. Did you often feel that no one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	**0**	**1**
5. Did you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	**0**	**1**
6. Were your parents ever separated or divorced?	**0**	**1**
7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	**0**	**1**
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	**0**	**1**
9. Was a household member depressed or mentally ill or did a household member attempt suicide	**0**	**1**
10. Did a household member go to prison?	**0**	**1**

APPENDIX (5)

Stirling Children's Well-Being Scale (SCWBS)

Here are some statements or descriptions about how you might have been feeling or thinking about things over the past couple of weeks. For each one please put a tick in the box which best describes your thoughts and feelings; there are not right or wrong answers.

Statements	**Never**	**Not much of the time**	**Some of the time**	**Quite a lot of time**	**All of the time**
1. I think good things will happen in my life	1	2	3	4	5
2. I've been able to make choices easily	1	2	3	4	5
3. I can find lots of fun things to do	1	2	3	4	5
4. I feel that I am good at some things	1	2	3	4	5
5. I think lots of people care about me	1	2	3	4	5
6. I think there are many things I can be proud of	1	2	3	4	5
7. I've been feeling calm	1	2	3	4	5
8. I've been in a good mood	1	2	3	4	5
9. I enjoy what each new day brings	1	2	3	4	5
10. I've been getting on well with people	1	2	3	4	5
11. I've been cheerful about things	1	2	3	4	5
12. I've been feeling relaxed	1	2	3	4	5

APPENDIX (6)

Dispositional Hardiness Scale

Instructions: Below are statements about life that people often feel differently about. Please check a box to show how much you think each one is true for you. Give your own honest opinions. There is no right or wrong answers!

Response options: **0 = Not at all true; 1 = A little true; 2 = Quite true; 3 = Completely true**

1. Most of my life gets spent doing things that are meaningful	0	1	2	3
2. By working hard you can nearly always achieve your goals	0	1	2	3
3. I don't like to make changes in my regular activities	0	1	2	3
4. I feel that my life is somewhat empty of meaning	0	1	2	3
5. Changes in routine are interesting to me	0	1	2	3
6. How things go in my life depends on my own actions	0	1	2	3
7. I really look forward to my daily activities	0	1	2	3
8. I don’t think there’s much I can do to influence my own future	0	1	2	3
9. I enjoy the challenge when I have to do more than one thing at a time	0	1	2	3
10. Most days, life is really interesting and exciting for me	0	1	2	3
11. It bothers me when my daily routine gets interrupted	0	1	2	3
12. It is up to me to decide how the rest of my life will be	0	1	2	3
13. Life in general is boring for me	0	1	2	3
14. I like having a daily schedule that doesn't change very much	0	1	2	3
15. My choices make a real difference in how things turn out in the end	0	1	2	3

APPENDIX (7)

Perceptions of Parents Scale (POPS) Child Version

The Child Scale

Name: _____

Teacher: _____

Boy or Girl (circle one)

Age: _____

Things About My Parents

We are interested to know more about your mother and your father. First we will ask about your mother, and then we will ask about your father.

Each number is followed by four statements that describe four different types of parents. For some, there will be a description of four types of mothers, and for others there will be descriptions of four types of fathers. In either case, read the four statements about the four types of mothers or fathers, and decide which one is the best description of your own mother or father. Different people's mothers and fathers are different, and we want to know about yours.

Now please think about your mother and compare her to these descriptions of people's mothers. If you do not ever spend time with your mother but another woman lives in your household instead, please respond about that woman. So, begin with number 1, and read the four descriptions. If your mother is most like the mothers in the first statement, then circle the letter a in front of that statement. If she is most like the mothers in the second statement, then circle the letter b in front of that statement. If she is most like the mothers in the third statement, then circle the letter c in front of that statement. If she is most like the mothers in the fourth statement, then circle the letter d in front of that statement.

1) a. Some mothers **never have enough time** to talk to their children.
   b. Some mothers **usually don't have enough time** to talk to their children.
   c. Some mothers **sometimes have enough time** to talk to their children.
   d. Some mothers **always have enough time** to talk to their children.

2) a. Some mothers **always explain** to their children about the way they should behave.
   b. Some mothers **sometimes explain** to their children about the way they should behave.
   c. Some mothers **sometimes make** their children behave because they're the boss.
   d. Some mothers **always make** their children behave because they're the boss.

3) a. Some mothers **always ask** their children what they did in school that day.

b. Some mothers **usually ask** their children what they did in school that day.

c. Some mothers **usually don't ask** their children what they did in school that day.

d. Some mothers **never ask** their children what they did in school that day.

4) a. Some mothers **always get very upset** if their children don't do what they're supposed to right away.

b. Some mothers **sometimes get very upset** if their children don't do what they're supposed to right away.

c. Some mothers **sometimes try to understand** why their children don't do what they're supposed to right away.

d. Some mothers **always try to understand** why their children don't do what they're supposed to right away.

5) a. Some mothers **always have the time** to talk about their children's problem.

b. Some mothers **sometimes have the time** to talk about their children's problem.

c. Some mothers **don't always have the time** to talk about their children's problem.

d. Some mothers **never have the time** to talk about their children's problem.

6) a. Some mothers **never punish their children**; they always talk to their children about what was wrong.

b. Some mothers **hardly ever punish their children**; they usually talk to their children about what was wrong.

c. Some mothers **usually punish their children** when they've done something wrong without talking to them very much.

d. Some mothers **always punish their children** when they've done something wrong without talking to them at all.

7) a. Some mothers **always tell their children** what to do.

b. Some mothers **sometimes tell their children** what to do.

c. Some mothers **sometimes like their children** to decide for themselves what to do.

d. Some mothers **always like their children** to decide for themselves what to do.

8) a. Some mothers **always think it's OK** if their children make mistakes.

b. Some mothers **sometimes think it's OK** if their children make mistakes.

c. Some mothers **always get angry** if their children make mistakes.

d. Some mothers **sometimes get angry** if their children make mistakes.

9) a. Some mothers **never want to know** what their children are doing.
   b. Some mothers **usually don't want to know** what their children are doing.
   c. Some mothers **sometimes want to know** what their children are doing.
   d. Some mothers **always want to know** what their children are doing.

10) a. Some mothers **always get upset** when their children don't do well in school.
   b. Some mothers **sometimes get upset** when their children don't do well in school.
   c. Some mothers **hardly ever get upset** when their children don't do well in school.
   d. Some mothers **never get upset** when their children don't do well in school.

11) a. Some mothers **always like to talk** to their children's teachers about how they are doing in school.
   b. Some mothers **sometimes like to talk** to their children's teachers about how they are doing in school.
   c. Some mothers **usually don't like to talk** to their children's teachers about how they are doing in school.
   d. Some mothers **never like to talk** to their children's teachers about how they are doing in school.

Now, please think about your father. If you do not see your father but some other man lives in your household, please respond about that man.

12) a. Some fathers **never have enough time** to talk to their children.
   b. Some fathers **usually don't have enough time** to talk to their children.
   c. Some fathers **sometimes have enough time** to talk to their children.
   d. Some fathers **always have enough time** to talk to their children.

13) a. Some fathers **always explain** to their children about the way they should behave.
   b. Some fathers **sometimes explain** to their children about the way they should behave.
   c. Some fathers **sometimes make** their children behave because they're the boss.
   d. Some fathers **always make** their children behave because they're the boss.

14) a. Some fathers **always ask** their children what they did in school that day.
   b. Some fathers **usually ask** their children what they did in school that day.

c. Some fathers **usually don't ask** their children what they did in school that day.

d. Some fathers **never ask** their children what they did in school that day.

15) a. Some fathers **always get very upset** if their children don't do what they're supposed to right away.

b. Some fathers **sometimes get very upset** if their children don't do what they're supposed to right away.

c. Some fathers **sometimes try to understand** why their children don't do what they're supposed to right away.

d. Some fathers **always try to understand** why their children don't do what they're supposed to right away.

16) a. Some fathers **always have the time** to talk about their children's problem.

b. Some fathers **sometimes have the time** to talk about their children's problem.

c. Some fathers **don't always have the time** to talk about their children's problem.

d. Some fathers **never have the time** to talk about their children's problem.

17) a. Some fathers **never punish** their children; they always talk to their children about what was wrong.

b. Some fathers **hardly ever punish** their children; they usually talk to their children about what was wrong.

c. Some fathers **usually punish** their children when they've done something wrong without talking to them very much.

d. Some fathers **always punish** their children when they've done something wrong without talking to them at all.

18) a. Some fathers **always tell** their children what to do.

b. Some fathers **sometimes tell** their children what to do.

c. Some fathers **sometimes like** their children to decide for themselves what to do.

d. Some fathers **always like** their children to decide for themselves what to do.

19) a. Some fathers **always think it's OK** if their children make mistakes.

b. Some fathers **sometimes think it's OK** if their children make mistakes.

c. Some fathers **always get angry** if their children make mistakes.

d. Some fathers **sometimes get angry** if their children make mistakes.

20) a. Some fathers **never want to know** what their children are doing.

b. Some fathers **usually don't want to know** what their children are doing.

c. Some fathers **sometimes want to know** what their children are doing.

d. Some fathers **always want to know** what their children are doing.

21) a. Some fathers **always get upset** when their children don't do well in school.

b. Some fathers **sometimes get upset** when their children don't do well in school.

c. Some fathers **hardly ever get upset** when their children don't do well in school.

d. Some fathers **never get upset** when their children don't do well in school.

22) a. Some fathers **always like to talk** to their children's teachers about how they are doing in school.

b. Some fathers **sometimes like to talk** to their children's teachers about how they are doing in school.

c. Some fathers **usually don't like to talk** to their children's teachers about how they are doing in school.

d. Some fathers **never like to talk** to their children's teachers about how they are doing in school.

APPENDIX (8)

The Mentorship Relationship Scale

Your name:_____ Mentor's name: _____

Part 1: Description of Relationship

1. What was the *role* of your mentor? _____
   (e.g., teacher, counselor, advisor, sponsor, advocate, resource)

2. How often did you *communicate*? (e.g., e-mail, in person, telephone) _____

3. *How long* have you had this relationship? _____

4. How would you characterize the *strengths* and *weaknesses* of your relationship?

Part 2: Describe your mentor (the mentor helped you). Mark the number in the appropriate column.

	Strongly disagreed	**Disagree**	**Neutral**	**Agree**	**Strongly agree**
1) Improve school performance (grades, test scores)	1	2	3	4	5
2) Improve school attitude and Motivation	1	2	3	4	5
3) Improve school behavior (getting in trouble less).	1	2	3	4	5
4) Improve school attendance.	1	2	3	4	5
5) Improve self-esteem/ self-confidence	1	2	3	4	5
6) Set career and/ or future goals	1	2	3	4	5
7) Deal with life stressors (event/ tragedy).	1	2	3	4	5
8) Deal with relationships.	1	2	3	4	5

APPENDIX (9)
Child and Youth Resilience Measure (CYRM) Child Version

DIRECTIONS

Listed below are a number of questions about you, your family, your community, and your relationships with people. These questions are designed to help us better understand how you cope with daily life and what role the people around you play in how you deal with daily challenges.

There is no right or wrong answers.

SECTION A:

Please complete the questions below

1. How old are you now?_____

2. Are you a boy or a girl? _____

3. Who do you live with? (For example: mother, father, aunt, uncle, grandparent, friends, etc.)

_____

_____

_____

_____

4. Who is your family? (For example: mother, father, brothers or sisters, foster or adopted

Please circle one answer for each question.

	No	Sometimes	Yes
1. Do you have people you want to be like?			
2. Do you share with people around you?			
3. Is doing well in school important to you?			
4. Do you know how to behave/act in different situations (such as school, home and church or mosque)?			
5. Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time?			
6. Do you feel that your parent(s)/ caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?			
7. Is there enough to eat in your home when you are hungry?			
8. Do you try to finish activities that you start?			
9. Do you know where your family comes from or know your family's history?			
10. Do other children like to play with you?			
11. Do you talk to your family about how you feel (for example when you are hurt or feeling scared)?			
12. When things don't go your way, can you fix it without hurting yourself or other people (for example, without hitting others or saying nasty			

things)?			
13. Do you have friends that care about you?			
14. Do you know where to go to get help?			
15. Do you feel you fit in with other children?			
16. Do you think your family cares about you when times are hard (for example, if you are sick or have done something wrong)?			
17. Do you think your friends care about you when times are hard (for example if you are sick or have done something wrong)?			
18. Are you treated fairly?			
19. Do you have chances to show others that you are growing up and can do things by yourself?			
20. Do you know what you are good at?			
21. Do you participate in religious activities (such as church, mosque)?			
22. Do you think it is important to help out in your community?			
23. Do you feel safe when you are with your family?			
24. Do you have chances to learn things that will be useful when you are older (like cooking, working, and helping others)?			

25. Do you like the way your family celebrates things (like holidays or learning about your culture)?			
26. Do you like the way your community celebrates things (like holidays, festivals)?			

'NO'

'SOMETIMES'

'YES'

APPENDIX (10)

Mandala Session – Exploring Feelings through Color

Aim: For young people to explore their feelings in different areas of their life using color.

Resources Needed:

- Mandala sheet
- Colored pencils

Method

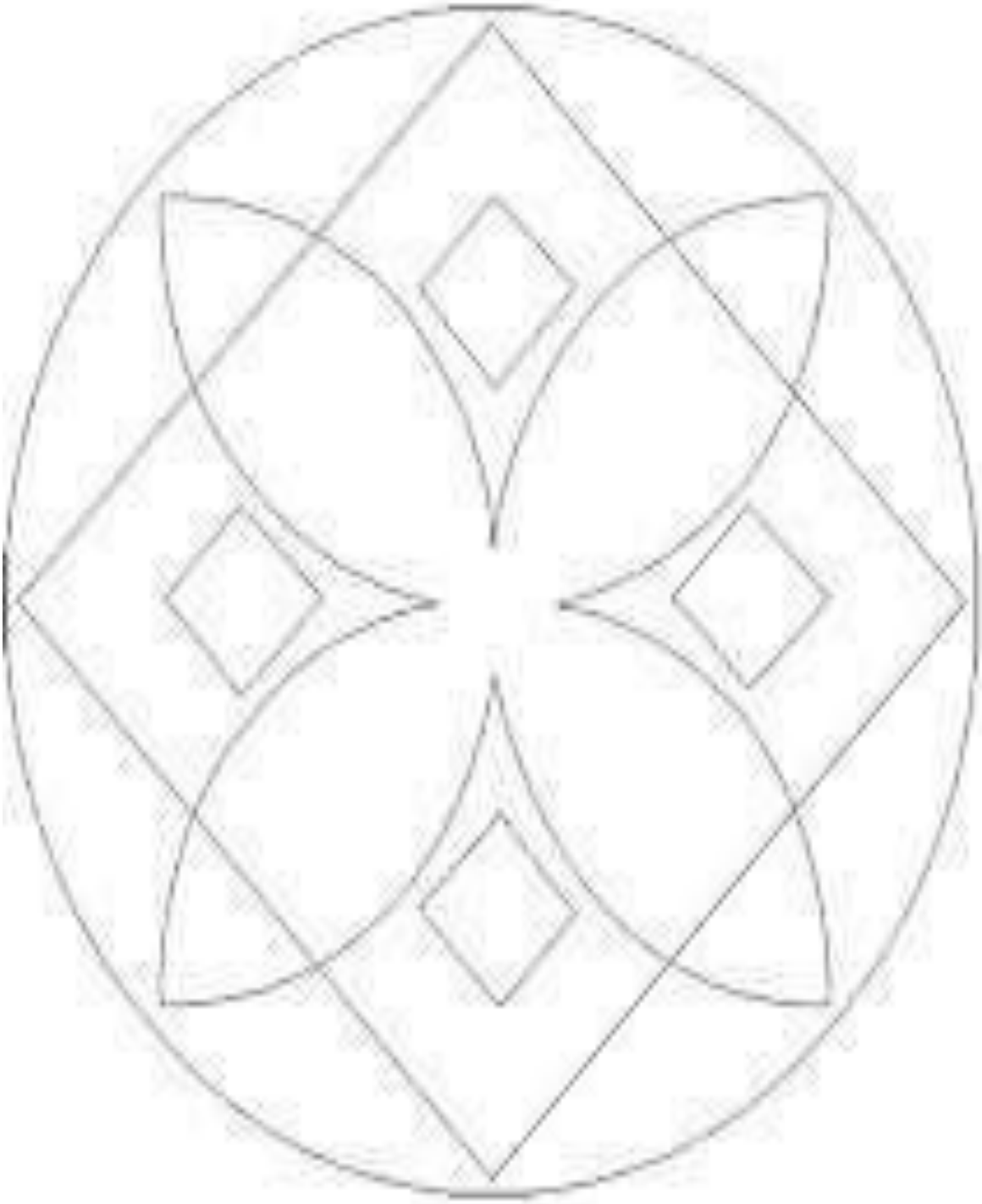
Part One ***(10 minutes)***
Introduce the young person to the Mandala. Explain that the mandala is split into four sections:

- Self
- Friends
- School
- Home

Choose one section to begin with. Explain to the young person that you would like them to color in that area of the mandala according to how they **feel** about that particular area of their life. For example, if they are comfortable and happy in that area, they might choose yellow to show that. If things are a struggle, they might choose a darker color. However, allow the young person to choose the color that they see is right for their own feelings – allow them to interpret the colors in their own way. There are lots of areas to color in, so they can choose a variety of colors.

Part Two
(Approx 15 minutes)
After the young person has colored in one section, talk through their colors with them. Use active listening skills to expand on why the young person has chosen certain colors.

Part Three ***(Allow at least 20 minutes for each section)***
Choose another section and ask the young person to color it, repeating part one. Again, follow this up with a discussion about why they have chosen certain colors.
This can then be repeated for all sections.



APPENDIX (11)

Mandala Score Sheet

Mandala will be evaluated on the following criteria:

Areas or sections	**Use of color (dark/bright)**	**Total score**
Self	Dark/Bright 1 2	
Friends	Dark/Bright 1 2	
School	Dark/Bright 1 2	
Home	Dark/Bright 1 2	

High score indicates the person is having resilience, low score indicates lack of resilience.

APPENDIX (12)

Emotion Awareness Questionnaire (EAQ 30)

Please fill out your first name.....

And your date of birth.....

And whether you are a boy or a girl.....

On the next pages, you will find 30 short sentences. Every sentence is a statement about how you can feel or think about your feelings. You can mark each sentence if this is true, sometimes true or not true for you. Choose the answer that best fits you. You can only mark one answer. If you find that difficult, choose the answer that fits you most of the time. Different children have different feelings and ideas about their feelings. Therefore, there is no right or wrong answers, because it is just about what you think.

		not true	**sometimes true**	**true**
1	I am often confused or puzzled about what I am feeling			
2	I find it difficult to explain to a friend how I feel	□	□	□
3	Other people don't need to know how I am feeling.	□	□	□
4	When I am scared or nervous, I feel something in my tummy	□	□	□
5	It is important to know how my friends are feeling	□	□	□
6	When I am angry or upset, I try to understand why	□	□	□
7	It is difficult to know whether I feel sad or angry or something else	□	□	□
8	I find it hard to talk to anyone about how I feel	□	□	□
9	When I am upset about something, I often keep it to myself	□	□	□
10	When I feel upset, I can also feel it in my body	□	□	□
11	I don´t want to know how my friends are feeling	□	□	□
12	My feelings help me to understand what has happened	□	□	□
13	I never know exactly what kind of feeling I am having	□	□	□
14	I can easily explain to a friend how I feel inside	□	□	□
15	When I am angry or upset, I try to hide this	□	□	□

16	I don´t feel anything in my body when I am scared or nervous	□	□	□
17	If a friend is upset, I try to understand why	□	□	□
18	When I have a problem, it helps me when I know how I feel about it	□	□	□
19	When I am upset, I don´t know if I am sad, scared or angry	□	□	□
20	When I am upset, I try not to show it	□	□	□
21	My body feels different when I am upset about something	□	□	□
22	I don't care about how my friends are feeling inside	□	□	□
23	It is important to understand how I am feeling	□	□	□
24	Sometimes, I feel upset and I have no idea why	□	□	□
25	When I am feeling bad, it is no one else's business	□	□	□
26	When I am sad, my body feels weak	□	□	□
27	I usually know how my friends are feeling	□	□	□
28	I always want to know why I feel bad about something	□	□	□
29	I often don't know why I am angry	□	□	□
30	I don´t know when something will upset me or not	□	□	□

APPENDIX (13)

Hare Self-esteem Scale

HSS–School

In the blank provided, please write the letter of the answer that best describes how you feel about the sentence. These sentences are designed to find out how you generally feel when you are in school. There are no right or wrong answers.

a = Strongly disagree
b = Disagree
c = Agree
d = Strongly agree

_____ 1. My teachers expect too much of me.
_____ 2. In the kinds of things we do in school, I am at least as good as other people in my classes.
_____ 3. I often feel worthless in school.
_____ 4. I am usually proud of my report card.
_____ 5. School is harder for me than for most other people.
_____ 6. My teachers are usually happy with the kind of work I do.
_____ 7. Most of my teachers do not understand me.
_____ 8. I am an important person in my classes.
_____ 9. It seems that no matter how hard I try I never get the grades I deserve.
_____ 10. All in all, I feel I've been very fortunate to have had the kinds of teachers I've had since I started school.

HSS–Peer

In the blank provided, please write the letter of the answer that best describes how you feel about the sentence. These sentences are designed to find out how you generally feel when you are with other people your age. There are no right or wrong answers.

a = Strongly disagree
b = Disagree
c = Agree
d = Strongly agree

_____ 1. I have at least as many friends as other people my age.

_____ 2. I am not as popular as other people my age.

_____ 3. In the kinds of things that people my age like to do, I am at least as good as most other people.

_____ 4. People my age often pick on me.

_____ 5. Other people think I am a lot of fun to be with.

_____ 6. I usually keep to myself because I am not like other people my age.

_____ 7. Other people wish that they were like me.

_____ 8. I wish I were a different kind of person because I would have more friends.

_____ 9. If my group of friends decided to vote for leaders of their group, I'd be elected to a high position.

_____ 10. When things get tough, I am not a person whom other people my age would turn to for help.

In the blank provided, please write the letter of the answer that best describes how you feel about the sentence. These sentences are designed to find out how you generally feel when you are with your family. There are no right or wrong answers.

a = Strongly disagree
b = Disagree
c = Agree
d = Strongly agree

_____ 1. My parents are proud of the kind of person I am.

_____ 2. No one pays much attention to me at home.

_____ 3. My parents feel that I can be depended on.

_____ 4. I often feel that if they could, my parents would trade me in for another child.

_____ 5. My parents try to understand me.

_____ 6. My parents expect too much of me.

_____ 7. I am an important person to my family.

_____ 8. I often feel unwanted at home.

_____ 9. My parents believe that I will be a success in the future.

_____ 10. I often wish that I had been born into another family.

APPENDIX (14)

STATUS OF THE PAPERS

S. No.	Title of the paper, Name of Journal, year, Vol., no.	Authors	Impact factor is in SCI/SCIE/SSCI List	Proof of it being in SCI/SCIE/SSCI/ABDC list as Attachment
1.	Impact of Childhood Adversity on Behavioral Outcomes: Role of Resilience, Well-being, and Parental Support. Social Behavior and Personality: An international journal (Accepted & Published)	Ankita Garg, & Santha Kumari	1.2 SSCI	P1: Clarivate's Web of Science Master Journal List Website's Printout
2.	Adversity and Behavioral Outcomes in Children: The Moderated Mediation Model of Protective Factors and Resilience. Accountancy, Business and Public Interest (Accepted & Published)	Ankita Garg, & Santha Kumari	B Rating	ABDC list, ISSN: 1745-7718

APPENDIX (15)

PAPER PRESENTED AT CONFERENCE

S. NO.	Author	Year	Title of the Paper	Name and Place of Conference
1.	Ankita Garg	2023	Adversity Faced in Childhood: The Role of Resilience and Protective Factors	The National Teachers' Conference on Guidance and Counseling, Guwahati, Assam

Ankita 2

ORIGINALITY REPORT

12%	8%	7%	5%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.sbp-journal.com Internet Source	1%
2	Ackerman R. H., Brock B. L., Conner D. R., Flach F. et al. "Conceptual Frameworks and Research Models on Resilience in Leadership", 'SAGE Publications' Internet Source	1%
3	www.frontiersin.org Internet Source	1%
4	digitalcommons.georgiasouthern.edu Internet Source	<1%
5	Submitted to Thapar University, Patiala Student Paper	<1%
6	dspace.uohyd.ac.in Internet Source	<1%
7	www.ncbi.nlm.nih.gov Internet Source	<1%
8	tudr.thapar.edu:8080 Internet Source	<1%

9	link.springer.com Internet Source	<1 %
10	Submitted to University of Teesside Student Paper	<1 %
11	Submitted to Higher Education Commission Pakistan Student Paper	<1 %
12	Núria Garcia-Blanc, Fernando Senar-Morera, Agnès Ros-Morente, Gemma Filella-Guiu. "Does emotional awareness lead to resilience? Differences based on sex in adolescence", Revista de Psicodidáctica (English ed.), 2023 Publication	<1 %
13	Anna Kwek, Huong T. Bui, John Rynne, Kevin Kam Fung So. "The Impacts of Self-Esteem and Resilience on Academic Performance: An Investigation of Domestic and International Hospitality and Tourism Undergraduate Students", Journal of Hospitality & Tourism Education, 2013 Publication	<1 %
14	Anne E. Chuning, Michelle R. Durham, William D.S. Killgore, Ryan Smith. "Psychological resilience and hardiness as protective factors in the relationship between depression/anxiety and well-being:	<1 %