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THE TIES THAT BIND: UNDERSTANDING THE EXPERIENCES OF ADULT CARE-LEAVERS FROM A RESILIENCE PERSPECTIVE

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The Ties That Bind: Understanding the Experiences of Adult Care-Leavers from a Resilience Perspective

Tutan İlişkiler: Devlet Korumasında Büyümüş Kişilerin Deneyimlerini Ruhsal Dayanıklılık Perspektifinden Anlamak

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TABLE OF CONTENTS

1. Introduction……………………………………………..………………..1

2. Literature Review Article…..……………………………………………..…3

2.1. An Overview of Resilience Research………………………………....4

2.2. A History of Resilience Research…………………………………..…5

2.3. Theories of Resilience…………………………………………………....9

2.4. Factors Contributing to Resilience ………………………………13

2.5. Resilience in Ecological and Cultural Context…………………...17

2.6. A Brief Review of Resilience Research In Turkey……………….22

2.7. Implications for Clinical Practice…………………………………25

2.8. References…………………………………………………………..29

3. Research Article……………………………………………………………...46

3.1. Understanding the Experiences of Adult Care-Leavers from a Resilience_Perspective...……………………………..……………47

3.2. Purpose of the Study…………………………………………….52

3.3. Method………………………………………………………………...53

3.3.1. The Primary Investigator………………………………..53

3.3.2. Participants and Setting…………………………………54

3.3.3. Procedure…………………………………………………55

3.3.4. Data Analysis……………………………………………..55

3.3.5. Trustworthiness…………………………………………..56

3.4. Results………………………………………………………………56

3.4.1. Disrupted Family Relations……………………………...58

3.4.1.1. A lack of "connection"…………………………58

3.4.1.2. An unstable environment……………………...59

3.4.1.3. "Like having two lives": Difficulty in transition between family and care……………………59

3.4.1.4. Yearning for a closer relationship…………….60

3.4.2. "What's left of my family": Siblings……………………61

3.4.2.1. Growing up together versus growing apart…..61

3.4.2.2. Siblings as a support system…………………...62
3.4.2.3. Protecting siblings…………………………...62
3.4.3. "Closest thing to siblings": Friends……………………..63
3.4.3.1. A sense of comradery…………………………..63
3.4.3.2. Stigma outside care……………………………….64
3.4.3.3. Support through tough times………………….64
3.4.3.4. Friends as a safety net………………………….65
3.4.4. Relationship with Care Personnel Makes a Difference……………………………………………..65
3.4.4.1. "Like a family": Close relationships with care personnel……………………………………..66
3.4.4.2. Abuse and neglect in care……………………...66
3.4.4.3. Importance of care personnel…………………67
3.4.4.4. Paid labor of love………………………………68
3.4.5. Protective Power of Relationships………………………68
3.4.5.1. "Having a home": A special bond……………68
3.4.5.2. Being loveable………………………………….69
3.4.5.3. Recruiting helpful adults………………………70
3.4.6. Coping with Negative Emotions…………………………70
3.4.6.1. Facing problems alone…………………………71
3.4.6.2. "Like it didn't happen": Disregarding feelings…………………………………...71
3.4.6.3. Interests as emotional regulators……………...72
3.5. Discussion……………………………………………………...72
3.5.1. Implications for Practice and Policy……………………80
3.5.2. Limitations and Future Research………………………83
3.6. References……………………………………………………..85
4. Discussion…………………………………………………………97
5. Appendices………………………………………………………..99

List of Tables

Table 1. Participant Characteristics and Demographics
Table 2. Summary of Themes

List of Figures

Figure 1. An Ecological Expression of Resilience

List of Appendices

Appendix A. Informed Consent Form

Appendix B. Demographic Form

Appendix C. Interview Questions

Abstract

This thesis consists of two articles. The first article presented is a literature review of resilience research. The article includes (a) a history of resilience research, (b) theories of resilience, (c) factors contributing to resilience, (d) a contextual understanding of resilience, and (e) a brief review of resilience literature in Turkey. The second article includes a concise literature review on the resilience of children in care and extends the literature conducting a qualitative study aiming to understand the experiences and understanding the factors that foster or hinder resilient capacities of care-leavers. Six adult care-leavers were interviewed and the data were analyzed using Interpretive Phenomenological Analysis which revealed six themes: (a) disrupted family relations, (b) "what's left of my family": siblings, (c) "closest thing to siblings": friends, (d) relationship with care personnel makes a difference, (e) protective power of relationships and, (f) coping with negative emotions. The findings are discussed in relation to the current resilience literature and implications are outlined for clinical practice and policy.

Keywords: resilience, state care, care-leavers, at-risk children, vulnerable populations, protective factors, adversity, and Interpretive Phenomenological Analysis

Özet

Bu tez iki makaleden oluşmaktadır. Birinci makale ruhsal dayanıklılık araştırmaları hakkında bir literatür taramasını içermektedir. Makalenin içinde (a) ruhsal dayanıklılık araştırmalarının tarihi, (b) ruhsal dayanıklılık teorileri, (c) ruhsal dayanıklılığa katkı sağlayan faktörler ve (d) bağlam içinde ruhsal dayanıklılığı anlamaya yönelik kısımlar bulunmaktadır. İkinci makale devlet korumasındaki çocukların ruhsal dayanıklılığına dair kısa bir literatür taraması içermekte ve kalitatif bir metotla devlet korumasında büyümüş yetişkinlerin deneyimlerini ve ruhsal dayanıklılıklarına etki eden faktörlerin anlaşılmasını hedefleyerek literatürü genişletmektedir. Devlet korumasında büyümüş altı yetişkinle birebir görüşmelerden elde edilen veriler Yorumlayıcı Fenomenolojik Analiz yöntemiyle incelenmiş ve altı ana tema ortaya çıkmıştır: (a) bozulan aile ilişkileri, (b) “ailemden geriye kalan”: kardeşler, (c) “kardeş gibi”: arkadaşlıklar, (d) bakım personeliyle ilişkinin yarattığı fark, (e) ilişkilerin koruyucu gücü, ve (f) olumsuz duygularla baş etme. Sonuçlar güncel literatürle bağ kurularak tartışılmış ve klinisyenler ve karar vericiler için öneriler sunulmuştur.

Anahtar kelimeler: ruhsal dayanıklılık, devlet koruması, risk altında popülasyonlar, koruyucu faktörler, Yorumlayıcı Fenomenolojik Analiz

INTRODUCTION

Resilience is defined as being on track with age-appropriate developmental tasks or outperforming peers despite the presence of significant risks to derail positive adaptation (Masten, 2001). It is process where protective factors compensate for or reduce the effects of risk factors. Although some resilience research conceptualizes resilience as a personality trait (e.g. Connor & Davidson, 2003), recent research regards resilience as an outcome of the interaction between the individual and their environment (e.g. Greene 2002). Findings from research have identified individual level, family level and community level factors that help produce resilient outcomes. It is important to understand resilience processes to be able to implement prevention and intervention programs to help vulnerable populations.

Children who grow up in state care are one of the most vulnerable populations potentially experiencing maltreatment and neglect prior to their placement in care, and having to face many adversities during their time in care (Sattler & Font, 2017). Research on people who grew up in state care consistently reveal poor outcomes in many domains like, mental health, education, employment, criminal engagement, homelessness and substance use (Akister, Owens, & Goodyer, 2010; Aldgate, 1994; Broad, 2005; Mendes, Johnson & Moslehuddin, 2011). However, research findings also show that a portion of care-leavers show adaptive outcomes despite past and present adversities. The variation in outcomes highlights the need to examine the contributors of resilience in children in state care.

The current study, aims to review resilience research and understand how resilient outcomes can be supported in children growing up in state care. The first article is a literature review, providing an outline of resilience research through the years, reviewing different theoretical approaches in conceptualizing resilience, and summarizes prominent findings regarding common protective and risk factors. The review also includes recent research examining the role of cultural

variations in resilience and a brief review of resilience research in Turkey. The review concludes with a discussion of clinical implications of resilience literature.

The second article is a research article aiming to describe the experiences of adults who grew up in care, and to understand the factors contributing to their resilience. The article includes a concise literature background specifically on the resilience of children in care. It reports the qualitative findings of semi-structures interviews conducted with adult care-leavers in order to answer these research questions: (a) What are the experiences of adults who grew up in state care? (b)What experiences fostered or hindered their resiliency capacities? (c) How do they cope with the adversities in their life?

LITERATURE REVIEW ARTICLE

Abstract

Resilience is meeting or exceeding age-appropriate standards of functioning in the face of serious threats to adaptation and development. It is the process where protective factors and risk actors are negotiated between the individual and their environment. This review covers a brief history of resilience research, and an outline of the different theoretical approaches in understanding resilience. Individuals, family and community factors that contribute to resilience are discussed in reference to the systems framework (Bronfenbrenner, 1979). Resilience research in the Turkish literature if briefly reviewed. Recent cultural and contextual conceptualizations of resilience are delineated. The review concludes with a discussion of clinical implications of resilience research and some considerations for clinicians working with vulnerable populations.

Keywords: resilience, at-risk children, vulnerable populations, adversity, protective factors, and culture

2. 1. AN OVERVIEW OF RESILIENCE RESEARCH

Resilience is defined as achieving good outcomes in spite of serious challenges and threats to adaptation or development (Masten, 2001). American Psychological Association defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress" ("The road to resilience", n.d., para. 4). Although it is operationally defined in diverse ways, it can broadly be defined as meeting or exceeding age-appropriate standards of functioning and developmental tasks (Shiner & Masten, 2012). It is a process where protective factors compensate for or reduce the potentially negative influence of risk factors. Resilience is a cross-culturally recognized and a widely studied concept (Hunter, 2001; Ungar, 2008). Resilience research aims to understand the processes and contributing factors of good outcomes in the face of adversity.

Resilience is framed with reference to terms such as risk factors, protective factors, and vulnerability. Risk factors are any factors that increase the chance of undesirable outcomes. Risk factors have multiple meanings ranging from an immediate presence of a threat to a statistical probability of a negative outcome (Brearley, 1982; Lupton, 1999). Protective factors are factors that prevent risks or moderate the effects of risk factors (Masten, 2001; Titterton, Hill & Smart, 2002). Vulnerability refers to a feature that makes an individual more susceptible to threats (Newman, 2004).

Other related concepts within resilience research are pathways, turning points, and chain effects. Pathways are developmental trajectories referring to the functioning of an individual over time (Gilligan, 2001; Prilleltensky, Nelson & Peirson, 2001). Turning points refer to specific times when individual pathways change direction for the better or the worse (Gilligan, 2001; Schofield, 2001). These turning points can be composed of a single event or a repetitive experience, such as a supportive and trusting relationship. A turning point can lead to a chain effect where a single positive or negative experience triggers other similar experiences (Rutter, 1985). For example, getting into a good school can lead to

more emotional, educational and economic opportunities. The complex interplay of these factors determines the unique outcome for individuals.

The purpose of this literature review is to outline resilience research over time, describe theories of resilience and protective factors, delineate culture-specific factors of resilience and expand the understanding of clinicians working with vulnerable populations. The review begins with a summary of the emergence of resilience research and a brief outline of early and contemporary resilience research history. Then, current theories of resilience are discussed focusing on different perspectives in understanding and conceptualizing resilience. Next, individual and environmental factors that contribute to resilience are reviewed. Then, cultural studies in resilience are outlined and contextual understandings of resilience are discussed. The review concludes with a brief review of resilience research in Turkey and a discussion of clinical implications of resilience research with some suggestions for clinicians who work with at-risk individuals.

2. 2. A HISTORY OF RESILIENCE RESEARCH

The word “resilience” has its roots in the Latin verb “resilire” which means rebounding. The concept is influenced by general systems theory (von Bertalanffy, 1968) and is applied to many different systems such as families, economy, and ecology (Masten, 2014). The term is first adopted in psychology in the 1970s by psychologists and psychiatrists who were exploring the etiology of psychopathology (Anthony, 1974; Garmenzy, 1971; Rutter, 1979). Before the term was adopted, resilient children were clinically recognized by clinicians and developmental psychologists, especially after mass trauma situations like war and disaster. Thus, resilience research has strong roots in both abnormal psychology which examines the etiology of psychopathology and developmental psychology which studies normative child development (Luthar 2006; Masten, 2014).

Resilience was first recognized and documented by psychologists after World War II (WWII), where millions of children in Europe were heavily traumatized, orphaned, ill or starving. At this time of need, clinicians were

working with the psychologically affected children, including Anna Freud. She founded war nurseries in England and later wrote *War and Children* (Freud & Burlingham, 1943), where she wrote that heavy traumatic effects were rarely seen in children who had parents present during the course of traumatic events. She also noticed that the reactions of the caregivers were important for determining the children's reactions. Such observations after WWII were the dawning of resilience research, but because of the war and scarce resources, research could not be carried out at the time (Garmenzy, 1983).

Research on resilience emerged from the experiences of WWII since pioneering resilience researchers such as Garmenzy, Rutter and Werner were intimately affected by the war. Garmenzy was an American soldier who fought in Europe (Garmenzy, 1985), Rutter was a British child who got separated from his family and evacuated to safety in the United States (Rutter, 1979; 1987), and Werner survived warzones in Europe, experiencing international relief efforts in her childhood (Werner & Smith, 1982). The foundational work in the field was carried out by people who had personal experiences of adversity and resilience.

Early resilience research focused on identifying risk factors that made children susceptible to developing psychopathology. Factors such as parental psychopathology, childhood maltreatment, and trauma were found to be associated with elevated probabilities for various problems and mental disorders (Cicchetti, 2013b; Goldstein, 1969; Kaplan & Grunebaum, 1967). As a cluster of risk factors emerged, the concept of "high-risk" children started to appear in research. Research on "high-risk" children revealed that some children do not develop mental disorders and they are doing well compared to their peers in spite of their adverse experiences (Masten, 2013). Early studies of resilient children viewed resilience as something as out of the ordinary, thus resilient children were often called "invulnerables" or "invincibles", both in academia and mainstream media (Masten, 2001).

Research on the effects of disasters played an important role in providing critical data for recognizing the commonality of resilience. Research on the flood in Buffalo Creek, West Virginia yielded extensive longitudinal data on the after-

effects of disaster on children (Gleser, Green, & Winget, 1981). Seventeen years after the first wave data, although some traumatic effects lingered, recovery and resilience were found to be the norm (Korol, Kramer, Grace, & Green, 2002). A similar longitudinal study on the Australian Bushfire of 1983 also revealed that twenty years later, the traumatic effects have mostly disappeared and recovery was the most common path (McFarlane, 1987; McFarlane, & Van Hooff, 2009). Research shifted its direction to find what makes people resilient, once realizing that resilience was more common than thought before.

In order to find the possible contributors of resilience, early investigators had to define, assess and operationalize concepts such as risk, adversity, adaptation, resource and protective factors. Further research revealed that single risk factors did not reflect the complexity of reality. Researchers quickly recognized that children are often exposed to multiple adversities and risk factors that happen at the same time, and the accumulation of these risks should be assessed in order to find the true effects (Obradovic, Shaffer, & Masten, 2012). Studies showed that the accumulation of these effects was strongly related to poor outcomes on multiple domains of adaptation (Rutter, 1990; Seifer & Sameroff, 1987).

The early models of resilience tried to link adaptation to the severity of experienced adversities. Later, positive factors were had to be added to these models because the severity of adversities alone could not account for the outcomes. Positive factors which had the same effects size as the adversities were labeled as assets, resources or compensatory factors. Positive factors which had an increased effect size when the risk factors were high, were labeled as protective factors. Assets and resource factors are best defined as characteristics that help for positive outcomes regardless of the level of risk exposure (Benson, 2003; Moore, Lippman, & Brown, 2004). Protective factors are specific to the vulnerable populations and they suppress the impact of risk when risk exposure is high (Sameroff, 2000; Zautra, Hall, & Murray, 2010).

Over the years, adaptation was defined in diverse ways. Many investigators, particularly in the field of abnormal psychology, described that the

absence of psychopathology, substance abuse or low symptom levels as the main criterion of adaptation (Luthar, 1999; Luthar, Cicchetti, & Becker, 2000). Other investigators, particularly in the field of developmental psychology, delineate adaptation on the basis of an observable track record of meeting age-appropriate expectations or developmental tasks (McCormick, Kuo, & Masten, 2011; Waters & Sroufe, 1983). Some research uses both criteria to characterize adaptation (Greenberg, Lengua, Coie, & Pinderhughes, 1999). Currently, there is no consensus on whether to define resilience on the basis of external criteria (i.e. academic achievement) or internal criteria (i.e. psychological well-being) or a combination of both (Luthar, 1999; Masten 1999b).

Although early research identified many individual, family, and community factors that were associated with positive adaptation (Garmenzy, 1985), some complexities emerged regarding the nature of protective factors. Most early research viewed protective factors as inherently protective, but a seminal article by Rutter (1987) showed that protective factors had to be considered with regard to their function in their specific context. Rutter used deVries's (1984) research on Masai infant's temperaments to illustrate his point. At the time "easy" babies were thought to be more adaptable, thus having an "easy" temperament was thought to be a protective factor. Notably, deVries (1984) found "difficult" babies survived the harsh conditions of a severe drought much better than "easy" babies. This study exemplified the shortcomings of resilience research in regards to taking the context into consideration.

Criticisms of early research revolved around two main points. The first point was the failure in addressing context and cultural variations in the meaning and measurement of resilience (Masten, 2014). Although some researchers called for a more sociocultural approach (Ogbu, 1981), the western-based definitions of good adaptation remained, and research lacked the sensitivity to culturally specific manifestations of resilience (Ungar, 2008). The second main criticism was about how early research focused on the individual as the locus of change and paid less attention to the social processes that create the conditions of protection and risk (Ungar, 2012). The theory was criticized for being overly individualistic

and placing a burden on the individual to extract themselves from adversities (van Breda & Dickens, 2017).

In the past two decades, the science of resilience has integrated ideas from ecological systems theory (Bronfenbrenner, 1992), developmental systems theory (Lerner, 2006), and family systems theory (Goldenberg & Goldenberg, 1996) into its framework. Contemporary process-oriented resilience theory assumes that the interaction of complex systems shapes the course of the individual life course. As a result, resilience is no longer seen as solely an individual factor, and the capacity for adaptation is distributed across many systems (Masten, 2014). For example, it is understood that violence at the community level affects family functioning (Cummings et al., 2012), thereby influencing parental functions and adaptive outcomes for children.

More recently, resilience theory has been giving culture and context greater attention (Greene, 2014). Ungar (2011) has proposed a social ecological model of resilience that emphasizes the integrative systems around resilience. Recent research has shown that contextual factors account more for variation in response to adversity than individual factors (Ungar, 2012). The current theory of resilience is much more complex and multi-dimensional than early theoretical works. Recently, resilience is understood as more dependent on the capacity of the environment to potentiate positive adaptation. This formulation of resilience has facilitated the development of intervention programs that target both ecological and individual factors to encourage resilient outcomes.

2. 3. THEORIES OF RESILIENCE

Resilience theory and research have been troubled with challenges regarding the variation of definitions of key concepts including the concept of resilience. There is still no agreement on the definition of resilience, but rather a cluster of meanings associated with overcoming adversities (Hill, Stafford, Seaman, Ross & Daniel, 2007; Masten, 2018). However an agreement exists that, when identifying resilience, two crucial conditions need to be present. Firstly,

there must be a significant risk to derail normative development, where risk factors are statistically associated with higher probabilities of poor outcome. Secondly, there must be a positive adaptation in spite of high-risk conditions, either being on track with age-appropriate developmental tasks or outperforming peers (Hill et al., 2007; Gilligan, 2001; Luthar et al., 2000; Masten, 2001).

Over the years resilience has been conceptualized as an outcome (relatively good functioning or well-being), a process (developing characteristics to deal with adversity) and a capacity (being able to make use of internal and external resources) (Hendrick & Young, 2013). Current resilience research encompasses two main perspectives are the trait-oriented perspective and the process-oriented perspective. Researchers from the two different approaches diverge in the main conceptualization of resilience as well as the term associated with the body of research. Luthar, *et al.* (2000) suggested using the term "resilience" to refer to the process-oriented approach, and the term "resiliency" to refer to the trait-oriented approach.

The trait-oriented perspective understands resilience as a personality trait that helps people overcome adverse life experiences and achieves optimal or exceptional adjustment. It views resiliency as a trait that an individual is born with, which places responsibility on the individual for both overcoming and failing to overcome adversities (Ahern, Kiehl, Sole & Byers, 2006; Block & Kremen, 1996). This approach does not take contextual influences, like family and community factors into consideration. Also, it does not give much attention to the variability of resilience across different contexts and does not factor in developmental phases and life span theory (Luthar et al., 2000; Wang, Zhang & Zimmerman, 2015).

A trait-oriented approach conceptualizes resiliency as a single competency, thus making it measurable with various self-report questionnaires (Baruth & Caroll, 2002; Connor & Davidson, 2003). These measures are used in numerous studies, more commonly examining the relationship between resiliency and mental health issues (Davydov, Stewart, Ritchie & Chaudieu, 2010; Fergus & Zimmerman, 2005; Houri, Nam, Choe, Min, Matsumoto; 2012). Using self-report

resilience measures, Campbell-Sills, Cohan, and Stein (2006) found that resiliency is a moderator in childhood maltreatment and psychological symptomatology. Likewise, Peng, Zhang, Li, Li, Zhang, Zuo, *et al.* (2012) reported a strong association between negative life events and mental health issues.

On the other hand, the process-oriented perspective regards resilience as an outcome of the interaction between the individual and their environment. This perspective views resilience as heavily shaped by the context, rather than as an immutable characteristic of the person. The process-oriented perspective is influenced by the shift to systems thinking in social sciences, whereby the interactive multi-level systems affect individuals, families, and broader contexts at the same time (Overton, 2013). From this perspective, the resilience of one system is dependent on the resilience of other systems, thus individual resilience will be affected by resources the environment provides (Masten, 2015).

Rutter (2007) points out some considerations of the process-oriented perspective. Firstly, resilience should be assessed over time because it will change depending on the resources and support available at a given time. Secondly, individual differences for resiliency can be attributed to both individual and the environmental level factors. Thirdly, resilience can be found in the processes used by people, so it requires a process identification rather than simple variable identification. Using the systems framework, the process-oriented approach suggests that resilience cannot be a stable trait, rather a dynamic process (Masten, 2018).

Greene (2002) outlines key theoretical assumptions of resilience theory and defines resilience as a process including family, school, peers, neighborhood, community, and subsequently containing the micro, exo, mezzo, and macro systems in ecological systems theory (Bronfenbrenner, 1979). It is affected by the availability of environmental resources and enhanced through connection and relatedness. Resilience appears across the life span with individuals experiencing unique paths of development. It is also influenced by diversity factors such as ethnicity, race, gender, age, sexual orientation, economic status, religious

affiliation, physical and mental abilities. It is linked with life stress and people's unique coping capacities.

The core principles and implications of understanding resilience in a systems framework underscore the importance of understanding the unique pathways of resilience. Different pathways models of recovery exist because there are many factors affecting human adaptive systems. Theoretical pathway models have been studied in numerous researches in the face of acute and chronic adversity (Bonanno, 2004; Bonanno, Romero & Klein, 2015; Masten & Cicchhetti, 2016; Masten & Narayan, 2012). These models illustrate different patterns of adaptive behavior over time in relation to the onset of adversity or traumatic experience. Advanced statistics and expending longitudinal research have identified pathway models including patterns of breakdown, stress-resistance and post-traumatic growth (Masten, 2018).

The stress-resistant pathway involves little to minor disturbance of function in response to an adverse experience. Bonnanno and Diminich (2013) termed this pathway as "minimal-impact" pathway where the impact of the adversity is comparably low. "Recovery" pathway is where there is a breakdown of functionality after the overwhelming stressor, but then functionality recovers. This pathway involves improving functions and decreasing symptoms. In the case of chronic adversity, such as childhood maltreatment, another pattern has been delineated, where functionality is poor but then turns around when conditions improve. This pattern is referred to as the "normalization" (Masten & Obradovic, 2008) or more commonly "emergent resilience" pathway (Bonnanno & Diminich (2013). The condition where there are high or increasing symptoms without any turning points is referred to as a "deteriorating" pathway.

Longitudinal research is crucial for examining trajectories, although they are rare. However, in a recent study Betancourt, McBain, Newnham, and Brennan (2013) examined child soldiers of Sierra Leone with extremely high trauma exposure. They have found that 41% fit with the minimal-impact pathway model, showing steady and low internalizing symptoms; 47% fit with the recovery pathway model, showing substantial improvement over time; 11% fit the

deteriorating pathway model, showing persisting or worsening symptoms. La Greca *et al.* (2013) studied the pathway models of 568 children after Hurricane Andrew and found that 37% fit the minimal-impact, 43% fit the recovering, and 20% fit the deteriorating pathway models.

Longitudinal pathway model studies confirm the observation that the majority of children show resilience in some form even after severe or chronic adverse experiences. Although early studies of resilience have tried to find the extraordinary qualities of resilient children, current research suggests that resilience seems to be a common phenomenon. Masten (2001) suggests that if the adaptive systems are protected, development is robust even in severe cases of adversity. However, if these adaptive systems are impaired then the risk of developmental problems is greater, especially when the adversities are prolonged. Current research suggests that resilience is not an extraordinary adaptation but rather it is "ordinary magic" (Masten, 2001).

2. 4. FACTORS CONTRIBUTING TO RESILIENCE

Understanding resilience through the system's lens shifted the more individualistic focus of research to more complex multiple levels conceptualizing (Lerner et al., 2013; Zelazo, 2013). The attributes of multiple level systems have profound implications for understanding individual resilience. Individuals are embedded in systems such as families and peer groups, and these systems are embedded in communities and cultures (Bronfenbrenner, 1979). Once resilience theory adopted the systems framework all protective factors and risk factors were grouped into three interconnected levels: individual, family, and community. This review will follow this systems model from inside out, starting from intrinsic factors going towards the environmental factors.

All protective and risk factors should be seen as interactive and bidirectional processes. While the individual protective factors play a major role on children’s competencies and coping skills, children also vary in their ability to make good use of their resources (Daniel, Wassell & Gilligan, 1999; Gilligan,

2001). Thus, the intrinsic and the extrinsic protective factors should not be considered as separate factors, rather as bilateral elements (Hill et al., 2007). The bidirectional nature of protective factors also needs to be considered. For example, Patterson, Reid, and Dishion (1992) found that children's behavior can influence the parenting quality they receive, and parents can influence children's capacity of moderating stress (Gunnar, 2001). The complex nature of these interacting factors makes it hard to explore how factors influence each other over time (Masten, 2001).

Some individual factors of resilience are relatively immutable and not as much dependent on environmental factors, such as gender and intelligence. High intelligence has been found to be a protective factor in a number of studies (Daniel & Wassell, 2002b; Ferguson & Lynskey, 1996; Gilligan, 2001). Intelligence is often seen as a relatively constant entity, although it is possible that intellectual capacity can be increased with parenting and stimulating environment, and reduced by early deprivation (Rutter & Rutter, 1993; Clarke & Clarke, 2003). Research has shown that executive functions like problem-solving skills, and planful competence like, having goals and an organized strategy for achieving them have a protective role against adversities (Clausen, 1991; Masten et al., 2004).

There is little agreement regarding the link between gender and resilience. Some studies reported no consistent gender differences (Hodes, 2000; Sameroff, Bartko, Baldwin, Baldwin & Seifer, 1999), while others report girls are more resilient than boys in school years, but then boys are more resilient during adolescent years (Daniel & Wassell, 2002b, 2002c). Some findings suggest that girl's common outcomes in the face of adversity are anxiety and depression, and boy's common outcomes are attention deficit disorders (Steinhauer, 1996; Titterton et al., 2002). Another study found that resilient girls tend to express autonomy and independence; while resilient boys tend to be emotionally expressive, nurturing and socially perceptive (Bauman, 2002).

Some intrinsic protective factors are more malleable with interpersonal interaction. Kliewer *et al.* (2010) found that emotional regulation skills had a

buffering effect against internalizing problems in children who are exposed to violence. Daniel and Wassell (2000) have found that reflective school-aged children are more resilient than impulsive children. Individual qualities like self-esteem (Byrne & Mazanov, 2001), self-efficacy (Hamill-Skoch, 2003), and internal locus of control (Scheier, Botvin & Miller, 2000) are all found to decrease the negative effects of stressful life events. Being a gentle, nurturing and caregiving person and having a sense of responsibility are found to be protective factors, especially during adolescent years (Daniel & Wassell, 2002c).

Some protective factors are closely linked with parenting like, being securely attached (Shapiro & Levendovski, 1999) and having empathic skills (Daniel & Wassell, 2002b, 2002c). Protective factors liked with socialization such as communication skills, a sense of social competence, and being sociable also have protective effects against adversities (Benard, 1991). Research suggests that having a sense of humor (Werner & Smith, 1992), using relaxation techniques (Wolin & Wolin, 1993) and having hobbies (Daniel & Wassell, 2002b) have protective roles in children's lives. Additionally, dispositional hope and optimism (Carver & Scheier, 1998; Kumpfer, 1999) and having religious beliefs are also protective against stressful events (Barkin, Kreiter & DuRant, 2001; Wills, Yaeger & Sandy, 2003).

Of all the factors that promote resilience, parent-child interactions have received the greatest theoretical and empirical attention (Masten, 2018). Parent-child relationships play a central role in nurturing individual resilience because parenting serves many functions ranging from fostering fundamental adaptive systems to transmitting cultural knowledge and practices (Becvar, 2013; Bornstein, 2015). Infants form a secure attachment with caregivers, whereby if there is perceived threat the infant can get physical protection and emotional nurturance from their caregiver, and if there is little or no threat then it fosters exploration and learning opportunities (Bowlby, 1969; Ainsworth, 1989). Numerous studies indicate that a positive relationship with a caregiver has good effects on emotional, social and academic outcomes for children who at risk due

to adversities (Masten & Palmer, 2019), even in situations of chronic maltreatment (Alink, Cicchetti, Kim & Rogosh, 2009).

Parents serve as emotional and behavioral regulators for children until they learn to regulate themselves (Beeghly & Tronick; Morris, Silk, Steinberg, Myers & Robinson, 2007). Parents soothe young children, help them to verbalize their frustration and teach them socially acceptable ways to express their emotions. In adverse situations, the parent's emotional regulation role becomes especially important. Herbers, Cutuli, Supkoff, Narayan & Masten (2014) found that in families experiencing homelessness, observational coding of regulation by parents predicted better school adjustment and mediated self-regulation skills. Parent's role as behavioral regulators, for example providing a structure through rules and maintaining family routines help children through adversities. These roles afford a sense of coherence, stability, and well-being in midst of adversity and serve as protective factors (Fiese, 2006; Walsch, 2016).

Parental and family qualities like warmth, responsiveness, spending time with children, promoting interests, giving consistent guidance, providing adequate role models are all found to promote the prospective resilience of children (Howard & Johnson, 2000; Hammen, 2003; Rosental, Feiring & Taska, 2003). Such parenting not only helps children develop intrinsic resilient capacities, but it also mediates recovery pathways in the face of various adversities (Humphreys, 1998; Wyman, Sandler, Wolchik & Nelson, 2000). O'Donnell, Schwab-Stone, and Muyeed (2002) found that parental support was strong predictors of children experiencing community violence. Children and adolescents responses to stress are found to be better when they have supportive and stable families (McCubbin, Hamilton, Thompson, Thompson & Futrell, 1999; deHaan, Hawley & Deal, 2002).

Parents also play a major role in transmitting many aspects of culture like values, rituals, religion and other traditions that can serve as protective factors in the future (Bornstein, 2012). In times of adversity, cultural beliefs and practices can provide a sense of connectedness, hope, positive identity and meaning in life (Motti-Stefanidi, 2015). In a study of resilience in Afghanistan, values of faith,

family unity, and morals were found to be critical protective factors at times of conflict (Eggerman & Panter-Brick, 2010). Parents also promote positive ethnic identities in children which can be protective against discrimination. Research on marginalized and immigrant youth show the protective effects of positive identity development, ethnic socialization (Umana-Taylor et al., 2014) which reduce the effects of discrimination (Brody et al., 2006).

In circumstances where parental care is deficient or contributes to the adversities they are facing, access to other adults for compensatory care is crucial. Resilient children often actively recruit and form special attachments with adults in their close environment (Walsch, 2016). Sustaining at least one trusting and supporting relationship with an adult have been found as an important protective factor (Werner & Smith, 1992). These supportive adults are frequently extended family members, teachers, professionals or allocated mentors. For example, Zimmerman, Bingenheimer, and Notaro (2002) found that having a non-parental supportive adult reduced the risk of alcohol and marijuana use in at high-risk youth. Zagar and Busch (2009) found that mentoring was a compensatory factor for delinquency reduction. Suliman-Aidan (2018) also reported that resilient children in state care often have mentoring relationships.

Wide environment factors such as peer relationships and positive school experiences can also offer to protect children from some of the impacts of adversities. Many studies have found that friendships and positive peer relations provide protection against many consequences related with high-risk conditions (Bukowski, 2003; Criss, Petit, Bates, Dodge & Lapp, 2002; Hodges, Boivin, Vitaro & Bukowski, 1999; Howard, Budge & McKay, 2010). Positive school experiences were found to play a central role in resilience by many studies (Geary, 1988; Howard & Johnson, 2000, O'Donnell et al., 2002). Borowsky, Ireland, and Resnick (2012) found that academic performance and school connectedness can compensate for cumulative effects of prior violent behavior, violence victimization, and substance use.

2. 5. RESILIENCE IN ECOLOGICAL AND CULTURAL CONTEXT

The role of culture in resilience has been disregarded for the most part of resilience research but in the last two decades, more research has begun to take culture into account. Researchers are giving greater attention to cultural issues like cultural practices and rituals, religion, immigration, acculturation and political conflicts (Luthar, 2006; Masten, 2014). International and intercontinental research efforts have yielded a rich body of qualitative and quantitative data that produced extensive insight on culture-specific ways of defining and displaying resilience (Ungar, 2012; Wachs & Rahman, 2013). Recently, Ungar (2011) proposed a social ecological model of resilience highlighting context and culture in our understanding of resilience.

Investigators have identified some cultural rituals to play a potent role in the recovery of young people facing adversities. Kirmayer, Dandeneau, Marshall, Phillips and Williamson (2011) found that the ritual of reconciliation and forgiveness help the young people Mi'kmaq from Atlantic Canada, to resolve offenses and reconnect with the community. Rituals of cleansing and forgiveness also appear to play an important role in the recovery of child soldiers in Mozambique (Boothby, Crawford & Halperin, 2006). In a study, in the Basotho community of South Africa, the concept "Botho" which emphasizes human interdependence has been found in young people identified as resilient. Resilient youth in Basotho had global resiliency attributes like being flexible and determined, but they also appeared to have culture-specific protective factors like interdependence (Theron, Theron, & Malindi, 2012).

Research on immigration and acculturation expanded the cultural understanding of resilience. For example, Garcia Coll and Marks (2012) found that first-generation immigrant youth show better health and adjustment than subsequent generations, which show that acculturation might be a risk factor. Driscoll, Russell, and Crockett (2008) also found that acculturation processes pose a risk to the mental health and negative behaviors like smoking, drug, and alcohol use of immigrant Latino youth. It is thought that the American values of independence and autonomy undermine the culturally expected family ties and

mutual family support. From the ecological understanding of resilience point of view, resources like family ties may or may not serve as protective factors depending on the context.

There is also a growing body of research on ethno-political conflicts and war around the world. For example, researchers have examined Palestinian and Israeli-Jew and Israeli-Arab children living in armed conflict areas and they have found that youth in these conflict areas gain a sense of identity and agency despite the inherent dangers of active conflict. This finding shows that apparent adversities like living in active arming conflict might also produce some protective factors. It underscores the importance of fully understanding the perceived meaning of adversities, and to examine factors contributing to resilience as neutral before determining their protective and risky qualities (Barber, 2009; Dimitry, 2012).

Research on different cultures and contexts show that what was once thought to be a protective factor or a risk factor may not inherently have these qualities in every context. For example, according to a large number of studies, working as a child can have negative effects on children (e.g. Liebel, 2004, Ungar, 2012). On the other hand, recent studies have found that the burdensome employment of children can have some advantages with regard to self-worth, hope for the future and respect from others for the contribution to their family, which can serve as protective factors in the child's adverse environment (Liborio & Ungar, 2010). Examples like these go to show that the qualities of protection and risk are not inherent to the identified factors, but the specific attribution of meaning can change how adversities are experienced by individual people.

An ecological, environmental, culturally pluralistic perspective provides a second way to understand resilience. Recent research shows that the environment counts more than we thought, perhaps even more than individual capacity. When resilience is measured as an outcome, individual traits stand out as protective factors, but what should be considered is that all the individual qualities are dependent on the individual's wider ecology. For example, secure attachments result from adequate caregiving (Beckett et al., 2006), higher self-esteem may

result from success with peers, success at school or family cohesion (Kidd & Shahar, 2008), self-efficacy is the result of having the opportunities to make meaningful contributions to others (Emond, 2010), and positive peer relationships may result from neighborhood characteristics to provide children with a selection of choices (Chauhan, Reppucci, Burnette & Reiner, 2010).

The shift to a contextually-relevant understanding of resilience de-centers the individual as the unit of analysis, and instead, the individual's ecology is emphasized. Much like Lewin's (1951) expression of B= *f*(P, E,) which states that behavior is a function of the person and their environment, Ungar (2012) proposes an ecological expression of resilience. (see Figure 1). In the equation, R_B refers to resilience as a set of observable adaptive outcomes such as academic achievement and prosocial peer relations. Longitudinal studies of resilience show that resilient behaviors change over time, as horizontal stressors (normative developmental challenges) and vertical stressors (acute or chronic challenges) affect the individual's capacity to cope (Laub & Sampson, 2003).

$$R_{B(1,2,3,\ldots)} = \frac{f(P_{SC}, E)}{(O_{Av}, O_{Ac})(M)}.$$

Figure 1. An Ecological Expression of Resilience. From Ungar, M. (2012). Social ecologies and their contribution to resilience. In M. Ungar (ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 13-31). New York, NY: Springer Science + Business Media.

P_{SC} refers to the function of the person and their strengths and challenges. The nature of the interaction between strengths and challenges is a combination of personal advantages and disadvantages that influence life trajectories. For example, intelligence would be a strength, while an intellectual delay would be a challenge in most cases. The interaction of strengths and challenges is more complicated when environmental risks are accounted for. E refers to the ecology surrounding the individual. It encompasses environmental factors such as family

functioning, school engagement, neighborhood stability. The complex interplay of these elements in the ecosystem makes up the ecology factor in resilience (Ungar, 2012).

All the other factors in resilience depend on two aspects, which are represented in the denominator: opportunity and meaning. The capacity of the ecology to provide resources for adaptation is constrained by the opportunities that surround the individual. Research shows that developmental trajectories are heavily influenced by available (O_{AV}) and accessible O_{AC} resources. For example, Laub and Sampson (2003) show that elderly men who were once delinquent boys, that those who formed secure bonds with intimate partners were more likely to refrain from problem behaviors later in life. Such research provides evidence of available and accessible support can prevent the continuation of negative trajectories and foster positive behavior. M stands for the attributed meaning of adversities and protective factors by the individual and their communities. The attributed meaning can determine if an experience is facilitative of growth or if it poses a barrier for development.

Recent global research efforts provide a different outlook on how resilience is defined and manifested in different cultural contexts. The International Resilience Project which studied over 1500 young people and collected data from 14 different cultural sites from five different continents presented four important propositions regarding the role of culture in resilience (Ungar, 2008). The first finding was that resilience has global as well as culturally and contextually specific aspects. In some instances, even the global resiliency factors are expressed in idiosyncratic ways based on the environment the youth live in. For example, varying amounts of independence and dependence on parents can play a protective in adolescent's lives.

The second finding is that different aspects of resilience exert different amounts of influence depending on the culture and context the child lives in. An example of this is a teenage girl from India who immigrates to Canada, where she adheres strongly to the traditional and conservative ways of her culture in spite of being a victim of prejudice. This girls coping involves securing close relationships

with family members and having ethnic pride, where if she would exert independence and acculturation she would be threatening her relationships with family and her cultural identity. In this case, family relations, cultural identity, and self-esteem are more influential protective factors than other aspects of resilience such as peer acceptance.

The third finding is aspects of resilience are thematically related to each other rather than a neat sorting of the individual, relational, community and cultural factors. For example, it is found that self-efficacy which was initially thought of as an individual factor, has close links with the child's relationships and the community (i.e. the child's influence on parents, political efficacy, etc.). The fourth finding is that resilient youth are those who successfully navigate their way through seven identified tensions, according to their strengths and available resources. The tensions include the availability of financial, educational, occupational resources; relationships with family, peers and significant others; identity factors like beliefs, values, aspirations, and spirituality; experiences of caring for oneself or others; adherence to the local or global cultural practices and values; finding a meaningful role in community; and feeling a part of something larger than oneself.

2. 6. A BRIEF REVIEW OF RESILIENCE RESEARCH IN TURKEY

Resilience research has a long history in Western literature, however it has been limited in the Turkish literature. Işık (2016) reviewed both journal and dissertation databases in Turkey and found only approximately twenty articles and sixty dissertations were written on the subject. Although resilience research has been growing since especially the beginning of 2010s, the strikingly low number of studies in Turkey underlines the need for more research. The many different translations of the concept “resilience” in the Turkish language might also be posing a barrier to establish common terms in the field to establish a foundation for literature. At least four different phrases are used as the translation of resilience (Işık, 2016) which makes it harder to find the relevant research.

Most of the resilience research in Turkey has also been found not to include "risk factors" in their studies (Işık, 2016). Risk is a key element in defining and identifying resilience. Resilience can only be understood with reference to risk factors where the individual achieves good outcomes in spite of risk factors which are statically liked with higher probabilities of poor outcomes (Masten & Reed, 2002). Risk factors distinguish resilience from generic positive child development (Tarter & Vanyukov, 1999). Işık (2016) shows that approximately 50 to 60% of the Turkish research did not include risk factors, however the ones that included risk factors studied mostly poverty (approx. 20 to 25%) and special education needs (approx. 15%).

While longitudinal research is crucial in examining life trajectories and pathways of resilience, and qualitative methods give rich information on resilience factors, the Turkish literature relies heavily on surveys and descriptive designs (Işık, 2016). In these descriptive researches the most frequently studied constructs are various demographic variables, social support, parental attitudes, life satisfaction and coping (Işık, 2016). It can be argued the Turkish studies are more inclined to understand and conceptualize resilience as a personality trait more than a dynamic process between the individual and the environment overtime. Işık (2016) also found that the participant populations were usually adolescents, university students and adults, and children were majorly underrepresented in these researches.

Some research explored the individual factors related with resilience. Aydın-Sünbül and Yerin-Güneri (2019) found that self-compassion and emotion regulation were significant predictors of resilience for low-income high school students in Istanbul. Arslan (2015) found that self-esteem and resilience play a protective role against behavioral and emotional problems in psychologically maltreated high school students. Ergüner-Tekinalp and Terzi (2014) found that resilience was significantly associated with social interest and seeking external help for coping which is in line with the findings were social support is an important protective factor for resilience (Masten, 2001). They also found that

being the youngest child of the family was a predictive factor of resilience and being the middle child was inversely related with resilience.

Some research has examined the environmental protective factors, like family factors and social support. Aydoğan and Kızıldağ (2017) spousal support was a protective factor, and couple burnout as a risk factor in parents with a disabled child. In their research regarding the resilience of mothers with children who have intellectual disabilities, Bayraklı and Kaner (2012) found that mother perceived quantity and quality of social support influenced both their problem-focused coping strategies and resilience. Sart, Börkan, Erkman and Serbest (2014) found that resilience mediates the relationship between depressive symptoms and perceived parental rejection. They also discuss that resilience is a malleable quality by the individual's environment rather than an innate trait.

Other resilience research in Turkey has studied resilience after natural or human-caused disasters. Ogelman, Gündoğan, Erten-Sarıkaya and Erol (2016) studied preschool children who have lost their fathers in a mining accident in Soma and found that teachers rated the resilience of bereaved children lower and rated their exclusion higher than their peers. In another study, İkizer, Karancı and Doğulu (2016) studied survivors of the earthquakes in Van Turkey and found that resilience was influenced by a number of variables pre-, during, and post-earthquake factors were related to resilience. One of the most prominent finding was that problems of living after the disaster were associated with lower levels resilience capacities, which indicates that environmental factors have a significant influence on resilience. The research also showed that stress-coping ability was associated with avoidance symptoms which support the idea that avoidance may act as a positive coping strategy especially for short-term stressors (Ibañez, Buck, Khatchikian, & Norris, 2004).

In summary, resilience research has flourished in Turkey in the last decade. Although there are a growing number of studies, they are limited in number and scope. Also there are challenges in the common language used in discussing key concepts of resilience, and a consistency in conceptualizing resilience since many studies leave out risk factors from their designs. Much like

the early Western literature, the Turkish literature has been mostly conceptualizing resilience as an immutable personality trait more than a dynamic process that is negotiated with between the individual and the environment. As resilience research has been paying culture and context greater attention, Turkish studies will incorporate such contextual perspective in time. Although Turkish studies have replicated some of Western findings (i.e. importance of relationships), the fundamental differences of individualism and collectivism might have an effect on the conceptualization of resilience. Thus, a growing Turkish literature might contribute to a more culture-specific and contextual understandings of resilience.

2. 7. IMPLICATIONS FOR CLINICAL PRACTICE

Resilience can be generally conceptualized as doing well against the odds and bouncing back from adversities. Psychological resilience was clinically recognized as observations of children experiencing traumatic events like war and disaster accumulated. Resilience as a concept started to be systematically studied in the 1970s where researchers were interested in finding risk factors that made children susceptible to developing psychopathology. Over the years, resilience research has identified many individual, family and environmental factors that are more likely to produce positive adaptation against adversities. As social sciences adopted a systems approach and an ecological view of understanding phenomena, resilience research has integrated such an understanding into its framework. Recent research focuses on exploring how the resilience process is negotiated between the individual and their environment.

Extensive body of resilience research assembled over the course of nearly five decades is very important in understanding human development in theoretically and it has great significance for prevention and intervention practices. The body of research helps us to identify which individuals and populations are under risk of developing negative outcomes in the face of adversities. Being able to identify vulnerable populations aids us in taking

preventative measures before risk factors are in effect. Resilience research advises us to understand how to prevent negative outcomes and what works in prevention processes. Understanding resilience also guides us in the intervention practices after the adverse experience to support more resilient outcomes. Prevention and intervention practices guided by resilience research have been proven to have significant impacts in changing negative life trajectories of vulnerable individuals (Howard & Brooks-Gunn, 2009; Patterson, Forgatch & DeGarmo, 2010; Sandler, Ingram, Wolchik, Tein & Winslow, 2015).

Resilience research also has implications for clinical practice and there are some meaningful considerations for therapists working with at-risk children. One of the most important emerging results from the literature is that individuals should not be examined solely at the individual level, but they should be examined considering the wider systems they are surrounded in. Research shows that individual level, family level, and environmental level factors are in an interactive dynamic process where all systems are constantly affecting and shaping each other. Thus, trying to understand the individual without exploring the individual's surrounding ecology would be looking at the part of a picture but not the whole.

Research shows that individual protective factors and family level protective factors are often closely linked. Family factors that foster resilience facilitate an environment where intrinsic resilience capacities can be maximized. This implies that therapy processes targeting family competencies help to build family resilience as well as individual resilience. Research suggests that individual and family protective factors account for the greater part of the variation in resilience. Thus, therapy processes with at-risk children should include family interventions in order to be more effective in promoting individual resilience.

Research also suggests that resilience building requires the therapist to be more active outside the therapy room. The therapist should try to activate outside resources that might help the individual in accordance with the identified protective factors. For example, research has identified that having hobbies,

having good peer relationships or having extended family support has protective effects in the face of adversities. Therapists should encourage their patients to seek and use these resources, and provide the guidance they need. Including a trusted extended family member to the therapy process, or referring the patient to mentoring programs are some of the ways that therapists can help patients to be more resilient individuals.

Clinicians should be sensitive to cultural and contextual differences while evaluating their patients. Research shows that resilience can be manifested in diverse ways in different cultures. As the example of dependence-independence dichotomy shows not every established protective factor is inherently a protective factor, but protective factors are shaped by cultures. A sense of independence can play a protective role in Western culture but having close ties with family members can be protective in Eastern cultures. It is also important for clinicians to be aware of their own backgrounds and perspectives when understanding the patient's contextual circumstances.

Recent theoretical work on resilience has underscored the role of attributed meaning in adversities. While working with patients, clinicians should question the meaning the patient's attributions for the adversity because questioning the meaning can reveal secondary gains secondary gains which cannot be recognized at first glance. For example, parentification of children can put them at risk, but it might also have some protective value because it can sustain positive self-worth especially if the child is praised by the extended family. It is important clinicians to look for any secondary gains in adversities and try to replace the gains with healthier alternatives. Giving attention to the attribution of meaning can also be beneficial in reframing the adversities and building a more positive narrative.

In summary, clinicians working with at-risk populations must be aware of the wider context individuals are surrounded in, and they must be targeting these wider contexts in their intervention plans. Culture and context should be given diligent attention to, especially when the clinician and the patient are from different cultural backgrounds. Lastly, it is crucial for clinicians working with

vulnerable populations to be following the rapidly changing and evolving resilience research.

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RESEARCH ARTICLE

Abstract

Previous studies of adults who grew up in care reveals poor outcomes including many dimensions such as mental health, education, employment, criminal engagement, homelessness and substance use. However, findings from previous research show that some care-leavers achieve resilient outcomes despite adversities. This qualitative study aims to understand the factors that contribute and hinder resilience in care by allowing care-leavers to narrate their own experiences and reflect on growing up in state care. Semi-structured interviews were conducted with six care-leavers who have been in state care for at least five years. Interpretive Phenomenological Analysis revealed six main themes: (a) disrupted family relations, (b) “What’s left of my family”: Siblings, (c) “Closest thing to siblings”: Friends, (d) relationship with care personnel makes a difference, (e) protective power of relationships and, (f) coping with negative emotions. Implications for clinical practice and policy are discussed.

Keywords: state care, care-leavers, resilience, different models of state care, support systems, and Interpretive Phenomenological Analysis

3. 1. UNDERSTANDING THE EXPERIENCES OF ADULT CARE-LEAVERS FROM A RESILIENCE PERSPECTIVE

Resilience is defined as the quality that enables people to achieve good outcomes in spite of disadvantaged backgrounds and serious threats to their functioning (Masten, 2001). Resilience involves overcoming the odds, "bouncing back", coping and recovery (Rutter, 1985; Stein, 2008). It is a cross-culturally recognized concept (Hunter, 2001, Ungar, 2008). Although some resilience research conceptualize resilience as a personality trait (Ahern, Kiehl, Sole & Byers, 2006; Block & Kremen, 1996), others view resilience as shaped by context and affected by the availability of environmental resources (Greene, 2002; Overton, 2013). Resilience is typically framed within the context of protective and risk factors and resilient outcomes are thought to be shaped by the complex interplay of these factors over time (Masten, 2015; Rutter, 2007). Resilience is an exceptionally important concept for at-risk populations since they are subjected to cumulative risk factors. This paper tackles children in state care and care-leavers resiliency factors.

Children enter state care when their parents are unable to provide them with the care they need. Children who are placed in state care come from an adversity background where the most frequent reasons for placing children in care are sexual abuse, physical abuse, neglect, or family disruption. Children placed in state care likely experience more severe abuse or inadequate care prior to their placement as compared with children who remain at home (Sattler & Font, 2017). Although the exact statistics are not reported, children experience trauma and face adversities during their time in state care too (Fernandez et al., 2017; Font, 2015; Havlicek & Courtney, 2016). The severity and accumulation of these adversities put them at greater risk for negative developmental and functioning outcomes over time.

Research on care-leavers (individuals who age out of care) has consistently demonstrated a range of negative outcomes both in the first few years of leaving care and over time. Courtney and Dworsky (2006, p.209) report that

about one year after leaving care, many care-leavers "have children that they are not able to parent, suffer from persistent mental illness or substance abuse disorders, find themselves without basic necessities, become homeless, or end up involved with the criminal justice system." Research on care-leavers consistently reveals poor outcomes that include many dimensions such as mental health, education, employment, criminal engagement, homelessness and substance use (Akister, Owens, & Goodyer, 2010; Aldgate, 1994; Broad, 2005; Mendes, Johnson & Moslehuddin, 2011). Nevertheless, research also shows that some individuals leaving care show good outcomes despite their past and present profound stressors. These variations in outcomes highlighted the need to examine the pathways to good adaptation in children in state care.

Research shows that various factors play a role in the positive development of children in care. Many children who enter into state care have experiences of early emotional deprivation, abuse and negative pre-care experiences of repeated loss of care-givers, abandonment, and care-giving by unfamiliar adults. These adversities may lead to difficulties in attachment style (Tarren-Sweeney, 2008). However, attachment styles of children in care are partially responsive to changes with quality of care especially in young children (Dozier, Stovall, Albus & Bates, 2001). Many studies show that children who receive sensitive care giving can thrive and overcome prior adversities in care (Pecora et al., 2010; Schofield, Beek & Ward, 2012; Wilson, Petrie & Sinclair, 2003).

Many studies show that entering into a trusting relationship with those who offer help and support are difficult for these children since trust has been violated in in past close relationships (Amaral, 2011; McAuley, 2005). Trusting is difficult since in requires them to make themselves vulnerable to being hurt once again (Hiles, Moss, Wright & Dallos, 2013). Thus, many children learn only to rely on themselves, which makes it harder to form close relationships (Munson, Smalling, Spencer, Scott & Tracy, 2010). Downes (1992) found that children who had difficulties making alliances with helpful adults and peers were likely to be disadvantaged while transitioning from care to adulthood. Some qualitative

studies have found that development of at least one trusting relationship can provide the foundation for other close relationships (Chittleburgh, 2010; Osterling & Hines, 2006).

Research has demonstrated that children who have had positive and trusting relationships with helpful adults and peers were more resilient (Schofield, Biggart, Ward & Larsson, 2015). However, a lot of children either do not maintain a relationship with their families or have poor relationships with their parents. In such cases, children can also find high-quality close relationships in care. Qualitative data showed that some children reported "family-like" relationships with residential care workers (Schofield, Larsson & Ward, 2016). Legault, Anawati and Flynn (2006) have found that higher quality relationship with a female care giver is strongly associated with lower levels of anxiety in fostered children.

Research findings have identified the potential value of family relationships, when they are experienced positively (Dixon & Stein, 2005; Geenen & Powers, 2007; Howe & Steele, 2004). Family relationships provide connections with the child's culture of origin and family "rituals" which support identity formation (Barn, Andrew & Mantovani, 2005; Hiles et al., 2013). The importance of maintaining sibling relationships were emphasized in some studies (Ibrahim & Howe, 2011; Parker, 2010). Sibling relationships were highly tenacious (Parker, 2010) and more likely to be important for those who doesn't have connections with their birth parents (Hiles et al., 2013). Parker (2010) also highlights the importance of nieces, nephews and cousins with whom children have similar relationships as they do with siblings. Some studies found that relatives such as grandparents can play a key role in supporting the child in care (Dixon & Stein, 2005; Dixon, Wade, Byford, Weatherly & Lee, 2006).

Many studies highlighted the importance of peer relationships in care (Broad, 2005; Dixon & Stein, 2005; Morgan, 2012; Parker, 2010; Perez and Romo, 2009). Parker (2010) has found that friendships in care provide are a source of emotional support and a link in to other families that can potentially be supportive relationships. Dixon and Stein (2005) noted the critical role of peers in

promoting self-esteem. Perez and Romo (2009) noted the role peers play in giving instrumental support such as in times of homelessness. Although peer relationships are important, some studies reported children in care can have difficulties building these peer networks especially with children outside care. Qualitative data show that some children in care describe being in care as marking them out as "different" from their peers, and making it harder to build relationships (Dima & Skehill, 2011; Morgan 2012).

Children in care report three types of non-parental support sources: relatives, friends and adults who are formally involved with them through the care system (Collins, Spencer & Ward, 2010). These adults can become natural mentors to the children, by providing ongoing guidance, instruction and encouragement. The literature on mentoring relationships among at-risk youth show that the presence of one caring person might protect from the many risks they have to overcome (Aherns, DuBois, Richardson, Fan & Lozano, 2011; Greeson, 2013). Greeson, Usher and Grinstein-Weiss (2010) found that a presence of an adult mentor was associated with improved behavioral and health outcomes. Mentoring relationships were also associated with better mental health (Ahrens et al., 2011), higher life-satisfaction and lover involvement in risky behaviors (Munson & McMillen, 2009).

Placement instability has been found as a major risk factor for children in care (Sinclair, Baker, Lee & Gibbs, 2007; Stein, 2008; Tarren-Sweeney, 2008). Stable placements provides children an opportunity to form a warm and redeeming relationship with a care giver, opportunity to form long lasting social networks, and may provide continuity and security to contribute to their educational career outcomes (Stein, 2008). Children who experience stable placements providing good quality care are more likely to have positive outcomes than those who experience more movement (Biehal & Wade, 1996). Daly (2012) notes that children who experienced higher numbers of moves in care, experience higher numbers of moves after leaving care as well. Placement instability also has found to be accounting for further deterioration in children's mental health (Delfabbro & Barber, 2003; Newton, Litrownik & Landsverk, 2000).

Constructive activities such as school and leisure time interests have also been found to contribute to the resilience of children in care. Involvement in sporting, cultural and leisure activities may build self-esteem, strengthen mental health, and serve as protective factors (Borge, 1996; Gilligan, 1999; Quinn, 1995). Sinclair and Gibbs (1996) found that those who were proud of something that they did in their leisure time were happier than their peers. Such activities can also open new social relationship opportunities outside of the care system which may contribute positively to a child's development (Gilligan, 1999). Having a positive experience of school, including academic success, is associated with resilience in at-risk children and children in care (Newman & Blackburn, 2002; Sinclair, Baker, Wilson & Gibbs, 2005). A number of studies have shown that good academic outcomes are related with placement stability, a stable and supportive care taker, and an encouraging environment to study (Jackson, Ajayi & Quinley, 2003; Stein, 2004).

Although the literature on children in state care in Turkey is scarce, there are some extensive studies especially the mental health of these children. Research has found that early placement in care, more than two displacements, being in care because of abuse, fatalistic thinking, alcohol and substance use are factors that are associated with more emotional and behavioral problems in children. However, regular contact with family/relatives, participation to school activities, having a supportive care giver, academic achievement, high social competence, and high problem solving capacities are protective against emotional and behavioral problems. The study also showed that the frequency of children who have problems are much higher than those who are in foster care or with their birth families (Şimşek, Erol, Öztop & Münir, 2007).

Saçan, Artan, Erol and Şimşek (2014) found that children who have been moved from institutions to their birth families had higher problem behaviors than the children who stayed with their families and those who grew up in institutional care. In their mixed methods study, Yurteri Tiryaki and Baran (2015) noted that participants reported inadequate attention from care givers, negative attitudes of care personnel and negative attitudes and behaviors of peer in care. Also, most

participants described their relationships with the care personnel and peers as inadequate. Eminağaoğlu (2006) found that having strong friendship bonds was positively associated with resilience and negatively associated with depression in street children.

Sağlam (2014) found that young adult care leavers have higher depression and lower resilience levels than their peers who grew up with their birth families. The study also shows differences in coping with stress. Care leavers were found to keep their problems to themselves and don't seek support as much as their peers. Öztürk and Ünal (2015) researched the community integration levels of care leavers, and they found that being married and being a civil service employee (having a stable job) is associated with community integration. Similarly, Kılıç (2018) also found being married increased community integration in care leavers. This research also showed those care leavers who had higher education felt less lonely and more integrated into society.

3. 2. PURPOSE OF THE STUDY

As per the records of the Turkish Social Services General Directorate in December 2017, there are approximately 14,000 children and adolescents living in state residential care (General Directorate of Social Services, 2017). Although the social policy is changing towards family-based placement options like foster care and adoption, too many children are still living in state care facilities. In the last decades there has been a shift in state care facilities moving away from institution care where tens of children live together, to smaller living facilities like "children's homes" and "love homes" where there 3-7 children live together with more stable care givers. New policies also allow children to stay together with their siblings if they can be placed in the same facility, and facilitate sibling visitations once a month.

The changes in state policy have been beneficial for the development of children; however more progress can be made with supporting scientific research. Although there are some studies that investigate children in care, the literature is

very limited in the Turkish population. Understanding how these children overcome adversities and avoid negative developmental outcomes can hold both theoretical and practical significance. Implementing change that support the resilience of children in care can have considerable impacts on their quality of lives. This study aims to both fill the gap in the literature and to inform practice and policy by understanding the care-leavers experiences in-depth.

Resilience which is once thought to be an individual characteristic has been found to be a complex interplay of many systems producing positive outcomes in individual life course (Masten, 2014). Considering the complexity of the subject, a holistic and systemic perspective would be more fitting while evaluating resilience. Qualitative research has been used in this study to collect rich and nuanced data while emphasizing the social context. Also, the exploratory nature of the research questions makes qualitative research more suitable. These research questions were examined: (a) What are the experiences of adults who grew up in state care? (b) What experiences fostered or hindered their resiliency capacities? (c) How do they cope with the adversities in their life?

3. 3. METHOD

3. 3. 1. The Primary Investigator

Reflexivity involves reflecting on the impact of the researcher on the research process (Yardley, 2000). Qualitative research acknowledges that the research will influence the way that the data is collected and analyzed, so it is important to be as clear as possible about my own background and perspective. I am a Turkish woman doing my studies in clinical psychology in a master's program with an emphasis on family and couples' therapy. In terms of theoretical orientation I would describe myself as integrative, including systemic, psychodynamic and constructivist. For the last three years, I work with children who have lived in state care who are now reuniting with their biological families. I provide at-home family therapy for these families. As a result of my

experiences, I came to realize that most children I work with have lived through and still living through adverse experiences that are risk factors for poor developmental outcomes, but most of them are either meeting age-appropriate standards of functioning or outperforming their peers. Working with these children made me want to gain an in-depth understanding about the factors that make individuals resilient.

3. 3. 2. Participants and Setting

Interpretive Phenomenological Analysis (IPA: Smith & Osborn, 2003) was chosen in this study to gain an in-depth understanding of the experiences of institutionally reared children. IPA gives full appreciation to each participant's account and for this reason uses small and homogenous samples which enables detailed case-by-case analysis (Pietkiewicz & Smith, 2012). In line with the theoretical underpinnings of IPA, participants were selected purposefully by snowball sampling methods. The primary investigator (PI) interviewed six adults who have lived in state care institutions for at least five years. Participants were three men and three women whose ages ranged from 19 to 34. The mean age they were taken into care was 8 year of age, and the mean years they were in state care was 11 years. The participant's characteristics and demographics are summarized in Table 1.

Table 1

Participant Characteristics and Demographics

Participant	**Age**	**Gender**	**Age at entry into state care**	**Type of state care facility**	**Education**	**Occupation**
P1	19	Female	4	"Children's home"	University	Student

P2	23	Female	7	“Children’s home”	University	Civil servant
P3	24	Male	2	“Love home”	University	Civil servant
P4	24	Female	11	Institutional care	High school	Civil servant
P5	31	Male	8	Institutional care	University	Civil servant
P6	34	Male	5	Institutional care	University	Civil servant

3. 3. 3. Procedure

Upon the university’s ethics committee’s approval, the PI announced the study to some executive staff who work with children in state care. PI telephoned the participants who were interested in being a part of the study and mutually arranged a time and place for the interview. To ensure the participants comfort, the interviews took place at either the PI’s or the participants private offices. A pilot interview was conducted to refine the interview questions. The interviews began when the participant has read and signed the informed consent form (see Appendix A) and filled out the short demographic form (see Appendix B). The interviews followed a protocol (see Appendix C) and lasted approximately one hour. Before each interview, all participants were also verbally reminded that they could stop the interview, skip any question, or take a break if they felt uncomfortable without any repercussions.

3. 3. 4. Data Analysis

The interviews were audiotaped and transcribed verbatim by the researcher. The transcripts were transferred to MAXQDA Software program for

organization and analysis. First, transcripts were read and re-read by the PI together with the field notes. Second, descriptive, linguistic or conceptual exploratory notes were taken on the interviews. Third, the coded interviews were checked with a peer de-briefer. In the fourth step emergent themes were developed from initial notes. In the final step, emergent themes were reviewed with a triangulated investigator who was an experienced clinician to check whether they could be linked back to the participants' experiences. These five steps were repeated for every interview. Finally the themes were read by a peer clinician who validated the relevance and consistency of each theme to help finalizing thematic clusters.

3. 3. 5. Trustworthiness

In order to enhance the trustworthiness of the results, various strategies were used. First, multiple methods of data collection were utilized such as audiotapes and field notes. Second, a peer clinician de-briefer reviewed the data analysis process to ensure that the results were true to the participant's accounts. The final results reflect the complete agreement of both the PI and the reviewer. Third, an experienced clinician helped clarify and finalize themes for triangulation. Finally, member checking was used in order to improve the accuracy, validity and fittingness of the results. The themes were e-mailed to each participant by the PI and no participant disapproved of the emergent results.

3. 4. RESULTS

Six master themes and their constituent superordinate themes emerged from the analysis and they will form the basis of this chapter, with each theme illustrated by verbatim extracts from the interviews. The emergent themes were: disrupted family relations, "What's left of my family": siblings, "Closest thing to siblings": friends, relationship with care personnel makes a difference, protective power of relationships, and dealing with negative emotions (see Table 2). Themes

are not presented in a hierarchical order. To provide clarity for the readers who want to follow a specific participant's experiences, the quotes are labeled as P1, P2, etc., where the number identifies the order in which the interview took place.

Table 2
Summary of Themes

Master Themes	**Superordinate Themes**
Disrupted Family Relations	A lack of "connection"
	An unstable environment
	"Like having two lives": Difficulty in transition between family and care.
	Yearning for a closer relationship
"What's left of my family": Siblings	Growing up together versus growing apart
	Siblings as a support system
	Protecting siblings
"Closest thing to siblings": Friends	A sense of comradery
	Stigma outside care
	Support through tough times
	Friends as a safety net
Different Experiences of Care	"Like a family": Close relationships with care personnel
	Abuse and neglect in care
	Importance of care personnel
	Paid labor of love
Protective Power of Relationships	"Having a home": A special bond
	Being loveable
	Recruiting helpful adults
Coping with Negative Emotions	Facing problems alone
	"Like it didn't happen": Disregarding

	feelings
	Interests as emotional regulators

3. 4. 1. Disrupted Family Relations

Participants past and present experiences with their families were discussed in the interviews. Most participants accounts centered around not feeling a connection with their parents, their unstable care receiving experiences, the difficulty they felt while transitioning between their families and care, and their longing a closer relationship with their parents.

3. 4. 1. 1. A lack of "connection"

Most of the participants described a lack of "connection" or a lack of "attachment" with their parents. One participant said, *"You know when you have a connection with your dad... and how girls love their dads so much... I don't feel like that at all. I don't know why"* (P1) Participants told this lack of "connection" was there even when they were little, *"I don't even remember calling her 'mom'. I would only see her, and then she would leave. So we did not have a relationship. We never had the thing where mothers chat with their daughters or anything."* (P4) Some participants felt like they were not loved by their parents:

> I always compare love to an addiction. Think of being addicted to cigarettes. It hurts only if you had it first. At the time I did not get any love from them. You know how fathers can form a connection with their child after the first two years, they are slower mothers. My parents never formed that bond with me. (P5)

In one participant, this felt lack of a bond continued even his father they would see each other in visitations and holidays. He describes his relationship with his father as, *"I always ignored my father. I never got excited to see him. I never*

wanted to be with him or I never got excited talking about him. So I don't really have much to say about my dad." (P3)

3. 4. 1. 2. An unstable environment

Most participants talked about their experiences where they did not have a stable place to live or have a stable care giver before they went into care. One participant describes his early life as:

> My parents' divorce case took four years, and in the mean time I would stay with my mother for a while then I would go to my father for a while. I would live with my grandfather on my dad's side, and on my mother's side... it wasn't certain where I lived, I mostly stayed on the street. It was like this until I was five. (P5)

Another participant talked about how her care givers and the family environment changed frequently and how it was unpredictable, *"My mother started running away and coming back more often. Then my aunt showed up. She came and took care of us. When I was ten or eleven my mother came back again, but this time with different baby."* (P4) Another participant talked about their transition to state care as, *"We adjusted easily because we were used to moving around. We fist stayed with my grandmothers, then some relatives, and now this place…"* (P2)

3. 4. 1. 3. "Like having two lives": Difficulty in transition between family and care

Most participants expressed that they felt difficulties transitioning between their families and care when they went to visit their families on holidays. One participant talked about not wanting to visit her family:

> I mean, you never had that connection with them, but still you go there a few times a year, and all the other times you have, you spend with the care personnel and the other girls. You have a life in care. Your whole life is there. You are taken out of your life and put in a different place. I know

> they are familiar faces, one of them is your father, and the other one is your sister but still… I did not feel happy going there. (P1)

Another participant expressed that he felt difficulty when transitioning between two very different care experiences:

> You have a standard, a routine life in care. You go to school, and then come home. But when you go to your family it is a completely different place. There is freedom, there are good friends. I struggle with this issue the most. I felt like I had two lives. (P3)

A participant said, *"That transition still hard for me. I feel like there is a huge cliff and I am jumping over to the other side. O completely different side."* (P1) She also explained, *"You know there is a thing called 'belonging to one place…' That's why I never wanted to go."* (P1)

3. 4. 1. 4. Yearning for a closer relationship

Most participants talked about how they would like to have a closer relationship with their parents but they can't. One participant said:

> I want to be closer with my mother but her life conditions does not allow it. She has a daughter now, a husband, a job... I can't go. I see her a few times a year. We are not close. We can't get closer. (P3)

Another participant expressed his disappointment:

> I would love to have a relationship with my father. To this day, I never even had a conversation with him. I never said "Hi, how are you?". I don't know... I would like to be able to talk to him. I would like to have things to talk about, but I don't... (P5)

One participant expressed her longing for her parents love and attention:

> I never experienced a family dinner with my mother and father. I never experienced what it would be like that she was the one setting up the table instead of me. I always did it, even when she was with us. We never had a conversation… They never asked about me… neither of them. I would

love to have that experience, even for once, so that I would remember a good thing." (P4)

3. 4. 2. "What's left of my family": Siblings

Participants talked about their relationships with their siblings and step siblings throughout the interviews. Their accounts showed that some of them had close relationships with their siblings while others had more distant relationships. The effects of growing up together versus growing up apart, the support that siblings provide each other, and the felt need to protect their siblings were the most common themes.

3. 4. 2. 1. Growing up together versus growing apart

In the interviews some participants described a closer relationship with their siblings while others described more distant relationships. It seemed that growing up with siblings in the same facility helped both helped them regulate their emotions and helped them maintain a crucial emotional and social support system. One participant explained how growing up with her sisters affected her, *"I could let out my steam with them. Maybe we fought a lot but I think we were always really good for each other."* (P2) However, participants who were put in different institutions with their siblings described a fall out with their siblings. One participant who had close relationships with his sisters but got separated from them at an early age said:

> We do not have much in common nowadays. We like each other and we come together and talk sometimes but ultimately we grew up like strangers. We only saw each other a few times a year beginning from ages of five or six. (P6)

Another participant expressed how going into different facilities changed their life path and affected their relationship with her sister:

> I got transferred to 'children's home', but she stayed behind in the institution. I finished high school and university, but she didn't. I do want I want now, but she is married and has to take care of her child. These things made us grow apart. These things come to her mind in our relationship. (P1)

3. 4. 2. 2. Siblings as a support system

Participants who had close relationships with their siblings talked about how they got emotional support both during and after care from their siblings. One participant talked about her time in care, *"Maybe during this process some things were missing. When you go through something you lean on to the people closest to you. Those people were always my siblings and my mom."* (P2) Another participant expresses how his step siblings help him during difficult times:

> They make me stronger. When I get bored I say 'let's go to this place', or they visit me or I visit them. So I don't to fall into a void when I'm feeling down. I don't have the time. It feels nice to have someone to go to when I'm down. (P5)

Some siblings also help each other financially when one of them needs some support, *"My sister is studying for the university entrance exam. So I asked for help from people I know, and I put the money together to send her to a prep school."* (P4)

3. 4. 2. 3. Protecting siblings

Most of the participants expressed their tendency to protect the people they cared about, especially their siblings. One participant said:

> Solving their problems, or saving them from harm, or protecting them from insults from their friends were very important to me. When my sister was fighting with someone, I would go into the fight for her and I would feel very happy. I would think 'at least she didn't go through that'. (P2)

Most participants thought of themselves as tougher from their siblings. One participant explained:

> They are young and vulnerable. I am also more spirited then they are. I always thought 'I can stay strong but they can't'. That's why I always protected them. And I still feel the same. I couldn't get rid of this feeling. (P4)

In some cases the felt need to protect their siblings led to some difficulties:

> I stored up some feelings up to that point… At the time I was always with my siblings and I did not do anything else. I feared something would happen to them. Then I started blaming them. 'I didn't play with my friends for you' or 'I skipped a field trip for you'. There was a period of time I blamed them. (P2)

3. 4. 3. "Closest thing to siblings": Friends

Most participants expressed how friendships were an important part of their lives. Friends seemed to play an important role especially in the lives of the ones who did not have close and regular contact with their siblings. Participants talked about a sense of togetherness with their friends in care, their issues with transparency with friends outside of care, and how friends play a role of emotional and social support both during and after care.

3. 4. 3. 1. A sense of comradery

Most participants said they got closer to their peers because they faced similar problems in their lives. One participant said, *"We have close relationships with our friends, maybe because we have a common problem... the same thing."* (P1) Some participants told that even though they were subjected to peer violence, they always felt a sense of togetherness. One participant said, *"When we were outside, we would unite. We would fight amongst ourselves, but we had a very beautiful fight against others. It would make us stronger."* (P5) Another

participant who was also subjected to peer violence said, *"There were nearly eighty kids in the facility. We would always say we were eighty siblings. That was really nice."* (P6)

3. 4. 3. 2. Stigma outside care

Most participants told they were reluctant to share that were in care with their friends outside of care. One participant explained how hard it was to share this information with them:

> My friends didn't know I was in care until I got into university. I had few solid friendships from middle school and high school. I only told them, and our friendship still continues. It wasn't because they would think badly of me. It was an issue of trust. (P1)

She also explained how keeping this information from her friends was hurting their friendship, *"When they would talk about family issues, I would unwillingly lie. It hurt me. It hurt our friendship. I really struggled with that."* (P1) Another participant told that his friends from school knew he was in state care, and his peers, their parents, and the teachers' reactions made him uncomfortable and angry:

> Of course nobody said anything, but those pitying eyes… those looks were enough. It was one of things I hated the most. Both my peers, and their parents… Them caressing my hair… I mean you have your world, and I have mine. Why are you looking at me like that? (P5)

3. 4. 3. 3. Support through tough times

Most participants talked about receiving emotional support from their friends when they had problems. One participant who was subjected to bad treatment and violence from his care-taker in care said:

> We would gather and think about what we were going to do. I remember having lots of conversations with friends. If something happened to one of

> us, or something happened about our families we would talk about it. We would talk about what to do. (P3)

Another participant talked about how talking with friends has helped her:

> When I was little, I thought I had the worst problems. Later, as my friends talked about their problems, I realized they have lived through similar things too. That helped me go through that tough period much easier. Later, I talked a little too. It was as if I took my blinders off. (P2)

3. 4. 3. 4. Friends as a safety net

Most participants told that they have struggled after leaving care both emotionally and financially. One participant expressed how alone and scared she felt when she left care, *"When I left care I thought everyone left me. Our care personnel aren't with me... My sisters aren't with me... I thought 'what will I do now?'"* (P4) At this difficult time, most participants turned to their friends and received support from them. One participant explained how his friend helped him settle down after leaving care:

> I felt like a fish out of the sea. I wanted to go far away for university. But then my 'older brother' said 'Come here, you can stay with us.'. I love my 'older brother' very much, so this immediately erased my previous thoughts about leaving. He said 'I'm here for you. Did you forget about me?'. Then I said 'You are right'. Then we started living together. (P3)

3. 4. 4. Relationship with Care Personnel Makes a Difference

Participants' accounts of their care experiences showed striking differences where some of them had very loving, and family-like relationships with their care personnel, some of them had experiences of abuse and neglect from their care-takers. All participants who described good relationships with care personnel grew up in "love homes" and "children's homes". Two of the participants who mostly described negative experiences lived in dormitory-like

residential care facilities, and one participant grew up in a “love home” with a stable care-giver. Participants also agreed on the importance of care personnel and the relationship between getting paid and taking care of children.

3. 4. 4. 1. “Like a family”: Close relationships with care personnel

Most participants who lived in residential care facilities like “love homes” and “children’s homes” with fewer children and stable care-takers reported closer and family-like relationships with the care-personnel. One participant said:

> They treated us as their own children. Some of them have children of their own now, and I have taken the role of a bigger sister for them. One of them had kids a little older than us, so they got into university before we did. They became role models for us. We were truly like a family. We still are. We just don’t live together anymore. (P1)

Another participant expressed how well the care personnel knew them, *“I never had to tell anything because they understand everything from my face. Being together with them all the time… they were like our parents.”* (P4) Some participants talked about the positive influence the care personnel had on them:

> They made us forget we were in difficult conditions. They made us happy. They had a great influence on our characters and developments. You become whoever you grow up with. I feel like they have made me stronger in every way. (P1)

These family-like close relationships did not end after they left care and they were also beneficial for the participants for getting guidance and support after-care as well.

3. 4. 4. 2. Abuse and neglect in care

Two participants who grew up in “dormitory-like” residential care facilities and one participant who grew up in a “love home” said they did not have any close relationships with the care personnel, instead they described a care

experience that involved abuse and neglect by the care takers. One participant talked about physical violence, *"She would use violence. She treated us really badly. She would deprive us of food. She wasn't a well-intentioned woman. We grew up healthy despite her."* (P3), and he talked about psychological violence, *"She would say 'I carry my son on my back, your families don't even look after you, they don't even put a bowl of soup in front of you, they don't care about you.". She would hurt us like that."* (P3) Participants also talked about how they did not receive any guidance or support. One participant talked about how their teachers in care neglected them:

> There was no academic guidance. For example, we would come from school, they would make us sit at a long table… everybody had to sit and the homework had to be done but no one cared if we did them or not because they would have tea times. They would bake stuff at home and tell the care-takers 'we will not hear a sound'. No one cared what we did as long as we kept silent. We were like "things" there. (P6)

3. 4. 4. 3. Importance of care personnel

Most participants talked about the importance of care personnel in children's lives. Even the participants who had a more positive experience with their care takers recognized that some were not as lucky as they were. One participant said:

> This is a special job. You are raising a human being. If I did not take my mother (the care-taker) as a role model, if someone else raised me, I would have learned bad things. So people who work in this line of work should be conscious of the sensitive nature of raising children. (P2)

Another participant said, *"Social workers and care-takers should be selected very carefully. They should only hire the ones that are good at their jobs. This is very important because they are the ones that shape you."* (P1) She also said, *"The people around you are so important. If you are surrounded by smart and sensible people they provide a frame for you, no matter what you do."* (P1)

3. 4. 4. 4. Paid labor of love

Most participants expressed that the shortcomings of the personnel were because they saw the children as their job. One participant said:

> Love cannot be provided with paid personnel. I am a civil service employee now and I have that same mentality. You cannot look at third document with joy, if you have already processed two documents. I think they couldn't look a third child with joy after they have dealt with two children before. (P5)

Another participant emphasized that children can only get genuine love if the care personnel love their jobs:

> I have seen enough of them... There were just too many people who had this job for the money. If you do it for the money, nothing matters to you. If you love your job, you value it. Especially if it's about human lives. (P3)

3. 4. 5. Protective Power of Relationships

Participants talked about having close relationships with adults and peers. Most of them had a specific relationship which they identified as "a special bond". These relationships involved mutual love, understanding and support. All participants had a quality that made them loveable and all of them had the ability to form strong relationships with people.

3. 4. 5. 1. "Having a home": A special bond

Most participants reported having at least one stable close relationship in which they felt loved and felt secure. Only one participant had this kind of a relationship with a parent, but others reported similar relationships with a grandfather, a care-taker, a "children's home" personnel, and an older peer. One participant talked about how loved she felt in her mother's visits:

> My mom would come to every visiting day at the end of the month. Generally, she would cry. After all she was a mother who couldn't live with her four children. She would cry and we would get all snuggled up. (P2)

Another participant told about his grandfather:

> I had my grandfather to go to. I felt peaceful and secure around him. He was my home. He took care of me until I came into state care. He was the only one in my family who came to my visitations. (P5)

Another participant talked about her special bond with a care-taker:

> There is one person I call "mother" because she was a special person for me. She would grate apples for me when my teeth wouldn't come out. Why would anyone do that? She made my character and life so much stronger. That's why we always had a special bond with her. (P1)

3. 4. 5. 2. Being loveable

Participant's accounts of their lives showed that they each had some quality that made them likeable and loveable for the adults in their lives. Each had different qualities; some were physically cute, some were extraverted, and some were easy going. One participant explains how her cuteness gave her an advantage in getting in a "Children's home":

> I remember very clearly that care-takers would really love me. It was like this both before and after I went into care. I think I was petite and that made me cuter. They would even take me to their homes, and I remember my birthday being celebrated. That's why they sent me to a "children's home", so that I could grow up in better conditions. (P1)

Another participant remembered being loved by his teachers because he was an extraverted and social child:

> The teachers would love me. Even though I wasn't a good student, they would give me the answers to the tests. My friends also knew that they

> loved me, so they asked me for some favors like asking the teacher to do the lesson in the garden. They would always say yes to me. (P3)

Some participants also recognized that being easy going was an advantage from an early age, *"Some of them were headstrong, but I'm not like that."* (P3)

3. 4. 5. 3. Recruiting helpful adults

Most participants had good relationships with adults who helped them at critical periods in their lives both during and after care. One participant told about her difficult time in care before she transferred to a "children's home":

> I felt really vulnerable there. Then a guidance counselor took me to the library and gave me some books to study from. She protected me from the dangerous kids. If it wasn't for her I could be doing or selling drugs right now. She also found a volunteer for me. That volunteer would take me out... we would go shopping... I became friends with her daughter... Those last five months were much easier after she came into my life. (P4)

Their ability to form good relationships with adults was also beneficial after care when they struggled to find a job:

> I had good relationships with a lot of doctors when I was doing my internship. I always make connections wherever I go. I draw people to myself. They set up an interview for me at a hospital and I started working. (P4)

3. 4. 6. Coping with Negative Emotions

Throughout the interviews, participants expressed that they prefer to sooth themselves when they feel bad instead of sharing their problem with somebody. They tend to face their problems alone, and disregard or downplay their negative emotions. They also talked about how having hobbies and interests helped them in times of need.

3. 4. 6. 1. Facing problems alone

Most of the participants expressed that they had a tendency to face their problems alone. One participant said:

> I try to solve it myself because you are alone in the end. You get used to it. Since I was four… who would you go to? Even then, when you cry you are alone. Even my sister wasn't there with me. We were in different facilities because of our age difference. I was alone. (P1)

Most participants said they had a special place to cry because they did not feel comfortable with other people around. One participant said:

> The only thing I cared about was to find a place no one could see me and I could let myself go. Somewhere I don't abstain from crying. I wouldn't go to anyone; instead I tried to let out all my energy and carry on. (P2)

They said they had difficulties talking to people when they were sad. One participant said, *"I try to solve my problems myself. Of course this would hurt me and wear me out. But I couldn't even talk to the person I felt closest to. I would have a lump in my throat. I couldn't speak."* (P4)

3. 4. 6. 2. "Like it didn't happen": Disregarding feelings

Most participants had a tendency to disregard or down play the effect of their negative emotions. One participant who had many adverse childhood experiences said, *"I never had negative feelings… even when I was little."* (P4) Another participant explained how he dealt with his negative emotions:

> By ignoring them. And I still disregard those feelings because ignoring is like getting rid of that feeling. That is the struggle. I did it many times. I pretended that things never happened. If you fight those feelings, you will drown. (P5)

Most of them had an urge to forget their past experiences. One participant who had difficult experiences in care said:

> I never really struggled that much. I told myself 'Think of this place like you went to military duty. You did your time and now you are out'. At some point I erased all of it from my head. I felt at ease. (P3)

3. 4. 6. 3. Interests as emotional regulators

Many participants said they had many hobbies and interests while they were in care. They said these interests and hobbies helped them deal with their emotions. One said, *"For a while I wrote a journal. Writing would calm me down. Also I remember being into these science books which were about dinosaurs and stuff. I would read them and write down tons of notes."* (P2) Another participant said she read books whenever she felt sad, *"I would just read. I would read Oğuz Atay. Reading was really good for me. It helped me calm down."* (P4) Another participant was in a football team that made him feel better:

> When we were in high school, the school had a football team. It felt really good being on that team. We were doing a good thing. We weren't wasting our energy on bad things. You feel like a team, everyone has responsibilities; you want to do something together... The relationships were great... You are always together... (P6)

Also he added that he kept being part of sports activities to this day to help him deal with negative emotions.

3. 5. DISCUSSION

The results of this study revealed six mains themes that provided a considerable amount of information on the research questions. The first research question was: What are the experiences of adults who grew up in state care? Participant's experiences were similar in some areas like family relationships and their unstable upbringing before going into care, but there were also some areas where their experiences diverged especially about the quality of care they received. Participants described instability in both their caregivers and places they

lived. The instability may be linked with their accounts of not being able to form "connections" with their parents because attachment theory suggests in early years a stable primary caregiver is crucial for the development of an enduring emotional bond that connects one person to another across time and space called "attachment" relationships (Ainsworth, 1973; Bowlby, 1969). Attachment bonds can be compromised due to chaotic and unpredictable environments, maltreatment, neglect and inconsistent caregiving (Baer & Martinez, 2006; Cyr, Euser, Bakermans-Kranenburg, & van Ijzendoorn, 2010; Stein, 2006).

Participants who would visit their families in care had similar experiences about finding it hard to transition from care to their birth families on holiday visits. This finding is divergent from some of the literature on this subject. The literature on visitations in care reveals contradictory results concerning the impact of these visits on foster children's well-being. Various findings suggest that visitations with biological parents to be distressing for foster children and foster parents (Neil, Beek & Schofield, 2003), some studies found visits to be distressing and produce loyalty conflict (Fanshel, 1975; Leathers, 2003). Other studies suggest consistent parental contact to have a positive impact on children as foster children with parental contact were found to exhibit less internalizing and externalizing problems (Cantos, Gries & Slis, 1997; McWey, Acock & Porter, 2010a; McWey & Mullis, 2004). Also, some studies did not find any statistically significant effects of parental visitation (Helming, Küfner & Kindler, 2010). The results of the current study suggest that wanting to belong to one place and not wanting to keep contact with family members that were insufficient and abusive parents, as the result of their reluctance for going from one place to another. As there are inconsistencies in the literature, it is important to investigate the subject further.

Results revealed ambivalent feelings towards their birth parents because although most participants had been maltreated and/or neglected by their parents they still yearned for a closer relationship with them. This finding is in line with previous research as most care leavers try to make contact with their birth families upon leaving care (Dixon & Stein, 2005; Dixon et al., 2006) while some of them

find improve relationships due to changed circumstances, others attempts are met with further disappointment, further rejection (Dixon et al., 2006) and a repetition of previous abuse (Cashmore & Paxman, 2007). Research also suggests that care leavers quickly move on to establish their own families after leaving care (Dixon et al., 2006). Seeking close relationships early on can be a result of an absence and a yearning of close relationships.

Participants pre-care experiences were generally centered around common issues while their experiences in care into two different paths. Nearly half of the participants described close, family-like relationships with the care personnel, and the other half reported harsh conditions including peer violence, abuse and neglect from care personnel. All participants that reported good experiences of care were living in group homes with fewer children and stable care givers. On the other hand participants who reported bad experiences of care were raised in residential institutions except for one. Many studies have indicated that placing children in family-like settings, like group homes or foster care produce better behavioral and developmental outcomes for children than institutional care (Dregan & Gulliford, 2012; Lee, Bright, Svoboda, Fakunmoju, & Barth, 2011; Smyke et al., 2012, van Ijzendoorn, Luijk, & Juffer, 2008). Research has found institutional care to be overcrowded and care personnel to be overburdened (Zavlek, 2005). The results of the current study are also in line with these results, showing that institutional care decreases the quality of care children receive.

As for the single participant who grew up in a “love home” with fewer children and a stable care-giver, it was interpreted as an example to the importance of the care personnel. As all the participants personnel selection should be a meticulous process because of their potential impact on the children. The abusive and insufficient care receiving experience could also be related to the limited care giving capacities of the care giving personnel. Çatay & Koloğlugil (2017) showed that care givers psychological symptoms, emotional burn out levels and their self-efficacy increased, and positive developments were observed regarding children’s development and problem behaviors with a training and supervision support group for care givers at a care institution. Such findings imply

that care givers might feel overwhelmed or insufficient which in turn may affect their care giving qualities. This case might underline the need for both emotional and educational support to the care giving personnel.

The second research question of the current study was: What experiences fostered or hindered their capacity for resilience? Results showed that having a consistent and supportive relationship with at least one adult played a key role in fostering resilience. Participants of the current study can be assumed to lead more stable lives as they were able to participate in an academic study which might be enabled by a stable care figure in their lives. Participants reported feeling loved and feeling safe with these adult figures who were either a parent, a relative, a care-taker or a social worker. This finding is in line with resilience research where sustaining at least one trusting and supportive relationship with an adult have been found as an important protective factor in numerous studies (Collins, Spencer & Ward, 2010; Masten & Palmer, 2019; Werner & Smith, 1992). Bernard (2002) named these people "turnaround people" and identified three qualities of these relationships. Those qualities were sustaining a caring relationship, having high expectations from child and giving opportunities for contribution and participation. Participants in the current study described all three of these qualities when talking about their close relationship with the "special" person in their lives. Research has also demonstrated that a trusting relationship with an adult can provide a foundation for other close relationships to form (Chittleburgh, 2010; Osterling & Hines, 2006).

The current study has found that the participants each had loveable qualities which helped both to receive love and attention and helped them to recruit help from adults. In adverse circumstances where the adults (i.e. parents, care personnel etc.) in the child's life cannot or do not perform their caretaking roles, it is especially important for the child to get in contact with other adults that can help. Research has shown that children who had difficulties recruiting helpful adults or peers were likely to be disadvantaged while transitioning from care to adulthood (Downes, 1992). Some studies also have also shown that cute and loveable children were more advantageous from their peers in terms of getting

nurtured and in turn being more resilient. Results showed that participants each had different qualities that made them receive positive attention from adults, like being physically cute, extraverted, or social. In a longitudinal study, it was found that resilient individuals were more appealing infants, where both their mothers and independent observers described them as agreeable, cheerful, friendly, good-natured, responsive, and sociable (Werner & Smith, 1992). Displaying likeable characteristics elicits positive responses from caregivers and other adults which can be advantageous in their development.

The results of the current study showed that siblings can be great resource for emotional and practical support both in care and after they leave care. Results showed that children who grew up with their sibling could get help from them when they were not feeling good, for example when they would face stigmatization outside care. They would also serve as support systems while transitioning from care to adulthood, for example living together after care. The presence of their siblings may provide a sense of familiarity, stability and a preservation of family identity in a new, unfamiliar and frightening environment. This finding is in line with the research as sibling attachment and close relationships with siblings has been found to be a protective factor in many studies (Daniel & Wassell, 2002b; 2002c; Ibrahim & Howe, 2011; Parker, 2010). One study found that internalizing symptoms decrease if the child has as affectionate relationship with an older sibling in care (Gass, Jenkins & Dunn, 2007). Sibling relationships may be even more important for those who are not in contact with their birth parents (Hiles et al., 2013). Results also revealed that this valuable support system can form if the siblings are kept together when they enter into care. If siblings were placed in different facilities they reported that growing apart which deprives them from a valuable support system for their well-being. Drawing on the findings from the current study and the relevant literature, keeping siblings together in care placements is vital for their development.

Results have shown that like siblings, peer relationships and networks can provide emotional and practical support systems for children in care. Peer relationships helped them cope with difficult circumstances in care and they

appeared to be more important to children who did not grow up with their siblings. The finding is in line with previous research where supportive peer relationships were found to be very important for the development of children and a protective factor to enhance their resilience (Broad, 2005; Dixon & Stein, 2005; Morgan, 2012; Parker, 2010; Perez and Romo, 2009). Literature has also shown that children in care describe feeling "different" from peers outside care which makes it harder to build relationships with them (Dima & Skehill, 2011; Morgan 2012). The findings of the current study also found that children feel a certain amount of stigma outside and they are reluctant to share their living situation with their peers. They seemed to only share this information with few close friends, but they also needed several years to build a trusting relationship before revealing this information. Thus, they had reservations sharing that they were in care but this did not prevent them from forming close relationships outside care.

According to the results of this study, close relationships and support networks like siblings and friends were very important to foster the resilience of these children. Research has shown that both a trusting and supportive adult and intact social networks were prominent protective factors (Daniel & Wassell, 2002b; 2002c). These relationships give children nurturance, help them regulate their emotions, give them a sense of safety and build redeeming relationships with other people to compensate for the lack of care they received from birth families or insufficient care personnel. Results emphasize that resilience is not a stable personality trait but is a product of the interaction between the child and their environment. Resilience can be fostered if the interactions between the child and the environment are strengthened. Such relationships are the ties that bind the children to a healthier development path.

The third question of the research was: How do they cope with the adversities in their life? Results showed that most participants had hobbies and interests which served as emotional regulators both in the short-term and the long-term. They picked up these interests either by themselves (i.e. writing a journal), or with the encouragement of a supportive adults (i.e. playing football, doing puzzles). Previous research has also shown that mentoring children's talents and

interests enhance the resilience of children (Borge, 1996; Daniel & Wassell, 2002b; Quinn, 1995; Sinclair and Gibbs, 1996). Gilligan (1999) found that for children in care leisure activities can serve four different functions; maintenance of the child's basic developmental needs, protection from further abuse and exploitation, compensation from the deficits lingering from past adversities, and preparation for the life outside care by equipping children with emotional resilience and practical techniques. Also, attending activities is a key way to feel competent (Gilligan, 1999) to build self-esteem which is serves a vital buffer against stress (Rutter, 1990). Having hobbies may also create opportunities to build a sense of belonging to a group that share similar interests. The results of the current study also show that interests like being a part of a sports team protected them from getting involved in dangerous or illegal activities and going into an unhealthy developmental path. Both the findings of the current study and previous research show that encouragement and practical support should be given to their leisure activities for resilient outcomes.

Results showed that participants had a tendency to try to cope with problems on their own and they did not feel comfortable sharing their negative emotions with someone else. This tendency might be a legacy of their early experiences where they did not have a reliable, nurturing adult to sooth them in these kinds of situations. One of the roles of parents is to help children regulate their emotional arousal until they gain self-regulation skills by co-regulation. Results show that children in care do not prefer co-regulation even in the presence of a caregiver that can mitigate stress reactions. Previous research has found that maltreated children are mistrustful of adults and resistant to support which means they do not seek care or comfort even when distressed (Dozier, Stovall, Albus, & Bates, 2001). Results have also shown that participants had a tendency to disregard their feelings and actively try not to think about their past experiences. Literature has shown that in the face of overwhelming stress suppression and repression are common reactions (Boag, 2010). Guest (2012) also found that "switching off and shutting down" was a strategy to deal with negative emotions in care leavers.

Emotion regulation, being open to be soothed by another person, co-regulation capacities are shaped in early childhood and these attachment patterns continue to function as a working model for relationships in adulthood (Bowlby, 1969). However, adult attachment theory posits that an adult's attachment behaviors don't need to reflect their early interactions with a caregiver, in fact adult attachment can be mediated throughout life as peers and romantic partners eventually take over the role of the primary attachment figure (Hazan & Shaver, 1987). Thus, positive adult figures, close friends, romantic partners can play a significant role in an individual's change in attachment behaviors. In order for this change to happen, individuals need to be having close and long-term relationships with healthier ways of coping and a display a more secure attachment style (Fraley & Shaver, 2000). Failing to meet these conditions may result in a residue of the initial unhealthy attachment patterns.

To sum up, the study showed that participants had similar dynamics and problems regarding their birth families. Results showed they had unstable family backgrounds and had a longing for close relationships with their families. The ones that were in contact with their families through their time in care reported difficulties transitioning from care to their parents homes for holidays. Participant's experiences diverged in their experiences of care where some reported high quality, family-like care receiving, and others reporting poor conditions in care and poor relationships with their care givers. It is argued that this duality might be caused by the physical conditions of care where some participants living in "children's homes" with fewer children and stable care-taker, others living in institutions. On the topic of resilience, having a stable, supportive relationship with at least one adult was found to play a key role in their resilience. Being loveable was found to be advantageous in receiving love and support from adults. Also having intact sibling and peer relationship networks provided emotional and practical support for children both in care and after leaving care fostering resilience. Results showed that being interested in hobbies and leisure activities helped that regulate their negative emotions and in some cases protected them from an unhealthy developmental path. Lastly, participants

showed a tendency to disregard their negative feelings, they tried not to think about their past experiences and try to cope with negative circumstances on their own. It was argued that these tendencies formed because of the lack of a reliable and nurturing adult in their early years.

In conclusion, the results suggest a social-ecological model of resilience is more fitting for understanding resilience processes, as it appears that factors in various levels of the framework (individual and environmental) contribute to the outcomes in care leavers lives. Individual level factors (e.g. being loveable, getting in contact with helpful adults, and having hobbies) are predominantly linked with the environment (e.g. quality of care received pre-care and in-care) and the opportunities they were presented with (e.g. being able to grow up with their siblings, joining school sports teams). In essence, the relational, social and structural environment has a potential to shape individual resilience to a great degree.

3. 5. 1. Implications for Practice and Policy

Children entering in care most certainly struggled to have their essential needs met, maybe experienced a loss of a care-giver or received unstable care with multiple substitute care givers. Thus, they might experience some attachment problems, or desire to be independent rather than asking for support at difficult times, or trusting those who offer help. In clinical practice, therapists need to be aware of these possible issues and need to be more careful in being consistent, reliable, showing empathy and demonstrating their desire to help in order to establish a functioning working relationship with the individual. Therapists need to keep in mind that care leaver might be more sensitive to inconsistencies in the working relationship and might be more inclined to experience therapeutic ruptures.

Therapists should also keep in mind that individuals who have lived in state care most often had difficult experiences in the past but yet they overcame those difficulties to be able to be in a therapy setting. Identifying the factors that

had helped them up to this point in time and encouraging their continuity could be key element in the therapy process. They already have both internal and external resources they have utilized at difficult times. The therapist should help the client identify, recognize and use their strengths and encourage the client to utilize their resources. Past success experiences can be used to identify such resources. Working on the resources that the client already has may increase their self-esteem, self-efficacy and shift their locus of control to a more self-empowered state.

In clinical practice, it is also important to be aware of their traumatic background, to have detailed information on the adversities they have been through mechanisms of dissociation, suppression, repression, isolation of affect are likely to be seen and appropriate trauma work should be a part of the therapeutic process. Regardless of the therapeutic school of thought, establishing safety and stabilization, building skills to regulate emotions, psychoeducation on trauma, processing the traumatic event and focusing on personal and interpersonal are key phases of trauma work (Herman, 1992). Constructing a coherent narrative would also help both to heal the gaps in memory and to bolster a sense of identity. While working with children in care or adult care leavers, it is important to keep in mind that establishing a therapeutic relationship might require a longer time because of the potentially extensive traumatic background.

Both this study and the literature has shown that supportive and nurturing relationships and building strong support networks around children in care foster their resilient capacities and contribute to their ongoing development. (Ahrens et al., 2011; Daniel & Wassell, 2002b, 2002c; Hiles et al., 2013; Schofield et al., 2015; van Breda & Dickens, 2017). Clinicians need to identify these key relationships, particularly those within their extended families (including grandparents and siblings), friends, early caregivers or families of choice, and encourage the continuity of these relationships (Figley, 1988; Walsch, 2016).
Therapists need to be aware that care leavers often have ambivalent feelings concerning their birth families, and may pursue a relationship resulting in a repetition of previous abuse or further rejection. Clinicians may include

supportive family members in the therapy process for establishing healthier relationships and building a source of support system for the individual. Building such relationship will help the individual both in care and in transition periods in their lives and make them well connected to support systems at multiple levels.

Psychotherapy can be significantly beneficial for both care leavers and children in care, however access to these services may not always be feasible. Prevention and intervention programs that are designed to promote resilience are very helpful in reaching a large number of individuals. Three types of intervention have been identified in promoting resilience; risk-focused methods, asset-focused methods and process-focused methods (Yates & Masten, 2004). Risk-focused methods aim to reduce or prevent risk such as teenage pregnancies or premature births. Asset-focused approaches enable resources like parental training, additional tutoring or job opportunities for parents to counteract adversities. Process-focused methods, aim to protect, activate or restore fundamental adaptational systems such as strengthening positive long-term relationships. However, the most effective intervention programs are those who involve these three strategies targeted at the child, family and community levels (Chmitorz et al., 2018).

Different intervention programs are designed to promote the resilience of at-risk children in different age groups. Prevention programs for infants and preschoolers usually target social support and education of parents as key areas of intervention (Olds, Hill & O'Brian, 2003; Schweinhart, Barnes & Weikart, 1993). In the early years, interventions are more centered towards building positive relationships with the immediate and extended family (Barrett, Moore & Sonderegger, 2000; Luthar & Zelazo, 2003). In later years, school becomes a significant part of children's lives, thus school-based intervention programs are more common, and target mostly emotional literacy, competence, emotional regulation, empathy and problem solving (Crow, France, Hacking, & Hart, 2004; Johnson et al., 1998) Mentoring programs are also proven to promote resilience for children in care (Grossman, & Tierney, 1998).

In regards to state care policy, in order to promote resilience creating a secure base is very important for these children with adversity backgrounds. Creating a secure base requires both physical and relational domains to be stable and nurturing. Stability of placements gives the children the opportunity to form redeeming relationships with care givers, siblings and peers, who are crucial emotional and practical support systems both in and after care. Also, placements in family-like settings, like foster care, "children's homes" where there are fewer children, stable care givers and more individual attention to children are better for their development. Policies also need to aim to keep social support networks intact. Potential supportive family or relatives should be identified by social workers and when in need therapy should be offered in order to strengthen these relationships. Children need to be placed with their siblings to form close relationships that will be beneficial for even after care. Children need to be given opportunities to socialize with their peers and be encouraged to participate in leisure activities that will contribute to their well-being and resilience.

3. 5. 2. Limitations and Future Research

The current study was designed to understand the experiences of adults who grew up in state care, and the factors that fostered or hindered their resilience capacities. The size and homogeneity of the sample is congruent with the standards of IPA research. However, the biggest limitation of this research method is that the findings are that it is not generalizable in the traditional sense. It gives rich accounts of a particular group of people and their response to a specific situation. While this research is an important step in understanding the nuanced experiences of this group of people in detail, further research would enrich our understanding of the phenomena. Comparing groups of care-leavers from different models of state care (i.e. institutions and "children's homes"), and comparing care-leavers that do well with those who struggle would provide a more generalized understanding of both the models and other factors.

This research was useful in identifying resilience factors; however the scope of the research questions was large. Future research might focus on more specific domains of resilience to reach a more in-depth understanding. For example, understanding how a close relationship with a supportive adult contributes to positive development and what are the specific qualities of these relationships that help children in care. Also, areas that have contradictory findings in literature should be further researched. For example, keeping in contact with birth family, visitation and holiday processes reveal different results in different studies. Researching the differing qualities of these relationships would increase our understanding of the causes of unclear results on the subject.

Lastly, even though there are some studies the research on the Turkish sample and system is very limited in quantity and scope. It is important to conduct more research in the Turkish state care system because various models of state protection are being used at the same time (e.g. institutions, “children’s homes”, “love homes”, foster parenting), and Turkey’s state care system and policies have been rapidly changing in the last few decades. These changes must be implemented in accordance with scientific research findings to ensure adopting the best system for children’s well-being. While positive changes are taking place there is still a significant gap between research and practice. Thus, further research might be directed at understanding the causes of this gap.

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DISCUSSION

This study aimed to understand how positive outcomes come about despite significant threats to development and adaptation. Children who grow up in care are an example of vulnerable populations where poor adaptation outcomes like mental illnesses, unemployment, involvement in the justice system, homelessness are very common. However, a significant amount of care-leavers show resilient outcomes despite the challenges. It was important to understand the factors that contribute to these resilient capacities to implement prevention and intervention strategies. This study also aimed to inform the rapidly evolving state care system in Turkey for producing better outcomes for care-leavers.

The first article, reviewed the literature on resilience, outlining the theories on resilience, common protective factors and the role of cultural variations on resilience. The review showed the resilience is a dynamic process negotiated between the individuals and their environments. Thus, the role of the community was found to be crucial in order to provide protective factors to promote resilient outcomes. This review showed that interventions to the context individuals are surrounded in would have a direct effect on individual resilience. Clinical implications were also discussed in the conclusion.

The second article, focused on describing the experiences of care-leavers in care and understanding the factors that fostered and hindered their capacities for resilience. An ecological understanding of resilience was utilized to explain the resilience processes. The results revealed rich data showing participants experiences prior to their placement in care had similarities regarding their adversities and relationships with family, however their experiences diverged in their experiences of care which might be a result of different state care models. Having close relationship, being able to form relationships and intact support systems like siblings and peers were found to be contributing to their resilience. Also, leisure activities were found to be helping them regulate their negative emotions, which they had a tendency to keep to themselves. This article concluded with a discussion of implications for practice and policy.

Beyond the discussions of practice and policy, there is a need for further research on the Turkish care-leaving population since the literature is very limited on the subject. While positive changes are taking place in the state care system in Turkey, there is still a significant gap between research and practice. This study aimed to partially fill this gap and try to outline resilience building factors to ensure the best practices for the well-being of children in care.

Appendix A

Informed Consent Form

BİLGİLENDİRİLMİŞ ONAM FORMU

Bu araştırma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans öğrencisi Sezin Benli tarafından, Yard. Doç. Dr. Elif Göçek'in süpervizörlüğünde yürütülmektedir. Çalışmanın amacı devlet korumasında büyümüş kişilerin devlet korumasına ilişkin deneyimlerini ruhsal dayanıklılık faktörleri göz önünde bulundurularak derinlemesine anlamaktır. Araştırma sonuçlarının, devlet korumasındaki çocukların psikolojik iyiliğine yönelik katkı sağlaması umulmaktadır.

Araştırmaya katılmayı kabul ettiğiniz takdirde sizinle yaklaşık bir ya da bir buçuk saat sürecek yüz yüze bir görüşme yapılacaktır. Görüşmede kurum bakımında önceki hayatınız, kurum bakımı sırasındaki deneyimleriniz ve kurum bakımından çıktıktan sonraki hayatınız hakkında sorular bulunmaktadır. Görüşme içerisinde sizi zorlayan hayat deneyimleri ve kurum bakımına alınış süreciniz gibi olumsuz duygular uyandırabilecek sorular yer almaktadır. Kendinizi rahatsız hissederseniz, bazı sorulara cevap vermemeyi ya da görüşmeye devam etmemeyi tercih edebilirsiniz.

Görüşme süresince ses kaydı alınacak ve görüşmesi sonrasında yazıya dökülerek araştırma gereği daha detaylı anlaşılması sağlanacaktır. Alınan ses kayıtları ve yazılı deşifreler, araştırma ekibi dışında hiç kimse tarafından görülmeyecek, tamamen gizli kalacaktır. Görüşmeler bilgisayar ortamına isimleriniz kaldırılarak girilecek ve şifreli bir bilgisayarda saklanarak çalışma sonunda silinecektir. Araştırma verileri yalnızca bilimsel amaçlar için kullanılacaktır.

Araştırma hakkında daha fazla bilgi almak isterseniz Psk. Sezin Benli (sezinbenli@gmail.com) ya da Yard. Doç. Dr. Elif Göçek (elif.gocek@bilgi.edu.tr) ile iletişim kurabilirsiniz.

Bilgilendirilmiş onam formunu okudum ve anladım. Araştırmaya tamamen gönüllü katılmayı kabul ediyorum. Çalışmayı istediğim zaman hiçbir neden göstermeden yarıda kesip bırakabileceğimi ve verdiğim bilgilerin bilimsel amaçlı kullanılmasını kabul ediyorum.

İsim-Soyad: Tarih:

E-mail: İmza:

Appendix B

Demographic Form

DEMOGRAFİK BİLGİ FORMU

Lütfen tüm soruları **eksiksiz bir şekilde** doldurunuz. Her soruda sizin için en uygun olan seçeneğin yanındaki kutuya "X" işareti koyunuz.

Yaşınız:	**Cinsiyetiniz:** ☐ Kadın ☐ Erkek ☐ Diğer
Eğitim durumunuz: ☐ Okur-yazar ☐ İlkokul ☐ Ortaokul ☐ Lise ☐ Üniversite ☐ Yüksek lisans ☐ Doktora	**Mesleğiniz:** ☐ Memur ☐ Özel Sektör ☐ Kendi işi ☐ Öğrenci ☐ İşsiz (sağlık nedenleriyle) ☐ İşsiz (diğer nedenlerle) ☐ Ev hanımı ☐ Emekli ☐ Ücret almadan çalışıyor (Gönüllü) ☐ Diğer (belirtiniz) ....
Eve giren aylık ortalama geliriniz: ☐ 0-1000 TL ☐ 1001-1500 TL ☐1501-2500 TL ☐ 2501-3500 TL ☐ 3501-4500 TL ☐ 4501-6000 TL ☐ 6001-7500 TL ☐ 7501 TL ve üzeri	**Medeni durumunuz:** ☐Evli ☐Bekar ☐Boşanmış ☐Dul
Çocuk sayısı: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Daha fazla:	**Kimlerle birlikte yaşıyorsunuz?** (eş, çocuk, anne, baba, kardeş vs.) ....
Kuruma geliş yaşınız:	**Kurum bakımında kalma süreniz:** ☐ 0-5 yıl ☐ 6-10 yıl ☐ 11-15 yıl ☐ 16 yıl ve üstü
Kuruma geliş sebebiniz: ☐ Anne ya da babanın vefatı	**Kaldığınız kurum tipi:** *(Birden çok seçenek işaretleyebilirsiniz)*

☐ Ailenin boşanma ile dağılması ☐ Aile içi geçimsizlik ve şiddet ☐ Maddi problemler ☐ Ailenin ihmali ☐ Ailenin istismarı ☐ Ailenin bilinmemesi ☐ Diğer	☐ Çocuk Yuvası (Yurt tipi bakım) ☐ ÇODEM / DSRM (Çocuk Destek Merkezi) ☐ Sevgi Evi (Çocuk Evleri Sitesi) ☐ Çocuk Evi ☐ Diğer: ....

Appendix C

Interview Questions

1. Devlet korumasına girmeden önce hayatınız nasıldı? Kimlerle, nerede, nasıl yaşıyordunuz? Aile bireyleri (anneniz, babanız, kardeşleriniz vb.) ile ilişkileriniz nasıldı?
2. Devlet korumasına girmeden önce sizi korkutan, kaygılandıran, mutsuz eden şeyler yaşadığınızda genellikle kime giderdiniz ya da nasıl başa çıkardınız? (eğer birine gittiğinden bahsederse) bu kişi böyle bir durumda nasıl davranırdı?
3. Devlet korumasına girmeden önce sizi en çok zorlayan hayat deneyimleri nelerdi? Böyle bir anınızdan bahseder misiniz?
4. Devlet korumasına girmeden önce sizi iyi hissettiren/güçlendiren hayat deneyimleri nelerdi? Böyle bir anınızdan bahseder misiniz?
5. Devlet korumasına alınma deneyiminiz nasıldı? Alınma nedeniniz neydi? Kaç yaşındaydınız?
6. Devlet koruması sırasındaki yaşantınız nasıldı? Kaç sene kurum bakımında kaldınız?
7. Devlet korumasındayken sizi en çok zorlayan hayat deneyimleri nelerdi? Böyle bir anınızdan bahseder misiniz?
8. Devlet korumasındayken sizi iyi hissettiren/güçlendiren hayat deneyimleri nelerdi? Böyle bir anınızdan bahseder misiniz?
9. Devlet koruması sırasında aileniz ile görüşmeyi sürdürdünüz mü? Onlarla ilişkileriniz nasıldı? Görüşmeleriniz nasıl geçerdi? Onlarla ilişkinizin sizi nasıl etkilediğini düşünüyorsunuz? Neyin farklı olmasını isterdiniz?
10. Devlet koruması sırasında kardeşlerinizle ile görüşmeyi sürdürdünüz mü? Onlarla ilişkileriniz nasıldı? Onlarla ilişkinizin sizi nasıl etkilediğini düşünüyorsunuz? Neyin farklı olmasını isterdiniz?
11. Devlet korumasında yakın temasta olduğunuz yetişkinler (bakıcı anneler, sosyal hizmet uzmanları, psikologlar vb.) hakkında neler hatırlıyorsunuz? Onlarla ilişkileriniz nasıldı? Neyin farklı olmasını isterdiniz?

12. Bu yetişkinler içinde özellikle yakın olduğunuz biri var mıydı? Onunla ilişkiniz nasıldı? Onlarla ilişkinizin sizi nasıl etkilediğini düşünüyorsunuz?
13. Devlet koruması sırasında sizi korkutan, kaygılandıran, mutsuz eden şeyler yaşadığınızda genellikle kime giderdiniz ya da nasıl başa çıkardınız? Bu kişi böyle bir durumda nasıl davranırdı?
14. Devlet koruması sırasında kurumdaki ve okuldaki arkadaşlarınızla ilişkileriniz nasıldı? Bu ilişkilerin sizi nasıl etkilediğini düşünüyorsunuz?
15. Devlet koruması sırasında nasıl bir okul deneyimiz oldu? Nasıl bir öğrenciydiniz? Başarılı bulduğunuz bir alan ya da özel bir ilgi alanınız var mıydı?
16. Devlet korumasından çıktıktan sonraki yaşantınız nasıldı?
17. Devlet korumasından çıktıktan sonraki hayatınızda başınıza gelen zorlayıcı olaylarla ya da yaşadığınız zor zamanlarda nasıl başa çıktınız? Size kimler ya da neler yardımcı oldu ya da destek oldu?
18. Sizce devlet bakımında büyümek sizi nasıl etkiledi? Kuruma girmeseydiniz nasıl bir birey olurdunuz?
19. Sizce zorlu bazı çocukluk yaşantılarından gelip şu an yapabildiklerinizi yapmanız katkı sağlayan güçlü özellikleriniz neler? Hangi karakter özellikleriniz, becerileriniz, yetenekleriniz bu güne gelmenize katkı sağladı?
20. Sizce bu güçlü özellikleri kazanmanıza katkı sağlayan faktörler nelerdi?
21. Son olarak, eğer devlet koruması hakkında birşeyleri değiştirebilecek olsanız neleri değiştirmek isterdiniz?

ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY THE ETHICS COMMITTEE

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından doldurulacaktır /This section to be completed by the Committee on Ethics in research on Humans)

Başvuru Sahibi / Applicant: Sezin Benli

Proje Başlığı / Project Title: Exploring the Contributing Factors of Resilience in Adult Care-Leavers (Devlet korumasında büyümüş kişilerin ruhsal dayanıklılığına katkı sağlayan faktörlerin incelenmesi)

Proje No. / Project Number: 2018-20024-138

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

Değerlendirme Tarihi / Date of Evaluation: 13 Aralık 2018

Kurul Başkanı / Committee Chair

Doç. Dr. Itır Erhart

Üye / Committee Member

Prof. Dr. Aslı Tunç

Üye / Committee Member

Prof. Dr. Hale Bolak

Üye / Committee Member

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Prof. Dr. Ali Demirci

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Prof. Dr. Ayhan Özgür Toy

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