

UNIVERSITY OF EDUCATION, WINNEBA



**AN EXPLORATORY STUDY OF ADVERSE CHILDHOOD EXPERIENCES,
CAMPUS ADJUSTMENT AND PSYCHOSOCIAL WELLBEING OF
STUDENTS IN COLLEGES OF EDUCATION, GHANA**



DOCTOR OF PHILOSOPHY

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**A thesis submitted to the School of Graduate Studies in partial
Fulfilment of the requirements for the award of the degree of
Doctor of Philosophy
(Counselling Psychology)**

**Department of Counselling Psychology
Faculty of Applied Behavioural Sciences in Education**

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DECLARATION

Student's Declaration

I, Gifty Nordzi, declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and acknowledged, is entirely my own original work and that it has not been submitted, either in part or whole, for another degree elsewhere.

Signature:

Date:

Supervisors' Declaration

We declare that the preparation of this thesis was supervised in accordance with the guidelines on supervision of thesis laid down by the School of Graduate studies, University of Education, Winneba.

Name: Prof. Stephen Antwi-Danso (Principal Supervisor)

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Signature:

Date:

DEDICATION

I dedicate this piece of work to my spiritual Fathers, Rev Fr. Dr. John Ofosu-Mireku and Fr. Bernard Atsu Nanewodo; parents, Mr. Hubert Nordzi and Ms Comfort Homenya; and my brothers, Mr. Nordzi Frank and Mr. Nordzi Divine for their prayers, love and ‘threat’ throughout this project. I specially dedicate this thesis to my late brother, Mr. Alfred Nordzi.



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ABSTRACT

The academic and pedagogical development of student teachers in Ghana's Colleges of Education has received considerable scholarly attention; however, their psychosocial wellbeing and campus adjustment, particularly among those with histories of early adversity, remain underexplored. This study addressed this critical gap by exploring the effects of childhood adversities on the lived realities and adjustment trajectories of first-year student teachers. Grounded in the Emerging Adulthood Theory, the Transactional Model of Stress and Coping, principles of Narrative Therapy, and Judith Herman Trauma Theory, the research adopted an interpretative phenomenological analysis (IPA) to understand how participants made meaning of their past experiences in relation to their present academic and social adjustment in the colleges. Data were collected through semi-structured interviews, document analysis, and observation involving thirty-six participants comprising fifteen first-year student teachers, fifteen peers, and six lecturers, drawn from Bonsu (all-male), St. Adom (all-female), and Nhyira (mixed-gender) Colleges of Education. A mixed-purposive sampling strategy was employed, incorporating maximal variation, volunteer, criterion, and referral sampling techniques to ensure diversity and relevance in participants lived experiences. The findings revealed that unresolved childhood adversities contributed to emotional dysregulation, social withdrawal, and academic disengagement, which collectively undermined students' psychosocial wellbeing and campus adjustment. However, the study also uncovered evidence of resilience and personal initiative, as participants employed strategies such as structured routines, peer support, and counselling to navigate their challenges. The study concluded that students with Adverse Childhood Experiences (ACEs) exhibited signs of emotional distress, including fear, sadness, anger, and low self-worth, which negatively impacted their relationships, academic focus, and performance. These emotional difficulties were linked to higher levels of anxiety, depression, and hopelessness, reducing their ability to cope with stress and fully engage in college life. The study contributes to the growing discourse on trauma-informed practice in African higher education and highlights the urgent need for institutional reforms. It recommends the establishment of trauma-sensitive support systems, faculty training in trauma and psychosocial responsiveness, and the integration of policies that promote inclusive and emotionally supportive learning environments.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The transition from high school to college is a critical period in a young adult's life and this can significantly impact their psychosocial wellbeing (Wolf et al., 2018). Adverse Childhood Experiences (ACEs) have been identified as potential factors that may influence college students' adjustment during this transition (Besch, 2024). ACEs are traumatic events occurring before the age of 18 and are generally organised into three standard categories: abuse (physical, sexual, and emotional), neglect (physical and emotional), and household dysfunction (including exposure to domestic violence, mental health issues, family incarceration, separation, and substance misuse) (Felitti et al., 1998; Crouch et al., 2019). Factors such as unstable housing, parental history of ACEs, and living in communities with high social and environmental dysfunction further increase a child's risk of experiencing ACEs (CDC, 2021; Walsh et al., 2019). According to Rosecrance (2022), Adverse Childhood Experiences portend future consequences on physical, mental and social wellbeing. The effect of ACEs persisted in Colleges of Education despite the establishment of counselling centres, and is amplified by stressors, such as academic, physical, social and emotional stressors, which Colleges of Education student teachers are constantly exposed to.

ACEs are a significant global concern, with high prevalence rates reported worldwide. Approximately one-fourth of adults globally have experienced at least one ACE (Bellis et al., 2019; World Health Organisation [WHO], 2016). In North America and Europe, 23% of adults report at least one ACE, while in the United States, 61% have experienced at least one ACE, and 16% have experienced four or more (Merrick et al.,

2019). Data from the World Health Organisation's European region further suggest that nearly half of young adults experienced at least one ACE before the age of 18 (WHO, 2022; Bellis et al., 2014; Hughes et al., 2021). Children worldwide are particularly vulnerable to ACEs. Hillis et al. (2016) estimated that half of children aged 2 to 17 experience physical, sexual, or emotional violence annually, while nearly three-quarters of children aged 2 to 4 face physical and emotional violence from caregivers (WHO, 2022). A meta-analysis by Lee et al. (2022) examined 224 studies and reported the following global prevalence rates of child maltreatment: emotional abuse (36.3%), physical abuse (22.6%), emotional neglect (18.4%), physical neglect (16.3%), and sexual abuse (12.7%). These figures likely underestimate the true prevalence, as many cases remain unreported (Herzog & Schmahl, 2018; Hillis et al., 2017).

In Africa, the prevalence of ACEs is alarmingly high. Meinck et al. (2015) reported that rates of physical abuse among children can reach 64%. Common ACEs in countries like Burundi and Kenya include physical and emotional neglect, food insecurity, and parental unemployment, with prevalence rates significantly higher than those observed in Western contexts (Charak et al., 2017; Kabiru et al., 2014). Female adolescents in these studies often report a greater number of ACEs compared to males (Charak et al., 2017; Kabiru et al., 2014; Meinck et al., 2015). Nevosad (2021) highlighted that more than half of African children experience physical abuse, with four in ten girls in some regions suffering sexual violence before the age of 15. Furthermore, over 80% of children aged 1 to 14 endure violent discipline monthly, and Africa has the highest rates of child neglect globally (Nevosad, 2021). Sexual violence against children with disabilities is high in many countries, ranging from two incidents per child in Senegal to four per child in Cameroon. In Nigeria, 66 percent of girls and 58 percent of boys

under 18 witness violence in the home. More than half of all children aged 13-15 in West and Central Africa are bullied in school.

In Ghana, ACEs are a critical concern. UNICEF (2018) estimated that 3.4 million children in Ghana have experienced physical or emotional abuse. Afriyie et al. (2024) identified the most common ACEs among Ghanaian children as community violence (50.2%), parental separation (34.0%), physical abuse (33.4%), and emotional abuse (28.9%). These findings align with earlier data from the Government of Ghana and UNICEF (2014), which reported that 53% of children aged 6 to 14 and 33% of children aged 0 to 5 experienced regular physical harm, while one-third faced verbal or emotional abuse. Additionally, 6% of children reported incidents of sexual abuse within a single month, and 87% of those exposed to emotional violence or neglect exhibited persistent mood disturbances. While ACEs are prevalent across the world, particularly in Africa, the cross-country prevalence indicates that certain types are more geographically concentrated; for instance, physical neglect, community violence, and physical punishment are identified as the most common and prominent forms of ACEs in the Ghanaian context (Afriyie et al., 2024) compared to high-income nations where these specific types may be less frequent (Charak et al., 2017; Kidman et al., 2020; Soares et al., 2016).

Rosecrance (2022) emphasised that adverse childhood experiences are concerning not only for their immediate effects on children but also for the long-term physical and mental health risks they pose throughout adulthood. ACEs demonstrate a dose-response effect, where the likelihood of negative outcomes rises with each additional ACE experienced (Felitti et al., 1998; Forster et al., 2017; Riedl et al., 2020). As an individual's number of ACEs increases, so does their risk for both physical and mental

health challenges. Higher ACEs are linked to a greater risk of poor physical (e.g., heart disease, cancer) and mental (e.g., depression, PTSD) health outcomes (CDC, 2019). Increased levels of ACEs are also associated with lower life opportunities, such as being at greater risk of not graduating from college and being unemployed (Rosecrance, 2022).

The prevalence of ACEs among college students is high, as it affects their mental health and social functioning, hindering their adjustment. Research shows that ACEs impact college students, with rates varying across studies and populations. Research conducted in Ireland found that 35% of college students reported experiencing at least two ACEs (McGavock & Spratt, 2014), while Karatekin (2018) found that 29% of students in their study had two or more ACEs. At the University of Minnesota, 40% of students reported two or more ACEs (Colburn et al., 2021). A broader study of 8,997 undergraduate students across 20 colleges revealed that 72% had one or more ACEs, and 19% reported experiencing four or more (Merians et al., 2019). In Ghana, Asante et al. (2024) found a high prevalence of ACEs among university students, with emotional abuse, physical punishment, neglect, and community violence being the most frequently reported experiences. These adversities significantly impacted students' emotional stability, interpersonal trust, and social relationships during their university experience.

Psychological wellbeing has emerged as a central mediating factor in the relationship between Adverse Childhood Experiences (ACEs) and college adjustment. A growing body of research has established a strong, graded relationship between exposure to ACEs and disruptions in psychological wellbeing, often reflected through symptoms such as depression, anxiety, post-traumatic stress disorder (PTSD), and chronic stress (Chanlongbutra et al., 2018; Chapman et al., 2007; Karatekin, 2018). These disruptions negatively affect students' ability to manage academic responsibilities, establish and

sustain social relationships, and maintain emotional balance. When psychological wellbeing is compromised, students are more likely to experience difficulty adapting to the demands of college life. Studies have consistently linked depression (Schonfeld et al., 2015; Villatte et al., 2017), stress (Park et al., 2018), and anxiety (Garcia, 2021; Olasupo et al., 2018) with lower levels of college adjustment.

Closely intertwined with psychological wellbeing is social wellbeing, which also plays a crucial role in the connection between ACEs and adjustment challenges. ACEs often impair an individual's ability to form and maintain healthy relationships due to poor emotional regulation, lack of trust, and maladaptive coping strategies (Poole et al., 2018). Consequently, individuals with ACEs often experience heightened social isolation, marked by a tangible absence of meaningful relationships, and loneliness, characterised by a subjective feeling of disconnection and lack of belonging (Forster et al., 2017). Valtorta et al. (2016) identified two dimensions of social relationships: structural aspects (e.g., size and frequency of social networks) and functional aspects (e.g., perceived availability and emotional quality). Individuals with ACEs often struggle with both dimensions, exacerbating challenges in social adjustment. Adverse childhood experiences are linked to poor mental and physical health, relationship challenges, and a range of other negative outcomes (CDC, 2019; Poole et al., 2018). As a result, students with greater exposure to ACEs are likely to encounter increased difficulties in adjusting to college life.

1.2 Statement of the Problem

Adverse childhood experiences among students at Ghanaian Colleges of Education are a serious issue that significantly impacts their psychosocial wellbeing. These experiences impede the processes by which these students adjust to college life, a

critical platform for acquiring the academic, social stability, and professional competencies required for future educators to mentor and properly nurture younger generations. ACEs undermine the adjustment of student teachers, specifically affecting their emotional balance, confidence, and relationships.

Educators with unresolved ACEs struggle to create nurturing environments conducive to overall child development. Studies show that ACEs compromise a teacher's ability to engage in a sensitive and responsive manner, which is crucial for building a positive social and emotional classroom climate (Britto et al., 2017; Shonkoff, 2017; Cassidy et al., 2016; Mortensen & Barnett, 2016). These challenges not only affect educators' interpersonal functioning but also undermine the developmental outcomes of the children placed in their care. Without addressing ACEs, student teachers' professional preparation and readiness are compromised, making it difficult for them to later establish emotionally supportive learning environments.

Globally, several interventions, including the Sustainable Development Goals (SDGs), aim to address health and wellbeing challenges, with goal three specifically targeting the promotion of mental health up to 2030. Despite these efforts, mental health challenges remain a major global concern, affecting 10.7% of the population (WHO, 2017). The prevalence of ACEs in tertiary education is alarmingly high, with 30-70% of college students reporting at least one ACE (McGavock & Spratt, 2014; Merians et al., 2019). Among teachers, 70% report at least one ACE, with 20% experiencing four or more (Ranher & Moreland, 2023). In Ghana, although counselling units are established in Senior High Schools, many adolescents transition to tertiary education with unresolved mental health challenges due to a lack of comprehensive mental health support in pre-tertiary institutions (Adjorlolo et al., 2022). While counselling centres are established within the Colleges of Education, support remains limited. This is

compounded by the fact that many personnel in support roles lack specialised professional training in trauma-informed care, often providing only 'legal or medical advice' rather than the deep psychological 'damage repair' required for recovery (Edoh-Torgah & Matafwala, 2021). Consequently, student teachers are left to navigate their adjustment without reaching the 'reconnection' stage of healing, which is vital for professional readiness. Consequently, many fresh student teachers enter the profession with their traumatic histories intact and unexamined, a reality that not only disrupts their initial college adjustment but also creates a significant barrier to achieving the professional readiness required of effective educators

Previous studies have provided valuable insights into ACEs and college adjustment. For instance, Rosecrance (2022) found that 67.2% of students at the University of Tennessee reported at least one ACE, while 32% reported three or more. Silliman (2021) at Boston University noted that 75% of participants experienced chronic pain and emotional difficulties linked to childhood trauma, which contributed to poor college adjustment. Similarly, Lawal and Abdulmalik (2020) found that 40.8% of preclinical medical students in Nigeria had at least one ACE, which was associated with low self-esteem and poor wellbeing. Asante et al. (2024) reported that ACEs impacted self-esteem, trust, and relationships among university students in Ghana, highlighting the need for early interventions. However, these studies do not address the specific challenges faced by student teachers in Ghanaian Colleges of Education, who are exposed to unique professional demands linked to their training and future roles. This represents a contextual gap that this study seeks to address.

While studies like those of Asante et al. (2024), Waters (2022), and Moedano (2024) examined ACEs in university contexts, none focused specifically on the emotional and professional pressures faced by student teachers. Colleges of Education have distinct expectations for professional readiness and emotional modelling that general university students do not encounter.

This study, therefore, adopts an interpretative phenomenological methodology to explore how ACEs influence the adjustment and psychosocial wellbeing of student teachers. This approach contrasts with the quantitative methodologies used by Rosecrance (2022), Silliman (2021), and Lawal and Abdulmalik (2020), which focused on prevalence and correlations. While Asante et al. (2024), Waters (2022), and Moedano (2024) used qualitative approaches, their studies were broader in scope, addressing university students without delving into the specific professional challenges of student teachers.

Furthermore, while other studies have applied theories such as Social Cognitive Theory or the Theories of Suicide (Salami, 2011; Bhargav, 2024), this study integrates Judith Herman's Trauma Theory to understand the complexity of psychological trauma and the restorative power of social connection, along with the Transactional Theory of Stress and Coping, Narrative Therapy, and Emerging Adult Theory. These theories were chosen because they are uniquely suited to understanding the transition challenges faced by student teachers. They address how personal trauma history intersects with professional identity formation, providing a framework that captures the cognitive, emotional, and professional dimensions of adjustment. Together, this expanded framework is better suited to understanding the experiences of student teachers in Ghanaian Colleges of Education.

The role of student teachers is critical as their preparedness directly impacts the cognitive, social, emotional, and behavioural development of their students. When student teachers struggle with unresolved ACEs, their ability to develop the emotional readiness and professional skills required to later create emotionally supportive learning environments may be compromised. It is vital, therefore, to study the relationship between ACEs and student teacher adjustment to inform support strategies that foster resilience. Without intervention, the impact of ACEs may hinder both their professional readiness and the developmental outcomes of the children they teach.

1.3 Purpose of the Study

The purpose of this study was to explore the lived experiences of first-year student teachers in Colleges of Education in Ghana who had encountered childhood adversities, and to examine how these experiences influenced their psychosocial wellbeing and adjustment to college life.

1.4 Objectives of the Study

The study specifically aims to;

1. describe how the effects of Adverse Childhood Experiences (ACEs) are reflected in the personal and academic lives of student teachers.
2. examine the influence of ACEs on the psychological wellbeing of student teachers.
3. assess the influence of ACEs on the social wellbeing of student teachers.
4. explore how manifestations of ACEs shape student teachers' adjustment to college life.
5. analyse strategies employed by student teachers with ACEs to adjust to college life

6. propose strategies for supporting student teachers to enhance their psychosocial wellbeing and adjustment to college life in the context of ACEs.

1.5 Research Questions

The following research questions were formulated to guide the study.

1. How do the effects of ACEs reflect in the personal and academic lives of student teachers?
2. How do ACEs influence psychological wellbeing of student teachers?
3. How do ACEs influence the social wellbeing of student teachers?
4. How do the manifestations of ACEs shape student teachers' adjustment to college life?
5. What strategies do student teachers with ACEs employ to adjust to college life?
6. How can students be supported to enhance their psychosocial wellbeing and adjustment in the context of ACEs?

1.6 Significance of the Study

The significance of the study is presented in terms of its contribution to methodology, practice and theory.

a. Methodological Significance

This study contributes to research scholarship by applying Interpretative Phenomenological Analysis (IPA) to explore the complex and under-researched experiences of first-year student teachers in Ghanaian Colleges of Education who have faced childhood adversities. By adopting a qualitative approach, the study provided in-depth insight into how early trauma continues to shape students' psychosocial wellbeing and their adjustment to new academic environments. The use of interview protocols not only facilitated rich, first-person narratives but also demonstrated the

value of IPA in educational and psychosocial research within an African context, an area where such methodology is relatively limited. This study therefore sets a precedent for future researchers seeking to use IPA in similar socio-cultural settings and highlights the importance of culturally responsive, trauma-informed qualitative inquiry. The methodological approach employed here offers a replicable framework for future studies examining the intersection of childhood adversity and educational adjustment.

b. Practical Significance

The findings of this study hold practical value for multiple stakeholders in the education sector. Firstly, they offer college counsellors, administrators, faculty, and support staff a clearer understanding of the factors influencing first-year students' psychosocial wellbeing and adjustment. This insight can guide the development of targeted support systems and interventions within Colleges of Education. Secondly, the study informs parents, basic school teachers, and the wider community about the long-term impact of Adverse Childhood Experiences (ACEs) on students' educational journeys and adult life. Increased awareness can lead to more responsible and protective caregiving practices at early stages of child development. Thirdly, the study helps first-year college students themselves to become more aware of the challenges they may face in adjusting to college life, particularly when shaped by past trauma. This awareness may encourage them to seek help earlier and adopt healthier coping strategies. Finally, the study may inspire further research into ACEs and student wellbeing within the Ghanaian context and beyond. It provides a foundation for extending the scope of inquiry into similar populations and settings, and for developing policies or programmes that promote resilience and psychosocial support in higher education.

c. Theoretical Significance

This study contributes to theoretical scholarship by integrating the Transactional Theory of Stress and Coping (TTSC), Emerging Adulthood Theory, Narrative Therapy, and Judith Herman's Trauma Theory to examine how Adverse Childhood Experiences (ACEs) influence the psychosocial adjustment of first-year student teachers in Ghana. Rather than treating these frameworks as isolated explanatory models, the study brings them into dialogue to construct a layered understanding of trauma, stress appraisal, identity development, and narrative reconstruction within educational transitions.

The study extends the Transactional Theory of Stress and Coping by demonstrating that students' cognitive appraisals of academic and social stressors are shaped not only by immediate contextual demands but also by unresolved childhood trauma. For student teachers with ACE histories, stress appraisal is often filtered through earlier disruptions in safety, attachment, and stability. By situating coping processes within a trauma-informed frame, the study deepens TTSC's explanatory power in understanding adjustment within high-pressure educational environments.

Emerging Adulthood Theory is also contextualised within a non-Western setting. While the theory highlights identity exploration, instability, and self-focus during the transition to adulthood, the findings reveal that these developmental processes unfold differently among Ghanaian student teachers whose trajectories are shaped by early adversity, communal expectations, and socioeconomic realities. The study therefore expands the cultural and contextual applicability of Emerging Adulthood Theory beyond its predominantly Western origins.

Judith Herman's Trauma Theory provides a crucial interpretive lens for understanding how early trauma disrupts core psychological domains of safety, trust, and relational connection. Herman's framework of trauma and recovery clarifies how unresolved adversity may resurface during the emotionally demanding transition into teacher education. The college environment can either reactivate trauma through stress and instability or serve as a space for partial restoration through supportive relationships and social belonging. By embedding trauma theory within higher education research, the study bridges clinical understandings of trauma with psychosocial adjustment in teacher training contexts.

In addition, the study broadens the application of Narrative Therapy beyond therapeutic settings by illustrating how student teachers reconstruct personal narratives in order to reinterpret adversity and reclaim agency. Through narrative meaning-making, participants reposition themselves from identities shaped by trauma towards identities oriented around resilience, professional aspiration, and growth.

Collectively, this theoretical integration offers a comprehensive and culturally grounded account of adjustment among young adults with ACE histories. By synthesising trauma theory, stress appraisal theory, developmental theory, and narrative reconstruction, the study advances a robust conceptual foundation for trauma-informed support within teacher education programmes in Ghana.

1.7 Delimitation of the Study

The study, while situated within Colleges of Education across Ghana, was delimited to selected all-female, all-male, and mixed-gender public Colleges of Education across Ghana. The focus on these specific institutional settings was chosen to explore the unique social and emotional

experiences within gender-based environments, which play a significant role in shaping students' psychosocial wellbeing and adjustment.

The study specifically concentrated on first-year students due to the critical nature of this transition period from high school to tertiary education. This phase is marked by heightened emotional and social vulnerability, as students adapt to new academic and social expectations. These transitional demands are especially intense for those with Adverse Childhood Experiences (ACEs), making them more susceptible to psychosocial stressors. By focusing on first-year students, the study provided an opportunity to understand the intersection of early adversities and the challenges of adjusting to college life. The study did not include students in their second, third, or fourth years, nor those enrolled in university-based teacher education programmes, as these students may have already experienced different levels of adjustment and psychosocial development.

The study also concentrated on the impact of ACEs in relation to psychosocial wellbeing and adjustment to college life. This focus allowed for a deeper understanding of how early trauma influences students' emotional regulation, social interactions, and academic performance.

Methodologically, the study was limited to a qualitative approach, using Interpretative Phenomenological Analysis (IPA) to examine the lived experiences of the participants. IPA was chosen to explore in-depth the subjective meanings and personal experiences of students who have encountered ACEs, enabling a comprehensive understanding of their challenges and coping mechanisms.

1.8 Operational Definition of Terms

Adverse Childhood Experiences (ACEs): In this study, ACEs refer to potentially traumatic or stressful events experienced before age 18 such as abuse, neglect, or household dysfunction that may have long-term effects on physical, psychological, and social wellbeing.

College Adjustment: This refers to how well students adapt to the academic, social, personal, and emotional demands of college life.

Psychological Wellbeing: This describes a person's emotional and mental state, including factors such as self-esteem, emotional regulation, and life satisfaction, reflecting one's ability to manage life challenges.

Social Wellbeing: This refers to a student's ability to form and maintain positive social relationships and feel connected, supported, and valued within their community.

Student Teachers: Individuals enrolled in teacher training programmes who are preparing to become professional educators, often through a combination of coursework and practicum experiences.



CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter provides an extensive review of literature that explores ‘adverse childhood experiences, campus adjustment and psychosocial wellbeing of students. According to Cooper (2023), a literature review encompasses a methodical process of identifying, sourcing, evaluating, and summarising written materials that offer insights into a particular research problem. Furthermore, Cooper (2023) elaborates that a literature review constitutes a comprehensive and methodical analysis of books, publications, and articles that are pertinent to the research in question. This study involves a comprehensive review of literature that spans various strands and concerns that have been categorised under the theoretical and conceptual framework of this research.

The following are the strands under which literature has been reviewed:

- a. Theoretical Framework
- b. The Concept of Adverse Childhood Experiences (ACEs)
- c. First-year University Students
- d. The Prevalence of Adverse Childhood Experiences
- e. ACEs among College Students
- f. Adverse Childhood Experiences and Personality Traits
- g. The concept of Wellbeing
- h. Psychological Wellbeing
- i. Psychological wellbeing and ACEs
- j. Enhancing Psychological Wellbeing Through Protective Factors
- k. Social Wellbeing
- l. Social Wellbeing and ACEs

- m. Interconnection between Psychological Wellbeing and Social Functioning
- n. College Adjustment
- o. College Adjustment and ACEs
- p. Personal Interventions developed by Students with ACEs
- q. Support Strategies for Students with ACEs

2.1 Theoretical Framework

Adverse childhood experiences pose significant challenges for first-year student teachers in Colleges of Education in Ghana that have implications for their psychosocial wellbeing and adjustment. It is expected that these individuals, who are to prepare for the critical role of shaping young minds, often embark on their teacher training journey with lingering effects from ACEs. These experiences may hinder their adaptation to the academic, social, and professional demands of the college environment, thereby limiting their capacity to develop the resilience and competence necessary for effective teaching. This study was informed by the Transactional Theory of Stress and Coping, Emerging Adulthood Theory, Narrative Therapy and Judith Herman Trauma Theory. The combination of these frameworks provided a complex lens through which the transitional challenges of college life and the emotional and psychological dimensions of ACEs were explored to better understand and support student teachers in their development.

2.1.1 Transactional Theory of Stress and Coping

The Transactional Theory of Stress and Coping (TTSC), developed by Lazarus and Folkman (1984), provides a comprehensive framework for understanding how individuals perceive, interpret, and manage stressful experiences within their socio-environmental contexts. Central to this theory is the assumption that stress does not

arise solely from external events, but from the dynamic and continuous interaction between individuals and their environments. Stress, therefore, emerges when individuals perceive that situational demands exceed their available personal, social, and institutional resources.

At the core of TTSC is the process of cognitive appraisal, through which individuals evaluate the significance of environmental demands for their wellbeing. This appraisal process unfolds through three interrelated stages: primary appraisal, secondary appraisal, and reappraisal. During primary appraisal, individuals assess whether an event is irrelevant, benign-positive, or stressful. When appraised as stressful, situations are further categorised as involving harm or loss (damage already experienced), threat (anticipated future harm), or challenge (opportunities for growth despite difficulty). For first-year student teachers, such appraisals may involve interpreting academic workload, teaching practicum expectations, financial pressures, or social adjustment as threatening, overwhelming, or potentially developmental.

Following primary appraisal, individuals engage in secondary appraisal, which involves evaluating their capacity to manage the identified stressor. At this stage, individuals assess the availability and adequacy of internal resources, such as self-confidence, problem-solving skills, emotional regulation, and resilience, as well as external resources, including peer support, family assistance, institutional guidance, and financial aid. Among student teachers in Ghana, secondary appraisal may be shaped by access to mentoring, counselling services, peer networks, and material resources. Students with histories of adverse childhood experiences (ACEs) may perceive their coping resources as limited, thereby intensifying feelings of vulnerability and helplessness in stressful academic environments.

Reappraisal represents the third stage of the appraisal process and refers to the continuous re-evaluation of stressful situations in light of new information, changing circumstances, or the outcomes of previous coping efforts. Through reappraisal, individuals modify their interpretations of stressors and adjust their coping strategies accordingly. This process highlights the dynamic and evolving nature of stress management, as student teachers may gradually reinterpret academic challenges as manageable, meaningful, or developmentally valuable over time.

Based on the appraisal processes, individuals adopt coping strategies aimed at managing stressful experiences. Lazarus and Folkman (1984) identify three major categories of coping. Problem-focused coping involves deliberate efforts to address or modify the source of stress, such as seeking academic support, improving time management, consulting tutors, or acquiring additional learning materials. Emotion-focused coping aims to regulate emotional responses to stress and may include seeking emotional support, engaging in prayer or spiritual activities, positive reframing, relaxation, or expressive writing. Avoidance or disengagement coping, which involves withdrawal, denial, procrastination, or substance use, is often employed when individuals perceive stressors as uncontrollable. While avoidance may provide temporary emotional relief, it is generally associated with poorer long-term academic and psychological outcomes.

TTSC also emphasises reappraisal as an integral component of coping, through which individuals continuously reinterpret stressful experiences as coping efforts unfold. This recursive process enables individuals to refine their strategies, abandon ineffective approaches, and strengthen adaptive responses. Effective coping may generate short-term outcomes, such as emotional relief, reduced anxiety, and improved concentration,

which cumulatively contribute to long-term outcomes, including enhanced psychological wellbeing, academic persistence, professional identity development, and life satisfaction.

Although TTSC is primarily concerned with stress processes, it is particularly relevant in contexts characterised by major life transitions. Transitional periods often involve heightened uncertainty, role changes, and increased performance expectations, which intensify exposure to stressors. Entry into teacher education represents a significant developmental and professional transition, marked by shifts in academic demands, social relationships, institutional cultures, and career aspirations. TTSC provides a useful lens for examining how such transitional stressors are appraised, managed, and renegotiated over time.

Furthermore, the theory acknowledges the role of individual characteristics, such as prior experiences, self-efficacy, emotional regulation, and resilience, alongside contextual factors, including family support, peer relationships, and institutional structures, in shaping stress responses. For student teachers who have experienced ACEs, early exposure to neglect, abuse, household instability, or economic hardship may influence their appraisal patterns, coping preferences, and emotional regulation capacities. Such experiences may predispose individuals to heightened threat appraisals, reduced perceived control, and greater reliance on avoidance or emotion-focused coping strategies.

Within the present study, TTSC offers a valuable theoretical framework for understanding the lived experiences of first-year student teachers in Colleges of Education in Ghana. These students navigate complex academic, social, and professional demands while simultaneously confronting personal histories and

contextual constraints. By foregrounding cognitive appraisal and coping processes, TTSC illuminates how student teachers interpret stressors, mobilise resources, and negotiate emotional challenges within their training environments. The theory also highlights the potential for adaptive reappraisal and resilience development, through which students gradually reconstruct their coping capacities and strengthen their engagement with teacher education. Consequently, TTSC provides an analytically robust foundation for examining how adverse childhood experiences intersect with academic stress, emotional adjustment, and professional formation among student teachers.

2.1.2 Emerging Adulthood Theory

Emerging Adulthood Theory was developed by Arnett (2000, 2004) to conceptualise the developmental phase between adolescence and full adulthood, typically occurring between the ages of 18 and 25. The theory emerged from observations in industrialised societies where traditional markers of adulthood, such as stable employment, marriage, and parenthood, were increasingly delayed. Arnett argued that this period represents a distinct developmental stage characterised by prolonged exploration, uncertainty, and identity formation, rather than a simple extension of adolescence.

Emerging adulthood is conceptualised as a transitional phase in which individuals are no longer dependent adolescents but have not yet assumed enduring adult responsibilities. During this period, young people navigate multiple personal, educational, occupational, and relational transitions that shape their long-term life trajectories (Purnamasari et al., 2022). Developmental scholars have long recognised this phase as critical for identity consolidation, value formation, and career orientation (Erikson, 1968; Rindfuss, 1991). Experiences during emerging adulthood often exert

lasting influence on future psychological wellbeing, professional development, and social integration. Arnett (2000, 2004) identified five core features that characterise emerging adulthood: identity exploration, instability, self-focus, feeling in-between, and optimism or possibilities. These features reflect both the opportunities and vulnerabilities inherent in this life stage.

Identity exploration represents a central developmental task during emerging adulthood. Individuals actively explore alternative career paths, belief systems, relational commitments, and personal values in an effort to construct a coherent sense of self. While Erikson (1950) emphasised adolescence as the primary period of identity formation, subsequent research suggests that identity consolidation continues prominently into emerging adulthood (Côté, 2006). For student teachers, this exploration may involve negotiating professional identity, pedagogical values, and personal aspirations alongside academic demands.

Instability constitutes another defining feature of emerging adulthood and is reflected in frequent changes in residence, educational pathways, employment status, and intimate relationships. Young adults often experience multiple transitions as they move between home and school, shift academic programmes, or renegotiate social networks (Arnett, 2004; Goldscheider & Goldscheider, 1999). Although such instability supports exploration and learning, it may also generate uncertainty, anxiety, and emotional strain, particularly for individuals with limited support systems or histories of adversity (Nelson et al., 2020).

Self-focus during emerging adulthood reflects a temporary developmental orientation toward personal growth, autonomy, and self-development. This phase enables young people to acquire life skills, self-regulatory capacities, and reflective awareness before

assuming long-term adult roles (Arnett, 2014). While sometimes misinterpreted as self-centeredness, self-focus serves important developmental functions by facilitating competence development, decision-making capacity, and emotional independence.

Despite increasing autonomy, many emerging adults report feeling “in-between” adolescence and adulthood. They perceive themselves as neither fully dependent nor fully independent, experiencing partial responsibility without complete social recognition as adults (Arnett, 2003; Arnett & Hughes, 2012). This ambiguous status may generate psychological tension, particularly when institutional expectations exceed perceived personal readiness. Such experiences are evident across diverse cultural contexts (Facio & Micocci, 2007; Macek et al., 2007), indicating the cross-cultural relevance of transitional uncertainty.

Optimism and perceived possibilities constitute another hallmark of emerging adulthood. Many young people hold strong beliefs in their capacity to shape their future trajectories and overcome obstacles (Arnett & Schwab, 2012). This optimism fosters motivation, resilience, and risk-taking in educational and career pursuits. However, when aspirations are constrained by structural barriers, prolonged optimism may give way to frustration and emotional distress.

Although Emerging Adulthood Theory was initially developed within Western, individualistic contexts, subsequent scholars have emphasised the need for cultural sensitivity in its application (Arnett, 2010). In collectivist societies, including many African contexts, transitions to adulthood may occur earlier due to economic responsibilities, family obligations, and communal expectations. Socioeconomic constraints, limited educational access, and caregiving responsibilities may restrict opportunities for prolonged exploration (Early & Winton, 2001). Consequently,

emerging adulthood in Ghana may be shaped by tensions between individual aspirations and collective obligations.

For Ghanaian student teachers, emerging adulthood is experienced within complex sociocultural and institutional environments. Many navigate academic pressures, financial hardship, family responsibilities, and professional socialisation simultaneously. Students from disadvantaged backgrounds or with histories of adverse childhood experiences may encounter heightened developmental challenges, including reduced perceived autonomy, constrained exploration, and increased emotional vulnerability. Such experiences may influence identity formation, coping patterns, and academic engagement.

Empirical studies indicate that instability and identity-related stress may heighten vulnerability to maladaptive coping, psychological distress, and academic disengagement (Nelson & Padilla-Walker, 2013; Oosthuizen, 2022). Conversely, supportive educational environments, mentoring relationships, and residential stability may promote adaptive exploration and psychological resilience (Lairio et al., 2013; Arnett, 2016). Although higher education provides opportunities for identity development, it also exposes students to performance pressure, financial strain, and interpersonal stressors (Denovan et al., 2017; Beiter et al., 2015).

Within the present study, Emerging Adulthood Theory provides a valuable developmental framework for understanding the psychosocial positioning of first-year student teachers in Ghana. It illuminates how participants navigate identity formation, transitional instability, emotional uncertainty, and future-oriented aspirations within teacher education contexts. The theory also offers insight into how early adversity may intersect with developmental challenges, shaping students' sense of self, coping

capacities, and professional trajectories. By situating participants' lived experiences within this developmental stage, the theory strengthens the interpretation of their narratives and enhances understanding of their vulnerability, resilience, and growth processes.

2.1.3 Narrative Therapy

Narrative Therapy, developed by Michael White and David Epston in the late 1980s, is grounded in postmodern and social constructionist traditions that emphasise the central role of language, discourse, and meaning-making in shaping human experience (White & Epston, 1989). The approach is premised on the assumption that individuals interpret their lives through dominant stories that are socially, culturally, and historically produced. These dominant narratives often become internalised and may constrain identity, agency, and emotional wellbeing. Psychological difficulties are therefore understood not as inherent personal deficits, but as outcomes of restrictive narratives that limit individuals' interpretations of themselves and their experiences.

Influenced by the work of Foucault (1980), Narrative Therapy highlights the role of power relations, cultural norms, and institutional discourses in shaping personal identities. From this perspective, individuals' self-understandings are embedded within broader social and political contexts. Narrative Therapy seeks to disrupt oppressive narratives by fostering critical reflection and encouraging individuals to generate alternative, empowering interpretations of their lives. Personal realities are thus regarded as fluid, negotiable, and open to reinterpretation rather than fixed psychological traits.

A central technique within Narrative Therapy is the externalisation of problems, which involves separating individuals from the difficulties they experience. Through this process, problems are conceptualised as external influences rather than defining personal characteristics. Clients are encouraged to examine how problems operate within their lives and to identify moments when these problems exert less influence. These “unique outcomes” provide the foundation for constructing preferred narratives that align more closely with individuals’ values, strengths, and aspirations (White & Epston, 1989; Morgan, 2000). Through practices such as re-authoring, re-telling, and meaning reconstruction, individuals gradually assume greater ownership of their life trajectories.

Narrative Therapy places strong emphasis on collaborative meaning-making between therapist and client. Rather than adopting an expert-driven stance, practitioners position themselves as co-investigators who support individuals in exploring and reshaping their stories (Freedman & Combs, 1996). This relational orientation is characterised by respect, curiosity, and validation of lived experience. Clients are viewed as active agents with inherent competencies and capacities for resilience, rather than passive recipients of professional intervention.

Although Narrative Therapy originated as a clinical intervention, its philosophical foundations align closely with qualitative research approaches that privilege voice, subjectivity, and interpretative depth. In the present study, Narrative Therapy is employed not as a therapeutic intervention, but as a conceptual and methodological lens that informs data generation and analysis. Its emphasis on storytelling, meaning reconstruction, and identity negotiation complements the interpretative orientation of Interpretative Phenomenological Analysis (IPA). During interviews, participants were

encouraged to narrate their life histories, reflect on formative experiences, and articulate the meanings they attributed to adversity, transition, and personal development. These narrative accounts provided rich material for phenomenological and hermeneutic interpretation.

Within the context of adverse childhood experiences, Narrative Therapy offers a particularly relevant framework for understanding how early adversity shapes self-perception, emotional regulation, and coping trajectories. ACEs often give rise to dominant narratives characterised by shame, helplessness, mistrust, or diminished self-worth. Such narratives may persist into adulthood and influence academic engagement, interpersonal relationships, and professional identity formation. Through narrative reconstruction, individuals are enabled to externalise traumatic experiences, reinterpret their life histories, and integrate adversity into more coherent and empowering self-concepts.

For first-year student teachers in Ghana, many of whom enter higher education with unresolved childhood adversities and ongoing socioeconomic challenges, narrative processes play a central role in psychosocial adjustment. Educational environments provide spaces where personal histories, aspirations, and professional identities intersect. Narrative Therapy illuminates how student teachers construct meaning around hardship, resilience, and ambition, and how these constructions influence their engagement with teacher education. By foregrounding participants' narrative agency, the framework supports understanding of how students negotiate vulnerability, rebuild confidence, and align personal values with professional goals. In this study, Narrative Therapy therefore functions as an interpretative scaffold that enhances analysis of participants' lived experiences. It guides attention to narrative structure, thematic

coherence, metaphorical language, and identity positioning within participants' accounts. This orientation strengthens the interpretative depth of IPA by situating phenomenological meanings within broader life stories and sociocultural contexts.

2.1.4 Judith Herman's Trauma Theory

Judith Herman's Trauma Theory provides a foundational psychological framework for understanding the long-term effects of traumatic experiences on emotional regulation, identity formation, interpersonal functioning, and meaning-making (Herman, 1992, 2015). Developed through extensive clinical work with survivors of childhood abuse, domestic violence, and political violence, the theory conceptualises trauma as a profound disruption of an individual's capacity to maintain a sense of safety, trust, autonomy, and self-coherence. Trauma is understood not merely as an isolated event, but as an experience that overwhelms adaptive coping systems and reshapes psychological development.

Herman defines psychological trauma as occurring when individuals are confronted with events that render them powerless and unable to integrate experience into existing cognitive and emotional frameworks. Such experiences are particularly damaging when they occur during childhood or within relationships characterised by dependence and authority. Adverse childhood experiences, including physical and emotional abuse, neglect, household instability, and chronic deprivation, therefore constitute significant forms of developmental trauma with enduring consequences (Felitti et al., 1998; Anda et al., 2006; Cook et al., 2005).

Trauma-related disruptions are evident across multiple psychological domains. Survivors frequently experience impairments in affect regulation, manifested in heightened anxiety, emotional numbing, irritability, or depressive symptoms (Herman,

1992; Van der Kolk, 2014). Cognitive and attentional processes may also be affected, resulting in intrusive memories, dissociation, fragmented autobiographical recall, and difficulties in sustained concentration (Van der Kolk, 2014). In relation to identity development, trauma is associated with persistent shame, diminished self-worth, mistrust of others, and impaired relational functioning (Cook et al., 2005).

Central to Herman's theory is a three-stage model of trauma recovery that describes adaptive pathways toward psychological integration and resilience. The first stage, establishing safety, involves restoring physical, emotional, and relational security. Survivors require stable environments, predictable routines, and supportive interpersonal relationships to regain a sense of control and agency. In educational contexts, this may involve access to secure accommodation, financial assistance, mentoring, and responsive institutional support systems (Brunzell et al., 2019).

The second stage, remembrance and mourning, entails the gradual processing and integration of traumatic memories. Individuals engage in reflective narrative work through which painful experiences are acknowledged, contextualised, and emotionally processed. This stage often involves reconstructing disrupted life stories and grieving losses associated with trauma (Herman, 2015; Pennebaker & Chung, 2011). Supportive counselling environments, peer networks, and reflective educational practices may facilitate this process among student populations. The third stage, reconnection and reintegration, focuses on rebuilding social relationships, restoring self-efficacy, and developing future-oriented aspirations. Survivors begin to re-engage with academic, professional, and community roles, drawing on strengthened identity structures and adaptive coping resources (Herman, 1992; Neimeyer, 2006). This stage reflects renewed psychological resilience and social participation.

Herman emphasises that trauma recovery is non-linear and context-dependent. Individuals may oscillate between stages in response to environmental stressors, relational disruptions, or institutional pressures. For students with histories of adverse childhood experiences, academic challenges, financial constraints, and interpersonal conflicts may reactivate trauma-related responses, thereby complicating adjustment and learning processes (Perfect et al., 2016; Brunzell et al., 2019). Within teacher education contexts, trauma-related difficulties may manifest in concentration problems, heightened stress reactivity, low academic self-confidence, avoidance behaviours, and impaired professional identity development. Student teachers who have experienced early adversity may interpret institutional demands as threatening, struggle with authority relationships, and exhibit reduced self-efficacy in pedagogical practice. Without adequate psychosocial support, such challenges may undermine academic persistence and emotional wellbeing (Cook et al., 2005; Van der Kolk, 2014).

Herman's Trauma Theory is particularly relevant to qualitative and phenomenological inquiry due to its emphasis on narrative reconstruction and meaning-making. Recovery involves articulating lived experiences, interpreting emotional responses, and integrating traumatic memories into coherent self-narratives. This orientation aligns closely with Interpretative Phenomenological Analysis, which seeks to understand how individuals make sense of significant life events within their socio-cultural contexts. Participants' narratives of struggle, resilience, and growth may therefore be interpreted as expressions of ongoing trauma integration processes.

In the present study, Herman's framework provides a critical lens for examining how adverse childhood experiences continue to shape student teachers' emotional regulation, coping strategies, identity development, and relational functioning. It

enables deeper interpretation of participants' lived experiences by situating their academic and psychosocial challenges within broader histories of trauma and recovery. Furthermore, the theory highlights the importance of institutional environments that promote safety, validation, and empowerment as foundations for academic success and professional formation within Ghanaian Colleges of Education. This study utilises Herman's (2015) Three-Stage Model of Recovery. In a West African analysis of trauma and social reconstruction, Edoh-Torgah and Matafwala (2021) argue that for survivors in Ghana, recovery extends beyond physical safety toward restoration of relational identity and communal belonging. They contend that reconnection is not merely psychological reintegration but also the rebuilding of one's "social self" within a culturally embedded network of relationships. Similarly, Agordzo (2015), in an exploratory study of adult survivors of child labour in Ghana, found that recovery involved narrative reconstruction, meaning-making, and gradual re-engagement with social roles, reinforcing Herman's third stage of reconnection and reintegration within a Ghanaian context.

In the context of this study, 'reconnection' is conceptualised as the student teacher's ability to integrate their past trauma into a resilient professional identity.

2.1.5 Integrated Theoretical Framework

The present study is grounded in an integrated theoretical framework that synthesises the Transactional Theory of Stress and Coping, Emerging Adulthood Theory, Narrative Therapy, and Judith Herman's Trauma Theory. This integrated framework provides a multidimensional lens for understanding how adverse childhood experiences influence first-year student teachers' psychological wellbeing, academic adjustment, identity development, and professional formation within Ghanaian Colleges of Education.

The framework conceptualises students' lived experiences as unfolding within interconnected developmental, psychological, relational, and sociocultural processes. Rather than treating each theory as a discrete explanatory unit, the study adopts a systems-oriented perspective in which trauma history, developmental positioning, stress appraisal, coping behaviour, and narrative meaning-making operate in dynamic interaction. At the foundation of the framework lies Judith Herman's Trauma Theory, which explains how early adverse experiences disrupt emotional regulation, self-concept, relational trust, and perceived personal agency. Adverse childhood experiences constitute formative developmental stressors that may shape individuals' internal working models of safety, competence, and belonging. Trauma-related vulnerabilities influence how student teachers interpret present challenges, regulate emotional responses, and engage with institutional environments. Histories of adversity may therefore predispose individuals to heightened threat sensitivity, reduced self-efficacy, and difficulties in forming supportive relationships.

Building upon this foundation, the Transactional Theory of Stress and Coping elucidates how student teachers cognitively appraise and manage current academic, social, and professional demands. Trauma histories influence primary and secondary appraisal processes by shaping perceptions of threat, control, and resource availability. Students with unresolved childhood adversity may be more likely to interpret academic challenges as overwhelming and to perceive their coping capacities as limited. These appraisal patterns, in turn, guide the selection of coping strategies, including problem-focused, emotion-focused, and avoidance responses, which influence adjustment trajectories over time.

Emerging Adulthood Theory situates these stress and coping processes within a broader developmental context. First-year student teachers typically occupy a transitional life stage characterised by identity exploration, instability, self-focus, ambiguity, and future-oriented optimism. This developmental positioning intensifies sensitivity to stressors while simultaneously creating opportunities for psychological growth and identity consolidation. The interaction between developmental vulnerability and trauma-related emotional patterns may heighten risk for maladjustment, while supportive educational environments may facilitate resilience and adaptive development.

Narrative Therapy provides the interpretative lens through which individuals make sense of their developmental experiences, stress responses, and trauma histories. Through personal storytelling, student teachers construct narratives that organise their memories, emotions, and aspirations into coherent self-concepts. Adverse childhood experiences often generate dominant narratives characterised by shame, helplessness, or diminished self-worth. These narratives influence how students interpret academic failure, interpersonal conflict, and professional uncertainty. Narrative reconstruction enables individuals to externalise adversity, reinterpret life events, and develop empowering identities aligned with personal and professional goals.

Within the integrated framework, trauma influences developmental positioning, stress appraisal, and narrative construction. Developmental transitions shape exposure to stressors and identity challenges. Stress appraisal and coping strategies mediate responses to academic and social demands. Narrative meaning-making integrates past experiences with present challenges and future aspirations. These processes operate recursively, with changes in one domain influencing adjustment in others.

The framework therefore conceptualises student teachers' experiences as progressing through interconnected pathways: early adversity shapes emotional and cognitive schemas; developmental transitions intensify psychosocial demands; stress appraisal and coping strategies determine adaptive responses; and narrative reconstruction facilitates identity integration and resilience. Institutional contexts, peer relationships, family systems, and cultural expectations interact with these processes to either buffer or exacerbate vulnerability. This integrated model aligns closely with the epistemological and methodological foundations of Interpretative Phenomenological Analysis. IPA seeks to understand how individuals make sense of significant life experiences within specific social and cultural contexts. The integrated framework informs analytic attention to participants' emotional responses, developmental struggles, coping patterns, and narrative constructions. It supports interpretation of how student teachers negotiate adversity, construct meaning, and pursue professional formation within constrained environments.

In the context of Ghanaian Colleges of Education, the framework highlights the importance of trauma-informed, developmentally responsive, and narrative-sensitive support systems. It emphasises the need for institutional structures that promote psychological safety, mentoring relationships, reflective practice, and emotional validation. By integrating psychological, developmental, and sociocultural perspectives, the framework provides a robust conceptual foundation for understanding student teachers' resilience, vulnerability, and growth. Overall, the integrated theoretical framework strengthens the explanatory coherence of the present study by linking adverse childhood experiences to stress appraisal, developmental processes, narrative meaning-making, and professional identity formation. It guides data interpretation and supports the development of contextually grounded

recommendations aimed at enhancing academic success, emotional wellbeing, and teacher preparation in Ghanaian Colleges of Education.

2.1.6 Contextualising the Theoretical Framework within the Ghanaian Context

This study is framed within the context of Adverse Childhood Experiences in Ghana, where evidence suggests a high prevalence of childhood trauma that significantly impacts emotional and psychological development. According to UNICEF (2018), approximately 3.4 million children in Ghana have experienced physical or emotional abuse, with community violence, parental separation, physical abuse, and emotional abuse being among the most common ACEs reported (Afriyie et al., 2024). Such experiences not only affect childhood wellbeing but have lasting consequences into adulthood, influencing coping strategies, stress appraisals, and the formation of trust and identity.

Ghanaian educational institutions present unique challenges for students with ACEs. Cultural norms surrounding discipline often perpetuate physical punishment as a form of authority, further normalising violence (Government of Ghana & UNICEF, 2014). In such an environment, students are less likely to disclose their trauma and more likely to develop internalised coping strategies, such as withdrawal or avoidance, that mirror problem-focused and emotion-focused responses described in Lazarus and Folkman's Transactional Theory of Stress and Coping. Moreover, the lack of mental health infrastructure and cultural stigma around seeking therapy exacerbate the emotional isolation of students with ACEs, often reinforcing the self-reliance coping style observed in all-male educational institutions (Sweeney et al., 2018).

Additionally, the Emerging Adulthood Theory (Arnett, 2000) offers a useful lens for understanding how young Ghanaian adults navigate identity exploration amid the unstable emotional states linked to their ACEs. However, the emerging adulthood phase in Ghana often carries with it external pressures related to family expectations and financial constraints, which may further complicate the process of identity formation and self-discovery. As participants such as Dav and Franz indicated, these external stressors often interfere with the developmental opportunities typically associated with this life stage, including the freedom to explore career paths or personal identity without the burden of emotional trauma.

Lastly, the Narrative Therapy framework (White & Epston, 1990) proves particularly relevant in the Ghanaian context, where social stigmas surrounding trauma often silence individuals, especially in gendered educational environments. In all-female and all-male colleges, participants' ability to reconstruct their self-narratives often faces cultural barriers, with female students experiencing pressure to maintain emotional composure, while male students tend to internalise their struggles due to stoicism norms. Judith Herman's Trauma and Recovery Theory (1992) underpins this framework, emphasising that recovery is contingent upon relational safety, a critical consideration in Ghanaian institutions, where safe spaces for vulnerability are often rare and often gendered.

This integrated framework, grounded in the unique Ghanaian context, provides valuable insights into how ACEs influence students' adjustment to college life, offering a basis for the development of context-sensitive interventions that prioritise psychological safety, mental health accessibility, and narrative re-authoring as essential components for promoting student resilience and academic success.

2.2 The Concept of Adverse Childhood Experiences (ACEs)

Adverse childhood experiences include life-course events and devastating experiences in childhood. Felitti et al. (1998) defined adverse childhood experiences as various abuses, neglects, and household dysfunction occurring before one's 18th birthday. This initial definition laid the foundation upon which subsequent research has been built. The Centers for Disease Control and Prevention (2023), Colburn et al. (2021), and Cronholm et al. (2015) also define ACEs as traumatic experiences that occur before age 18 years that involve the disruption in the normal development of children, emphasising long-term impacts on health and behaviour.

Examples of ACEs as developed by Felitti et al. (1998) are abuse, physical, emotional, and sexual in nature, as well as physical and emotional neglect. Household challenges encompass substance use, mental illness, parental separation or divorce, imprisonment of a family member and/or witnessing key episodes of violence. The standpoint finds support from Karatekin (2018), while reiterating that any kind of abuse, use of substances at home, presence of mental illness, or witnessing violence as exemplars of ACEs have their wide ramifications in relation to the child's development and future wellbeing.

The ACE study was the first work done by Felitti et al., in 1998, who found a definite association between populations highly exposed to adverse experiences and an elevated risk for diseases, unhealthy behaviours, and early mortality. Afriyie et al. (2024) explained further that the usually used questionnaire assessing these experiences gives a numerical score which corresponds to the risk of health problems later in life. Blum et al. (2019) showed that the ACE questionnaire has predictive value for possible further physical and mental problems in children and adolescents, thus providing the

option to identify them for the purposes of prevention of perpetration or victimisation in violence.

According to Felitti et al. (1998), adverse childhood experiences are generally categorised into three main groups, namely abuse, neglect, and household challenges. They further divided abuse into emotional, physical, and sexual forms, while neglect was further divided into emotional and physical types, including lack of emotional support and failure to provide for basic needs. Household challenges include but are not limited to domestic violence, substance abuse, mental illness, divorce, and incarceration of family members. These classifications, by the CDC (2016; 2024), remain the basis for laying out the characteristics of ACEs and their severities. Rosecrance (2022) explained that the original categories had been elaborated to detail specific household challenges, such as living with a person who has mental illness, substance use, or died by suicide, witnessed domestic violence, or an incarcerated family member. These additional subcategories reflect the complex nature of ACEs within family systems and their pervasive impact on children.

More recently, the conceptualisation of ACEs has been expanded to include factors reflective of experiences emanating from a person's environment or social setup. Other experiences that must be included in such a conceptual framework, according to Amone-P'Olak and Letswai (2020), are community violence, bullying, racism, and discrimination; this they aver, applies to contexts characterised by high levels of systematic inequalities. It also considers economic hardships in poverty, food insecurity, and homelessness as strong contributors to ACEs. Charak et al. (2017) further emphasised that school environments contribute to adversities in childhood,

which may be through academic failure, exclusion, bullying, or poor relations between teachers and students.

Environmental disruptions and bereavement, among other factors, contribute to ACEs apart from social and economic ones. Kidman et al. (2020) noted that natural disasters, conflicts in war-torn regions, and the death or separation of parents due to migration exacerbate childhood adversities, particularly in low- and middle-income countries where poverty and instability are more pronounced. These broadened frameworks are very real indications of the varied places in which ACEs arise, and also of some of the broader social contexts which give rise to them. From the perspectives of these authors, it would therefore follow clearly that ACEs do not only occur to individuals; they are further extended to larger social, environmental, and economic spheres. The need to recognise such a wider definition remains an important first step in developing comprehensive interventions.

2.3 The Prevalence of Adverse Childhood Experiences

The prevalence of Adverse Childhood Experiences (ACEs) is a critical global issue, with significant evidence showing its widespread occurrence and long-term effects. Bellis et al. (2019) and the World Health Organisation (2016) are of the view that approximately one-fourth of adults worldwide have experienced at least one ACE. In North America and Europe, studies revealed that 23% of adults reported at least one ACE, while in the United States, 61% have experienced at least one ACE, with 16% reporting four or more (Merrick et al., 2019). Bellis et al. (2014) and Hughes et al. (2021) added that nearly half of young adults in the WHO European region experienced at least one ACE before the age of 18.

Children across the world are particularly vulnerable to ACEs. Hillis et al. (2016) estimated that half of children aged 2 to 17 experience physical, sexual, or emotional violence annually. Similarly, nearly three-quarters of children aged 2 to 4 face physical and emotional violence from caregivers (WHO, 2016). Charak et al. (2017) and Soares et al. (2016) further emphasised that emotional maltreatment, physical neglect, and parental separation are more common in low-income countries than in high-income nations. Lee et al. (2022) conducted a meta-analysis of 224 studies and reported global prevalence rates for child maltreatment: emotional abuse (36.3%), physical abuse (22.6%), emotional neglect (18.4%), physical neglect (16.3%), and sexual abuse (12.7%). However, Herzog and Schmahl (2018) caution that these figures are likely underestimated due to underreporting of such incidents.

In Africa, the rate of ACEs continues to be high among children, young adults and adults. Meinck et al. (2015) estimated that physical abuse affects up to 64% of children in African countries. Charak et al. (2017) and Kabiru et al. (2014) added that ACEs that are common in countries like Burundi and Kenya include physical and emotional neglect, food insecurity, and parental unemployment, with female adolescents reporting higher ACE exposure than their male counterparts. Nevosad (2021) emphasised that over 50% of African children endure physical abuse, with higher rates of sexual violence reported among girls. Also, violent discipline affects more than 80% of children aged 1 to 14, and child neglect rates are among the highest globally (Nevosad, 2021).

Ghanaians also experience high level of ACEs among children, young adults and adults. UNICEF (2018) estimated that 3.4 million children in Ghana have experienced physical or emotional abuse. Afriyie et al. (2024) identified some common ACEs among

Ghanaian children as community violence (50.2%), parental separation (34.0%), physical abuse (33.4%), and emotional abuse (28.9%). Earlier data from the Government of Ghana and UNICEF (2014) showed that over half of children aged 6 to 14 and a third of those aged 0 to 5 experienced regular physical harm. Furthermore, one-third of children reported verbal or emotional abuse, while 6% reported sexual abuse within a single month. In fact, 87% of children exposed to emotional violence or neglect exhibited persistent mood disturbances.

2.4 ACEs among College Students

Among college students, ACEs are highly common and impact adjustment, mental health, and social functioning. McGavock and Spratt (2014) found that 35% of college students in Ireland reported at least two ACEs, while Karatekin (2018) noted that 29% of students in their study had similar experiences. Lust and Golden (2015) revealed that 40% of students at the University of Minnesota reported two or more ACEs, and Merians et al. (2019) found that 72% of students in a large study across 20 colleges reported at least one ACE, with 19% experiencing four or more. Muwanguzi et al. (2023) in their study reported that adverse childhood experiences among university students vary globally according to the type of ACEs reported and the context/setting; the pooled prevalence of ACEs based on a global systematic review among school-aged youth reported that almost two-thirds of youths experience ACEs. Over three quarters, 76.2% of young adults from 8 universities in Vietnam reported exposure to at least 1 ACE, and 21% reported exposure to 4 or more ACEs. his high exposure to ACEs in countries with relatively strong child protection systems suggests that prevalence rates may be even higher in developing and low-income countries, such as Uganda, where child protection systems are comparatively weaker (Muwanguzi et al., 2023).

Moreover, in Uganda's immediate neighbour, Tanzania, the burden of ACEs exposure among pre-university students is even higher than that among university students.

Asante et al. (2024) examined ACEs among Ghanaian university students and identified emotional abuse, physical punishment, neglect, and community violence as the most prevalent. Rancher and Moreland (2023) explored the prevalence of adverse childhood experiences among teachers and found that 70% of participants had experienced at least one ACE, a rate notably higher than the 60% observed among the general adult population. Of these, 20% reported experiencing four or more types of ACEs, with the total number of ACEs ranging from 0 to 8 ($M = 1.87$, $SD = 1.95$). The study outlined specific ACEs reported by teachers, including emotional abuse (38%), parental divorce (40%), exposure to household substance use (24%), and witnessing domestic violence (21%). Additionally, 18% reported experiences of physical abuse, 18% sexual abuse, and 11% family member incarceration. Rancher and Moreland's (2023) findings provide critical insight into the widespread nature of ACEs within the teaching profession.

The discussion indicates that adverse childhood experiences are a global concern since it affects children, young adults and adults across nations. The data reveals that children and young adults in low- and middle-income countries, including Ghana, are greatly affected, as they experience higher rates of abuse, neglect, and household challenges.

2.5 Adverse Childhood Experiences and Personality Traits

Adverse childhood experiences can influence long-term behavioural patterns of people and shape how they perceive themselves, others and the world and how they react to various situations in life. Research indicates that a higher number of ACEs show significant association with personality traits (Felitti et al., 2019; Assini-Meytin et al.,

2021; Laurinaityte et al., 2022; UNICEF, 2019). A study conducted by UNICEF (2019) reported that people who have higher ACE scores exhibited behaviours that are peculiar, odd, inclined to break rules for profit and motivated by material gain and prone to flatter others to achieve what they want. They further explained that these individuals hold grudges against those who have harmed them, are stubborn and quarrelsome.

These findings are in line with Jones and Hoffman (2023) study which highlighted that when children experience multiple ACEs, they are likely to develop personality traits such as anger and callousness. Gautam et al. (2024) explained further by introducing their three forms of behaviour that victims with four or more ACEs exhibited in their study. They reported that such individuals experienced a substantial threefold increase in the risk of external behaviour problems such as aggression, delinquency, hyperactivity and defiant behaviours resulting from physical abuse or household dysfunction. They stated that externalising behaviour issues was significantly lower in females than in males.

Gautam et al. (2024) again reported that individuals experiencing higher ACEs exhibited a substantial increase in developing internalising behaviours such as social withdrawal, excessive fearfulness, low self-esteem and somatic complaints (headaches, stomach aches and trouble sleeping) resulting from emotional neglect and loss of loved ones. Their study again revealed that females exhibited greater risk of developing internalising behaviour problems than males. However, Kiara (2023) asserts that victims who have been physically abused also experience an increased risk of displaying characteristics of fearfulness, low self-esteem, hopelessness, oppositionality, behavioural issues, social withdrawal and emotional instability. Merrick et al. (2017) is of the view that ACEs hinder the formation of healthy

interpersonal relationships, further isolating individuals. They further added that experiences of neglect or abuse during formative years can lead to difficulties in trusting others, fostering connections, or maintaining long-term relationships. This isolation not only reduces social support networks but also increases the likelihood of mental health disorders such as depression and anxiety, compounding the challenges faced by those affected (Merrick et al., 2017).

Gautam et al. (2024) finally revealed a robust pattern emerging from their study showing a continuous decline in engaging in prosocial behaviours such as helping and sharing with others, empathy, teamwork and altruistic behaviour resulting from victims who have witnessed domestic violence and stayed with parents who abused substance.

In fact, Gautam et al.'s (2024) findings are not far different from ideas from Hengartner et al. (2016) and UNICEF (2019) that emotional abuse is related to increased Neuroticism (negative emotions, anxiety and feeling of emotional support from others) and Openness (absorbed in beauty, art and nature, and are inquisitive about various domains of knowledge, prone to use imagination, and interested in unusual ideas or people), and low Agreeableness (tendency to forgive for the wrongs that they suffered, are lenient in judging others, are willing to cooperate and reach a compromise with others, and can easily control their temper). High Neuroticism, low Extraversion (Extraversion tends to experience positive emotions, be enthusiastic and energetic, feel positive about themselves, feel confident when addressing a group of people, and enjoy social gatherings and interaction) and low Agreeableness are related to emotional neglect. High Neuroticism was associated with physical abuse, neglect and sexual abuse. Often, children who are in adverse and pathological environments develop skilful fight, flight, freeze, or fawn responses to the fear they feel in their home which

causes hypervigilance. Hypervigilance can be adaptive in a dysfunctional, high-stress environment. However, these adaptive strategies are maladaptive in normal, non-pathological environments and can even be problematic (Anda et al., 2005; Colburn et al., 2021).

However, some individuals with higher ACEs tend to consider themselves unpopular, do not prefer to be the centre of attention, are more prone to feeling less lively and optimistic (UNICEF, 2019) and others too have difficulty in controlling their anger, experience intimate partner violence, perceived stress and substance abuse (Kiara, 2023). UNICEF (2019) and Kiara's (2023) argument is being supported by several research that indicated that maladaptive coping behaviours / risky behaviours such as substance abuse, risky sexual behaviour, suicidal ideation and attempts are associated with increased number of ACEs (Felitti et al., 2019; Assini-Meytin et al., 2021; Laurinaityte et al., 2022; Rosecrance, 2022).

This also aligns with Muwanguzi et al. (2023) study which highlighted that a systematic review from developed countries reports a wide range of adverse outcomes of ACEs exposure to emerging adults, including problematic drug use and interpersonal and self-directed violence, smoking, heavy alcohol use, poor self-rated health, physical inactivity and overweight or obesity. Merrick et al. (2017) is in support of Muwanguzi et al. (2023) view that behavioural consequences associated with ACEs also play a crucial role in amplifying these negative outcomes. Adults with high ACE scores are more likely to engage in high-risk behaviours, including smoking, excessive alcohol consumption, and physical inactivity (Merrick et al., 2017). These behaviours are often coping mechanisms for unresolved trauma but can lead to significant health issues, such as cardiovascular disease and diabetes. These health problems, in turn, limit individuals'

capacity to participate fully in the workforce, exacerbating financial instability and perpetuating cycles of poverty.

In addition to health-related risks, ACEs contribute to patterns of delinquent behaviour and substance abuse. Adolescents and young adults with a history of ACEs are disproportionately represented in the criminal justice system, often as a result of impulsive actions or crimes linked to substance dependency. These behaviours stem from early exposure to environments where violence or criminal activity was normalised (Hughes et al., 2017). The societal cost of this trend is immense, with increased expenditures on incarceration and rehabilitation programmes that could otherwise be allocated to preventative measures.

Another study by Anda et al. (2005) pinpointed a different perspective that as ACEs increase, the risk of impaired memory related to childhood events increases. They claimed that this negatively alters the neurological functioning which decreases the hippocampus's ability to grow new neurons, thereby limiting learning and memory. Such victims find it difficult to retain and recall information, have trouble concentrating on tasks or following through on plans and experience problem-solving deficits. The connection between ACEs and educational underachievement is particularly concerning. Individuals with high ACE scores are significantly more likely to face obstacles in attaining higher levels of education and securing stable employment. Studies show that the stress and emotional dysregulation caused by childhood adversity disrupt cognitive development and executive functioning, skills critical for academic and professional success (Hughes et al., 2017). Without these foundational skills, affected individuals often struggle to adapt to the demands of a competitive job market, resulting in socioeconomic disadvantages that perpetuate across generations. Gautam

et al. (2024) support this idea that disrupting decision-making and impulse control are common among individuals with higher number of ACEs.

These discussions point to the fact that victims who have experienced abuse exhibit aggression, withdrawal, fearfulness and risky sexual behaviours in their lives. Also, challenges associated with forming relationships, hoarding, independence and struggles with emotional regulation are because of neglect experienced by victims in their childhood. Various forms of household dysfunction have also led victims to abuse drugs and become overprotective in life. These different shortcomings are the result of adversities that were experienced in childhood.

Turner et al. (2017) argue that individuals exposed to childhood trauma often develop persistent trust issues due to altered social perceptions, which affect their capacity to form and sustain meaningful relationships. This is echoed by Shorey and Snyder (2006), who found that such individuals frequently adopt anxious or avoidant attachment styles, undermining their ability to establish secure relational bonds. Similarly, Poole et al. (2018) highlight emotional regulation challenges among trauma-exposed individuals, leading to social withdrawal and limited emotional expression. Brown et al. (2019) further explain that unresolved trauma can disrupt emotional intimacy and hinder the development of peer relationships. These findings collectively reinforce the established link between early adversity and maladaptive relational patterns, highlighting how ACEs shape personality through impaired trust, emotional guardedness, and relational detachment.

Gender also appears to play a critical role in how individuals manifest the psychological impact of ACEs. Rosecrance (2022) observes that trauma-exposed women, particularly in emotionally evaluative environments such as all-female colleges, often engage in

perfectionistic or high-functioning behaviours as a means of overcompensation. Conversely, Murphey and Sacks (2019) report that males tend to suppress emotional vulnerability and adopt self-reliance as a coping strategy, shaped by societal expectations around masculinity. Banyard and Cantor (2004) suggest that in mixed-gender environments, trauma survivors may experience heightened performance anxiety due to ambiguous social norms and relational dynamics. These gendered responses reflect broader psychosocial patterns that influence personality development and emotional adaptation following childhood adversity.

Resilience also emerges in the literature as a complex and sometimes paradoxical trait. Hinojosa et al. (2019) and Lin et al. (2017) identify resilience as a protective factor that can support academic achievement and long-term wellbeing in individuals with high ACE exposure. However, Himmel (2015) cautions that this resilience may manifest as overcompensation or perfectionism, which can result in emotional exhaustion if unresolved trauma is not adequately addressed. This complex view reflects the idea that while resilience enables individuals to function effectively, it may simultaneously mask underlying emotional distress thereby shaping personality in both adaptive and potentially detrimental ways.

2.6 The Concept of Wellbeing

Wellbeing is a common subject of research within positive psychology. Oosthuizen (2022) argues that while wellbeing is a broad and complex construct, it is often conceptualised through two primary perspectives: hedonic and eudemonic wellbeing (McMahan & Estes, 2011; Rahmani et al., 2018; Su et al., 2020). Oosthuizen (2022) further explained that hedonic wellbeing centres around the pursuit of enjoyment, comfort, and the extent of experienced physical and emotional pleasure. Eudaimonic

wellbeing is concerned with the realisation of personal potential and living in alignment with one's implicit value systems (Bojanowska & Kaczmarek, 2021), ultimately leading towards self-actualisation (Disabato et al., 2016). Oosthuizen (2022) further points out that the literature concerning the hedonic approach frequently uses the term subjective wellbeing, which encompasses a greater presence of positive affect than negative affect, coupled with higher life satisfaction (Disabato et al., 2016).

Finally, Oosthuizen (2022) highlights the distinction between hedonia, which some researchers suggest may be a subjective emotion of happiness potentially overemphasising "feeling" (Rahmani et al., 2018), and eudaimonia, which Burns (2016) suggests views psycho-social functioning as the measure of wellbeing. Student wellbeing means happiness, satisfaction, and an ability to catch socialisation both inside and outside university grounds; it also means academic success, as well as adjustment to life on campus (Awang et al., 2014). First-year students may be susceptible to stress and burnout due to the adjustment to tertiary education (Kroshus et al., 2015) leading to poor wellness outcomes and compromising their ability to succeed at university (Langtree et al., 2018).

2.6.1 Psychological Wellbeing

Psychological wellbeing is an essential indicator of life outcomes and has been found to be associated with health, quality of life, development and success (Huang et al., 2021). Ryff et al. (2012) and Kiara (2023) are of the view that psychological wellbeing is a state of being content, with low distress, good physical and mental health or a perception of a good quality of life. Ryan and Deci (2017) defined psychological wellbeing as an individual's overall perception of their quality of life, characterised by dimensions such as personal growth, self-acceptance, purpose in life, and

environmental mastery, which together reflect the fulfilment of inherent psychological needs. Laurinaityte et al. (2022) support the above submission that psychological wellbeing encompasses various subjective, social and psychological aspects as well as health-related behaviours and practices that are meaningful to an individual and allow them to fully function.

Mental wellbeing involves several domains such as feeling optimistic about the future, feeling useful, feeling relaxed, dealing with problems well, thinking clearly, feeling close to other people, being able to make up one's own mind about things (Hughes et al., 2016; UNICEF, 2019). According to UNICEF (2019) wellbeing is associated with self-perceived health, longevity, healthy behaviours, mental and physical illness, social connectedness, productivity, and factors in the physical and social environment. Huang et al. (2021) are also of the view that psychological wellbeing contains multiple dimensions, including self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. According to them, Self-acceptance denotes a positive attitude toward the self, including the acceptance of the self and positive feelings about the past experiences. Positive relations with others refer to an individual's perception that they have warm, satisfying, and trusting relationships with others and that they are capable of strong empathy, affection, and intimacy. They again added that, autonomy is defined by an individual's self-determination and independence, as well as their ability to resist social pressures to think and act in certain ways. Environmental mastery means they have a sense of mastery and competence in managing their environment and can choose or create contexts suitable to personal needs and values. The purpose in life indicates that a student is goal-driven and has a sense of direction in life. Finally, personal growth indicates a feeling of continued development and seeing themselves as growing and expanding (Ryff & Singer, 2008).

All these concepts, as discussed by Huang et al. (2021) enhance the psychosocial wellbeing of individuals.

2.6.2 ACEs and Psychological wellbeing

A representative population-based health survey by Nurius et al. (2015) demonstrated the relationship between ACEs and perceived wellbeing, with higher ACE scores being associated with poorer adult outcomes, including low socioeconomic status and diminished resilience resources, each of which influenced perceived wellbeing. Ryff (2014) attests to the fact that there are positive associations between psychological wellbeing and individual health as well as general life satisfaction. Nevertheless, Merrick et al. (2019) revert that negative life experiences such as adverse childhood experiences were found to be related to lower psychological wellbeing and greater health problems. A study conducted by Laurinaityte et al. (2022) revealed that when college students experience multiple ACEs, it amplifies their vulnerabilities to experiencing lower psychological wellbeing in their adaptation to college. This shows that increased number of ACEs is associated with decreased psychological wellbeing.

Research has found that ACEs have been consistently associated with an increase in mental health issues which may lead to decreases in psychological wellbeing (Karakin & Hill, 2018; Kelifa et al., 2020). Mental health issues that affect psychological wellbeing include depression, suicidality and intense level of stress (Colburn et al., 2021; Kiara, 2023).

ACEs are related to worse mental health which results in low psychological wellbeing. A study conducted by Chadwick (2014) reported five categories of factors that influence mental health. At the level of individual factors, the weak development of socio-emotional skills, a low self-image and a low body image are noted. In the school

context, the associated factors are inadequate behaviour management, peer rejection, bullying and cyberbullying. In the same direction of research, a systematic review of the literature, carried out by Basu and Banerjee (2020), groups environmental risk factors into five categories: the physical environment, the family environment, the social environment, the socioeconomic environment and the digital environment. At the level of the mental health of children and adolescents, a series of negative consequences were identified because of the presence of various factors. Belonging to the physical environment, living in poor areas, exposure to climate change and natural disasters stand out. In the family environment, family abuse, its structure, indifference, depressed and anxious parents negatively influence mental health. Bullying, harassment, violence in the social environment, low socioeconomic status and prolonged use of technology specific to the digital environment are also risk factors. According to Dimitiu et al. (2023) these factors have a detrimental effect on individuals' mental health later in life which lowers their psychological wellbeing.

The ACE Study indicated that ACEs are common and associated with health risk behaviours, mental illness, decreased life potential, and premature death (Felitti et al., 1998). It was found to be dose-related, if an individual's number of ACE increases, their risk of experiencing poorer adult outcomes also increases (Merrick et al., 2017). Exposure to ACEs is a well determined risk factor for adult mental health functioning (Merrick et al., 2017). In addition, the exposure to early ACEs is linked to impaired physiological responses, including impaired stress response (Shonkoff et al., 2012), which can, in turn, contribute to impaired mental health and wellbeing. ACEs are related to several psychiatric disorders, like depressed affect and depression (Chapman et al., 2004; Merrick et al., 2017), and suicide and suicidal behaviour (Dube et al., 2001). Exposure to childhood sexual abuse is associated with increased rates of major

depression, anxiety disorder, suicidal ideation, suicide attempt, alcohol dependence and illicit drug dependence (Fergusson et al., 2013). Another study indicated links between emotional abuse in childhood and increased odds of major depression. Experiencing both emotional neglect and emotional abuse was associated with increased likelihood of major depression, dysthymia, mania, any mood disorder, panic disorder, social phobia, generalised anxiety disorder, post-traumatic stress disorder, and any Axis I disorder (Tailleu et al., 2016).

A study conducted by UNICEF (2019) showed that having any ACEs significantly predicted suicide attempts later in life. Their results indicated that those who had experienced physical abuse would be 2.97 times more likely to attempt suicide, while those who had repeatedly experienced psychological abuse would be 4.71 times more likely to attempt suicide. Sexual abuse increases the odds of committing suicide 2.87 times, alcoholism in the family 2.35 times, suicide in the family 2.86 times, abuse of mother by partner 3.99 times, and psychological neglect 4.16 times (any score) or 4.38 times (frequent score). On the other hand, those who experienced physical neglect would be 0.33 times less likely to attempt suicide. Overall, their findings are in line with the previous studies indicating that having ACEs is related to suicide attempts later in life (Dube et al., 2001).

Rosecrance (2022) also added that greater ACEs have been shown to predict higher levels of depression and anxiety, trauma-related disorders such as posttraumatic stress disorder and overall stress. These are various mental illnesses that affect the psychological wellbeing of individuals. In further support of the effects of ACEs on mental health, research from McCauley et al. (1997) found that women who had reported abuse during childhood had significantly higher scores of depression, anxiety,

and somatisation, as well as lower self-esteem compared to women who denied experiencing childhood abuse. The authors also found that the effects of childhood abuse are often as strong as the effects of current abuse on mental health. Similarly, in their longitudinal study following 1037 individuals from childhood to age 32, Moffitt et al. (2007) found that higher levels of childhood maltreatment strongly predicted an adult diagnosis of generalized anxiety disorder (GAD). In addition to GAD, posttraumatic stress disorder (PTSD) has also been correlated with higher levels of ACEs (van der Feltz-Cornelis et al., 2019). In a study of 298 patients at an outpatient clinic, the authors found that ACE scores were the highest in individuals with PTSD and co-morbid disorders compared with those diagnosed with only one depressive or anxiety disorder. Moreover, Dube et al. (2001) found that ACEs are strongly linked to suicide risk. Analysing data from the 17,337 adults in the CDC-Kaiser study, they found a graded effect: for each additional ACE, individuals were increasingly likely to have attempted suicide. Among those who reported no ACEs, only 1.1% reported a suicide attempt, compared to 35.2% of individuals who reported seven or more ACEs.

A study explored by Rosecrance (2022) found that the rates of depression reported spanned from 10% to 85% across studies with a mean weighted prevalence of 30.6%, which is significantly higher than the 9.6% prevalence rate found in the public (Ibrahim et al., 2013). Rosecrance (2022) further explained that, not only do college students experience greater rates of depression compared to the general population, but university counselling centres are seeing an increase in students experiencing mental health concerns. In a national survey of university counselling centres, 90% of centres reported an increase in students with symptoms of anxiety over the past five years and 58% reported an increase in students presenting with clinical depression (Gallagher, 2014). Similarly, Prince (2015) reported that a greater number of students are

presenting to counselling centres with increasingly severe concerns. Although students' severity of mental health issues has been increasing, treatment does not seem to be keeping up (Rosecrance, 2022). In a thirteen-year study of 13,257 students who sought personal counselling, researchers discovered that despite students presenting with more complicated issues and an increase in service utilisation, there was an increasing emphasis on session limits and on addressing situational problems over chronic issues such as childhood trauma (Benton et al., 2003). Meanwhile, Kiara (2023) in her study found out that most college students with mental health issues do not seek help or treatment. This increases the impact of the negative effects of mental health issues that are related to low psychological wellbeing.

Not surprisingly, researchers have found that psychological distress, including depression, anxiety, and stress, have negative effects on college students' success, retention, and adjustment. The American College Health Association surveys students across the country every semester to collect data on college student health through the National College Health Assessment. The last administration of the survey included data from 98 institutions and 54,497 student respondents (American College Health Association, 2019). Results from the survey showed that over the past 12 months 57.6% of students reported experiencing above average stress and 12.8% reported tremendous stress. When asked if students had been treated for and/or diagnosed with any psychological conditions, 24% endorsed an anxiety disorder, 20% depression, and 12.3% endorsed panic attacks. The percentage of students who reported suicide in the past 12 months was 14.4%. Most students (66.4%) reported overwhelming anxiety in the past 12 months and 72% reported feeling very sad over that same period. Students also reported the psychological factors that affected their individual academic performance within the last 12 months: 29.5% endorsed anxiety as affecting their

academic performance, 21.6% depression, and 36.5% said stress. Depression has been shown to negatively impact college students' academics and retention. In a study conducted by Eisenberg et al. (2009), depression was found to significantly predict worse academic performance and drop out of university prematurely. For students who met criteria for an anxiety disorder, the relationship was even stronger. Regarding the effect of students' mental health on their adjustment to college, in their meta-analysis on college adjustment research, Credé and Neihorster (2012) found that students prone to depression, among other mental health challenges, were more likely to withdraw socially, which may negatively impact their psychological wellbeing.

2.6.2 ACEs, Psychological Wellbeing and Contextual Influences

Emerging research suggests that psychological wellbeing is not only shaped by individual emotional processes but also by the broader educational and social contexts in which students operate. Educational settings, particularly single-sex and coeducational institutions, can significantly influence how trauma-related distress is internalised or expressed. Wilson-Ching and Berger (2024) found that gendered peer norms often drive these differences, with female students more likely to internalise distress and male students tending to emotionally suppress or detach. These environmental factors can either buffer or intensify the psychological impact of ACEs depending on the level of emotional safety, peer support, and institutional responsiveness. While many students exposed to ACEs experience psychological distress, help-seeking behaviours are often limited. Research shows that stigma, emotional mistrust, and perceived institutional shortcomings can deter students from utilising support services (Rosecrance, 2022; Kiara, 2023), compounding the psychological burden associated with early trauma.

2.6.3 Enhancing Psychological Wellbeing through Protective Factors

Wellbeing can foster positive functioning in college students and build resilience against challenges in life (Diener, 2006; Kelifa et al., 2020; Olasupo et al., 2018). For example, Kelifa et al. (2020) found that the effect ACEs had on psychological wellbeing was fully mediated by resilience. Resilience is a protective factor that can help college students counteract the effects ACEs has on their academic achievement and psychological wellbeing (Hinojosa et al., 2019; Kazmi & Muazzam, 2020; Kelifa et al., 2020; Lin et al., 2017; Meng et al., 2018). Resilience is the ability to adapt to adverse experiences and challenges, including mental, emotional, external, and internal struggles (Kazmi & Muazzam, 2020; Kelifa et al., 2020; Tugade & Fredrickson, 2004). Research has found that resilience moderates stress levels, decreases depressive symptoms, and increases perceived quality of life (Lin et al., 2017). Individuals who have developed resilience are more likely to overcome their challenges and succeed in comparison to those who lack resilience (Olasupo et al., 2018). Research shows that resilience is a skill that can be developed through the modification of thoughts and behaviours (Himmel, 2015). Research has shown that resilience reduces the negative effects of ACEs and poor psychological wellbeing (Hinojosa et al., 2019; Kazmi & Muazzam, 2020; Kelifa et al., 2020).

Researchers have found that wellbeing is indirectly decreased by ACEs through attachment mechanisms related to early occurrences of depression and unhealthy behaviours (Corcoran & McNulty, 2018; Giovanelli et al., 2016; Kelifa et al., 2020; Scott et al., 2011). Specifically, the lack of secure attachments experienced in individuals with high ACEs often result in feelings of loneliness and increased mental health difficulties (Anda et al., 2005; Colburn et al., 2021; Hinojosa et al., 2019).

Kiara (2023) stated that campus connectedness was shown to be positively correlated with psychological wellbeing. This indicates that having social support through campus connectedness can increase psychological wellbeing in college students by buffering the negative effects of mental health issues on psychological wellbeing (Stebbleton et al., 2014; Williamson et al., 2018). An exploratory analysis done by Kiara (2023) confirmed that campus connectedness had a positive influence on psychological wellbeing and as campus connectedness increased, psychological wellbeing increased as well. This signifies that, if students with a low psychological wellbeing have a good sense of social support through campus connectedness, they have an increased opportunity for high academic achievement. The support that students feel from being connected to their campus is likely a strong influence on why they are more likely to seek the help they need to increase their mental health and psychological wellbeing.

Overall mind-set was also found to positively influence psychological wellbeing (Kiara, 2023). Specifically, students who have a growth mind-set were found to have a higher psychological wellbeing. This may be attributed to the notion that students feel as though their current psychological wellbeing can be improved and that they are not confined to a specific mental space that limits their quality of life. This closely aligns with Fredrickson's (2001) findings that having a growth mind-set can reduce the negative effects of anxiety and depression by increasing positive emotions, proposing that psychological wellbeing may be increased by having a growth mind-set. Huang et al. (2021) supports Kiara (2023) that Mindfulness has also been found to be associated with high self-regulation, low psychological distress, and high psychological wellbeing. Mindfulness is a state of consciousness in which individuals purposefully pay attention to the present moment and react in a non-judgmental manner (Kaunhoven & Dorjee, 2017).

Mindful attention, a key component of mindfulness, regulates individuals' attention, brings their awareness to the present moment, and makes individuals alert to what is occurring in the here-and-now (Huang et al. 2021). Another key component of mindfulness they discussed is mindful metacognition or decentering, wherein individuals detach from the monitoring of thoughts and feelings about the ongoing events. During mindful metacognition, individuals mentally step back from their feelings and thoughts to remain non-judgmental (Reina & Kudesia, 2020). Mindful attention and metacognition are highly correlated and are positively associated with psychological wellbeing.

Psychological wellbeing has been found to decrease due to increased mental health problems that are positively correlated with ACEs. Specifically, Karatekin and Hill (2018) found that individuals who had more exposure to ACEs were more likely to report having depressive symptoms. Likewise, Dimitriu et al. (2023) in their study revealed that the level of wellbeing is lower in students who reported adverse childhood experiences than students who did not experience such situations.

2.7 Social Wellbeing

Social wellbeing is an important dimension of health along with physical and mental aspects. Evaluation of social wellbeing is necessary in students, especially in student teachers due to future responsibility as professional teachers in basic schools. Social wellbeing plays an effective role in improving the quality of life, social efficacy, and social performance (Baby et al., 2022).

According to Baby et al. (2022) people are social creatures who are mutually dependent, relying on others for their wellbeing, just as others rely on them. They further added that social wellbeing (the social dimension of health) refers to our ability to make and

maintain meaningful positive relationships and regular contact with other people in our world (family, friends, neighbours and co-workers). Vakilabad et al. (2023) and Javadi-Pashaki et al. (2018) are also of the view that social wellbeing is the ability to perform social roles effectively and efficiently, evaluating and recognising how one functions in society and the quality of one's relationships with others. From a broader perspective, students' social wellbeing is described as the degree to which they feel a sense of belonging and inclusion in their social and academic settings (Allen et al. 2018). Good social wellbeing includes not only having relationships but also behaving appropriately in these relationships and maintaining acceptable social standards. Our relationship with our family, the basic social unit, impacts our life the most (Baby et al., 2022).

Therefore, students are considered as an impressive social class in sustainable development, which makes their social wellbeing status a capital for society (Baby et al., 2022). Social wellbeing is an important contributor to overall wellbeing in adolescents and young adults, as they derive much of their sense of self-worth from the social evaluations of their peers and important adults. Research has shown that a strong or robust sense of social wellbeing impacts upon young people's security, comfort, and affect and contributes to positive functioning in adulthood (Chervonsky & Hunt, 2019; Newton-Howes et al. 2015).

Social wellbeing is considered one of the aspects of health and a fundamental and essential criterion in a person's health (Mozaffari et al., 2014). Vakilabad et al. (2023) revealed that social wellbeing at the individual level includes five components: social integration, social acceptance, social contribution, social actualisation, and social coherence. Salehi et al. (2017) are in support of the fact that social wellbeing is made up of five domains which include social integration "the evaluation of the quality of

one's relationship to society and community", social acceptance "the construal of society through the character and qualities of other people as a generalised category", social contribution "the belief that one is a vital member of society, with something of value to give to the world", social actualisation "the evaluation of the potential and trajectory of society", and social coherence "the perception of the quality, organisation and operation of the social world, and it includes a concern for knowing about the world"

Moreover, Yu et al. (2021) described social wellbeing on multiple dimensions, including social integration, social contribution, social acceptance, social coherence, and social actualisation which are in line with the views of Vakilabad et al. (2023) and Salehi et al. (2017). They explained further that social integration is the extent to which people feel commonality and connectedness to their neighbourhood, community, and society. Social contribution refers to a value evaluation that one can provide to society. Social acceptance entails a positive view of human nature and believes that people are kind. Social coherence refers to the perception of the quality and operation of the social world and reflects a belief that society is meaningful. Social actualisation is the evolution of the potential and of society and includes a sense that social potential can be realised through its institutions and citizens (Yu et al., 2021).

Hill et al. (2012) found that social wellbeing is positively related to extraversion, agreeableness, conscientiousness, emotional stability, and openness. In addition, previous studies did not test the correlation between five personality traits and five domains of social wellbeing entirely (Burns, 2016). Personality shapes many of the attitudes and behaviours that form Keyes' different dimensions of social wellbeing. Thus, certain personalities would predict social wellbeing; for example, extraverted

people should be more socially integrated, whereas agreeable individuals should possess higher levels of social acceptance (Yu et al., 2021). Despite the elusive and overarching nature of wellbeing, its significance with respect to education is well established in the literature (Frydenberg & Lewis, 1999). Students' positive and satisfying life-experiences are expected to flourish as their wellbeing increases (Pollard & Lee, 2003). A study conducted by Salehi et al. (2017) revealed that there was no significant difference between sex and social wellbeing.

According to them, their study showed no obvious difference in social wellbeing score between female and male students, but males had higher social contribution whereas females demonstrated higher social actualisation. Social actualisation implies the belief that society has the potential for positive changes. They added that high female social actualisation score indicates that female students' attitude may enhance positive roles in future development of the society. This theory may explain higher social actualisation in female students. Social contribution implies the belief that society has the potential responsibility for positive change and toward society as an important concept of social wellbeing. They again realised that more social contribution score of male students demonstrated that male students' attitude may enhance higher social responsibility than females; therefore, the high score for social contribution in male students seems reasonable. Native students had more social wellbeing and social cohesion score than non-native students who lived in dormitories. Social coherence indicates personal belief about meaningful life. It seems that living with families may have positive effects on this concept; therefore, this relationship is reasonable (Salehi et al., 2017).

Various social wellbeing dimensions have strong links; generally, reciprocal relationships with physical, physiological, functional, and cognitive dimensions of health (Tzouvara et al., 2023). The mechanisms of these relationships are seen in various theories linking social wellbeing to other health domains (Waite, 2018). Health problems that occur during the working years (e.g., heart condition, functional problems, diabetes, and depression) may significantly affect labour supply, earnings, and wealth accumulation (Anderson et al., 2004). Therefore, health is considered as one of the factors affecting social wellbeing. It is an essential component of emotional and social wellbeing to feel recognised for who one is; feeling excluded is harmful or less than equal to self-esteem and dignity. The students, who are seen as peers and think that the possibility of achievement is as open to them as the next person, are more likely to achieve academic potential and admire their school for its friendly and welcoming atmosphere.

Social support is essential in helping individuals cope with social challenges and increase their social wellbeing (Yu et al., 2021). Yu et al. (2021) again added that the benefits of social support come into play when individuals have to deal with social challenges and problems. Individuals with a high level of social support will better face social tasks (Cox et al., 2000). Harmonious social relationships can help residents to satisfy their social needs, better understand, and be confident of the social world. Therefore, their social wellbeing will increase. Prior studies have found the effect of sense of community (Sohi et al., 2017), and social participation (Albanesi et al., 2010) on social wellbeing. Also, some studies have shown the outcomes of social wellbeing, such as anxiety problems (Keyes, 2005), general mental and physical health (Zhang et al., 2011), and prosocial behaviours (Keyes & Ryff, 1998).

2.7.1 ACEs and Social Wellbeing

Social functioning has also been identified as key in the relationship between ACEs and poor mental health outcomes (Tzouvara et al., 2023; McCutchen et al., 2023; McCrory et al., 2017). A meta-analysis of social measures (Valtorta et al., 2016) has established two dimensions of social relationships: objective (i.e., the structure and function of relationships) and subjective (i.e., involvement in relationships, perceived availability, perceived adequacy, feelings/emotions). People who are subjected to ACEs are more likely than their peers to have trouble developing healthy relationships due to lack of trust, poor emotional regulation skills, and maladaptive coping strategies (Poole et al., 2018). Consequently, ACEs are associated with increased social isolation (an objective deficiency in high-quality social relationships) and loneliness (a subjectively perceived gap between desired social contact and actual contact) in later life (Forster et al., 2017).

One of the most significant areas impacted by Adverse Childhood Experiences (ACEs) is the ability to form and maintain healthy interpersonal relationships. Research has shown that individuals with ACEs often struggle with various relational challenges, which can profoundly affect their ability to engage in positive interactions with others throughout their lives (Zeanah et al., 2016). Turner et al. (2017) highlight that individuals exposed to ACEs are more likely to face difficulties in developing trust, managing conflict, and establishing intimacy in relationships. These relational difficulties are often rooted in early trauma, which can alter the way individuals perceive and respond to social interactions, particularly in contexts requiring vulnerability or emotional closeness. This assertion is supported by the work of Brown et al. (2019) who found that adults with a history of ACEs frequently report significant challenges in their romantic and familial relationships.

Their research suggests that unresolved trauma from childhood can manifest in maladaptive behaviours, such as emotional dysregulation and avoidance, which hinder the development of secure and stable attachments. These individuals often display impaired attachment styles, such as anxious or avoidant attachments, which complicate relationship dynamics (Shorey & Snyder, 2006). Specifically, those with anxious attachment may struggle with fears of abandonment and intense emotional reactions, while individuals with avoidant attachment may distance themselves emotionally, fearing vulnerability and intimacy. Furthermore, the developmental impact of ACEs on attachment can extend to a person's broader social interactions. The work of Schore (2001) highlights that early trauma can disrupt the development of the brain's social and emotional regulation systems, leading to difficulties in perceiving and responding to social cues effectively. This disruption often manifests as challenges in empathy, communication, and emotional regulation, all of which are crucial for healthy interpersonal relationships.

Moreover, the long-term consequences of these early experiences are evident in adulthood, where individuals with ACEs are at a heightened risk of experiencing mental health issues, such as anxiety, depression, and post-traumatic stress disorder (PTSD). These conditions, often exacerbated by unresolved childhood trauma, can further undermine relational functioning. According to Cummings and Davies (2014), children who experience ACEs are more likely to grow into adults who exhibit heightened emotional reactivity, which can lead to poor relationship outcomes, including increased conflict, instability, and emotional distance. ACEs have a profound and lasting impact on an individual's ability to form and maintain healthy interpersonal relationships. The challenges of developing trust, managing conflict, and establishing intimacy are common among those with a history of ACEs, and these difficulties are often rooted in

unresolved trauma and impaired attachment styles (Sherman, 2022). Addressing these issues in therapeutic or supportive contexts is crucial for fostering healthier relationships and improving the wellbeing of individuals affected by ACEs.

Social integration in various settings, such as academic institutions and workplaces, is also affected by ACEs. Bellis et al. (2018) demonstrated that individuals with ACEs often struggle with social skills, leading to challenges in forming friendships and engaging in group activities. This can result in feelings of isolation and a lack of belonging, as these individuals may find it difficult to connect with their peers and colleagues. Moreover, a study by Hughes et al. (2017) highlighted that ACEs could lead to social withdrawal and avoidance, further impairing social functioning and integration. This is particularly evident in settings that require active social participation, such as classrooms or team-based work environments.

ACEs can influence the development of coping mechanisms and social skills. According to Bethell et al. (2014) individuals with ACEs often develop maladaptive coping strategies, such as substance abuse or aggressive behaviour, as a way to deal with unresolved trauma. These behaviours can negatively impact social interactions and relationships. Furthermore, a study by Lanier et al. (2018) emphasised that the social skills necessary for effective communication and conflict resolution are often underdeveloped in individuals with a history of ACEs. This can result in difficulties in navigating social nuances and establishing healthy boundaries in relationships.

Community engagement and the formation of social networks are also impacted by ACEs. The research of Merrick et al. (2017) suggests that individuals with ACEs may be less likely to participate in community activities or seek out social support networks. This lack of engagement can exacerbate feelings of isolation and prevent these

individuals from accessing vital community resources and support. The impact of ACEs on social wellbeing is multidimensional, affecting interpersonal relationships, social integration, coping mechanisms, and community engagement. It is imperative for social support services, educators, and healthcare providers to understand these impacts and provide targeted interventions to support individuals with a history of ACEs. Developing strong social networks and effective coping strategies is crucial for the social and emotional rehabilitation of individuals affected by ACEs.

Emerging literature also suggests that individuals with ACEs may lack the emotional vocabulary or social confidence required to navigate interpersonal relationships, especially within structured environments like schools (Anda et al., 2006; Heim & Nemeroff, 2001). These limitations often stem from disrupted developmental experiences that impair emotional and social learning. In academic contexts, students with trauma histories may experience heightened mistrust in hierarchical relationships, perceiving teacher-student interactions as emotionally risky. Such dynamics can lead to avoidance of support-seeking behaviours, further reinforcing social withdrawal (Murphey & Sacks, 2019).

Recent studies further highlight the social consequences of ACEs, particularly in college settings. Gautam et al. (2024) found that early relational trauma is a strong predictor of social withdrawal, undermining students' ability to form peer bonds or feel a sense of belonging. Similarly, Bellis et al. (2018) emphasised that individuals with higher ACE scores often develop self-reliance as a coping strategy, which, while protective in some settings, may hinder the ability to seek help or engage openly in social interactions. These findings align with prior research indicating that trauma-

affected students are more likely to experience difficulty trusting others and navigating new relational contexts (Poole et al., 2018; Turner et al., 2017).

2.8 Interconnection between Psychological Wellbeing and Social Functioning

The psychological and social aspects of wellbeing are deeply interconnected, with each influencing the other in both positive and negative ways. Psychological wellbeing, which encompasses mental health, emotional regulation, and cognitive functioning, plays a crucial role in shaping social interactions and engagement. Research has consistently demonstrated that psychological challenges stemming from ACEs can lead to a cascade of negative effects on social functioning, creating a cycle that undermines overall wellbeing. Merrick et al. (2017) argue that psychological challenges arising from ACEs, such as depression, anxiety, and trauma-related disorders, can contribute to social withdrawal and impaired social functioning. These challenges often lead individuals to avoid social interactions, resulting in a sense of isolation that exacerbates their mental health issues.

According to the researchers, this dynamic can further hinder the development of healthy coping mechanisms and emotional regulation, which are vital for maintaining functional relationships and engaging in social activities. In a similar vein, other studies have found that individuals who have experienced ACEs may struggle with interpersonal skills, self-esteem, and trust, further complicating their ability to establish and sustain meaningful connections with others (Rosenberg et al., 2018).

The multi-dimensional impact of ACEs on psychological wellbeing affects not only mental health but also cognitive functioning and coping strategies. As noted by Anda et al. (2006), childhood abuse, neglect, and household dysfunction can lead to cognitive and emotional impairments that hinder the development of healthy social behaviours.

These disruptions in early development may manifest as difficulties in regulating emotions, processing social cues, and managing stress, all of which are essential for successful social functioning. Furthermore, individuals with ACEs often develop maladaptive coping strategies, such as avoidance, aggression, or withdrawal, which can further alienate them from social networks and limit their ability to participate in community life (Heim & Nemeroff, 2001).

Social wellbeing, in turn, is an integral aspect of an individual's overall health. It involves the capacity to form and maintain meaningful relationships, engage in social activities, and contribute to the broader community (Keyes, 1998). The ability to participate in social interactions and foster a sense of belonging is essential not only for emotional support but also for the development of resilience and coping strategies that enhance psychological wellbeing. As such, disruptions to social wellbeing, particularly those stemming from early experiences of adversity, can compound the negative effects of psychological distress. According to social ecological models of health, individual mental health is embedded within broader social contexts, suggesting that improving social support networks and community involvement is crucial for mitigating the adverse effects of ACEs (Bronfenbrenner, 1979).

The interconnection between psychological wellbeing and social functioning is complex and multifaceted, with disruptions in one area often leading to deficits in the other. The effects of ACEs on both psychological and social wellbeing are profound and can have long-lasting consequences throughout the life course. Understanding the reciprocal relationship between these dimensions of health is critical for developing effective interventions aimed at improving overall wellbeing for individuals affected by childhood adversity (McLaughlin & Sheridan, 2016).

2.9 College Adjustment

First-year students go through a transition process when they move from high school to a tertiary institution, where it can be challenging for some to adjust to the new academic and social demands of the tertiary environment (Oosthuizen, 2022; Moosa & Langsford, 2021; Sanagavarapu & Abraham, 2020). Moreover, they have to adjust to the new and complex institutional systems of a university (Kift, 2015), new approaches to learning, specifically independent learning (Hassel & Ridout, 2018), a new communication environment (Tarasova et al., 2017), independent living (Kift, 2015), and a new social environment that is rich in diversity with regard to language, religion and culture (Mudhovozi, 2012). According to Marcotte et al. (2017), school transitions are stressful as they represent a double transition. Oosthuizen (2022) further added that most first-year students might experience the transition into university as challenging because of the changes they encounter on multiple levels.

Rosecrance (2022) discusses Baker and Siryk's (1989) definition of college adjustment as a student's ability to adapt to the demands of college, including to such strains as greater academic stress, moving away from family, navigating campus, making new friends, and managing finances. Oosthuizen (2022) is of the view that college adjustment is the process all first-year students go through while transitioning from a secondary to tertiary institution. Stroud (2017) described adjustment as comprising four aspects, namely academic, social, interpersonal, and goal commitment/institutional attachment. While the transition is positive for many students, others' security, comfort, and ability to enjoy gratifying activities can be questioned as they are forced to establish new social support systems and renegotiate previous relationships (Rosecrance, 2022). Even for those students that consider the transition to college to be a positive one, students are anticipated to experience a period of adaptation. For most individuals, these

difficulties are short-lived and cause little disruption. For others, however, the adjustment period can create levels of stress that may impact psychological and physical health (Rosecrance, 2022). Contemporary measures of college adjustment have identified three unique domains of adjustment affected by these demands: academic, relational, and psychological (O'Donnell et al., 2018). Rosecrance (2022) stated in her study that Baker and Siryk (1989) discussed a multidimensional approach to college adjustment and organised adjustment into four subcategories based upon previous research: academic adjustment (Baumgart & Johnstone, 1977), social adjustment (Wright, 1991), personal-emotional adjustment (Kramer, 1980), and attachment to the institution (Munro, 1981).

Rosecrance (2022) further explained that, during the development of the College Adjustment Questionnaire (CAQ) by O'Donnell et al. (2018) they found evidence for three domains of college adjustment including educational functioning, relational functioning, and psychological functioning. She again explained that the educational functioning subscale measures academic-related adjustment, the relational functioning subscale focuses on the social aspects of adjustment to college, and the psychological functioning subscale assesses important qualities of emotional/psychological adjustment to college. Purnamasari et al. (2022) referenced the work of Credé and Niehorster (2012), who noted that Baker and Siryk (1989) classified college adjustment research into four broad categories: academic adjustment, social adjustment, personal-emotional adjustment, and institutional attachment.

They explained further that the first category, academic adjustment, refers to a student's ability to cope with the academic demands of college while maintaining satisfactory performance. It includes a student's attitude toward academic goals, engagement in

coursework, efforts to meet academic expectations, and overall satisfaction with their academic progress. Baker and Siryk (1989) identified four key elements of academic adjustment: motivation to learn with clearly defined goals, active participation in academic activities, dedication to meeting academic challenges, and feeling comfortable in the academic environment. Bailey and Phillips (2016) are of the view that academic adjustment plays a significant role in predicting student success and retention. Due to its strong correlation with first-year achievement, some scholars view academic adjustment as a crucial component of the overall college adaptation process.

The second aspect they discussed was social adjustment, which pertains to a student's ability to adapt to the interpersonal and social dynamics of college life. It involves participation in social events, forming relationships, and feeling a sense of belonging within the college community. First-year students often face challenges in building new friendships, navigating social interactions, and integrating into unfamiliar environments (Mudhovozi, 2012). Social adjustment includes engaging in campus activities, interacting with people from diverse backgrounds, developing connections with faculty members, and sharing academic experiences with peers.

The third dimension, personal-emotional adjustment, relates to how well students manage emotional and physical difficulties during their transition to college. This type of adjustment reflects the extent to which students experience stress, anxiety, or physical issues, such as difficulty sleeping, in response to college-related pressures (Credé & Niehorster, 2011). The final category, institutional attachment, measures how connected students feel to their college. It encompasses their commitment to the institution's goals, their emotional connection to the campus community, and their overall satisfaction with the college experience (Credé & Niehorster, 2011).

Since multiple factors influence college adjustment, many scholars argue that gaining a deeper understanding of individual development requires considering various influences (Katz & Somers, 2017). Researchers emphasise the importance of both individual and environmental factors in shaping college adjustment (Mounts, 2004). Bronfenbrenner's Bioecological Systems Theory highlights the interplay between individuals, their families, and their broader community, as well as the social forces that shape development (Bronfenbrenner, 1977; Bronfenbrenner & Morris, 2007; Katz & Somers, 2017). This theory categorises the environment into different levels of influence. The microsystem consists of direct relationships such as family and close friends, while the mesosystem represents the interactions between different microsystem elements. The exosystem includes external factors that may not be directly related to the individual but still have an impact, and the macrosystem refers to larger societal and cultural influences. Each of these layers contributes to the student's overall college adjustment experience. To fully grasp how students adapt, it is necessary to acknowledge these environmental factors (Katz & Somers, 2017).

Credé and Niehorster (2011) also pointed out that demographic variables play a role in college adjustment, including gender, ethnicity, disability status, and citizenship. Other contributing factors include age, socioeconomic background, first-generation college status, and family dynamics, such as whether a student comes from a divorced household. Additionally, a student's past academic performance can influence their ability to adjust. Cognitive skills, which shape how individuals process new information and develop abilities, play a role in determining how well students transition to academic life. Those who performed well in high school generally find it easier to meet the academic expectations of college (Credé & Niehorster, 2011).

Personality traits have also been widely studied in relation to college adjustment, with some characteristics making the transition smoother. Another important factor is social support, which helps students manage the challenges of adapting to college life. Support systems may include family, friends, professors, and university staff. While faculty and staff support are particularly beneficial for academic success, social support from family and friends plays a more significant role in emotional and social adjustment (Credé & Niehorster, 2011). In their meta-analysis on college adjustment studies, Credé and Niehorster (2012) found that social support is strongly positively correlated with overall college adjustment, such that students who reported greater levels of social support also reported feeling better adjusted to college. The researchers also reported that peer social support was most significantly positively related to social adjustment while faculty support was most strongly positively correlated with academic and institutional adjustment (Credé & Niehorster, 2012).

Researchers report that difficulties with adjustment to college interfere with students' ability to perform well academically, gain a degree, and find the college experience enjoyable and an opportunity for growth (Credé & Niehorster, 2012). Better college adjustment has been found to be correlated with greater retention (Gerdes & Mallinckrodt, 1994), lower stress (Salami, 2011), better mental health (Chui & Chan, 2017), greater mindfulness (Mettler et al., 2019), better social support (Schneider & Ward, 2003), higher self-efficacy (Chemers et al., 2001), and better attachment (Holt, 2014).

2.9.1 ACEs and College Adjustment

Since higher ACEs have been shown to be predictive of worse mental and physical health (CDC, 2019), greater drug use (Forster et al., 2017) and alcohol use (Lee & Chen, 2017), difficulties with relationships (Poole et al., 2018), and a host of other issues (CDC, 2019). Rosecrance (2022) stated that higher ACEs have negative consequences on students' ability to adjust to college. Although previous studies have demonstrated the detrimental effects of childhood maltreatment on college adjustment (e.g., Banyard & Cantor, 2004; Elliott et al., 2009), most studies have either looked at a single category of maltreatment or used cumulative measures that have varied from study to study. Utilising the ACEs questionnaire as a measure of childhood maltreatment provides a way to standardise the study of the effects of poly-victimisation and cumulative trauma. Research has recently begun (Bell, 2020; Farmer, 2019) to be conducted utilising the ACEs questionnaire and has shown the negative effects of ACEs on college adjustment. The current study adds to these very recent studies that have used the ACEs questionnaire to examine the effects of childhood maltreatment on college adjustment. Rosecrance (2022) stated in her study that as the transition to college is a period marked by academic, social, and emotional stressors (Rogers & Tennison, 2009), individuals embarking on this transition with a history of trauma exposure may represent a more at-risk population of students.

College students represent an at-risk population for further victimisation, as prior victimisation is a risk factor for experiencing trauma while enrolled in college (Banyard & Cantor, 2004). Research has shown that exposure to higher levels of cumulative trauma are associated with negative college adjustment, especially in the areas of personal and emotional adjustment (Banyard & Cantor, 2004). However, Banyard and

Cantor (2004) demonstrated that many protective factors can aid in positive adjustment, including higher levels of social support, internal locus of control, and meaning making about traumatic events.

A study conducted by Rosecrance (2022) revealed that an increased exposure to traumas measured on the ACES scale led to lower rates of college adjustment, but these relationships differed depending on whether the participant was male or female. In the female subsample, college adjustment scores decrease by 0.926 for every unit increase in ACEs score. This relationship was not statistically significant. For males, every unit increase in ACEs score is associated with a 3.847 decrease in overall college adjustment score. Rosecrance (2022) again added that prior exposure to ACEs had stronger effects on college adjustment in males than females. While both relationships were negative, as was the overall effect of ACEs on college adjustment, the moderation effect of gender was significant in the male sample. This finding is limited in that this sample included many more female than male respondents. The above discussions point to the fact that ACEs have negative impact on students' adjustment in college.

Recent studies have expanded the understanding of how trauma shapes college adjustment. Gautam et al. (2024) and Bellis et al. (2018) stress that self-protective behaviours such as social withdrawal and emotional avoidance are often rooted in early relational trauma. Sweeney et al. (2018) further highlight how male students in particular may adopt stoic coping mechanisms. Similarly, Ryff and Singer (2008) and Merrick et al. (2017) emphasise the need to consider emotional autonomy and fluctuating motivation in trauma-informed support programmes.

2.10 Personal Interventions developed by Students with ACEs

College students with a history of ACEs often develop unique coping mechanisms to manage the challenges of academic and social adjustment. According to Aspelmeier et al. (2012), these students may employ a range of strategies from adaptive coping strategies, such as seeking social support and engaging in problem-solving, to maladaptive strategies such as avoidance and substance use, such as avoidance and substance use. The choice of coping strategies can significantly impact their academic performance and social interactions. Furthermore, a study by Haines et al. (2016) suggests that first-year college students with ACEs often rely on internal coping mechanisms, such as self-reflection and emotional regulation, to navigate the stressors of college life. These internal strategies can be crucial in managing the heightened stress and anxiety that often accompany the transition to college.

Resilience plays a vital role in how students with ACEs adapt to the challenges of college life. Resilience, as defined by Masten (2014), is the process of adapting well in the face of adversity, trauma, or significant sources of stress. For students with ACEs, resilience can manifest as an ability to rebound from challenges, maintain a positive outlook, and persist in the face of difficulties. Zolkoski and Bullock (2012) highlight that resilience in these students is often fostered by a combination of personal characteristics, like optimism and self-efficacy, and external factors, such as supportive relationships and community resources. These resilience factors can mitigate the negative impacts of ACEs on their psychosocial wellbeing. In academic settings, coping mechanisms and resilience factors take on particular importance. Bethell et al. (2014) observed that students with ACEs who exhibit resilience traits, such as perseverance and adaptability, tend to perform better academically despite their adverse experiences. This resilience can buffer the stress of academic pressures and help

maintain focus and engagement with studies. Social adjustment is another area where coping mechanisms and resilience are crucial. A study by Oshri et al. (2018) found that resilient students with ACEs are better able to form and maintain social relationships and engage in campus life. These students often use social support as a coping mechanism, seeking out peers, mentors, or counsellors for guidance and support.

A study by Rosecrance (2022) highlighted how college students who have experienced adverse childhood events (ACEs) develop various coping strategies to adjust to college life. One key strategy is seeking social support. Students often turn to their peers, mentors, and counselling services to create a network that helps them manage the emotional stress stemming from their past experiences (Rosecrance, 2022). Along with this, many students embrace mindfulness and stress-reduction techniques like meditation and breathing exercises to help regulate their emotions and reduce feelings of anxiety (Rosecrance, 2022). She further explained how these students foster academic resilience. For example, by strengthening their self-confidence and mastering time management, students are able to navigate the challenges of academics despite the emotional hurdles tied to their past experiences. In addition to academic resilience, students often establish healthy boundaries and prioritise self-care. This includes engaging in physical activity and ensuring adequate sleep, which are crucial in maintaining emotional stability and promoting overall wellbeing (Rosecrance, 2022).

2.10.1 Trauma-Informed Coping, Adjustment and Support Seeking Among College Students

Recent literature has deepened our understanding of how college students with Adverse Childhood Experiences (ACEs) develop coping mechanisms and navigate institutional environments. Research suggests that students with ACEs often face challenges related

to emotional trust, academic consistency and help-seeking, shaped by both individual trauma histories and the educational context in which they are situated.

For instance, Bellis et al. (2019) highlight how early trauma may impair students' self-regulation and focus, leading to difficulties in maintaining structured academic routines. Students may rely on routine as a form of control yet still struggle with emotional distress that disrupts their engagement (Masten, 2014). At the same time, structured environments, both academic and therapeutic, can provide a sense of predictability that fosters resilience.

Gendered peer norms further shape these coping strategies. According to Wilson Ching and Berger (2024), students in all-female institutions often monitor their emotional expression to maintain social harmony, which may foster supportive bonds but also contribute to emotional self-silencing. In contrast, Sweeney et al. (2018) note that male students, particularly in single-sex colleges, tend to adopt stoic, self-reliant behaviours, often avoiding help-seeking in alignment with masculine norms.

Help-seeking behaviours remain limited among many trauma-affected students. Hughes et al. (2017) and Rosecrance (2022) observe that emotional mistrust, stigma and previous negative experiences can make students hesitant to engage with institutional counselling services. For some, professional help is seen as valuable but emotionally risky, particularly when their trauma history includes failed attempts at seeking support in earlier life stages. These behaviours reflect not only individual psychological processes but also broader social and institutional patterns. As observed in the present study, students' engagement with counselling and peer support often varied depending on the emotional climate of their institution. Students in mixed-gender environments, for example, showed more ambivalent or inconsistent help-

seeking patterns, which aligns with Banyard and Cantor's (2004) findings about the complexities of relational dynamics in coeducational settings.

Narrative-based approaches, such as those discussed by Freedman and Combs (1996), provide insight into how trauma survivors construct and reconstruct their identities around their past. These approaches emphasise the importance of enabling students to externalise internalised narratives of self-blame or emotional suppression, offering pathways to re-author more resilient identities.

2.11 Strategies for Promoting Psychosocial Wellbeing and Adjustment among Student Teachers with Histories of Childhood Adversities

Educational institutions play a fundamental role in supporting students who have faced Adverse Childhood Experiences. The lasting impacts of ACEs on students are profound, influencing not only their academic performance but also their overall wellbeing and social interactions. Institutional practices need to be fundamentally trauma-informed. This approach, advocated by Anda et al. (2006), involves understanding the widespread impact of trauma and responding by fully integrating knowledge about trauma into policies, procedures, and practices. Training faculty and staff to recognise and sensitively respond to signs of trauma in students is essential, as per the recommendations of Bethell et al. (2014). This training can help in creating a supportive environment that fosters students' academic and personal growth.

Murphey and Sacks (2019) agree with this idea that one of the most meaningful ways to support students who have experienced adversity in childhood is by creating a school environment filled with genuine care and consistent support. They explained that when teachers, counsellors, and school staff take their time to build stable and nurturing relationships, students feel protected and understood. This warmth and sense of security

help to counteract the heavy stress that can linger from early adverse experiences, making it easier for these students to recover emotionally and engage more fully in their learning (Murphey & Sacks, 2019).

In addition to building caring relationships, Murphey and Sacks (2019) remind us that it is essential to teach social and emotional skills in the classroom. By helping students learn techniques for managing their emotions, building resilience, and coping with stress, schools empower them to face the challenges that stem from past trauma. This kind of practical, hands-on support not only helps students deal with stress more effectively but also prepares them to handle everyday challenges in both their academic work and personal lives (Murphey & Sacks, 2019). They also point out that schools can make a real difference by rethinking the way they handle discipline. Murphey and Sacks (2019) argue that harsh disciplinary measures can sometimes unintentionally trigger old wounds. Instead, they suggested using restorative practices and trauma-informed policies that focus on understanding and supporting students rather than punishing them. This approach helps create a more positive and healing school culture where students learn from their mistakes in a supportive setting (Murphey & Sacks, 2019).

Access to comprehensive mental health services is another critical area of focus. The work of Hughes et al. (2017) revealed the importance of easy access to mental health resources, including counselling and crisis intervention, which can be particularly beneficial for students grappling with the aftermath of ACEs. These services need to be well-publicised and readily accessible, encouraging students to seek help without fear of stigma. Rosecrance (2022) further added that college counselling centres and their clinicians should consider implementing the ACEs questionnaire as a routine screening measure. This would allow counsellors to better understand how challenging

experiences from a student's past may be affecting them currently and help to identify students who are particularly at risk for greater mental health issues and poorer adjustment to college. This would allow greater support to be offered for those students who might not otherwise be identified. Rosecrance (2022) again stated that because ACEs and mental health are linked to college adjustment, staff members should be open to discussing such issues with first-year students and, if necessary, refer them to the counselling unit for support.

Murphey and Sacks (2019) support Rosecrance's idea by emphasising the importance of strong mental and physical health services in schools. They noted that having access to trained professionals such as school psychologists, social workers, and counsellors who understand trauma makes a significant difference. When these services are available, students receive the timely support they need to address both their emotional struggles and practical challenges. The development of peer support networks is also instrumental in supporting these students. Oshri et al. (2018) highlighted the benefits of peer support groups, where students can share experiences and coping strategies. Such networks can provide emotional support and reduce feelings of isolation. Additionally, Anda et al. (2009) emphasised the role of peer mentorship programmes in providing a sense of belonging and community for students with ACEs.

Academic accommodations and support services are vital for addressing the unique academic challenges faced by these students. As shown in research by Merrick et al. (2018), students with ACEs might benefit from accommodations such as extended deadlines and alternative testing environments. Tutoring services and study skills workshops can also be crucial in supporting their academic success. Promoting an inclusive campus culture that values awareness about ACEs and their impacts is crucial.

This involves educational campaigns and events that raise awareness among the student body and staff about ACEs, as suggested by Felitti et al. (1998). Such initiatives can help reduce stigma and foster a more supportive campus environment.

Collaborations with external community resources can provide students with additional support options outside the campus. This approach, highlighted by Anda et al. (2006) in their later work, can include specialised mental health services, community-based support groups, and other relevant resources, offering a comprehensive support system to students. Colleges and universities have a significant responsibility to support students with ACEs. By adopting trauma-informed practices, enhancing mental health services, fostering peer support networks, providing academic accommodations, promoting inclusivity and awareness, and establishing community collaborations, educational institutions can create an environment conducive to the growth and wellbeing of these students.

In addition to trauma-informed practices and mental health services, literature highlights the importance of student empowerment and having a voice as essential strategies for supporting students with ACEs. Zimmerman (2002) explains that giving students the ability to make decisions and take part in their own development helps improve their emotional wellbeing. This is especially true when schools provide structured opportunities such as leadership programmes, goal-setting workshops, and mentorship. Deci and Ryan (2017) also note that when students feel respected, capable, and supported, they are more likely to stay motivated and cope better with challenges. Schools that offer different ways for students to get involved such as peer groups, small class discussions, or one-on-one guidance can better support the different needs and

confidence levels of students who have experienced trauma (Huang et al., 2021; Ryff & Singer, 2008).

There is also growing evidence that the type of college environment and gender composition can shape how students experience empowerment and relationships. In all-male settings, students may respond more positively to structured programmes that focus on goals and academic performance. In contrast, all-female schools may offer more emotionally supportive environments where students feel comfortable building trust and confidence at a personal level (Sweeney et al., 2018; Wilson-Ching & Berger, 2024). In co-educational colleges, the experience can be more mixed, and some students may struggle to feel emotionally safe. These students may need both encouragement and flexibility in how they engage with others and develop their confidence (Banyard & Cantor, 2004). These findings suggest that schools must consider the specific emotional and social needs of their students when designing support systems.

Finally, researchers stress that building confidence and giving students a voice takes time, especially for those who find it difficult to trust others because of their past experiences (Luthar et al., 2015). For many of these students, a sense of strength and capability emerges not only through formal programmes but also through daily experiences of kindness and understanding. Schools should therefore aim to create a learning environment where students feel heard, supported, and encouraged to grow in ways that suit their personal pace and comfort.

2.12 Summary of the Literature Review

The literature review showed that adverse childhood experiences, including abuse, neglect, and household dysfunction, have a lasting impact on students' wellbeing and their ability to adjust to college. These early hardships disrupt normal development and often lead to long-term health issues. It was noted that such experiences are common worldwide, especially in regions facing economic hardships and community violence. The review revealed that children who have experienced these adversities often developed negative personality traits such as anger, withdrawal, and difficulties in trusting others. These traits later make it more challenging for them to transition to college, where they encounter new academic, social, and emotional pressures.

The findings also indicated that students with a history of adverse experiences tended to have lower psychological wellbeing, characterised by higher levels of depression, anxiety, and stress, which in turn affected their academic performance and overall adjustment to campus life. On a more positive note, the literature highlighted the importance of resilience and adaptive coping strategies. Students who sought social support, engaged in problem-solving, and practiced stress-reduction techniques managed the challenges more effectively. Furthermore, the review stressed the need for educational institutions to adopt trauma-informed practices. Schools and universities were encouraged to create supportive environments through staff training, comprehensive mental health services, and peer support networks. These measures were seen as essential in easing the emotional burden of past trauma and helping students achieve academic success. Overall, the literature highlighted the necessity of a holistic approach that addressed both the psychological and social needs of students, ensuring that those with adverse childhood experiences received the support needed for a smoother transition to college life.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The purpose of this study was to explore the lived experiences of first-year student teachers in Colleges of Education in Ghana who have faced adverse childhood experiences. This involved exploring how these experiences influence their psychosocial wellbeing and adjustment to college life. I argued that the most appropriate way to capture the complexity of students' experiences with ACEs was to gain detailed personal accounts through in-depth exploration. This approach allowed for a deeper understanding of how these experiences manifested in their lives, emotions, and adjustment to college. Given the subjective nature of these experiences, a qualitative research methodology is best suited to explore the rich, lived realities of student teachers, providing a fuller understanding that cannot be captured through quantitative measures alone.

I did not approach this research with predetermined hypotheses to test; instead, research questions were used to scaffold the exploration.

3.1 Philosophical Assumptions

As a researcher engaging in a qualitative study, I recognise that I am, in essence, aligning with its underlying philosophical assumptions while simultaneously bringing my own worldview into the process. This interplay between my perspective and the study's philosophical foundations ultimately shapes the trajectory of my research. Poth (2018) identifies four core philosophical assumptions in qualitative research: epistemology, ontology, axiology, and methodology.

The first of these, epistemology, is a fundamental component that warrants clarification because it directly influences the chosen approach (methodology) and, subsequently, the specific techniques used to collect data (methods) (Carter & Little, 2007). Epistemology, rooted in philosophy, explores the "theory of knowledge" (Thomas, 2009). Reflecting on this, I grappled with questions such as: What is the nature of knowledge? and how is knowledge created?

Madill et al. (2000) identified three epistemological positions on a continuum: realism, radical constructionism, and contextual constructionism. At one end, realism assumes knowledge exists independently and can be discovered through an objective, detached approach. At the opposite end, radical constructionism posits that knowledge exists solely as a social construct, shaped by language. Positioned between these extremes, I adopted a contextual constructionist perspective, emphasising that knowledge is constructed rather than discovered.

In my view, participants construct their own meanings in diverse ways relative to the same phenomenon. This aligns with Madill et al.'s (2000) assertion that the same phenomenon can be interpreted differently, depending on unique perspectives. Consequently, I argue that knowledge is provisional and context-dependent. Guided by this stance, my research sought to understand participants' individual viewpoints within their specific contexts and circumstances (Larkin et al., 2006).

Recognising that research findings are inherently variable, I acknowledged my active role in the research process, being a part of the context in which knowledge is co-constructed. I actively engaged with participants, using their quotes as evidence and immersing myself in their environments, becoming what could be considered an "insider." Pidgeon and Henwood (2013) succinctly capture the essence of contextual

constructionism, emphasising that knowledge production is influenced by participants' personal understandings, researchers' interpretations, and the cultural context in which both are embedded. This epistemological stance is directly linked to my ontological position. Ontology addresses the nature of reality (Thomas, 2009) and poses questions such as: What is there to know? and What is the nature of reality? (Willig, 2013).

Rather than adhering to a realist perspective, which asserts the existence of a single, objective reality I embraced a relativist position, which views reality as subjective and shaped by multiple individual perspectives. I sought to understand how individuals subjectively perceived and interpreted the phenomenon being studied. This relativist perspective acknowledges the existence of multiple realities, as seen through varied perspectives. Different researchers, participants, and even readers of qualitative studies bring unique interpretations to the same phenomena (Cruz & Tantia, 2017).

For this study, I aimed to document and report these multiple realities. Evidence of this is reflected in the use of diverse data sources, presenting participants' actual words, and showcasing varied perspectives (Creswell & Poth, 2016). Following Moustakas (1994), I highlighted how each individual's experiences contributed to a richer, multi-dimensional understanding of the phenomenon.

Through this approach, I demonstrated my commitment to honouring the complexity and subjectivity inherent in qualitative research, while ensuring that my participants' voices and realities were authentically represented. All researchers bring values to a study, but I made my values explicit in this study. This is the axiological assumption that characterises qualitative research. How does the researcher implement this assumption in practice? In this study, I admit the value-laden nature of the study and

actively report my values and biases as well as the value-laden nature of information gathered from the field.

The procedures of this qualitative research, or its methodology, are characterised as inductive, emerging, and shaped by my experience in collecting and analysing the data. The logic that I follow is inductive, from the ground up, rather than handed down entirely from a theory or from my perspectives.

3.2 Research Paradigm

A research paradigm is a core component of the broader philosophical assumptions that underpin a study. It reflects a researcher's stance on the nature of reality, nature and sources of knowledge, and the appropriate methodology for investigating phenomena. As such, a paradigm provides a coherent framework that informs how research is conceptualised, designed, and conducted (Lincoln et al., 2011; Mertens, 2010). According to Kivunja and Kuyini (2017), a research paradigm represents a comprehensive belief system or worldview that shapes the entire research process, from problem formulation to data interpretation. There are four main research paradigms: constructivism, post-positivism, pragmatism, and transformative (Paudel, 2024). Each of these schools of thought has its own elements which define the kind of research design that one adopts. Post-positivism supports a more objective, often quantitative approach. Pragmatism focuses on what works in a given context and encourages mixed methods. The transformative paradigm addresses social inequalities and aims to challenge injustice through research (Creswell & Creswell, 2018).

This study is guided by the constructivist-interpretivist paradigm, which holds that reality is socially constructed through lived experience and that knowledge is generated through individuals' interpretation of those experiences. Constructivism seeks to

understand the world from the perspectives of those who live it (Lincoln & Guba, 1985), making it especially appropriate for qualitative research. This paradigm is appropriate because the impact of adverse childhood experiences on student teachers does not exist as a single objective truth that can be externally measured; rather, it manifests as multiple subjective realities uniquely interpreted and constructed by each participant.

Consequently, this worldview directly dictates the nature of the research questions and the mode of analysis. Because this study asks how student teachers make meaning of their past (as noted by Paudel, 2024), the research questions are designed to invite personal narratives rather than standardised responses. Because the central aim of this research is to explore how student teachers interpret and make sense of their childhood adversities, knowledge must be generated through engagement with their narratives and lived experiences rather than through detached observation or statistical testing. This alignment necessitates the use of Interpretative Phenomenological Analysis (IPA) as the analytical tool. Since IPA is rooted in the interpretivist belief that the researcher must make sense of the participant's own sense-making, it provides the exact analytical depth required to answer questions about the subjective meanings and individual interpretations mentioned in the study's aims. The constructivist-interpretivist stance logically necessitates the use of Interpretative Phenomenological Analysis (IPA), as IPA is rooted in the principle that understanding human experience requires interpreting participants' own sense-making processes. By employing IPA, the study maintains philosophical coherence, ensuring that analysis remains faithful to the constructivist assumption that knowledge is a co-constructed interpretation of lived reality. By linking the paradigm to IPA, the study ensures that the analysis remains faithful to the constructivist view that knowledge is a co-constructed interpretation of lived reality.

One strength of the constructivist paradigm is its ability to give voice to participants and reveal rich, in-depth insights into their lived realities. A key limitation, however, is the difficulty in generalising findings beyond the study context, as meaning is often specific to individuals and settings (Tracy, 2010). For this research, however, the priority is to uncover the internal depth of the teacher-training experience, a goal that is only achievable through the lens of constructivism.

3.3 Research Approach

A qualitative research approach was used to explore the lived experiences of first-year student teachers in Colleges of Education in Ghana who have faced Adverse Childhood Experiences. This involved exploring how these experiences influence their psychosocial wellbeing and adjustment to college life. A qualitative research approach was used to gain an in-depth understanding of this complex phenomena and to explore the underlying meanings, motivations, and social contexts that influenced such behaviour. Qualitative research begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem (Creswell & Poth, 2016).

It focuses on capturing the richness and subtleties of experiences, perspectives, and interactions, often using methods such as interviews, observations, focus groups, and content analysis. This approach is particularly suited for research questions that seek to uncover intricate details and generate new insights (Creswell & Poth, 2016). One key feature of qualitative research is its emphasis on context. As Denzin and Lincoln (2011) highlighted, qualitative research seeks to understand how individuals construct their

realities within specific social, cultural, and historical contexts. Qualitative research is a suitable approach for this study for several reasons:

Firstly, adverse childhood experiences can be remarkably complex. Qualitative research enabled me to explore the personal stories and experiences of college students who had faced ACEs, providing a deeper understanding of how these experiences have influenced their psychosocial wellbeing and adjustment to college life. Secondly, qualitative research methods, such as interviews, enabled me to gather rich and detailed insights into participants' thoughts, feelings, and perceptions. This depth of understanding was crucial for exploring the intricate connections between ACEs and psychosocial wellbeing. Thirdly, qualitative research provided the opportunity to explore the contextual factors surrounding ACEs and their impact on college students. ACEs can affect various aspects of an individual's life, including emotional, psychological, social, and academic domains. Qualitative research allowed me to capture the holistic impact of ACEs on college students' overall wellbeing and adjustment. It captured the complexity and richness of these experiences that quantitative methods might overlook. Given the evolving nature of research on ACEs and psychosocial wellbeing among college students, qualitative research served as an exploratory phase to better understand the topic.

3.4 Research Design

Qualitative research is an umbrella term that encompasses many research designs including historical research, phenomenological study, ethnographic study, grounded theory and case study (Astalin, 2013). Out of these, the phenomenological design was employed in this study. Phenomenology can therefore be described as a philosophical approach to studying human experience and the way in which things are perceived as

they appear to consciousness (Landridge, 2007). While a variety of philosophers have advanced and developed phenomenology, most types of phenomenology draw principally from the work of Edmund Husserl or Martin Heidegger (Gill, 2020). Although these contributors may vary in their ideas, they come together in their emphasis on focusing upon ‘lived experience’.

Edmund Husserl is the putative founder of phenomenological philosophy, and his work directly informs ‘descriptive’ phenomenological methodologies, which seek to describe the essence of experiences. In his 1927 entry for Encyclopedia Britannica, Husserl stated that the term phenomenology designates two things: a new kind of descriptive method, which made a breakthrough in philosophy at the turn of the century, and a priori science derived from it. Husserl refers to his descriptive method as ‘reduction’, which underpins the analytical process of several phenomenological methodologies (Gill, 2020). Husserl’s thought was further developed by his follower Heidegger and Austin (2001), into existential philosophy and hermeneutics. According to Heidegger and Austin (2001), a student of Husserl, developed his own type of phenomenology that differed in terms of both subject and method, inspiring ‘hermeneutic’ or ‘interpretive’ phenomenological methodologies. In contrast to Husserl’s epistemological focus, Heidegger considers the question of being and, in particular, explores the human experience of being, which he terms Dasein. Heidegger’s employment of such a neologism reflected his desire to develop a language unencumbered by the assumptions of the Cartesian subject–object divide. To explore the concept of Dasein, Heidegger emphasised the role of interpretation in any phenomenological endeavour. He stated that the ‘methodological meaning of phenomenological description is interpretation’ and that the phenomenology of Dasein is hermeneutics in the original signification of that word, which designates the work of interpretation (Gill, 2020). For any

phenomenological methodology drawing on the work of Heidegger, interpretation is not a choice but an integral aspect of research.

From the work of Husserl and Heidegger came different kinds of phenomenology that dwelt on their ideas. Among them are: Patricia Sander's descriptive phenomenology, Amedeo Giorgi's descriptive phenomenology, Max Van Manen's hermeneutic phenomenology, Patricia Benner interpretive phenomenology and Jonathan Smith's interpretative phenomenological analysis. Indeed, the five methodologies are not exhaustive, other numerous phenomenological types exist, each with their own attributes (Moustakas, 1994; Polkinghorne, 1989; Ricoeur, 1976; Salamon, 2018).

Smith et al. (2009) argue that through the use of phenomenology we can gain an insight into how to study and understand human experience. Husserl has highlighted the importance of engaging in reflective and reflexive thinking whilst studying experience and I have adopted a number of strategies to support with this throughout the research process. However, like Heidegger I do not believe that we are able to fully bracket off our prior knowledge, experience and preconceptions and only attempts can be made to do this. I did not aim to capture the universal 'essence' of the experience under study, like Husserl aspired to, but instead I aimed at understanding personal perceptions and individual experiences. It is acknowledged that studying experience is a complex challenge and the aim is therefore to produce an account which is 'experience close' rather than 'experience far' (Smith, 2011; Smith & Nizza, 2022). Heidegger has informed the idea of locating people within particular contexts and this research therefore focused on what it is like to experience this particular phenomenon in this particular context. I therefore adopted the Jonathan Smith's interpretative phenomenological analysis (IPA) which is one of Heidegger's ideas.

Smith et al. (2009) have led the development of interpretative phenomenological analysis as a qualitative research framework grounded in psychology and influenced by phenomenology and hermeneutics, as well as idiographic. Interpretative Phenomenological Analysis (IPA) is a qualitative research design that focuses on exploring the lived experiences of individuals and the meanings they ascribe to those experiences (Creswell & Poth, 2016). This method is particularly suitable for studying complex and deeply personal topics like the one under study. Here are several reasons why IPA is well-suited for this topic:

IPA allowed me to delve deeply into participants' lived experiences, enabling a comprehensive understanding of how ACEs have shaped college students' psychosocial wellbeing and subsequent adjustment to college life. This approach encouraged participants to share their stories, emotions, and perspectives, providing rich and nuanced data. This research seeks understanding of how individuals make sense of their adverse childhood experiences and how these experiences impact their adjustment to college. IPA is designed to uncover participants' unique interpretations, helping to capture the intricate interplay between past traumas and current challenges. IPA is well-suited for exploring the psychosocial dimensions of participants' experiences. It allowed me to explore a wide range of emotions, coping strategies, support systems, and personal growth that students have developed in response to their adverse childhood experiences.

IPA emphasises the importance of understanding the context in which experiences occur. In the context of students in Colleges of Education, factors such as academic pressures, social interactions, and personal goals significantly influenced how ACEs impact their college adjustment. IPA enabled me to unravel these contextual factors.

This research topic requires a holistic approach that considers both the adversity students have faced and the broader context of their lives. IPA's focus on the holistic nature of human experiences aligned well with the need to explore ACEs in conjunction with college adjustment.

In summary, Interpretative Phenomenological Analysis is a well-suited qualitative research method for exploring adverse childhood experiences and college adjustment among students in Colleges of Education. Its emphasis on participants' experiences, meanings, and context makes it an effective approach for delving into the psychosocial wellbeing of these students and gaining a deep understanding of their lived realities rather than merely describing experiences in the manner characteristic of Husserl's descriptive phenomenology.

3.5 Site and Sample Selections

3.5.1 Setting of the Study and Access Issues

The study was conducted in three Colleges of Education (CoEs) in Ghana, which are crucial institutions for training prospective teachers. The Colleges of Education serve as the primary platform for shaping educators who will later contribute to the basic education sector. These institutions are academically rigorous, with a focus on producing competent educators equipped with the skills, knowledge, and values necessary for effective teaching and leadership.

The colleges selected for the study include Bonsu College of Education (all-male), St. Adom College of Education (all-female), and Nhyira College of Education (mixed-gender). This diverse selection allowed the study to examine potential variations in how ACEs influence students' adjustment based on the gender composition of their respective colleges. Purposive sampling was used to select participants with known exposure to Adverse Childhood Experiences (ACEs) including abuse, neglect, and household dysfunction. This approach was

chosen to ensure that the study focused on participants who could offer relevant insights into how ACEs impact their academic, emotional, and social adaptation to college life.

Following the selection of research sites, permission was formally sought and obtained from the authorities of each college. Creswell and Poth (2016) emphasise that in qualitative studies, it is critical to secure site permissions due to the extensive and often sensitive nature of data collection. After obtaining institutional approval, informed consent letters were sent to selected participants prior to data collection, in line with Creswell's (2013) recommendation that prior notification enhances trust and facilitates engagement.

3.5.2 Population

The broader population for this study comprised all student teachers and academic counsellors in Ghana's public Colleges of Education. The study aimed to explore how Adverse Childhood Experiences (ACEs) influence the psychosocial adjustment of student teachers across these institutions.

The target population for this study consisted of first-year student teachers and their academic counsellors in public Colleges of Education. First-year students were selected as primary participants because they occupy a unique position at the early stages of their college experience. This phase is often characterised by academic, social, and emotional challenges, which can be intensified for students with a history of ACEs. The target population for this study was 13,892 first-year students across the 46 public Colleges of Education in Ghana.

The accessible population referred to the portion of the target population that was practically available for study within the researcher's time and access constraints. The accessible population for this study consisted of first-year student teachers and academic counsellors from three purposefully selected public Colleges of Education: Bonsu College of Education (all-male), St. Adom College of Education (all-female), and Nhyira College of Education (mixed-gender). The first-year student population at St. Adom College of Education (the all-female institution) was 319, while Bonsu College of Education (the all-male institution) had 310 first-

year students, and Nhyira College of Education (the mixed-gender institution) had 308 first-year students. This resulted in an accessible student population of 937 first-year students across the three selected institutions. Academic counsellors were also accessible within these colleges but were not included in this numerical estimate.

These institutions were selected to ensure gender representation and institutional diversity, enabling a deeper exploration of how ACE-related experiences influenced student adjustment across different academic and social contexts.

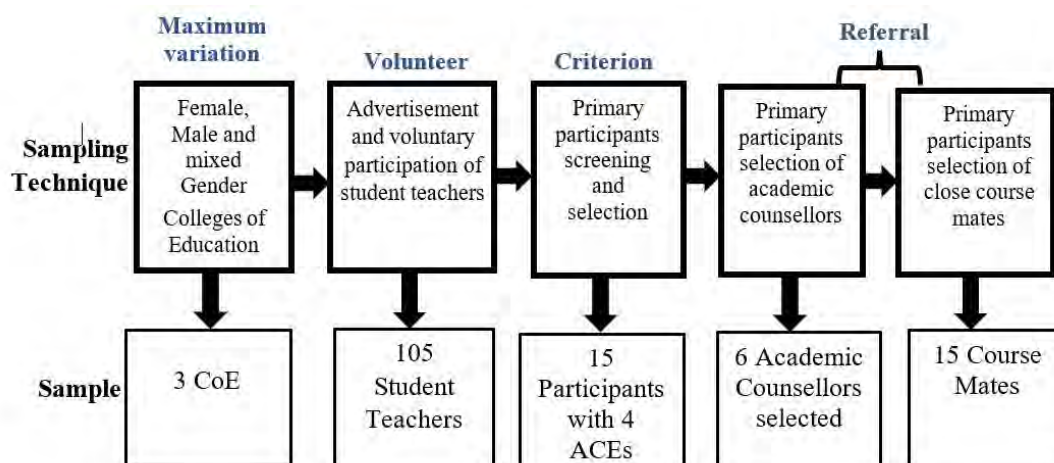
3.5.3 Sample Size and Sampling Techniques

The research sample consisted of thirty-six (36) participants, including fifteen (15) first-year student teachers, fifteen (15) of their course mates, and six (6) academic counsellors. Although Interpretative Phenomenological Analysis studies typically employ smaller samples, often ranging between six and ten participants to allow for detailed idiographic exploration (Smith et al., 2009; Smith & Nizza, 2022), a slightly larger sample was used in this study to accommodate multiple perspectives across different college settings. Including course mates and academic counsellors offered a broader understanding of the student teachers' psychosocial wellbeing and adjustment. This approach is supported by Reid et al. (2005), who argue that where a study explores lived experience from multiple relational perspectives, a larger sample may be appropriate. Furthermore, triangulating insights from those who closely interact with the primary participants enhances the credibility and richness of the data (Patton, 2015).

In selecting the participants, a mixed-purposive sampling strategy was employed (Shaheen et al., 2019). As scholars have argued, in situations where one sampling technique is inadequate, qualitative researchers may combine several sampling techniques to facilitate triangulation, allow for flexibility, and satisfy multiple interests (Nyimbili & Nyimbili, 2024). Consequently, I adopted maximum variation, volunteer,

criterion, and referral sampling techniques. These techniques and corresponding participant categories are summarised in Figure 3.1.

Figure 3.1: Summary of Mixed Purposive Sampling Strategies and Sample Size



Source: Nordzi (2025)

3.5.3.1 Selection of Colleges of Education (Institutions)

The selection of participating institutions followed a deliberate two-step process using purposive sampling with a specific focus on maximum variation, also known as heterogeneity. As summarised in Figure 3.1, a maximum variation sampling strategy was employed to ensure a rich and diverse exploration of participants' lived experiences. Maximum variation sampling deliberately selects settings that differ significantly on key characteristics to explore similarities and differences across diverse contexts (Patton, 2015). In this study, the researcher targeted settings that shared the same core characteristic of being teacher-training institutions but offered unique environmental experiences based on their gender composition. Following the steps of maximum variation sampling as outlined by Patton (2015), the selection was executed through a structured framework.

The first step involved identifying the key dimensions of variation. The researcher created a variation framework based on the gender composition of the institutions, which involved categorising all Colleges of Education into three natural classes consisting of all-male colleges, all-female colleges, and mixed-gender colleges. The justification for this gender-based sampling is rooted in the evidence that gendered educational environments significantly shape student teachers' emotional experiences, peer dynamics, and access to support systems (Legewie & DiPrete, 2012). Because the study seeks to understand how ACEs influence psychosocial adjustment, it is essential to explore these experiences within different gendered contexts. Single-sex versus co-educational settings can provide vastly different social buffers or stressors for individuals dealing with trauma. For instance, the restorative power of social connection emphasised in Judith Herman's Trauma Theory may manifest differently in an all-female support network compared to the dynamics of an all-male or mixed-gender institution.

The second step involved the purposeful selection of cases within those established categories. Once the categories were established through the variation framework, one college was selected from each of the three classes. The all-male college, being the only all-male College of Education in Ghana, was selected by census. For the remaining categories, it is important to clarify that while maximum variation provided the categories, purposive selection rather than random sampling was used to identify the specific institutions. The final selection was guided by practical and ethical feasibility criteria. First, the researcher prioritised administrative approval and accessibility. Official permission was requested from several institutions, but the study included only those that responded promptly and provided the necessary ethical clearance and administrative access to the student body. Second, the study required ethical

preparedness and trauma sensitivity. Given the sensitive nature of adverse childhood experiences, it was ethically imperative that the selected institutions demonstrated a readiness to support trauma-focused research, including the presence of willing counsellors who are trauma-informed and a supportive administration to ensure participant safety.

The aim of this rigorous selection process was not to compare the colleges themselves but to ensure that diverse institutional contexts were represented. This approach ensures that the study captures the phenomenon of ACEs across the full spectrum of the Ghanaian teacher-training landscape. By ensuring institutional diversity through maximum variation and selecting specific colleges based on ethical preparedness, the study maintains the depth and sensitivity required for Interpretative Phenomenological Analysis.

3.5.3.2 Selection of Primary Participants

To recruit the primary participants, I first employed volunteer sampling, where participation was solicited through flyers and classroom announcements. This process yielded 105 first-year student teachers who expressed interest in participating. Volunteer sampling is commonly used in qualitative research, particularly when addressing sensitive issues such as trauma and psychosocial wellbeing, as it promotes participant autonomy and ensures that individuals are willingly engaged in the research process (Etikan et al., 2016).

Following this, criterion sampling was used to select fifteen participants from the pool of volunteers. These individuals met the eligibility requirement of having experienced an ACE score of four or more, as determined through screening with a culturally adapted African version of the ACEs questionnaire (African Trauma Care Alliance,

2021). Criterion sampling is especially appropriate in Interpretative Phenomenological Analysis, as it facilitates the selection of participants whose shared, significant experiences are central to the research focus (Creswell, 2013; Smith et al., 2009; Smith & Nizza, 2022). As illustrated in Figure 3.1, the combination of these two sampling techniques produced a focused, information-rich sample of 15 student teachers (primary participants) from the three selected institutions.

3.5.3.3 Selection of Course Mates (Secondary Participants)

The study utilised a respondent-driven referral sampling strategy to select one course mate for each primary participant. Unlike traditional snowball sampling which can be open-ended, respondent-driven referral is a targeted form of purposive sampling where primary participants suggest specific informants from within their own social networks who possess deep knowledge of the phenomenon under study (Naderifar et al., 2017). For this research, each primary participant nominated a course mate with whom they shared a close social or academic relationship. These course mates were selected to provide contextual insight into the social behaviour and adjustment patterns of the primary participants from a peer perspective.

The use of respondent-driven referral is particularly effective in small, close-knit communities such as academic cohorts, where participants' social networks play a significant role in day-to-day interactions. This approach was chosen to address the potential for selection bias that can occur when referrals are made by institutional authority figures. By allowing the primary participants to nominate their own peer informants, the study ensures that the secondary participants have the necessary interpersonal depth to offer meaningful reflections on the primary participants' adjustment. Furthermore, this method aligns with the ethical requirements of trauma-sensitive qualitative research by ensuring that the primary participants feel a sense of

agency and safety regarding who is being interviewed about their social conduct. As illustrated in Figure 3.1, this process led to the selection of 15 course mates, each paired with a primary participant to offer rich, contextual peer insight that complements the primary narrative.

3.5.3.4 Selection of Academic Counsellors

Referral sampling was also used to select academic counsellors who had established working relationships with the primary participants. After the selection of the 15 student teachers, each was asked to identify academic counsellors who had interacted with them both as lecturers and advisors. These individuals were chosen because of their familiarity with the academic and personal circumstances of the participants. This method reflects the use of expert or key informant sampling, which is suitable when the study requires information from individuals with direct, experience-based knowledge of the subject matter (Patton, 2002).

The selected counsellors were well placed to offer relevant insights into the academic adjustment and psychosocial wellbeing of the student teachers. Their dual roles allowed them to observe and support the participants in both formal and informal contexts (Merriam & Tisdell, 2016). As shown in Figure 3.1, this process led to the selection of six academic counsellors, with two counsellors representing each of the three Colleges of Education. This group completed the overall participant structure of the study.

3.6 Data Generation Techniques

3.6.1 Instrumentation

A researcher working within a qualitative interpretive framework brings their own understandings, convictions, and conceptual orientation, convictions and conceptual orientation, interacting with participants in a socio-cultural context to seek

understanding and construct knowledge with them (Nangia, 2023). This is achieved by ensuring that methods used are in conformity with the theoretical framework and philosophical arguments. Semi-structured interview guides, observation guides, and document analysis were used as the main data collection instruments.

3.6.1.1 Semi-Structured Interview Guides

The primary instrument for data collection in this study was the semi-structured interview guide, which was used to gather in-depth data from three groups of participants: student teachers with histories of Adverse Childhood Experiences, their course mates, and academic counsellors. The design of these guides was intentionally shaped by the study's research questions and theoretical framework. To ensure empirical rigor, the structure and content of the guides were informed by three validated instruments: the Adverse Childhood Experiences African Questionnaire (ACE-AQ), Ryff's Scales of Psychological Wellbeing (Ryff, 1989), and the College Adjustment Scale (Anton & Reed, 1991).

The adaptation of the Adverse Childhood Experiences African Questionnaire (ACE-AQ) was foundational to both the screening and interview process. The ACE-AQ was adapted from the original ACE tool and is designed to reflect the specific socio-cultural and environmental challenges experienced in African contexts. It retains several key thematic domains, including personal maltreatment (such as physical, emotional, and sexual abuse) and household dysfunction (such as parental separation, domestic violence, and exposure to substance abuse, mental illness, or incarceration). The ACE-AQ also includes additional categories, such as discrimination, exposure to violence, and experiences related to polygamous homes, reflecting unique stressors often observed in African communities.

In alignment with literature from Felitti et al. (1998) and Rosecrance (2022), which indicates that an ACE score of four or more significantly increases the intensity of developmental and health challenges, this study utilised a threshold of four or more ACEs as the primary inclusion criterion.

The ACE-AQ scoring system is as follows. Each "Yes" answer to the 20 items is awarded one point, and the total ACE score is calculated by summing all affirmative responses. The summed score was divided by two to determine the final ACE score, with participants who scored four or more being included in the study.

While the quantitative version of the tool was used to identify participants meeting this severity threshold, the interview guide adapted these items into open-ended prompts to explore the intricate nature of these experiences. For instance, participants were not merely asked to confirm the presence of a stressor but were invited to describe the subjective meaning and lasting emotional impact of those specific categories of household dysfunction. This allowed the researcher to maintain the clinical focus on high-intensity trauma while adhering to the qualitative goal of capturing deep, lived experiences.

Similarly, the other instruments were consistently adapted to provide a conceptual foundation for the psychological and academic sections of the guide. From Ryff's Scales of Psychological Wellbeing (1989), the study adapted constructs such as environmental mastery and positive relations with others into narrative-based questions. From the College Adjustment Scale (Anton & Reed, 1991), the study derived themes of academic and social adjustment, focusing on how high-intensity trauma manifests in classroom settings. This adaptation process transformed the original quantitative items into focused qualitative domains, ensuring the guide remained

participant-centered while grounded in empirically supported frameworks of trauma and resilience.

3.6.1.2 Observation Guide

The observation guide was structured around two broad thematic areas: general observations and specific behaviours related to adverse childhood experiences. General observations focused on students' appearance (e.g., grooming and general demeanour), social interactions (ease or difficulty in initiating or maintaining relationships), and classroom engagement (such as attentiveness, participation, and interaction with peers and instructors). Specific observations were designed to capture signs of emotional distress or coping, such as withdrawal, fidgeting, avoidance of eye contact, or sudden changes in tone or posture, which could reflect the influence of childhood adversity or psychosocial stress.

Observations were conducted in both formal and informal settings. These included lecture halls, dormitory corridors, dining areas, and recreational spaces. Importantly, observations also took place during the semi-structured interviews. During these sessions, I paid close attention to participants' verbal and non-verbal communication such as tone of voice, pauses, eye contact, facial expressions, posture, and hand movements. These subtle cues helped me identify instances where participants may have been emotionally affected or reluctant to speak openly about sensitive topics. Such interpretive cues have been noted as essential for understanding lived experiences in IPA research (Creswell & Poth, 2018; Smith et al., 2009; Smith & Nizza, 2022).

The observation notes were recorded using a structured template based on key constructs identified from the interview themes. These included emotional regulation, social comfort, conflict behaviour, and academic participation. For example, when a

student hesitated or lowered their voice while describing home experiences, I noted the change in affect. Similarly, if a participant smiled while recounting peer support, it was noted as a positive social cue. These observations complemented the interview data by offering behavioural context, thus enhancing the reliability of the study through triangulation.

Instruments like the Ryff Scales of Psychological Wellbeing and the College Adjustment Scale provided inspiration for what to observe, particularly regarding indicators of autonomy, emotional balance, and social connectedness. Though not applied quantitatively, the constructs from these scales shaped the development of the observation guide and informed what behaviours might be meaningful to capture in context. The use of observation is supported by qualitative research literature. Patton (2002) emphasised that observation allows researchers to capture behaviours that participants might not verbalise, especially in sensitive studies involving trauma or mental health.

3.6.1.3 Documentation

The final component of the data collection process involved document analysis, drawing on counselling reports obtained from the counselling units of selected Colleges of Education. These reports offered contextual insight into the lived experiences of student teachers who had previously sought psychological support, and served as a secondary, unobtrusive data source that complemented interviews and observations. The reports included case narratives outlining presenting concerns, behavioural patterns, emotional and academic challenges, coping strategies, and in some cases, follow-up interventions. Although not produced for research purposes, the information

aligned with core themes of the study such as emotional regulation, trauma history, psychological wellbeing, and college adjustment.

Access to the reports followed ethical approval, and all necessary permissions were secured as stated earlier. Only records of participants who provided informed consent were reviewed, with all identifying details removed to ensure confidentiality. Counselling reports were accessed from two institutions. Three were obtained from the mixed-gender college (two females, one male), and one from the all-female college. No counselling records were available from the all-male college, as no student sought counselling during the study period.

The use of documentation in qualitative research is widely supported. It enhances credibility by offering stable, naturally occurring data that helps verify or expand on participant accounts (Lincoln & Guba, 1985; Bowen, 2009). In Interpretative Phenomenological Analysis, such records deepen understanding by reflecting personal struggles and meanings that may not be fully expressed in interviews. Corbin and Strauss (2008) highlight the value of multiple data sources in strengthening interpretation, while Creswell and Poth (2018) note that secondary documents are particularly useful in trauma research, where some experiences may remain partially unspoken. Overall, the inclusion of counselling reports added depth and authenticity to the study, enhancing the interpretive process by offering a grounded and professionally documented perspective on the emotional and academic realities of student teachers with adverse childhood experiences.

3.6.2 Piloting the Instrument

Before beginning the main data collection, a pilot study was conducted to assess the clarity, sensitivity, and practical suitability of the research instruments. This preliminary phase aimed to ensure that the interview and observation guides, as well as the use of documentation, were appropriate for exploring the lived experiences of student teachers with adverse childhood experiences in accordance with the principles of Interpretative Phenomenological Analysis. The pilot process was carried out over a seven-day period at Agbavi College of Education, which is a mixed-gender institution. Maxwell (2013) emphasises the importance of selecting pilot settings that closely resemble the actual research environment to enhance the usefulness of findings. The process began with a rigorous recruitment phase where participants were identified using the same inclusion criteria intended for the main study. Specifically, two student teachers were screened using the 20-item Adverse Childhood Experiences African Questionnaire (ACE-AQ) to ensure they met the severity threshold of four or more ACEs. Following this, two course mates were referred through a respondent-driven approach, and one academic counsellor was purposively selected for participation.

The data collection tools were deployed in a specific sequence to test for instrument fatigue and emotional burden, starting with naturalistic observations in social and academic spaces to test the observation guide's behavioural cues, followed by semi-structured interviews. This sequence allowed the researcher to determine if the observation data could effectively inform follow-up probes during the interview sessions. Following these sessions, the researcher engaged in a reflective review with supervisors, involving a line-by-line examination of the pilot transcripts to identify where the interviewer may have been too directive or where the double hermeneutic,

which is the participant's own sense-making, was being stifled by the question structure.

The pilot study yielded significant insights into the interpretive adequacy of the tools. In accordance with the requirement for a pilot test report, several outcomes and subsequent modifications were documented. The pilot revealed that certain psychological terms, such as psychosocial adjustment, were perceived as overly academic. Consequently, these were replaced with more colloquial yet descriptive phrases like how you settle in and handle daily life at college. Preliminary analysis also confirmed that the guides were capable of eliciting deep meaning; for example, one participant's description of silence in the classroom was successfully probed to reveal a deeper meaning of hyper-vigilance rooted in past household dysfunction. This confirmed that the guide's prompts were sufficiently open-ended to allow for the deep meaning-making required in IPA.

The observation guide was refined to include behavioural cues such as changes in tone, body posture, and extended pauses, which the pilot identified as indicators of emotional hesitation in trauma narratives. Additionally, the review of an anonymised counselling report during the pilot confirmed the value of documentation for data triangulation, providing a professional perspective that complemented the student's narrative (Bowen, 2009). Finally, the pilot indicated that interviews regarding high-intensity ACEs required more time for emotional debriefing. As a result, the final protocol was adjusted to include a mandatory 15 minutes post-interview transition period to ensure participant emotional stability before they returned to their regular college activities. The pilot demonstrated that the instruments were ethically sound and contextually appropriate, allowing for thoughtful revisions that enhanced the tools' clarity and interpretive depth before full-scale implementation.

3.7 Ethical Considerations

This study involved the sensitive exploration of adverse childhood experiences, necessitating heightened ethical vigilance. Ethical approval was obtained from the relevant institutional review bodies prior to data collection.

Informed Consent

Participants received detailed information regarding the study's purpose, procedures, potential risks, and voluntary nature. Consent was revisited before each interview session to ensure continued willingness to participate.

Confidentiality and Anonymity

All identifying information was removed from transcripts and counselling records. Pseudonyms were used throughout the study. Audio files and transcripts were securely stored using password protection, and recordings were permanently deleted after transcription.

Emotional Safety and Psychological Support

Given the trauma-sensitive nature of the research, interviews were paused whenever signs of distress emerged. Grounding techniques were employed to restore emotional balance. In cases of pronounced or prolonged distress, participants were referred to the College Counselling Centre for professional assessment and therapeutic support.

Use of Counselling Records

Counselling documentation was accessed only after explicit participant consent had been obtained. All retrieved reports were anonymised, and no identifying details were retained.

Researcher Reflexivity and Ethical Integrity

To minimise interpretive bias, the researcher maintained a reflexive journal and engaged in deliberate bracketing throughout data collection and analysis.

3.8 Data Collection Procedure

Data collection proceeded systematically following the pilot study and refinement of the research instruments. Full data collection was conducted across the three selected Colleges of Education: Bonsu CoE (all-male), St. Adom CoE (all-female), and Nhyira CoE (mixed-gender). The process was guided by the philosophical orientation of Interpretative Phenomenological Analysis (IPA), which prioritises depth and sustained engagement with participants' lived experiences.

Data were generated over a period of fifty-four days across the three institutions. The researcher immersed herself in each site sequentially to preserve contextual integrity and enhance interpretative depth. Data collection was organised around three principal streams: interviews and observations with primary participants, interviews with secondary participants, and document analysis.

3.8.1 Data Collection from Primary Participants

Data from primary participants were gathered from fifteen first-year student teachers, five from each institution. Interviews were conducted during the second semester of their first-year, when adjustment demands were more evident.

Each participant engaged in a three-part phenomenological interview series consisting of three 30-minute sessions conducted across three separate days, yielding approximately ninety minutes of interview data per participant. This phased structure allowed for progressive narrative development and reflective depth.

Across the three colleges, six days were devoted to conducting interviews with primary participants. Observations were conducted over eight days per institution within naturalistic settings including lecture halls, dormitory corridors, and recreational spaces. Observational notes captured classroom engagement, social interaction patterns, emotional expression, and relational behaviours. A structured observation template was used to document both behavioural and non-verbal cues relevant to IPA interpretation.

In total, data collection from primary participants required fourteen days per institution, amounting to forty-two days across the three colleges.

3.8.2 Data Collection from Secondary Participants

Data from secondary participants were collected during the first semester of the participants' second year. By this stage, course mates and academic counsellors had observed the primary participants over an extended academic period.

Five course mates were interviewed at each institution. These participants were identified through referral sampling, whereby primary participants nominated peers who interacted closely with them. Interviews were conducted over three days per college. Two academic counsellors were interviewed at each institution. Their dual roles as lecturers and counsellors enabled commentary on both academic performance and psychosocial adjustment. These interviews were conducted within one day per institution.

Data collection from secondary participants required four days per college, totalling twelve days across the three institutions.

3.8.3 Document Analysis

The final component of data collection involved analysis of counselling reports obtained from institutional counselling units in accordance with the ethical procedures outlined in Section 3.7. Four anonymised reports were retrieved: three from Nhyira CoE and one from St. Adom CoE. No reports were available from Bonsu CoE during the study period.

These documents provided corroborative insights into emotional struggles, coping patterns, and behavioural indicators that complemented interview and observational data.

3.8.4 Total Duration of Data Collection

The full data collection process, encompassing interviews, observations, and document analysis, spanned fifty-four days across the three institutions. This sustained engagement strengthened contextual immersion and enhanced the credibility of the interpretative analysis central to IPA.

3.9 The Role of the Phenomenological Researcher: Positionality and Reflexivity

As a qualitative phenomenological researcher, it was my role and responsibility to investigate and interpret the impact of the research topic on the lived experiences of the participants. Specifically, as an Interpretative Phenomenological Analysis (IPA) researcher, I sought to explore and maximise the potential that the methodology offered in uncovering deep, subjective meanings (Alase, 2017). It was essential to create a safe space for participants to share their stories without fear of misrepresentation or judgment. Moustakas (1994) emphasised the importance of understanding the underlying dynamics of the participant's experience. In line with this, I adopted

reflective bracketing, a deliberate effort to set aside my own prejudgments, biases, and preconceived ideas in order to capture the true essence of participants' experiences.

My positionality in this study can be described as both insider and outsider. As a counsellor and lecturer in a College of Education, I was an insider with deep familiarity with the educational structure, student development, and psychosocial issues relevant to the research. My professional background enabled me to approach the topic with contextual sensitivity and an informed perspective. At the same time, I was an outsider because the data were collected in colleges other than my own, and the participants did not know me personally. I entered these institutions purely in my role as a researcher. This dual positionality allowed me to gain access to rich data while also maintaining the analytical distance required for rigorous interpretation (Dwyer & Buckle, 2009).

I remained aware that my professional experiences could influence how I interpreted participants' narratives. To manage this, I paid close attention to my emotional responses and remained vigilant for instances where my own assumptions might shape the analysis (Lannan, 2015). To support this reflexive process, I maintained a research journal where I recorded my reflections after each interview. This journal served as an essential tool for tracking potential bias during transcript analysis. Although bracketing can be difficult, it was necessary to ensure that participants' voices remained central to the interpretation. As Polkinghorne (1989) suggested, qualitative research should enable readers to gain a deeper understanding of what it is like for someone to experience a particular phenomenon.

Furthermore, this study involved both primary participants (student teachers) and secondary participants (academic counsellors, and course mates of primary participants), requiring interpretive consistency across diverse perspectives. While

triangulation enhanced the depth and credibility of the findings, it also demanded continuous reflexivity to ensure that no single viewpoint was given undue weight. My responsibility as a researcher extended beyond data collection to interpreting experiences in a manner that remained faithful to participants' realities, without being overshadowed by my own professional lens.

3.10 Trustworthiness of the Study

This study employed a range of strategies to ensure trustworthiness, guided by the criteria proposed by Lincoln and Guba. Initially, Lincoln and Guba (1985) introduced four key criteria for establishing trustworthiness in qualitative research: credibility, transferability, dependability, and confirmability. These were developed as qualitative alternatives to the conventional quantitative standards of validity and reliability. Later, in response to evolving discussions within the constructivist paradigm, they introduced a fifth criterion, authenticity, to capture the ethical and relational dimensions of qualitative inquiry (Lincoln & Guba, 2000; Earnest, 2020). These five criteria were integrated throughout the research process to ensure that the findings were rigorous, ethically grounded, and contextually meaningful within the interpretivist qualitative framework.

3.10.1 Credibility

Credibility concerns the confidence that can be placed in the truth of the data and the accuracy with which participants' lived experiences are represented (Cutcliffe & McKenna, 1999). In this Interpretative Phenomenological Analysis, I employed multiple strategies to establish credibility.

Methodological triangulation was applied through the use of semi-structured interviews, non-participant observation, and document analysis. Triangulation

strengthens qualitative research by allowing researchers to confirm emerging patterns across multiple data sources (Stahl & King, 2020).

Environmental triangulation further enhanced credibility. Data were collected from three distinct institutional contexts: a mixed-gender college, an all-female college, and an all-male college. These sites were selected using a combination of maximum variation sampling and convenience sampling. Maximum variation allowed for a broad range of perspectives by including diverse institutional types, while convenience sampling ensured that access was feasible and ethically appropriate. According to Shenton (2004), sampling across varied settings increases the credibility of findings by allowing for pattern recognition across contexts and reducing site-specific bias.

Prolonged engagement was achieved by spending approximately fourteen days at each research site with primary participants. This time allowed for rapport-building with participants, immersion in the campus culture, and richer, context-sensitive data. Smith et al. (2009) emphasise that such extended interaction is essential for generating authentic and reflective data in IPA research.

Peer debriefing was conducted throughout the study. Feedback from academic supervisors and colleagues helped refine both research methods and thematic interpretations (Connelly, 2016).

Member checking occurred during and after data collection. Immediate clarification was sought during interviews, and transcripts were shared with participants to confirm the accuracy of their accounts. This process ensured that participants' intended meanings were preserved (Birt et al., 2016).

To promote *authentic participation*, the study was openly advertised on each campus, allowing interested individuals to volunteer. Shenton (2004) notes that voluntary participation increases the likelihood of honest and rich data contributions.

A *reflective journal* was also maintained throughout the study to track personal assumptions, emotional responses, and shifts in interpretation. This aligns with Guba and Lincoln's (1989) concept of "progressive subjectivity," which encourages researchers to remain critically self-aware.

3.10.2 Transferability

Transferability refers to the extent to which findings can apply to other contexts (McLeod, 2012). While the intent of qualitative research is not generalisation, the use of thick description allows readers to assess whether the findings resonate with their own settings.

I provided detailed accounts of the study's institutional contexts, participant characteristics, data collection timelines, and methods. The use of maximum variation sampling across the three types of institutions enhanced the transferability of the findings by capturing a range of lived experiences. McElfresh (2023) explains that thick description, when paired with varied contexts, allows readers to evaluate whether results are transferable to their own environments. Creswell and Poth (2016) also emphasise the importance of rich, site-specific detail in qualitative research.

3.10.3 Dependability

Dependability corresponds to the reliability of findings in qualitative research (Merriam & Grenier, 2019). To ensure consistency and stability, I employed a clearly documented process throughout data collection and analysis. Interview transcripts were reviewed for accuracy, and coding was applied consistently across the dataset. I wrote analytic

memos to record how codes were defined and refined, and I constantly compared new data with existing codes to maintain internal coherence (Creswell & Poth, 2016). Peer scrutiny was used to enhance methodological rigour. Colleagues reviewed selected field notes and emerging themes, offering feedback and alternative interpretations. Stahl and King (2020) note that peer scrutiny introduces checks and balances into the analytical process and fosters transparency.

3.10.4 Confirmability

Confirmability addresses the neutrality of the research and the extent to which the findings reflect participants' perspectives rather than researcher bias (McElfresh, 2023). To establish confirmability, I maintained a detailed audit trail documenting all methodological decisions, coding frameworks, thematic analyses, and reflections. This trail made the research process transparent and reproducible, as recommended by (Shenton, 2004).

Participants were also given access to their transcripts and summaries of the findings to confirm the accuracy of representation. These procedures ensured that the data "spoke for itself" and that the researcher's interpretations remained grounded in the voices of the participants.

In line with Creswell's (2013) criteria for phenomenological research, I continuously asked the following reflective questions to assess the integrity of the study:

1. Did I clearly articulate the philosophical basis of phenomenology?
2. Was the phenomenon under study precisely defined?
3. Were appropriate IPA data analysis procedures employed, such as those of Moustakas (1994) or van Manen (1990)?
4. Did the analysis capture the essence and context of participants' lived experiences?

5. Was I consistently reflexive throughout the process?

These guiding questions helped ensure that the study remained philosophically aligned, methodologically coherent, and ethically responsible. As a matter of fact, I asked myself the above questions because the answers were necessary for the quest to produce credible and transferable research studies (and results).

3.10.5 Authenticity

Authenticity, introduced as a fifth criterion by Lincoln and Guba (2000), expands the dimensions of trustworthiness by addressing the fairness, representativeness, and transformative potential of qualitative research, particularly within the constructivist paradigm. It concerns the extent to which a study offers a balanced portrayal of multiple realities, fosters critical self-reflection, and enables meaningful understanding for both participants and readers.

In this study, authenticity was established through the following dimensions:

- **Fairness** was maintained by ensuring balanced representation across all participant groups including student teachers, course mates, and academic counsellors. No single voice was privileged over another. Each group's perspective was carefully analysed and integrated, contributing to the overall interpretive depth of the findings.
- **Ontological authenticity** was reflected in the way participants developed greater self-awareness during the interviews. As they narrated their experiences, many engaged in deep personal reflection, reassessing their own psychosocial histories and coping strategies in ways that revealed new understanding.
- **Educative authenticity** emerged during the final phase of the multi-stage interview process. Several participants, after reflecting on their own journeys,

articulated empathy for others facing similar adversities and offered advice. Notably, some encouraged their peers to seek professional counselling support. These responses indicated a shift in perspective and an expanded understanding of shared human challenges.

- **Catalytic authenticity** was evident in the actions that followed participation in the study. A number of participants reported initiating contact with campus counsellors or opening up to trusted peers about their experiences. This suggests that the research process itself served as a catalyst for change or personal action.
- **Reflexivity**, supported through the use of a personal research journal, was also central to maintaining authenticity. My dual positionality as both an insider in my role as a lecturer and counsellor within the College of Education system and outsider conducting research in unfamiliar institutions required ongoing critical reflection. Journaling enabled me to monitor potential bias, maintain interpretive balance, and ensure that participants' voices remained central to the analysis.

As Earnest (2020) explains, authenticity enhances the ethical and interpretive quality of qualitative research by ensuring that participants' realities are honoured while also promoting responsible and transparent engagement on the part of the researcher.

3.10.5.1 Audit Trail and Documentation of the Research Process

To enhance the dependability and confirmability of the study, I maintained a detailed audit trail documenting the research process from initial design to final interpretation. This included records of ethical clearance and risk management decisions, access and recruitment procedures, iterative development and piloting of interview and observation tools, and the full chronology of data collection across the three Colleges

of Education. All stages of transcription, translation, coding, and theme development were logged, with analytic memos capturing why particular codes were created, merged, or discarded and how emergent, subordinate, and superordinate themes were refined over time. Version-controlled tables, code lists, and theme maps were retained rather than overwritten, and all decisions were anchored in traceable excerpts from interviews, observations, course-mate and counsellor accounts, and counselling reports. Together, these procedures provide a transparent chain of evidence from raw data to final interpretations, demonstrating how conclusions were reached and supporting the trustworthiness of the findings within an IPA framework.

3.11 Data Analysis Procedure

The data analysis approach adopted in this study was firmly aligned with the study's ontological and epistemological assumptions, as well as its methodological orientation. As Walliman (2005) argues, the choice of an analytical method must reflect the philosophical foundations of the research, its objectives, and the specific questions it seeks to explore.

Guided by a constructivist-interpretivist paradigm, this study was grounded in the belief that meaning is subjective, context-dependent, and co-constructed through interaction between the researcher and participants (Cohen et al., 2007). In line with this paradigm, Interpretative Phenomenological Analysis (IPA) was adopted to explore how first-year student teachers understand and give meaning to their Adverse Childhood Experiences, and how these experiences influence their psychosocial wellbeing and adjustment in the college environment. IPA is particularly well-suited for exploring lived experiences because it combines an idiographic focus with a hermeneutic (interpretative) process (Smith et al., 2009). This dual focus involves a dynamic movement between emic

(participant-driven) and etic (researcher-interpretative) perspectives, allowing the researcher to remain close to the participants' meanings while engaging critically with the data through psychological and theoretical lenses (Pietkiewicz & Smith, 2012).

The analysis involved both descriptive and interpretative layers of meaning, consistent with the double hermeneutic process that defines IPA. As Smith et al. (2009) explain, this approach requires the researcher to make sense of the participant who is themselves making sense of their lived experience. All interviews were audio-recorded and transcribed verbatim, ensuring that participants' voices were captured accurately. Transcripts were then read and re-read to promote immersion in the data and allow for the identification of patterns, emotional tones, and thematic markers. Particular attention was paid to context, emphasis, pauses, language choices, and emotional inflections.

To facilitate systematic data handling and enhance rigour, I used Taguette, an open-source qualitative data analysis tool. Taguette enabled effective data management, including the tagging, sorting, and retrieval of coded segments. Digital tools like Taguette support transparency in thematic coding, provide an audit trail, and allow researchers to easily revisit analytic decisions (Kumar, 2023; Silver & Lewins, 2014). Its minimalist interface was particularly well-suited for IPA, as it allowed me to focus on meaning without unnecessary technological complexity.

Smith et al. (2009) proposed a six-stage analytic process for IPA, which was used here flexibly to guide the analysis. These stages are outlined in table 3.1.

Table 3.1: Six-Stage Analytical Process for IPA

Stage	Activity
1: Reading and re-reading	The process started with the close examination of the transcripts. Whilst reading this I listened again to the audio-recording in order to really hear the experiences shared. Recollections of the interview and initial comments were noted in an attempt to bracket these and focus on what was said.
2: Exploratory commenting	This stage involved initial noting to examine the content on a very exploratory level. It involved documenting topics of apparent importance and capturing the meaning of these. The exploratory comments were divided into three key areas: Descriptive comments- focusing on content and describing the objects of concern. Linguistic comments-observing how meaning is expressed through tone, hesitations, pauses, and emotional cues. Conceptual comments- asking questions of the data and moving towards a more conceptual understanding of what it means to have these concerns in this context.
3: Developing emergent themes	The aim of this stage was to focus on discrete chunks of text in order to recall what had been learnt through exploratory commenting. Concise statements (emergent themes) were developed to capture and reflect understanding.
4: Searching for connections across themes	This stage introduced structure into the analysis. Emergent themes were drawn together by identifying common links between them using the concepts of abstraction (similar themes brought together), subsumption (emergent theme became subordinate theme), numeration (frequency in which theme is supported signifies importance) and function (what function it served). This produced a number of subordinate themes with related emergent themes.
5: Moving to the next case	The remaining transcripts were then analysed using stages 1-4. Each case was approached in its own right to allow new themes to be developed.
6: Looking for patterns across cases	This stage involved searching for connections across cases. Through this process individual emergent and subordinate themes were relabelled and reconfigured. Subordinate themes that were not recurrent in at least half of the transcripts were discarded. The subordinate themes were drawn together and this resulted in a number of superordinate themes for the group each with a number of related subordinate

Source: Smith et al. (2009)

Although IPA outlines descriptive, linguistic, and conceptual commenting, the linguistic element in this study was captured mainly through observation rather than detailed textual analysis. During interviews, I noted paralinguistic features such as

emotional pauses, hesitations, lowered tone, and non-verbal expressions. These cues were recorded in my observation notes and supported interpretation, especially because many participants expressed sensitive experiences more through behaviour than elaborate speech. Therefore, while descriptive and conceptual elements were coded directly in Taguette, linguistic cues were incorporated through observational notes rather than formal linguistic coding.

To protect participants' identities, pseudonyms were used instead of numeric codes. For example, first-year student teachers from the all-female college were assigned the names Esti, Blez, Gee, Vim, and Koo. Those from the all-male college were identified as Eddy, Jozy, Jeff, Ken, and Franz, while participants from the mixed-gender college were referred to as Enam, Fema, Cee, Wise, and Dav. These pseudonyms were consistently used throughout the data presentation and discussion to maintain confidentiality while preserving the narrative flow.

In addition to the primary participants, responses were also gathered from course mates and academic counsellors. To maintain clarity while protecting anonymity, their contributions were labelled by appending the codes 'COL' (for course mate) and 'LEC' (for academic counsellor) to the pseudonym of the primary participant they were referring to. For instance, remarks from Enam's course mate were labelled as Enam COL, and comments from Enam's academic counsellor appeared as Enam 'LEC'. This coding allowed for rich contextual analysis while upholding ethical standards of participant confidentiality. Also, the abbreviation 'OBS' was appended to primary participants pseudonyms to indicate excerpts drawn from observation data while 'CR' was also added to signify information obtained from counselling reports.

The data were presented thematically, with direct verbatim quotations used to illustrate and support analytic claims. This not only enhanced authenticity but also allowed participants' voices to remain central in the interpretation process. Including rich, direct quotations is a recommended practice in IPA as it grounds themes in actual participant expression (Smith et al., 2009; Smith & Nizza, 2022). The combination of structured analytic steps, technological support through Taguette, and careful attention to reflexivity and interpretation ensured that the findings were grounded, nuanced, and ethically represented.

3.11.1 Timeline for Data Analysis Activities

The analytical process unfolded gradually to allow for deep immersion in participants' lived experiences, as required in Interpretative Phenomenological Analysis. After the completion of data collection, transcription was carried out over a four-month period. This extended duration ensured careful verbatim capture of emotional expressions, pauses, emphases and non-verbal cues. Following transcription, I spent one month engaging in initial reading and re-reading of the transcripts to develop a close familiarity with each participant's narrative. Coding and exploratory noting spanned three months, during which descriptive, linguistic and conceptual comments were documented for all cases. Theme development and cross-case analysis required an additional month, allowing adequate time to identify patterns, connections and divergences across the fifteen primary cases and secondary data sources. The final interpretation and writing phase extended over three months, during which emergent themes were refined, integrated with relevant literature, triangulated with observation notes and counselling records, and subjected to continuous reflexive checking.

Altogether, the full data analysis process covered approximately twelve months. This sustained year-long engagement allowed for depth, rigour and interpretive clarity, which aligns with IPA's demand for slow, thoughtful and iterative analysis.

3.12 Limitations of the Study

Like many qualitative inquiries, this study was subject to certain limitations inherent in its research design. As an Interpretative Phenomenological Analysis (IPA) study, the focus was on exploring the lived experiences of first-year student teachers who had encountered childhood adversities. While this approach facilitated rich, in-depth insights into participants' personal realities, its emphasis on depth rather than breadth limits the generalisability of the findings to broader populations.

The study was conducted in three purposefully selected Colleges of Education in Ghana: one all-male, one all-female, and one mixed-gender institution. This selection was intended to explore whether the gender composition of the colleges influenced students' psychosocial wellbeing and adjustment. Although this comparative element added depth to the analysis, the limited number of institutions may still constrain the transferability of the findings to other educational settings.

My professional background as both a practising counsellor and lecturer within a College of Education provided valuable insight into the psychosocial and academic challenges commonly experienced by student teachers. While this dual role enriched the interpretative depth of the study, it also carried the potential for bias, particularly in shaping how participants' narratives were understood and interpreted. To address this, I employed reflexive strategies such as bracketing, journaling, and critical self-reflection throughout the research process, as detailed in Chapter three.

Data were gathered from both primary participants (student teachers with ACEs) and secondary participants (lecturers and course mates) through semi-structured interviews, non-participant observations, and document analysis. While this triangulation of data sources enhanced the credibility and richness of the findings, it also introduced diverse perspectives that required careful synthesis to ensure interpretive coherence.

Given the sensitive nature of the topic, the potential for emotional discomfort or distress during data collection was carefully anticipated. As a trained counsellor, I was able to offer immediate psychological support during interviews when participants showed signs of distress. Rather than relying on external referrals, appropriate debriefing and grounding techniques were employed to ensure participants' emotional safety. Participation was entirely voluntary, and participants were reminded of their right to withdraw at any stage. This ethical sensitivity was critical in maintaining participant trust and ensuring the integrity of the research process.

3.13 Conclusion/Summary

This chapter has outlined the methodological framework that guided the study, which explored the lived experiences of first-year student teachers in selected Colleges of Education in Ghana who had encountered Adverse Childhood Experiences. Anchored within a constructivist-interpretivist paradigm, the study employed Interpretative Phenomenological Analysis to gain in-depth insight into how participants made sense of their early adversities and how these shaped their psychosocial wellbeing and adjustment to college life.

The chapter began by discussing the philosophical assumptions underpinning the research, including epistemology, ontology, axiology, and methodology, and also addressed the researcher's positionality and reflexivity. A qualitative research design

was deemed appropriate for capturing the subjective and emotionally complex experiences of participants. IPA was selected as the analytical approach due to its emphasis on meaning-making, individual experience, and interpretative depth.

Maximum variation and convenience sampling were used to select three research sites: Bonsu College of Education (all-male), St. Adom College of Education (all-female), and Nhyira College of Education (mixed-gender). These institutions provided diverse educational contexts that enriched the depth and relevance of the findings. Within these settings, purposive sampling was used to select a total of 36 participants: 15 primary participants (first-year student teachers with ACEs), 15 course mates, and 6 academic counsellors. Mixed purposive sampling was applied in the selection of the course mates and academic counsellors to ensure that those chosen were meaningfully connected to the experiences of the primary participants.

Data were collected through semi-structured face-to-face interviews, non-participant observation, and the analysis of counselling reports. A pilot study was conducted beforehand to refine and validate the research instruments, ensuring clarity, ethical soundness, and methodological alignment.

Ethical considerations were carefully observed throughout the study. Informed consent was obtained from all participants, and confidentiality was maintained through the use of pseudonyms. Emotional safety was prioritised during interviews. Where a participant experienced distress, immediate therapeutic support was provided, and those who expressed a desire for further help were referred to their college counselling services for ongoing support.

Data analysis followed the six-stage process of IPA as described by Smith et al. (2009), incorporating both descriptive and interpretative phases of understanding. Taguette, an open-source qualitative analysis tool, supported the systematic organisation of data and enhanced transparency during coding and thematic development. Pseudonyms were assigned to all primary participants, and data from course mates and counsellors were integrated to support triangulation and interpretative depth.

In summary, this methodology provided a rigorous, ethically grounded, and richly descriptive approach to exploring how Adverse Childhood Experiences shape the psychosocial wellbeing and college adjustment of student teachers. The next chapter presents the findings that emerged from this detailed and interpretative analysis.



CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction

This chapter presents the analysis and interpretation of data generated from the study examining Adverse Childhood Experiences (ACEs), campus adjustment, and psychosocial wellbeing among first-year student teachers in Colleges of Education in Ghana. Guided by Interpretative Phenomenological Analysis (IPA), the study explored how participants made sense of their childhood adversities and how these experiences shaped their personality development, psychological wellbeing, social relationships, campus adjustment, coping strategies, and engagement with institutional support systems. The findings are structured based on the following research questions:

1. How do the effects of ACEs reflect in the personal and academic lives of student teachers?
2. How do ACEs influence the psychological wellbeing of student teachers?
3. How do ACEs influence the social wellbeing of student teachers?
4. How do the manifestations of ACEs shape student teachers' adjustment to college life?
5. What strategies do student teachers with ACEs employ to adjust to college life?
6. How can students be supported to enhance their psychosocial wellbeing and adjustment in the context of ACEs?

The findings are organised into seven sections aligned with the research questions. The first section presents the biographical profiles of participants to contextualise the analysis. The second explores how ACEs manifest in personality traits and behavioural patterns. The third examines psychological wellbeing, including emotional regulation and mental health challenges. The fourth addresses social wellbeing and relational

functioning. The fifth analyses academic and social adjustment to the college environment. The sixth explores coping strategies adopted by students. The final section examines institutional responses and mechanisms for enhancing psychosocial wellbeing.

Each section presents interpretative analysis grounded in IPA principles, supported by verbatim extracts from primary participants (students with ACEs) and secondary participants (colleagues and lecturers). Data from non-participant observations and counselling records were used to substantiate and contextualise participants' accounts. Differences and similarities between students in single-sex and mixed-gender institutions are discussed within relevant subordinate themes.

Through this structured approach, the chapter presents a comprehensive exploration of how students with ACEs traverse their psychosocial wellbeing in a college setting, capturing both vulnerabilities and emergent pathways to resilience.

4.1 Part One: Demographic Data of Participants

This section presents the biographical data of the interviewees, offering essential background information to provide context for the study. The biographical data for student participants was gathered using Section 'A' of the interview guide, which included items covering their age, gender, marital status, relationship status, year in college, and types of Adverse Childhood Experiences encountered.

For course mates of the primary participants (secondary participants), background data focused on their age, gender, relationship with the primary participant, years in college, and duration of acquaintance with the student. Similarly, for lecturer (secondary

participants), the biographical data captured their age, gender, years of teaching experience, and their role as academic counsellors for the students.

Table 4.1: Summary of Primary Participants (Student Teachers with Adverse Childhood Experiences) Demographic Information

ID	Age	Gender	Marital Status	Relationship Status	Year in College	Types of ACEs Experienced
ENAM	20	Male	Single	In a Relationship	1st Year	Parental Neglect, Emotional Abuse, Domestic Violence, Loss of a Parent, Financial Hardship
FEMA	22	Female	Single	Single	1st Year	Domestic Violence, Parental Separation, Emotional Neglect, Physical Neglect, Physical Abuse
WISE	21	Male	Single	In a Relationship	1st Year	Emotional Neglect, Loss of a Parent, Parental Divorce, Physical Abuse, Substance Abuse in Household
CEE	23	Female	Single	Single	1st Year	Physical Abuse, Financial Hardship, Emotional Rejection, Exposure to Parental Conflict, Domestic Violence
DAV	22	Male	Single	In a Relationship	1st Year	Physical Neglect, Loss of A Parent, Emotional Neglect, Domestic Violence, Physical Abuse, Exposure to Parental Conflict
ESTI	20	Female	Single	In a Relationship	1st Year	Parental Divorce, Physical Neglect, Domestic Violence, Emotional Abuse, Loss of a Parent
BLEZ	22	Female	Single	In a Relationship	1st Year	Loss of a Parent, Emotional Neglect, Financial Hardship, Physical Neglect, Domestic Violence
KOO	24	Female	Single	Single	1st Year	Loss of Sibling, Emotional Neglect, Emotional Abuse, Physical Abuse
VIM	20	Female	Single	Single	1st Year	Financial Hardship, Emotional Abuse, Physical Neglect, Domestic Violence, Substance Abuse in Household
GEE	20	Female	Single	Single	1st Year	Financial Hardship, Emotional Rejection, Parental Divorce, Physical Abuse, Physical Neglect
EDDY	23	Male	Single	In a Relationship	1st Year	Domestic Violence, Emotional Abuse, Physical Neglect, Financial Hardship, Parental Separation, Physical Abuse
JOZY	24	Male	Single	Single	1st Year	Parental Neglect, Emotional Abuse, Domestic Violence. Physical Neglect
JEFF	23	Male	Single	In a Relationship	1st Year	Sexual Abuse, Parental Neglect, Physical Abuse, Domestic Violence, Financial Hardship, Loss of a Parent
FRANZ	24	Male	Single	Single	1st Year	Loss of a Parent, Physical Abuse, Emotional Neglect. Physical Neglect
KEN	22	Male	Single	In a Relationship	1st Year	Emotional Rejection, Parental Separation, Domestic Violence, Physical Abuse, Loss of a Parent, Physical Neglect.

Source: Field Data (2024)

Table 4.1 presents the biographical profiles of the fifteen primary participants in this study. All were first-year student teachers enrolled in three different Colleges of Education in Ghana. They were between 20 and 24 years of age, placing them within the stage of emerging adulthood. This is a developmental period often associated with identity exploration, increasing independence, and preparation for adult responsibilities.

The participants included both male and female students. Eight were female and seven were male. All of them were unmarried. However, six participants including Enam, Wise, Esti, Eddy, Dav, and Jeff indicated that they were in romantic relationships. Others such as Cee, Gee, Koo, Vim, and Jozy reported that they were not in any committed relationship. Some of these individuals preferred to manage life on their own, often as a way of protecting themselves from further emotional hurt linked to past neglect, rejection, or loss.

All participants reported having experienced multiple adverse childhood experiences. Common forms of adversity included emotional neglect, domestic violence, financial hardship, emotional abuse, parental loss, and parental separation. Emotional neglect was reported by Fema, Wise, Dav, Blez, Vim, Gee, Eddy, and Jeff. Emotional abuse was experienced by Enam, Esti, Vim, Eddy, and Jozy. Cee, Ken, and Gee mentioned experiences of emotional rejection. Some participants such as Enam, Fema, and Jozy remembered feeling invisible or ignored during childhood, which still affects how they relate with others today.

Experiences of domestic violence were reported by Enam, Cee, Dav, Esti, Blez, Jozy, Eddy, Franz, Ken, and Wise. Participants such as Cee, Blez, Gee, Enam, Vim, Eddy, and Jeff experienced financial hardship, which forced them to mature quickly and

balance education with survival needs. The loss of a parent was a major challenge for Esti, Wise, Enam, Jozy, Koo, and Franz, while Koo also reported losing a sibling.

Although all participants have been affected by their childhood experiences, they do not all respond in the same way. Some such as Fema, Wise, and Franz have used their past as motivation to do well in school and build a better future. Others including Cee, Dav, and Koo continue to struggle with fear, sadness, or isolation. The challenges they faced as children still influence how they relate with peers, how they study, and how they see themselves.

Some male participants such as Enam, Jeff, Ken, and Franz reported keeping their emotions to themselves. This pattern may reflect broader socio-cultural expectations that discourage male emotional vulnerability, thereby shaping gendered coping responses. In contrast, several female participants including Vim, Gee, Esti, and Cee reported that they valued emotional connection but were sometimes afraid to trust others or open up fully.

Romantic relationships played different roles in their coping processes. Participants like Fema and Wise described their partners as helpful sources of emotional support. Others like Koo and Cee preferred to face their challenges on their own and expressed caution about relying on others.

This overview of the participants provides important background for understanding the rest of the study. Their life histories help to explain how they respond to stress, how they form relationships, and how they adjust to college life. The next section of the study will explore these aspects in greater detail through their own narratives and experiences.

Table 4.2: Summary of Colleagues' (Course Mates) Demographic Information

ID	Participant Observed (Primary Student ID)	Age	Gender	Relationship with Student	Year in College	Years Acquainted with Student
COL	ENAM	20	Male	Course Mate	1st Year	1 year
COL	FEMA	21	Female	Course Mate	1st Year	1 year
COL	WISE	22	Male	Course Mate	1st Year	1 year
COL	CEE	20	Female	Course Mate	1st Year	1 year
COL	DAV	23	Male	Course Mate	1st Year	1 year
COL	ESTI	21	Female	Course Mate	1st Year	1 year
COL	KOO	20	Female	Course Mate	1st Year	1 year
COL	GEE	20	Female	Course Mate	1st Year	1 year
COL	BLEZ	23	Female	Course Mate	1st Year	1 year
COL	VIM	22	Female	Course Mate	1st Year	1 year
COL	JEFF	21	Male	Course Mate	1st Year	1 year
COL	JOZY	20	Male	Course Mate	1st Year	1 year
COL	KEN	22	Male	Course Mate	1st Year	1 year
COL	EDDY	22	Male	Course Mate	1st Year	1 year
COL	FRANZ	20	Male	Course Mate	1st Year	1 year

Source: Field Data (2024)

Table 4.2 presents demographic information on the colleagues who served as secondary participants in this study. Each colleague was paired with one of the fifteen primary participants and provided observational insight based on shared academic and social interactions. These colleagues were all first-year student teachers from the same three Colleges of Education and had known their respective peers for approximately one academic year.

The colleagues ranged in age from 20 to 23 years, reflecting a developmental stage similar to that of the primary participants. Eight of them were male, and seven were female. Each colleague identified as a course mate of the observed participant, which allowed for regular, informal contact in classroom and peer settings. This consistent interaction made them well positioned to comment on the social, emotional, and academic behaviours of their assigned peer.

Notably, all colleagues had known their respective primary participant for one year, offering a full academic cycle of observations. This duration of familiarity was important for establishing credible and informed reflections, as it provided enough time to witness both consistent patterns and occasional fluctuations in behaviour. The integration of these colleagues' insights with those of lecturers and counsellors helped to triangulate the data, offering a fuller picture of the participants' adjustment and psychosocial wellbeing in the college environment.

Table 4.3: Summary of Lecturers' (Academic Counsellors) Demographic Information

ID	Primary Participant Observed (Student ID)	Age	Gender	Years of Teaching
LEC	ENAM	45	Male	12 years
LEC	FEMA	50	Female	15 years
LEC	WISE	38	Male	8 years
LEC	CEE	42	Female	10 years
LEC	DAV	47	Male	13 years
LEC	ESTI	41	Female	9 years
LEC	BLEZ	48	Male	20 years
LEC	GEE	39	Female	7 years
LEC	KOO	51	Male	14 years
LEC	VIM	44	Female	11 years
LEC	JEFF	48	Male	16 years
LEC	JOZY	45	Female	18 years
LEC	KEN	40	Male	10 years
LEC	EDDY	45	Female	12 years
LEC	FRANZ	49	Male	17 years

Source: Field Data (2024)

Table 4.3 presents the demographic information of the academic counsellors who served as secondary participants in this study. These individuals also serve as lecturers within the respective Colleges of Education and were directly responsible for teaching, mentoring, and counselling the primary student participants. Each academic counsellor was assigned to observe and provide institutional insight into one student participant's behaviour, academic engagement, and psychosocial adjustment.

The ages of the lecturers range from 38 to 51 years, representing a mature and professionally experienced group. Eight of the lecturers are male and seven are female, indicating a relatively balanced gender distribution. Their years of teaching experience range from seven to twenty years, with the majority having served in the educational sector for over a decade. This extensive experience positioned them well to observe and interpret students' classroom participation, emotional responses, and academic challenges with professional sensitivity.

Because of their dual role as lecturers and academic counsellors, these participants were uniquely positioned to provide both academic and psychosocial observations. Their contributions were based not only on structured academic interactions but also on their informal engagements with students through mentorship, office consultations, and campus life. As such, their perspectives reflect a blend of formal instruction and pastoral care.

In the analysis sections of this study, the terms "lecturer" and "academic counsellor" will be used interchangeably. This is because the individuals serving as lecturers in the institutional setting also held the responsibility of counselling and providing emotional support to students, particularly those facing psychosocial challenges. Their dual role allowed them to contribute rich and multifaceted insights into how students with Adverse Childhood Experiences adjusted to the academic and emotional demands of college life. Their observations served to triangulate the narratives of the primary student participants and the peer colleagues, adding depth and institutional context to the exploration of psychosocial wellbeing and college adjustment.

Overview of Key Themes, Superordinate themes, and Subordinate Themes

Following the discussion of participants' biographical data, Table 4.4 below provides a summary of the key themes, superordinate, and subordinate themes that emerged from the data. These themes are aligned with the study's six research questions and offer a structural overview of the findings. A detailed version of this table, including illustrative verbatim quotes from participants, is provided in Appendix (G).

Table 4.4: Summary of Superordinate and Subordinate Themes Derived from the Data

Themes	Superordinate Themes	Subordinate Themes
1. Manifestations of ACEs in Personality Traits (<i>RQ1</i>)	A. Emotional and Behavioural Responses to Trauma	i. Emotional Instability and Mood Dysregulation ii. Defensive or Aggressive Behaviour. iii. Avoidance and Escapism.
	B. Struggle with Trust and Self-Identity	i. Trust Issues and Reluctance in forming Relationships. ii. Low Self-Esteem and Self-Criticism
	C. Emotional Survival and Adaptation	i. Resilience and Overcompensation
2. Influence of ACEs on Psychological Wellbeing (<i>RQ2</i>)	A. Emotional Distress and Trauma	i. Anxiety and Hypervigilance. ii. Experiences of Depression and Hopelessness ii. Emotional Numbness and Detachment iv. Fear and Distrust in Relationship
	B. Cognitive and Academic Challenges	i. Impaired Concentration and Memory Issues.

3. Influence of ACEs on Social Wellbeing (<i>RQ3</i>)	A. Social Relationships and Interpersonal Dynamics	i. Disrupted Peer Friendships. ii. Teacher-Student Interaction.
	B. Emotional and Social Self-Regulation	i. Managing Emotions and Social Interactions
4. Impact of ACE Manifestations on Campus Adjustment (<i>RQ4</i>)	A. Emotional Adaptation to a New Environment	i. Emotional Resilience Amid Anxiety
	B. Academic Adjustment and Learning Challenges	i. Academic Motivation despite Challenges
	C. Social Integration and Relationship Building	i. Social Withdrawal and Hesitation to Trust
5. Personal Interventions for Coping with ACEs in College (<i>RQ5</i>)	A. Social and Emotional Coping Strategies	i. Seeking Social Support
	B. Academic Discipline and Growth	i. Establishing Academic Routines
	C. Mental Health Management and Self-Care Strategies	i. Engaging in Therapy or Counselling.
6. Institutional Support and Enhancing Psychosocial Wellbeing (<i>RQ6</i>)	A. Creating a Supportive and Inclusive Environment	i. The need for Safe and Supportive Environment ii. Access to Mental Health and Supportive Resources.
	B. Strengthening Psychological Resilience and Personal Growth	i. Building Resilience through Skill Development. ii. Empowering Students through Voice and Choice.
	C. The Role of Social Connections and Meaningful Relationships	i. The Role of Positive Relationships

Source: Field Data (2024)

4.2 Manifestation of ACEs in Personal and Academic Lives

Research Question 1 aimed to explore how Adverse Childhood Experiences manifest in the personal and academic lives of student teachers. Items A, B and C under Part One of the interview guide for participants were used to solicit responses for this research question. ACEs leave lasting imprints on personality development, affecting emotional regulation, behavioural responses, and social interactions. The data revealed that students who have experienced ACEs often struggle with intense emotional fluctuations, defensive coping mechanisms, and difficulties forming secure relationships. These personality traits are categorised into three key superordinate themes, with six broad subordinate themes emerging from participants' responses. The superordinate themes include emotional and behavioural responses to trauma, struggle with trust and self-identity, and emotional survival and adaptation.

4.2.1 Emotional and Behavioural Responses to Trauma

Trauma, particularly when experienced in childhood, profoundly shapes how individuals process emotions and react to stressful situations. When exposed to abuse, neglect, instability, or chronic stress, individuals often develop adaptive yet sometimes maladaptive emotional and behavioural responses. These responses serve as mechanisms for self-protection and survival but can persist into adulthood, affecting interactions, decision-making, and emotional wellbeing.

From the perspective of Judith Herman's Trauma Theory, such patterns reflect disruptions in affect regulation and internal safety caused by early traumatic experiences. Herman (1992, 2015) explains that trauma occurring in contexts of dependency and powerlessness often impairs emotional self-regulation, leading

individuals to oscillate between emotional hyperarousal and emotional numbing in later life.

This superordinate theme examines three primary ways in which individuals respond to trauma: emotional instability and mood dysregulation, defensive and aggressive behaviour, and avoidance and escapism. For some, trauma triggers heightened reactivity, leading individuals to become defensive, confrontational, or aggressive as a means of self-protection. This behaviour often manifests in academic and social settings, where individuals may misinterpret neutral feedback or interactions as personal attacks (Cole et al., 2005). Others, however, develop an avoidant coping style, choosing to withdraw from difficult emotions, challenges, or relationships altogether (Tipsword et al., 2022).

Herman (1992, 2015) notes that such responses are not pathological traits but survival adaptations developed in unsafe environments, where emotional vigilance or withdrawal becomes necessary for self-preservation. When carried into adulthood, however, these adaptations may interfere with learning, trust, and social integration. This form of emotional detachment can lead to social isolation, procrastination, or reliance on escapist behaviours such as excessive screen time or substance use.

4.2.1.1 Emotional instability and mood dysregulation

A key challenge among participants was emotional instability and mood dysregulation, where they experienced frequent and intense mood swings, shifting rapidly between sadness, frustration, anxiety, and emotional numbness. Emotional instability refers to frequent and intense mood swings, where individuals shift rapidly between feelings of sadness, frustration, and even emotional numbness. These fluctuations often occur without clear external triggers, making it difficult for individuals to maintain emotional

balance. Mood dysregulation, on the other hand, is a broader pattern of difficulty controlling emotions, where individuals struggle to process and express feelings in a regulated manner. Emotional instability and mood dysregulation emerged as profound struggles among participants, deeply influencing their academic, social, and psychological wellbeing. Participants described persistent emotional fluctuations, where feelings of sadness, frustration, and anxiety overwhelmed them, often without clear external triggers. These experiences were validated by their colleagues, lecturers, observation reports, and counselling assessments, illustrating how ACEs continued to shape their emotional regulation difficulties in adulthood. Despite their shared struggles, participants exhibited varying degrees of emotional instability, with some internalising their distress through withdrawal and self-doubt, while others displayed heightened emotional reactivity.

According to Herman's Trauma Theory, chronic childhood adversity disrupts the development of emotional regulation systems, resulting in persistent difficulty managing affective states in adulthood (Herman, 1992; Van der Kolk, 2014).

For many participants, childhood trauma had left enduring emotional scars that manifested in their daily lives. Vim explicitly linked her ongoing emotional struggles to past trauma, stating,

"I often struggle with regulating my emotions due to the trauma of my past. Anxiety and mood swings are common for me."

(VIM)

This account aligns with Herman's description of trauma-related affect dysregulation, where survivors experience heightened anxiety and mood instability due to unresolved traumatic stress.

Similarly, Enam described how his past remained an active source of distress, explaining,

"When I remember my childhood experiences, I feel a mix of sadness and frustration."

(ENAM)

These sentiments reflect the long-lasting impact of ACEs, where emotions tied to childhood trauma persist well into adulthood, making it difficult for individuals to find stability. The consistency of these emotional fluctuations was further highlighted in Enam's reflection on how his past conditioned him to become emotionally guarded:

"The early life challenges I faced have profoundly shaped who I am today. Growing up in an environment where I had to rely on myself for survival, I developed a strong sense of independence."

(ENAM)

This aligns with the Emerging Adulthood Theory (Arnett, 2004), which views college-age individuals as navigating identity, instability, and self-focus processes often intensified for those with unresolved trauma. Herman (2015) argues that premature self-reliance often emerges in trauma-exposed children who learn to suppress emotional needs in unsafe environments. While adaptive in childhood, this pattern may later restrict emotional openness and help-seeking.

However, while Enam saw independence as a necessity, Cee's experience of emotional instability was deeply tied to grief. She recalled how the death of her father disrupted her emotional balance from an early age, sharing,

"The fear and anxiety surrounding my father's death haunted me throughout my early years, creating a sense of emotional instability."

(CEE)

According to Narrative Therapy (White & Epston, 1990), such personal stories represent meaning-making attempts in which individuals externalise and reinterpret their emotional pain, showing how participants like Cee process and live with

unresolved grief. Similarly, Koo expressed how her younger brother's death left her struggling to regulate her emotions, stating,

"The loss of my younger brother caused emotional instability, making it difficult to regulate my emotions."

(KOO)

Herman's model identifies unresolved loss as a core component of traumatic stress, particularly when grief occurs without sufficient emotional support or safety, leaving individuals vulnerable to prolonged emotional dysregulation.

This contrast between participants illustrates that while some individuals internalised their trauma through self-reliance, others remained emotionally vulnerable to the pain of their past losses.

The emotional instability of participants was not only expressed in their own words but was also evident in their interactions with others. Their colleagues frequently observed these emotional shifts, noting how participants exhibited sudden mood changes and disengagement. Wise's colleague, for example, noted his withdrawn nature, describing him as *"distant and preoccupied, especially when topics related to his past experiences were discussed."*

Similarly, Jeff's colleague remarked that

"he appeared reserved and introspective when I first met him. He seemed reluctant to engage in casual conversations or group activities."

(JEFF COL)

In contrast to Jeff's quiet withdrawal, Franz's colleague observed more fluctuating emotional states:

"Franz does show signs that he might be dealing with emotional challenges. There are times when his usual outgoing demeanor shifts, and he becomes quieter, more introspective. He tends to withdraw from social activities during these periods, which is unusual for him."

(FRANZ COL)

This contrast suggests that while some students exhibit consistent emotional disengagement, others experience waves of withdrawal, where they alternate between appearing sociable and becoming emotionally distant. Herman (1992, 2015) explains such oscillation as a common trauma response, where individuals alternate between emotional numbing and heightened sensitivity as part of unresolved trauma processing. The academic environment further exposed participants' struggles with emotional regulation. Blez admitted to feeling heightened anxiety in class, explaining,

"I often feel hesitant to ask questions or share my views in class. Speaking up in front of others triggers anxiety and self-doubt."

(BLEZ)

Her lecturer validated this observation, stating,

"Blez started off engaged in class but became more withdrawn over time."

(BLEZ LEC)

A similar pattern was observed in Eddy, whose lecturer noted,

"In my initial observations, Eddy appeared quite reserved in the classroom setting, absorbed in the course material but hesitant to participate in discussions."

(EDDY LEC)

Within Herman's framework, such academic disengagement reflects trauma-related hyperarousal and impaired concentration, where fear of evaluation and diminished self-worth undermine classroom participation (Herman, 1992).

This suggests that emotional instability not only affects social interactions but also directly impairs academic engagement, as students with ACEs may fear judgment or become overwhelmed by self-doubt. The lecturers further provided insights into the emotional struggles of students, observing how some exhibited visible signs of distress in academic settings. Esti's lecturer highlighted how her mood shifts interfered with class participation, stating,

"In terms of emotional challenges, I have noticed that Esti can sometimes appear anxious or uneasy, especially in situations where she needs to speak in public or engage in larger group activities. There are moments when her mood seems to shift, and she becomes more withdrawn and less confident."

(ESTI LEC)

Wise's lecturer similarly noted his fluctuating engagement, describing him as

"often appearing distant and preoccupied, giving the impression of disinterest. His withdrawn demeanor and fluctuations in academic performance suggest underlying personal challenges."

(WISE LEC)

While some students withdrew completely, others exhibited an inconsistent presence, where moments of engagement were followed by emotional detachment. Observation reports reinforced these findings, as participants' emotional distress was often reflected in their physical demeanor. Wise's struggles reflect what the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984) describes as emotional dysregulation when stressors overwhelm an individual's coping capacity. Gee's observation report noted that while she maintained a composed exterior, her discomfort was visible in social settings:

"Gee appeared well-groomed and composed but showed signs of emotional distress during discussions on childhood experiences. She was polite but reserved in social interactions, preferring smaller groups."

(GEE OBS)

Similarly, Vim's counselling report provided a detailed account of her emotional dysregulation, documenting that

"Client's general appearance was tidy and well-kept, indicating self-care. However, she looked moody, anxious, and fidgeted throughout the session."

(VIM CR)

These descriptions highlight how students with emotional instability often attempt to present a controlled image, yet their distress manifests in subtle physical behaviours such as fidgeting, avoiding eye contact and exhibiting sudden mood changes.

The struggles described by participants align with existing research on emotional dysregulation among individuals with ACEs. Banyard and Cantor (2004) highlight that students with a history of trauma often experience heightened emotional instability, which interferes with their ability to regulate stress and navigate social interactions. Murphey and Sacks (2019) further emphasise that individuals who have experienced childhood trauma may struggle with managing emotions, making it challenging to adjust to college life. This is evident in the experiences of participants like Jeff and Ken, whose difficulty in forming relationships and regulating emotions reflects the long-term impact of ACEs.

The academic consequences of emotional instability are also well-documented in research. According to Credé and Niehorster (2011), students with ACE-related mood dysregulation are more likely to struggle with anxiety and self-doubt, which affects their classroom engagement. This aligns with the cases of Blez and Wise, whose hesitation to participate in discussions and fluctuating academic performance were linked to their emotional struggles. Furthermore, Rosecrance (2022) notes that students with poor emotional regulation often engage in maladaptive coping behaviours, such as social withdrawal or heightened emotional responses. This is reflected in the contrasting cases of Jeff and Franz, where Jeff exhibited consistent withdrawal, while Franz displayed alternating periods of social engagement and isolation.

The physical signs of emotional distress observed in participants are also consistent with findings from Hughes et al. (2017), who suggest that trauma-exposed students may exhibit anxiety-related behaviours, such as fidgeting, avoidance, and fluctuating moods. This aligns with the observations made about Gee and Vim, whose composed exteriors masked underlying emotional distress.

Notably, while emotional instability was a common thread among all participants, subtle differences emerged based on the college environment, which appeared to shape not only how students experienced emotional dysregulation but also how they expressed and managed it. These differences were particularly evident across single-gender and mixed-gender colleges, where students' emotional responses seemed influenced by the social norms and emotional expectations embedded in each setting.

In all-female colleges, participants such as Vim, Koo, and Blez frequently linked their emotional dysregulation to personal loss or anxiety in social academic settings. Their expressions of distress often manifested as internalised anxiety, withdrawal, and self-doubt, suggesting that the environment may have encouraged emotional containment or discouraged outward displays of vulnerability. In contrast, participants from all-male colleges, such as Jeff, Enam, and Franz, exhibited more externally observable patterns of emotional fluctuation and guardedness. These participants often described suppressing their emotions or withdrawing socially, potentially reflecting pressure to conform to traditional masculine ideals of self-reliance and stoicism. Meanwhile, students from mixed-gender colleges, like Cee and Wise, displayed a blend of both internalised and externalised responses, with emotional dysregulation shaped by both grief and a perceived lack of emotional safety within more socially diverse peer environments.

These contextual patterns suggest that the social and emotional culture of a college environment, including peer expectations, gender norms, and perceived safety, can significantly shape how students with ACEs managed emotional challenges. This aligns with research by Rosecrance (2022), which found that female students with trauma histories often internalise emotional challenges, resulting in anxiety and self-silencing

in classroom settings. Similarly, Hughes et al. (2017) and Murphey and Sacks (2019) suggest that male students may be more likely to suppress or externalise emotional distress due to gendered norms around emotional expression. According to Banyard and Cantor (2004), the interplay between trauma, peer dynamics, and emotional safety in mixed-gender settings may complicate emotional adjustment. These variations highlighted how gendered college environments may subtly influence the emotional trajectories of trauma-exposed students.

4.2.1.2 Defensive or Aggressive Behaviour

Participants also exhibited defensive or aggressive behaviours, reflecting a need for self-protection and emotional survival. Defensive behaviour is typically characterised by actions aimed at protecting oneself from emotional harm, criticism, or failure, often manifesting as withdrawal, denial, or becoming overly cautious. It serves as a psychological shield, where individuals attempt to avoid conflict or preserve their sense of self-worth. In contrast, aggressive behaviours, which can include verbal outbursts, physical confrontations, or passive-aggressive actions, are typically driven by feelings of frustration, anger, or insecurity. It can arise from frustration, insecurity, or the need to assert control. Defensive and aggressive behaviours were also prevalent among participants, though they manifested in different ways depending on the individual's personality, past experiences, and coping mechanisms. While some participants exhibited overt aggression or defensiveness in response to perceived threats, others chose to withdraw, suppress their emotions, or avoid conflict altogether. These behaviours were observed across social, academic, and personal interactions, often reflecting the deep-seated effects of ACEs. Their colleagues, lecturers, and observations again confirmed the presence of these tendencies, further reinforcing how early trauma continues to shape their interpersonal interactions.

From the perspective of Judith Herman's Trauma Theory, such defensive and aggressive behaviours reflect survival adaptations developed in unsafe childhood environments. Herman (1992, 2015) explains that trauma survivors often rely on withdrawal, hypervigilance, or emotional defensiveness to maintain a sense of safety and control.

Some participants openly admitted to avoiding conflict, preferring to withdraw rather than engage in confrontations. Although some participants did not display overt aggression, they expressed defensive tendencies through emotional withdrawal and conflict avoidance. These behaviours reflected deliberate strategies to protect themselves from perceived emotional threat, criticism, or relational tension. Rather than indicating passivity, such avoidance functioned as a psychological defence mechanism developed in response to earlier experiences of insecurity and emotional harm.

Enam articulated this perspective clearly:

"I avoid arguments, especially in group work or during disagreements. I don't like tension."

(ENAM)

While this statement appears calm on the surface, it reflects a defensive orientation towards interpersonal engagement. Enam's consistent avoidance of disagreement suggests an underlying fear of emotional disturbance and relational conflict, indicating a self-protective strategy aimed at maintaining psychological safety.

Similarly, Jeff shared that his past shaped his aversion to confrontations:

"I naturally avoid conflicts and prefer to resolve disagreements calmly, which comes from my childhood experiences."

(JEFF)

Jeff's account reveals that his conflict avoidance was not merely a personal preference but a trauma-informed response shaped by past experiences. His emphasis on calm resolution reflects an effort to prevent emotional activation and interpersonal instability, consistent with defensive coping patterns.

For Ken, this avoidance of conflict translated into an overall tendency to remain distant:

“When class discussions get intense, I stay quiet. I don’t like arguments, so I just let others talk.”

(KEN)

Ken’s silence during emotionally charged situations represents another form of defensive behaviour. By remaining quiet, he reduced the likelihood of exposure to criticism or emotional confrontation, thereby protecting himself from potential psychological distress.

From the perspective of Judith Herman’s Trauma Theory, such avoidance reflects survival-based adaptations developed in unsafe environments. Herman (1992, 2015) explains that trauma survivors often rely on withdrawal and emotional distancing to maintain a sense of safety and control. In this study, Enam, Jeff, and Ken exemplified this pattern by using disengagement as a protective response to perceived interpersonal threat.

Other participants exhibited defensive behaviours not necessarily through avoidance but through emotional restraint and self-protection. Wise admitted:

“When someone disagrees with me in class, I shut down. I don’t like being challenged, it makes me tense.”

(WISE)

This was evident in how his colleagues perceived him, describing him as someone who "keeps to himself and doesn’t readily engage in conversations." His lecturer also observed his reluctance in class discussions, attributing it more to a lack of self-confidence rather than aggression. According to Herman (2015), emotional shutdown and withdrawal are common trauma responses that emerge when individuals perceive interpersonal challenge as threatening to psychological safety.

Similarly, Cee described how her past mistreatment contributed to her fear of confrontation:

"The mistreatment and emotional neglect I experienced after my father's passing made me more withdrawn and guarded in social situations. I tend to suppress my feelings during conflicts due to my fear of confrontation."

(CEE)

Her colleagues and lecturers corroborated this, describing her as hesitant to take on leadership roles and reluctant to express strong opinions in discussions. Herman's model explains such emotional suppression as a protective mechanism developed in environments where expressing vulnerability was unsafe. This pattern of emotional suppression aligns with literature suggesting that individuals with ACEs often develop defensive mechanisms to avoid emotional harm (Anda et al., 2006; Heim & Nemeroff, 2001).

On the other hand, some participants exhibited assertiveness or mild aggression as a way to protect themselves from perceived threats. Gee admitted:

"I tend to be assertive and protective of my interests, which can sometimes come across as defensive."

(GEE)

Her observation report further noted that "she was polite but reserved, showing signs of emotional distress during discussions on childhood experiences." Similarly, Franz acknowledged struggling with adapting to structured environments due to his past:

"The freedom I experienced in my youth has made it challenging to adapt to structured environments, and I sometimes act out in ways that reflect my internal struggle with authority and discipline."

(FRANZ)

Herman (1992, 2015) describes such assertive or confrontational behaviour as an expression of trauma-related hyperarousal, where heightened emotional sensitivity increases reactivity to perceived authority or control. This was reflected in Franz

classroom behaviour, as his lecturer noted that he was more engaged in the "social aspects of the classroom rather than the academic content" and carried himself with confidence but lacked a strong academic focus.

In contrast, some individuals demonstrated a mix of assertiveness and defensiveness, particularly when they felt misunderstood or vulnerable. Vim explained:

"If someone misinterprets what I mean, I get upset quickly. I feel like I always have to defend myself."

(VIM)

Her colleagues and lecturer described her as someone who "prefers to keep to herself, rarely participates in class discussions, and carries herself with caution and guardedness." This reflects Herman's observation that trauma survivors often experience persistent fear of misinterpretation and rejection, leading to chronic self-protection.

While some participants exhibited mild defensive behaviours, others displayed stronger reactions, such as emotional outbursts or irritability in stressful situations. A lecturer noted of one student:

"Eddy exhibits explosive reactions to minor frustrations, such as shouting at colleagues during class."

(EDDY LEC)

Herman (2015) explains that such emotional outbursts may arise from impaired affect regulation associated with unresolved traumatic stress. This aligns with research indicating that individuals with multiple ACEs are more likely to develop anger and hostility as personality traits (Jones & Hoffman, 2023). Gautam et al. (2024) further explain that students with four or more ACEs exhibit increased externalised behaviours such as aggression, hyperactivity, and defiance. This suggests that for some students, particularly those with deeply ingrained trauma, emotions may become overwhelming,

leading to outbursts instead of measured responses. Such behaviours also reflect the self-exploration and instability characteristic of emerging adulthood (Arnett, 2000), where emotional regulation is often tested as individuals seek to assert identity in complex social contexts

The tendency to react defensively or aggressively also influenced the way participants engaged with authority figures. Esti, for example, explained how her past experiences shaped her fear of authority:

"I tend to avoid confrontation and have a fear of authority figures, likely because of the maltreatment and intimidation I endured during my childhood."

(ESTI)

Herman (1992, 2015) identifies fear of authority as a common trauma outcome, particularly when childhood abuse involved power imbalances and intimidation.

Esti's colleague and lecturer observed that while she was generally polite and friendly, she avoided conflicts and confrontation. This aligns with findings by Kiara (2023) and UNICEF (2019), which suggest that individuals who have experienced childhood maltreatment often struggle with anger control and may either avoid authority figures or react aggressively to them. From a narrative therapy perspective, these participants are not simply defensive or aggressive; they are negotiating new ways to author their responses to past trauma through current interactions, though the dominant story remains shaped by fear and avoidance.

Interestingly, while some participants avoided conflict altogether, others exhibited assertiveness in selective situations. Dav acknowledged:

"Restraint during conflicts can be challenging for me, especially when I feel strongly about an issue."

(DAV)

This selective assertiveness reflects Herman's view that trauma recovery is uneven, with individuals demonstrating resilience in some domains while remaining vulnerable in others. This reflects Lazarus and Folkman's (1984) notion of secondary appraisal, where individuals assess their capacity to cope with a threat in Dav's case, choosing assertiveness when his values feel challenged. His colleague confirmed this, noting that he "tends to avoid confrontations but can be quite firm in his stance when he feels strongly about something." This suggests that while some individuals suppress their emotions, others engage selectively when they feel their values or beliefs are at stake.

This spectrum of responses aligns with psychological literature, which emphasises that individuals with ACEs may respond to stressors in varied ways. While some exhibit withdrawal and avoidance (Felitti et al., 2019; Rosecrance, 2022), others develop assertive or aggressive responses (Assini-Meytin et al., 2021; Laurinaityte et al., 2022). Cognitive and emotional impairments from childhood abuse can lead to difficulty processing social cues, emotional outbursts, or a general tendency to suppress emotions (Anda et al., 2006; Heim & Nemeroff, 2001).

The findings showed how ACEs shape defensive and aggressive behaviours in different ways. While some participants avoided conflict entirely, others displayed mild defensiveness, and a few showed outward aggression when pushed to their limits. While some have learned to disengage as a means of self-preservation, others react protectively or assertively in order to maintain control over their emotional environment. These varied responses illustrate the deep psychological imprint of childhood trauma, influencing how individuals navigate conflict, relationships, and authority figures in adulthood.

While defensive and aggressive behaviours were evident across all participants, their expression and underlying motivations varied notably depending on the type of college environment. These variations reflect how institutional culture, peer dynamics, and gendered social expectations can shape the way trauma-exposed students navigate emotional and interpersonal challenges.

Patterns observed in the data showed that all-female college environments, participants such as Gee, Vim, and Esti generally exhibited cautious assertiveness or internalised defensiveness. Their behaviours were often protective, shaped by an underlying fear of authority, emotional vulnerability, or confrontation. For instance, Gee described being assertive but emotionally guarded, while Vim expressed being defensive when misunderstood. Esti shared a distinct fear of authority figures, which influenced her tendency to avoid conflict. These behaviours suggest that the relational atmosphere in all-female environments may create pressure to maintain emotional composure, avoid confrontation, and adhere to social expectations of politeness and self-control. Rosecrance (2022) supports this by noting that women with trauma histories in academic settings often navigate emotional safety through self-silencing or hypervigilance, particularly in peer or authority-related interactions.

In contrast, all-male college participants, such as Jeff, Ken, Franz, and Eddy, presented a broader range of responses, including passive withdrawal and overt aggression. Jeff and Ken, for example, showed strong conflict avoidant-tendencies, often disengaging socially and academically. However, Franz displayed more assertive behaviour, occasionally acting out when frustrated, while Eddy was described as emotionally reactive, sometimes shouting at peers during class. These expressions reflect the potential impact of masculine norms that discourage vulnerability and encourage

emotional suppression or dominance as coping strategies. According to Hughes et al. (2017) and Murphey and Sacks (2019), boys and young men with ACEs are more likely to externalise emotional distress through aggression, particularly when they lack access to emotionally supportive environments. Similarly, Jones and Hoffman (2023) and Gautam et al. (2024) argue that high ACE exposure in males often manifests as difficulty managing frustration, hostility, or defiance, traits shaped both by trauma and cultural expectations of emotional restraint and control.

Mixed-gender college students, including Wise, Cee, Dav, and Enam, showed a hybrid pattern of defensiveness, marked by emotional withdrawal, cautious interaction, and selective assertiveness. For example, Wise and Cee both described withdrawal and emotional suppression due to past neglect or grief. In contrast, Dav demonstrated restraint in most situations but could become assertive when his values were challenged. Enam was noted for avoiding conflict altogether, preferring disengagement. This blend of responses may stem from the social complexity of mixed-gender environments, where emotional safety is often negotiated across diverse peer groups. Students in these settings may feel pressure to balance self-protection with social integration, especially when carrying unresolved trauma. According to Banyard and Cantor (2004), trauma survivors in coeducational environments often experience heightened emotional tension due to shifting social expectations and limited peer understanding, leading to difficulty asserting emotional needs or regulating their responses.

These distinct behavioural patterns across the different college contexts suggest that the culture of the educational environment, shaped by gender norms, peer dynamics, and perceived emotional safety, can influence how trauma-related defensive and aggressive behaviours are expressed. Herman (2015) emphasises that trauma recovery is highly

dependent on relational safety and environmental support, suggesting that institutional climates may either reinforce defensive patterns or promote emotional integration. The need for emotional control, protection, or expression appears to be negotiated differently depending on whether students are navigating an all-male, all-female, or mixed peer environment. Some retreat inward, others express their emotions outwardly, and many shift between the two depending on how emotionally safe or vulnerable they feel within their environment.

4.2.1.3 Avoidance and Escapism

For some participants, avoidance became a primary coping strategy, shaping their academic engagement, social interactions, and emotional regulation. Many participants described intentionally avoiding social situations, suppressing emotions, or immersing themselves in solitary activities to escape distressing thoughts and memories associated with their ACEs.

According to Judith Herman's Trauma Theory, avoidance represents a core survival response among trauma survivors, through which individuals attempt to minimise emotional activation and protect themselves from overwhelming memories and feelings (Herman, 1992, 2015). Several participants articulated their reliance on avoidance as a means of emotional protection. Enam admitted to using socialisation as a distraction from deeper issues, stating,

"I often seek company as a way to escape my challenges."
(ENAM)

However, despite being physically present in social settings, he remained detached, as his colleague noted:

"Enam spends time socialising to distract himself from problems."
(ENAM COL)

Herman (1992, 2015) explains that such superficial engagement reflects emotional numbing, where survivors remain psychologically distant despite physical presence.

This contrasts with Eddy, who withdrew entirely from social settings rather than engaging superficially, explaining,

"I tend to isolate myself, as I find it difficult to trust others or believe that they could genuinely care about me."

(EDDY)

His colleague further confirmed this:

"Eddy prefers to stay on the sidelines rather than being in the midst of social gatherings."

(EDDY COL)

This pattern reflects Herman's description of relational withdrawal, where trauma undermines trust and attachment, leading individuals to avoid emotional intimacy.

These differing approaches reflect how avoidance can manifest in both active (distraction through socialisation) and passive (withdrawal from interactions) forms.

Other participants turned to academic work as an escape from their emotional struggles.

Enam, for instance, described his studies as a coping mechanism, stating,

"To manage the complex emotions stemming from my childhood experiences, such as anxiety, sadness, and stress, I primarily turn to my studies and solitary activities."

(ENAM)

His lecturer echoed this observation, noting, "Enam's academic performance has remained steady, showing a strong understanding of the material." However, despite his academic focus, he remained emotionally and socially withdrawn, as captured in his observation report: "Enam tends to remain in the background in group activities, participating minimally and observing more than engaging."

Herman (2015) notes that excessive self-reliance and immersion in solitary tasks often function as avoidance strategies that prevent emotional processing.

Similarly, Jeff and Ken described engaging in reading, music, and other solitary activities as a means of coping. Jeff stated,

"To manage emotions, I engage in solitary activities like reading, listening to music, and exercising,"

(JEFF)

While Ken admitted,

"I've developed a few coping mechanisms. I often turn to solitary activities like reading or listening to music, which help me relax and process my thoughts."

(KEN)

Their colleagues reinforced these accounts, noting their tendency to stay isolated and prefer introspective activities. A more extreme form of escapism was noted by Wise, who turned to addiction as a means of avoiding emotional distress. He confessed,

"My addiction is a result of the pain and trauma I experienced growing up. I find it difficult to face my problems head-on and often seek escape through smoking."

(WISE)

His colleague supported this by stating,

"Wise struggles with addiction to smoking, which he uses as a means to cope with stress and emotional issues."

(WISE COL)

Herman (1992, 2015) explains that substance use frequently emerges as a self-soothing strategy among trauma survivors who lack safer mechanisms for emotional regulation. This behaviour aligns with the *Transactional Theory of Stress and Coping* (Lazarus & Folkman, 1984), which categorises avoidance and escapism such as substance use as emotion-focused coping strategies. Such responses often emerge when individuals perceive their stressors as uncontrollable and attempt to manage emotional distress rather than change the stressor itself. His lecturer also noted his disengagement, stating,

"Wise struggled with self-confidence and appeared somewhat withdrawn. His difficulties in concentration may be linked to personal struggles impacting his academic focus."

(WISE LEC)

Within Herman's framework, such academic disengagement reflects persistent hyperarousal and emotional exhaustion associated with unresolved trauma.

This highlights how avoidance can sometimes escalate into maladaptive behaviours, such as substance use or other self-destructive patterns, which serve as temporary relief but often exacerbate underlying emotional struggles. Participants also exhibited avoidance in academic and social settings, particularly when confronted with personal or emotionally charged discussions. Cee described how fear of rejection led her to withdraw from social situations:

"I often withdraw from social situations due to my fear of rejection and not fitting in."

(CEE)

Her colleague confirmed this, noting,

"Cee avoids large social gatherings and prefers smaller, more intimate group settings."

(CEE COL)

Additionally, she struggled with concentration and emotional regulation, which was evident in her counselling report:

"Client sometimes experiences overwhelming fear, stating that she feels like jumping onto the road to be killed by a vehicle. She sleeps excessively during the day, making it difficult to concentrate in class, and this has led to social ridicule and frustration."

(CEE CR)

Herman (2015) identifies intrusive thoughts, excessive sleeping, and withdrawal as indicators of trauma-related dissociation and emotional shutdown.

This reveals how avoidance, rather than alleviating distress, can contribute to feelings of isolation, academic struggles, and increased psychological distress. For some participants, avoidance behaviours extended beyond social and academic settings into relationships and personal growth. Esti, for instance, described her fear of judgment and rejection, which led her to avoid forming close connections:

"I struggle with social interactions and tend to avoid group discussions or making new friends due to my deep fear of judgment and rejection."
(ESTI)

This was reflected in her observation report:

"She tends to sit towards the back of the class and does not initiate conversations with her peers or faculty, indicating a preference for remaining unnoticed."
(ESTI OBS)

Herman (1992, 2015) notes that fear of visibility and avoidance of attention often reflect trauma-related shame and vulnerability.

This aligns with Gee's experience, who stated,

"I sometimes avoid social interactions due to my responsibilities and fears of not fitting in."
(GEE)

Despite this, her observation report indicated that her body language conveyed signs of emotional distress, even when she maintained a composed appearance:

"Gee appeared well-groomed and composed but showed signs of emotional distress during discussions on childhood experiences. She was polite but reserved in social interactions, preferring smaller groups."
(GEE OBS)

Vim also used avoidance as a coping mechanism, immersing herself in academic work rather than confronting her emotional struggles:

"I sometimes prefer to escape reality by immersing myself in academic work or solitary activities."
(VIM)

Her lecturer noted that

"Over time, her participation remained limited, and she showed signs of detachment."
(VIM LEC)

However, this avoidance did not provide true relief, as evidenced in her counselling report:

"Flashbacks from past abuse continue to distress her, causing anxiety and fear, particularly in intimate situations."
(VIM CR)

This indicates that avoidance does not eliminate trauma; instead, it suppresses it, allowing distressing emotions to resurface in different contexts. Herman (2015) explains that avoidance prevents trauma integration, allowing intrusive memories and emotional distress to persist. Koo also exemplified avoidance, stating,

"I often avoid social interactions and prefer to stay indoors to avoid emotional pain."

(KOO)

This was reinforced by her lecturer, who observed,

"Over time, there have been no significant changes in her participation levels or engagement."

(KOO LEC)

Additionally, her observation report confirmed her discomfort in social settings, noting,

"Her body language suggested unease and discomfort when conversing with others."

(KOO OBS)

Like many participants, Koo's avoidance strategy, while intended to protect her from emotional distress, contributed to social isolation and disengagement from opportunities for growth and healing. Within Herman's recovery model, such prolonged avoidance reflects difficulty progressing beyond the safety stage toward emotional processing and reconnection.

The participants' experiences align with research highlighting avoidance and escapism as common responses to ACEs. Gautam et al. (2024) found that victims of childhood trauma often exhibit social withdrawal, excessive fearfulness, and low self-esteem, particularly among females. This was evident in the experiences of Esti, Cee, and Gee, who struggled with forming social connections and preferred isolation. Merrick et al. (2017) also noted that childhood trauma hinders the ability to form and maintain healthy interpersonal relationships, leading to increased isolation, an observation reflected in the experiences of Ken, Eddy, and Koo.

Brown et al. (2019) and Shorey and Snyder (2006) further emphasised that many individuals with ACEs develop avoidant attachment styles, distancing themselves emotionally due to a fear of intimacy and vulnerability. This was particularly evident in the experiences of Enam and Vim, who immersed themselves in solitary activities as a means of coping. Bellis et al. (2018) and Hughes et al. (2017) also highlighted how trauma-exposed students struggle with trust, making it difficult for them to form friendships or engage in group activities, an issue reflected in the reluctance of Franz, Wise, and Dav to engage fully in their social and academic environments.

Additionally, Merrick et al. (2017) and Aspelmeier et al. (2012) found that psychological challenges such as depression and anxiety contribute to avoidance behaviours, further reinforcing social withdrawal and disengagement. This is consistent with the experiences of participants like Cee and Gee, whose avoidance extended beyond social settings into academic struggles and emotional distress. Moreover, Rosecrance (2022) noted that trauma-exposed individuals often rely on maladaptive coping strategies, such as escapism or substance use, to manage emotional distress, aligning with Wise's experience of addiction.

These avoidance strategies may serve as temporary coping mechanisms for trauma-affected students, shielding them from emotional distress but ultimately reinforcing isolation and disengagement. While avoidance may provide short-term relief, it prevents individuals from processing their trauma in a healthy manner, exacerbating their emotional, academic, and social challenges. The variations in participants' avoidance behaviours, ranging from immersion in academics to complete social withdrawal, illustrates the complex ways in which ACEs shape individual responses to distress.

Although avoidance emerged as a common coping mechanism across all participants, its manifestation varied depending on both the individual's trauma history and their educational environment. Herman (1992, 2015) emphasises that trauma recovery is highly dependent on relational safety and institutional support, suggesting that unsupportive environments may reinforce avoidant patterns. In all-female colleges, participants such as Gee, Vim, Koo, and Esti often internalised their distress through emotional withdrawal and fear of peer judgment. Their avoidance was largely relational, shaped by underlying anxiety, self-doubt, and the pressure to maintain emotional composure. In all-male colleges, participants like Jeff, Ken, and Eddy showed a different pattern, where avoidance appeared more as emotional suppression and disengagement. Their behaviours reflected not only trauma avoidance but also personality traits such as stoicism, mistrust, or a learned reluctance to express vulnerability. Mixed-gender college students, such as Enam, Cee, and Wise, demonstrated a blend of avoidance strategies. Some turned to academics or distraction, while others resorted to unhealthy coping such as substance use or social detachment. These behaviours were not just situational but seemed embedded into the students' broader psychological functioning, suggesting that Adverse Childhood Experiences had influenced their personality development over time.

This theme of avoidance connects closely to broader coping tendencies explored in the another theme. While avoidance initially served as a protective mechanism, in many cases it had evolved into a habitual way of interacting with the world. From a trauma perspective, such habitual avoidance reflects stalled integration of traumatic experiences, where survivors remain psychologically organised around fear and self-protection. It shaped participants' self-image, emotional resilience, and interpersonal relationships. As supported by Merrick et al. (2017) and Brown et al. (2019), long-term

avoidance rooted in childhood trauma often transforms into personality defining behaviours, such as emotional disengagement, hyper independence, or chronic detachment. This suggests that avoidance is not only a momentary escape but also a lens through which participants experience and manage adulthood. This is consistent with Emerging Adulthood Theory (Arnett, 2000), which identifies this life stage as a period of identity exploration and instability. For students with ACEs, unresolved trauma during this critical phase can distort self-perception and lead to prolonged reliance on avoidant behaviours to navigate emerging adult responsibilities. The complexity and variation in these responses reinforce the need to understand coping not simply as a short-term response, but as a dynamic process through which trauma, environment, and emerging identity are constantly negotiated.

4.2.2 Struggles with Trust and Self-Identity

The ability to form meaningful relationships and maintain a positive sense of self is often shaped by early life experiences. For individuals who have endured ACEs, these fundamental aspects of social and emotional wellbeing are frequently disrupted. The trauma of neglect, betrayal, emotional abuse, or inconsistent caregiving often leads to deep-seated trust issues, fear of rejection, and a fragile self-concept. As a result, individuals struggle to connect with others, second-guess their self-worth, and find it difficult to navigate social and academic spaces with confidence.

Judith Herman's Trauma Theory explains that early experiences of betrayal and emotional insecurity disrupt the development of basic trust and relational safety, leading survivors to perceive relationships as unpredictable or threatening (Herman, 1992, 2015). This theme explores two key challenges: trust issues and reluctance in forming relationships, and low self-esteem coupled with self-criticism. Many

individuals who have experienced ACEs develop defensive mechanisms to protect themselves from further emotional harm, often withdrawing from social interactions or maintaining emotional distance from others. At the same time, internalised negative self-perceptions may lead them to engage in harsh self-criticism, feelings of unworthiness, and avoidance of personal or academic opportunities.

According to Herman (1992, 2015), such defensive distancing and self-blame reflect trauma-related adaptations developed in environments where emotional vulnerability was unsafe.

4.2.2.1 Trust Issues and Reluctance in Forming Relationships

This section explores trust as a long-term personality pattern shaped by Adverse Childhood Experiences. Participants expressed significant struggles with trust and forming meaningful relationships due to their past traumatic experiences. Many described difficulties in opening up to others, fearing betrayal, rejection, or emotional pain. These experiences were evident across their interactions with peers, faculty, and even in their personal lives. Herman (2015) argues that trauma survivors often struggle to establish secure attachments because early relationships were characterised by harm, neglect, or inconsistency. While some participants coped by maintaining surface-level relationships, others avoided close bonds altogether, reinforcing their sense of isolation. Their lived experiences provide insight into the long-term impact of ACEs on relational patterns, confirming existing research on trauma-related attachment difficulties.

For several participants, past experiences of neglect, abuse, or betrayal deeply shaped their perception of relationships. Enam, for instance, acknowledged his struggle with emotional connections, stating,

"I struggle to form deep emotional connections."
(ENAM)

His social interactions confirmed this, as he kept conversations casual and avoided deeper topics, preventing the development of meaningful bonds. Herman (1992, 2015) notes that emotional distancing serves as a protective strategy for survivors who associate intimacy with vulnerability and loss of control. Similarly, Cee, whose early experiences were marked by emotional neglect after her father's passing, shared,

"The fear of rejection and abandonment has made it difficult for me to form deep emotional connections."

(CEE)

Cee's struggle with emotional connection and fear of rejection reflects challenges typical of Emerging Adulthood (Arnett, 2000), a developmental stage characterised by intense self-reflection, unstable relationships, and identity formation, all of which can be intensified by early trauma. This reluctance was also noticed in her interactions, as she remained selective in forming friendships and hesitant in communication, suggesting underlying trust issues. These patterns align with Turner et al. (2017), who argue that individuals exposed to ACEs often struggle with trust due to their altered perceptions of social interactions. Merrick et al. (2017) further explain that early neglect or abuse creates difficulties in fostering connections, reinforcing isolation. From a trauma perspective, persistent fear of abandonment reflects disrupted attachment systems and unresolved relational insecurity (Herman, 2015). Wise, who faced mistreatment as a child, similarly reflected on his distrust, stating,

"My past experiences have left me with deep trust issues and fear of emotional intimacy."

(WISE)

His colleague and lecturer observed this in his behaviour, noting that he kept to himself, rarely sought help, and was uneasy in social settings, reinforcing the notion that ACEs contribute to interpersonal withdrawal. While some participants avoided forming bonds entirely, others found it challenging to trust even when they sought relationships.

Herman (1992, 2015) explains that avoidance of help-seeking often reflects learned self-protection in survivors who previously experienced unmet emotional needs. Franz, for instance, struggled with feeling emotionally safe after experiencing rejection:

"I sometimes find myself being overly cautious in relationships, always prepared for the possibility of disappointment or hardship."

(FRANZ)

His reluctance was evident in his social interactions, where he remained polite but did not actively seek friendships, reflecting a cautious and guarded approach. This supports Shorey and Snyder (2006), who found that trauma-exposed individuals often develop avoidant or anxious attachment styles, making secure relationships difficult to establish.

The hesitation to trust also extended into participants' academic lives. This cautious relational stance aligns with Herman's description of hypervigilance in interpersonal contexts. Jeff, for example, preferred working in a supportive role rather than taking on leadership positions in group projects, explaining,

"My childhood experiences have made me cautious in relationships, and I find it hard to trust people easily."

(JEFF)

His low engagement in classroom discussions and reluctance to participate in social activities further indicated that his trust issues extended beyond personal relationships, affecting academic and professional interactions as well. This finding aligns with Poole et al. (2018), who argue that a lack of trust and poor emotional regulation contribute to social isolation, even in structured environments like school or work. The impact of these trust issues on romantic relationships was also evident. Herman (2015) notes that trauma-related mistrust often generalises to institutional and professional relationships. Fema, for example, reflected on how his past shaped his reluctance to commit:

"Falling in love has been difficult for me. My past experiences, particularly the situations involving unintended pregnancies and their

consequences, have made me cautious and hesitant to enter into new romantic relationships."

(FEMA)

Despite being active in social circles, her friendships remained casual rather than deeply personal, confirming Brown et al. (2019), who found that unresolved trauma often hinders deep emotional bonds. On the other hand, Ken adopted a self-reliant approach due to his childhood experiences, stating,

"I tend to keep a certain distance in friendships, partly due to fear of being hurt or let down, as I was in my past."

(KEN)

Unlike those who actively avoided relationships, Ken maintained cordial but distant interactions, never seeking deep emotional support. His lecturer and colleagues confirmed this, noting that he was polite but did not extend social engagement beyond necessity, aligning with research on avoidant attachment styles (Shorey & Snyder, 2006).

The emotional burden of these trust issues was also evident in the physical and behavioural expressions of participants. Herman's model suggests that emotional distance functions as a defence against anticipated loss or betrayal. Gee, for instance, described her wariness in relationships:

"My past experiences make it difficult for me to fully trust others, especially in relationships."

(GEE)

While she maintained a composed and well-groomed appearance, her reluctance to engage in discussions related to childhood experiences and her avoidance of leadership roles in academic settings suggested deeper emotional distress. Similarly, Vim struggled with trust due to past betrayal and abuse, explaining,

"I find it hard to trust people fully due to past experiences of betrayal and abuse."

(VIM)

Her counselling report showed that she experienced flashbacks and frustration, which led to academic struggles and difficulty sleeping, reinforcing the link between trauma, trust issues, and overall wellbeing. Herman (1992, 2015) emphasises that intrusive symptoms often coexist with relational insecurity in trauma survivors. The strongest example of trauma-related trust difficulties was observed in Koo, who associated her emotional detachment with childhood loss, stating,

"The trauma of losing my brother made it hard for me to trust and form close relationships."

(KOO)

Despite being academically stable, her lack of participation in social activities, avoidance of leadership roles, and preference for solitude reflected how past grief influenced her ability to connect with others. These findings are consistent with Merrick et al. (2017), who found that individuals with ACEs often withdraw from social activities, exacerbating their sense of isolation. Research also suggests that trauma-exposed individuals tend to form fewer but highly selective relationships (Poole et al., 2018), which explains why many participants maintained small social circles or preferred to navigate life independently.

Unresolved grief, according to Herman (2015), may inhibit emotional reconnection and trust development. Participants' lived experiences highlight the enduring impact of ACEs on trust and relationship formation. Many adopted defensive strategies, either by maintaining emotional distance, avoiding deep connections, or engaging only in superficial relationships. While some, like Franz and Jeff, maintained social circles but avoided emotional intimacy, others, such as Wise and Cee, found it nearly impossible to trust others. Additionally, participants like Ken and Enam preferred self-reliance over seeking emotional support, reinforcing the avoidant attachment styles often observed in trauma survivors.

Herman's recovery model suggests that such patterns reflect difficulty progressing toward relational reconnection. Although trust issues were common across all participants, the way these issues manifested in relationships appeared to be influenced by the social emotional environment of their college settings. Herman (2015) emphasises that relational healing requires safe social contexts, which may be unevenly available across institutional settings. In all-female colleges, participants such as Gee, Vim, and Koo often expressed relational fearfulness and emotional guardedness. Their struggles with trust were shaped by a deep fear of rejection or judgment, resulting in selective social bonds and limited peer engagement. These patterns reflect what Shorey and Snyder (2006) describe as avoidant attachment, where individuals suppress emotional needs and maintain relational distance to avoid vulnerability. The emotionally intense and socially evaluative atmosphere sometimes present in single-gender female environments may amplify internalised anxiety, leading students to prioritise emotional safety over connection.

In contrast, all-male college students like Jeff, Ken, and Franz tended to maintain socially acceptable but emotionally distant interactions. Their trust issues were expressed through stoicism, limited emotional disclosure, and a tendency toward self-reliance. As highlighted by Poole et al. (2018) and Bellis et al. (2018), male trauma survivors often adopt emotionally restrictive behaviours, reinforced by masculine norms that discourage vulnerability and emotional expression. These students often navigated relationships by staying present socially but emotionally disengaged, a strategy that reflects both trauma driven avoidance and social conditioning around emotional independence.

Students from mixed-gender colleges, including Cee, Enam, Fema, and Wise, displayed more ambivalent relational behaviours. While they often participated in social life on the surface, they maintained emotional distance, cautiously monitoring interactions for signs of judgment or betrayal. Their tendency to remain polite but guarded suggests a struggle with emotional safety in more socially complex and diverse environments. Banyard and Cantor (2004) argue that trauma-exposed students in mixed-gender settings may experience heightened relational tension due to a lack of clear emotional norms, increasing the risk of social withdrawal or inauthentic connection.

These variations support Herman's argument that trauma recovery is mediated by social norms, relational expectations, and perceived emotional safety. These contextual differences suggest that while the root of relational mistrust lies in early adverse experiences, the way students manage these challenges is shaped by the relational culture of their college environment. As Merrick et al. (2017) note, trauma-exposed individuals often form fewer and more selective bonds, and their attachment styles are not only shaped by past trauma but continually reinforced by their present social experiences. Understanding these relational patterns within the context of college life provides insight into how trauma-informed support must be sensitive to both individual histories and the emotional climates of learning environments.

4.2.2.2 Low Self-Esteem and Self-Criticism

Low self-esteem and self-criticism emerged as one of the personality traits that manifested among participants who had experienced ACEs. Many participants described persistent self-doubt, a lack of confidence, and feelings of unworthiness that affected their academic engagement, social interactions, and overall sense of self. Their narratives revealed deeply ingrained negative self-perceptions, which were also

observed by their colleagues, lecturers, and through counselling reports. While some participants internalised their struggles by withdrawing from academic and social spaces, others exhibited fluctuating confidence levels, engaging selectively based on their comfort with a particular subject or social setting.

According to Judith Herman's Trauma Theory, chronic exposure to neglect, emotional abuse, and instability disrupts the development of a coherent and positive self-concept, leading survivors to internalise feelings of inadequacy, shame, and self-blame (Herman, 1992, 2015). The emotional neglect and mistreatment participants experienced in their childhoods contributed to a fragile self-concept. Enam, for instance, admitted to experiencing self-consciousness during class presentations, stating:

"I feel nervous and self-conscious during class presentations."
(ENAM)

His lecturer and peers confirmed his hesitance in engaging, with observations such as,

"Enam lacks confidence in leading discussions," and "He avoids eye contact when put on the spot."
(ENAM LEC)

This pattern suggests a fear of judgment, a common consequence of childhood adversity, where past experiences of rejection or failure make individuals hesitant to expose themselves to similar situations again. Herman (1992, 2015) explains that such fear of exposure reflects trauma-related shame and vulnerability, where individuals anticipate criticism and rejection due to internalised negative self-beliefs. Similarly, Cee explicitly linked her struggles with self-esteem to the belittling and emotional neglect she endured growing up:

"The emotional neglect and belittling I experienced during my upbringing contributed to feelings of worthlessness and self-doubt."
(CEE)

This internal struggle reflects a form of primary appraisal as described in the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984), where individuals interpret potentially evaluative situations as threatening, triggering emotional distress and avoidance behaviours.

From a trauma perspective, Herman (2015) notes that such threat appraisals are intensified when early environments consistently conveyed messages of inadequacy and rejection. This self-perception translated into her academic interactions, as noted by her lecturer, who observed:

"Cee often hesitates to ask questions in class due to a fear of judgment or making mistakes."

(CEE LEC)

Her avoidance of classroom engagement reflects the self-fulfilling prophecy of low self-esteem. Believing she is inadequate leads to behaviours that reinforce this perception, such as refraining from participation due to the fear of being wrong. Herman (1992, 2015) describes this cycle as trauma-related internalisation, where survivors repeatedly confirm negative self-schemas through avoidance and self-silencing. A similar struggle was evident in Wise's account of how his childhood experiences made him doubt his ability to succeed:

"The way I was treated growing up has made me doubt my own worth and ability to succeed."

(WISE)

Wise's self-doubt and search for academic competence are consistent with Emerging Adulthood Theory (Arnett, 2000), which posits that this developmental stage is marked by heightened self-focus, identity exploration, and vulnerability to unresolved childhood trauma. Herman (2015) further explains that trauma survivors often struggle with identity coherence, leading to unstable self-evaluations and persistent self-

questioning. His reluctance in social and academic settings was confirmed by observations such as,

"Wise does not often volunteer to answer questions in class or initiate discussions," and "His inconsistent engagement in class discussions suggests a lack of confidence in expressing himself."

(WISE OBS)

The fear of failure appears to be a significant deterrent to participation for students with ACEs, making them hesitant to engage in environments that require self-expression or the risk of making mistakes. While some participants exhibited a general reluctance to participate in social and academic spaces, others experienced fluctuations in their self-confidence. Franz, for example, acknowledged his difficulty in expressing himself:

"I tend to be hesitant to ask questions or share my views openly in class. There's a fear of being judged or not being taken seriously, possibly stemming from the lack of confidence in my academic abilities."

(FRANZ)

This was reflected in his lecturer's observations, which noted that,

"His willingness to participate in class discussions depends on the topic or his mood, suggesting fluctuating confidence in academic engagement."

(FRANZ LEC)

This suggests that while some trauma-affected individuals withdraw completely, others experience situational confidence, engaging only when they feel secure in their knowledge or the setting. Herman (1992, 2015) argues that such fluctuations reflect unstable self-regulation systems shaped by early emotional insecurity. Participants' self-doubt extended beyond academic settings into their broader self-perception. Esti provided a deeply personal account of how her past shaped her confidence:

"I often doubt my abilities and worth. My childhood of constant criticism and mistreatment has deeply affected my confidence, making me fear making mistakes or being judged."

(ESTI)

Esti's effort to navigate her academic identity amid self-doubt reflects the framework of Narrative Therapy (White & Epston, 1990), which views healing as a process of re-authoring one's story and separating personal identity from problem-saturated narratives rooted in trauma. Herman (2015) emphasises that trauma recovery involves reconstructing self-narratives that move beyond shame and self-blame. Her body language further reinforced her internal struggles, as she often "*avoided eye contact and hesitated to speak unless prompted.*" This self-perception aligns with the concept of learned helplessness, where repeated negative experiences create a belief that one is incapable of success, leading to passivity and avoidance of challenges. The impact of low self-esteem was also evident in Gee's fear of failure and pressure to succeed, particularly as a mother balancing responsibilities:

"I often feel self-doubt and pressure to succeed, worrying about failing my child and myself."

(GEE)

This pressure was noted by her lecturers, who observed that,

"Gee sometimes appears distracted and anxious, particularly during exams."

(GEE LEC)

This highlights another dimension of low self-esteem, the fear that any failure will confirm one's perceived inadequacy, leading to heightened anxiety and stress in high-pressure situations. Herman (1992, 2015) notes that trauma-related shame often intensifies performance anxiety and fear of exposure. The experiences described by participants align with research on the long-term effects of ACEs on self-esteem and self-perception. UNICEF (2019) highlights that individuals with higher ACE scores often consider themselves unpopular, avoid being the centre of attention, and exhibit lower levels of self-confidence. This was evident in the participants' accounts, where

many avoided speaking up in class or engaging in social interactions due to fears of rejection.

Additionally, Merrick et al. (2019) found that trauma-exposed individuals experience heightened levels of self-doubt, negatively impacting their psychological wellbeing. This aligns with the experiences of participants like Wise and Cee, who expressed deep insecurities about their abilities and feared being judged or criticised.

The impact of ACEs on self-esteem is further supported by Laurinaityte et al. (2022), who found that experiencing multiple ACEs amplifies vulnerabilities to low self-esteem, particularly in college students. This aligns with the difficulties participants faced in adjusting to the academic and social demands of college, as seen in the struggles of Enam and Esti.

The persistent self-criticism displayed by participants is also consistent with Nurius et al. (2015), who found that increased exposure to ACEs is linked to higher tendencies for self-criticism, often contributing to social withdrawal and depressive symptoms. This was particularly evident in participants like Vim, whose counselling report noted:

"Frequent flashbacks and frustration, leading to academic struggles and sleepless nights."

(VIM CR)

Herman (2015) links persistent self-criticism to unresolved trauma-related shame and intrusive memory processes. The findings revealed that low self-esteem and self-criticism are deeply embedded in the experiences of individuals with ACEs. The fear of judgment, self-doubt, and perceived inadequacy significantly hindered participants' ability to engage in academic and social spaces. Consistent with previous research, these findings suggest that the long-term effects of childhood trauma continue to shape self-perception, creating barriers to personal and academic growth.

Within Herman's framework, such patterns indicate incomplete trauma integration and fragile self-identity. Although low self-esteem and self-criticism were consistently present among participants, their expression was subtly influenced by the nature of their college environment. Herman (2015) emphasises that recovery is shaped by social validation and emotional safety.

In all-female colleges, participants such as Gee, Vim, and Esti often internalised their distress, expressing heightened self-monitoring and a fear of falling short. Their academic anxiety and emotional restraint suggested a relational culture that may reinforce self-silencing, particularly when vulnerability is associated with weakness or failure. This reflects findings by Rosecrance (2022), who noted that trauma-exposed female students in all-female environments may experience intensified pressure to appear composed and capable, despite internal distress.

In all-male colleges, students such as Enam, Jeff, and Franz often displayed avoidance or selective participation, masking self-doubt through passivity or disengagement. Their reluctance to take leadership roles or speak openly in class hinted at an internal conflict between low self-confidence and social expectations to appear emotionally strong. As Murphey and Sacks (2019) argue, male trauma survivors may struggle to reconcile self-doubt with cultural ideals of emotional resilience, resulting in hidden vulnerability and suppressed academic engagement.

Mixed-gender college students, including Cee, Wise, and Fema, demonstrated a combination of academic anxiety and guardedness, often engaging selectively while remaining highly self-critical. Their fear of being judged or misunderstood in diverse peer environments may have intensified their self-scrutiny. According to Banyard and Cantor (2004), students with trauma histories in socially diverse settings often

experience heightened performance pressure, which exacerbates existing self-esteem issues and contributes to withdrawal or selective engagement.

These variations support Herman's argument that trauma responses are mediated by cultural and institutional norms. These patterns suggest that self-criticism among students with ACEs is not only a product of early adversity but also shaped by the social norms and emotional expectations of their academic environments. The intersection of trauma history and college culture creates a layered experience, where internal narratives of inadequacy are reinforced or challenged depending on the context in which students find themselves.

4.2.3 Emotional Survival and Adaptation

Surviving trauma requires individuals to develop coping mechanisms that help them navigate emotional distress and regain a sense of control. When faced with ACEs such as neglect, abuse, or instability, individuals often adopt survival strategies that shape their emotional responses and behavioural patterns well into adulthood. Some of these strategies promote resilience, allowing individuals to adapt and overcome challenges, while others may lead to overcompensation, emotional suppression, or maladaptive coping mechanisms that hinder personal growth. Judith Herman's Trauma Theory explains that trauma survivors develop survival strategies aimed at restoring psychological safety and control following experiences of helplessness and threat (Herman, 1992, 2015). This theme explores the various ways individuals adjust to trauma, which is evident in their personality traits. Some develop resilience, learning to manage emotions and persevere despite adversity, while others engage in overcompensation, pushing themselves excessively to prove their worth or regain control.

4.2.3.1 Resilience and Overcompensation

Resilience and overcompensation emerged as one of the personality traits that manifested among individuals who have faced ACEs. Resilience, the ability to recover from and adapt to adversity, was evident in participants who persisted despite challenges, using their hardships as motivation to succeed. Overcompensation, on the other hand, was observed as a coping mechanism where individuals pushed themselves excessively to counteract feelings of inadequacy or past hardships. Herman (2015) notes that resilience and overcompensation may coexist in trauma survivors, with resilience reflecting adaptive coping and overcompensation reflecting unresolved attempts to regain control and self-worth. The dual nature of resilience and overcompensation highlights how individuals navigate stress and adversity, with some finding healthy adaptive strategies while others struggle with the pressure of proving for themselves.

Participants provided insight into how their past influenced their drive to excel. Enam described how his fear of being looked down upon motivated him to work harder:

“I work extra hard on my assignments and projects because if I don’t, I fear I’ll be looked down upon, just like I was at home.”

(ENAM)

Similarly, another participant linked her perfectionism to a desire to control her external image, stating:

“I make sure I always look perfect. If I can control how others see me, maybe I can prevent the things that happened at home from affecting me now.”

(KOO)

According to Herman (1992, 2015), such perfectionism and image control reflect trauma-related efforts to prevent future harm by managing external perceptions. This reflects a form of secondary appraisal, as described in the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984), where Koo attempts to control her

external environment to manage internal anxiety and avoid perceived threats of rejection or judgment. These statements reflect an attempt to compensate for past neglect, rejection, or feelings of inadequacy by striving for perfection in academics, appearance, or personal achievements. This aligns with research by Rosecrance (2022), which highlights that some individuals with ACEs engage in overcompensation behaviours, using high achievement as a means of coping with past trauma. While this drive can lead to positive academic and professional outcomes, it can also result in burnout, self-imposed pressure, and persistent anxiety.

Many participants described how their past hardships instilled resilience, pushing them to persevere despite obstacles. Fema expressed how her struggles forced her to become more self-reliant:

“These early life challenges have profoundly impacted my adult life. They have instilled in me a deep sense of resilience and adaptability.”
(FEMA)

This sentiment was echoed by Wise, who, despite his personal struggles, remained determined to improve:

“Each time I resist my addictive behaviours, it gives me a sense of hope and motivation.”
(WISE)

Herman (2015) describes such motivation as part of trauma recovery, where individuals begin to reclaim agency and personal efficacy. Wise’s motivation to resist self-destructive behaviours and build a better future aligns with Emerging Adulthood Theory (Arnett, 2000), which identifies this life phase as a critical period for identity formation, personal growth, and goal-setting in the aftermath of adversity. Similarly, Dav viewed academics as a means of proving his worth:

“My childhood experiences have helped me face academic and personal challenges.”
(DAV)

Their colleagues, lecturers, and observations confirmed these behaviours. Fema's colleague described her determination to confront and manage challenges, while her lecturer noted her persistent academic efforts despite emotional discomfort. Similarly, Wise's lecturer highlighted his gradual improvement in class engagement, reinforcing the idea that resilience can manifest through steady academic and social participation.

This aligns with findings from Bethell et al. (2014) and Kelifa et al. (2020), who suggest that resilience acts as a protective factor for individuals with ACEs, enabling them to maintain academic performance and psychological wellbeing despite adversity. Hinojosa et al. (2019) further emphasised that students who cultivate resilience tend to display perseverance, adaptability, and a commitment to long-term goals, which was evident in how participants continued to push themselves academically and personally.

However, for some, resilience came with the added burden of overcompensation. Esti, for example, described a deep-seated fear of failure:

“Despite the challenges, I am determined to succeed and build a better future. My struggles have taught me to be independent and resourceful.”
(ESTI)

Herman (1992, 2015) explains that such intense striving may reflect unresolved trauma-related fear of failure and abandonment. Esti's determination to reshape her life aligns with Narrative Therapy (White & Epston, 1990), which encourages trauma survivors to re-author their stories from victimhood to agency, using resilience as a new identity framework. While her resilience is admirable, her lecturer noted that she sometimes displayed emotional distress, suggesting that her pursuit of success was partly driven by unresolved internal struggles. Similarly, Gee, who has faced emotional distress linked to her past, expressed a strong determination to succeed:

“Despite my challenges, I push myself to work hard and overcome obstacles.”

(GEE)

Her observation report, however, noted visible signs of emotional distress when discussing childhood experiences, implying that while she maintained an outward composure, she carried unresolved emotional burdens. These patterns align with Lin et al. (2017), who found that resilience moderates stress levels and depressive symptoms, improving overall quality of life. However, when resilience is accompanied by overcompensation, individuals may struggle with chronic stress, anxiety, and feelings of inadequacy, as seen in studies on perfectionism and trauma responses (Himmel, 2015).

Herman (2015) notes that outward competence often masks unresolved emotional pain in trauma survivors. Some participants demonstrated resilience through self-reliance and avoidance of dependency on others. Ken, for instance, shared how his past taught him independence:

“The challenges I faced in my early life have significantly impacted my adult life. They've instilled in me a strong sense of resilience and self-reliance.”

(KEN)

This was consistent with observations of his behaviour in class, where he remained attentive but avoided deeper engagement in social activities. Similarly, Enam maintained a cautious approach, focusing on self-discipline:

“My challenging childhood experiences have significantly influenced my approach to college life. They've made me more cautious and less inclined to engage in typical social activities.”

(ENAM)

This cautious resilience reflects findings by Murphey & Sacks (2019), which suggest that trauma-exposed students often develop self-sufficiency as a way to cope with their past, avoiding dependence on others while striving for personal stability. In some cases, participants used academic success as a means to overcompensate for emotional

struggles. Herman (1992, 2015) identifies excessive self-reliance as a trauma adaptation developed in contexts where support was unreliable. Vim described pushing herself academically, stating:

“Despite my struggles, I push myself to succeed academically and personally.”

(VIM)

However, her lecturer noted that she often appeared emotionally withdrawn, and her counselling report confirmed ongoing distress. Similarly, Koo used academic success to validate herself:

“Despite her struggles, she pushes herself academically to make her family proud.”

(VIM LEC)

Yet, her observation report highlighted mood shifts and emotional withdrawal, reinforcing the idea that while she was determined to succeed, her resilience came with underlying emotional difficulties.

Such achievement-oriented coping reflects attempts to secure worth through performance (Herman, 2015). The findings align with Hinojosa et al. (2019) and Himmel (2015), who emphasise that resilience can be cultivated through structured coping mechanisms, cognitive behavioural interventions, and social support systems. While many participants exhibited remarkable resilience, their reliance on overcompensation as a coping strategy suggests the need for mental health interventions to prevent burnout and emotional exhaustion.

Overall, While resilience and overcompensation were observed across all participants, the ways in which these traits manifested appeared to be influenced by the culture of their respective college environments. Herman (2015) emphasises that trauma recovery depends on supportive social contexts that validate effort without reinforcing

perfectionism. In all-female colleges, students such as Koo, Vim, and Esti often channelled their trauma into high personal standards, academic perfectionism, and emotional control. Their resilience, while outwardly admirable, frequently masked internal emotional distress and a fear of failure. According to Rosecrance (2022), trauma-exposed women in all-female academic settings may feel pressure to appear composed and successful, leading to high-functioning yet emotionally strained behaviours that reflect overcompensation more than sustainable coping.

In all-male colleges, participants such as Ken, Enam, and Enam expressed resilience through quiet self-reliance and emotional distance. Their tendency to work independently while avoiding emotional disclosure suggests a culture where strength is measured by autonomy rather than emotional openness. Murphey and Sacks (2019) note that trauma-exposed males often adopt self-sufficiency as a survival strategy, particularly in environments where vulnerability is culturally discouraged. This may explain why some participants appeared successful yet disengaged, managing internal struggles without seeking support.

Students in mixed-gender colleges, such as Dav, Fema, and Wise, displayed resilience through visible determination and selective engagement, but often felt the need to manage how others perceived their struggles. Their self-presentation was shaped by a desire to avoid judgment in socially diverse environments. Banyard and Cantor (2004) suggest that coeducational contexts can increase performance anxiety for trauma-exposed individuals, especially when emotional expression is not met with consistent support. This may contribute to cycles of striving, emotional suppression, and fatigue among students navigating both internal and external expectations.

These patterns support Herman's argument that trauma responses are shaped by cultural and institutional expectations. These contextual differences suggest that while resilience can empower trauma-exposed students, the environments they inhabit may shape whether this resilience remains adaptive or becomes a burden. Understanding how overcompensation is influenced by educational and social norms is critical in developing trauma-informed support systems that nurture sustainable success rather than reinforce silent suffering.

4.3 Influence of ACEs on Psychological Wellbeing

Research question 2 sought to identify how ACEs influence the psychological wellbeing of students. Item A and B under Part three on the interview guide for participants were used to gather responses for this research question. Two superordinate and five subordinate themes emerged from the data.

4.3.1 Emotional Distress and Trauma

Emotional distress and trauma emerged as one of the superordinate themes under how ACEs influence the psychological wellbeing of students. Anxiety and hypervigilance, experiences of depression and hopelessness, fear and distrust in relationship are the subordinate themes that emerged from this superordinate theme. The data revealed that many trainees enter college burdened by unresolved trauma, which not only affect their academic performance but also their psychological wellbeing. Emotional distress manifests in heightened vulnerability to stress, impaired focus, and difficulty managing the demands of academic life. From the perspective of trauma psychology, such persistent emotional distress reflects what Judith Herman describes as the long-term psychological consequences of chronic childhood trauma, where survivors remain

trapped in cycles of fear, heightened arousal, and emotional dysregulation long after the original threat has passed (Herman, 1992).

4.3.1.1 Anxiety and hypervigilance

The first subordinate theme, anxiety and hypervigilance emerged as significant struggles among participants, shaping their academic, social, and emotional wellbeing. Many participants described feeling on edge, overthinking situations, and anticipating negative outcomes, particularly in academic and relational contexts. Their colleagues, lecturers, observation reports, and counselling assessments confirmed these patterns, highlighting the long-term impact of ACEs on their emotional regulation. For many participants, anxiety was most evident in academic settings, particularly before exams.

Enam reflected on his tendency to overthink and worry about deadlines, stating,

“I overthink and get anxious before exams. I always feel that I have not prepared well enough for the exams.”

(ENAM)

This feeling was echoed by Enam, who described how his exam anxiety persisted before, during, and even after exams, saying,

“Before exams, I feel anxious, worrying about my performance and the outcome. During, this anxiety often persists, making it hard to concentrate. After, I tend to overthink my responses and worry about potential errors.”

(ENAM)

Similarly, Gee shared how the fear of failing academically consumed her thoughts and affected her concentration:

“The fear of failing academically keeps me up at night and affects my concentration.”

(GEE)

This pattern of rumination and excessive worry aligns with research suggesting that students with ACEs often struggle with emotional regulation, making them more prone to heightened anxiety (Bellis et al., 2018). From Herman’s trauma framework, such

persistent fear and cognitive over-engagement reflect a state of chronic hyperarousal, in which trauma survivors remain physiologically and psychologically alert to potential threats, even in safe environments (Herman, 1992). Some participants exhibited clear signs of nervousness in social and academic settings, with their peers and faculty noticing their discomfort. Fema's anxiety was visible in her behaviour, as her colleague noted,

“She exhibited visible signs of nervousness, particularly during exams and presentations.”

(FEMA COL)

Similarly, Dav's lecturer observed,

“His body language suggests nervousness, especially when called upon unexpectedly.”

(DAV LEC)

Ken and Franz both described experiencing persistent anxiety, particularly in academic settings, with Ken explaining,

"Exams make me anxious. I worry a lot before they begin, and even during, I struggle to concentrate. Afterwards, I keep replaying everything in my head, wondering what I did wrong."

(KEN)

This aligns with Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping, which posits that individuals experience emotional strain when they perceive external demands as exceeding their coping resources. Ken's hypervigilance and post-exam rumination reflect a maladaptive secondary appraisal process, where he feels inadequately equipped to manage academic stress. In addition, Herman's theory suggests that trauma survivors often develop a persistent sense of helplessness and exaggerated self-blame, which intensifies post-event rumination and self-criticism following stressful experiences such as examinations (Herman, 1992). This constant preoccupation with performance and mistakes reflects Turner et al.'s (2017) findings that individuals with ACEs often experience persistent worry and over-alertness,

impacting their ability to feel secure. Beyond academic anxiety, hypervigilance in relationships was another recurring theme. Many participants described how past experiences had made them overly cautious and fearful of emotional connections. Koo, for instance, expressed,

“I constantly fear losing people I care about, making me hypervigilant in relationships.”

(KOO)

Similarly, Vim described her heightened sense of alertness and expectation of harm, saying,

“I am constantly on high alert, always expecting something bad to happen.”

(VIM)

These statements illustrate how past trauma fosters a persistent sense of fear, leading to hyperawareness of one’s surroundings and an inability to fully relax in relationships (Hughes et al., 2017). According to Herman (1992, 2015), such relational hypervigilance reflects disrupted attachment and compromised trust systems in trauma survivors, where close relationships are unconsciously perceived as potential sources of danger rather than safety. This hypervigilance was not always expressed verbally but was evident in participants’ nonverbal cues and behaviours. Wise’s observation report revealed that,

“His body language suggests hesitancy, discomfort, and underlying anxiety. His noticeable nervousness during group presentations highlights his struggle with anxiety.”

(WISE OBS)

Similarly, Esti’s interactions suggested heightened awareness and discomfort, with her observation report stating,

“Her body language conveys a sense of discomfort and emotional turmoil, particularly when discussing personal experiences.”

(ESTI OBS)

The physical manifestations of hypervigilance, such as fidgeting, avoiding eye contact, and appearing tense, align with Poole et al.'s (2018) research, which highlights that trauma-related anxiety often leads to avoidance behaviours, further hindering students' academic and social engagement. Herman (1992, 2015) further explains that such bodily manifestations reflect the somatic imprint of trauma, where unresolved fear becomes embedded in posture, muscle tension, and behavioural patterns. A contrast emerged between those who internalised their anxiety through withdrawal and those who exhibited visible nervousness. Some participants, like Jeff, preferred to withdraw and avoid situations that could trigger anxiety, with his lecturer noting,

“His demeanor sometimes carries a sense of melancholy, and he interacts minimally with peers.”

(JEFF LEC)

On the other hand, individuals like Dav and Fema displayed overt signs of distress, with their observers noting visible signs of nervousness, such as fidgeting and restlessness. This contrast highlights the varied ways in which anxiety and hypervigilance manifested: some individuals avoid triggering situations altogether, while others remain present but visibly unsettled. Herman (1992, 2015) describes this variation as reflecting different survival adaptations, where some survivors cope through emotional numbing and withdrawal, while others remain in a state of heightened arousal. Hypervigilance and fear of judgment extended beyond academics into social settings. Esti shared,

“I constantly second-guess my actions and worry about how others perceive me. The fear of judgment and rejection makes it difficult for me to relax and be myself.”

(ESTI)

From a Narrative Therapy perspective (White & Epston, 1990), Esti's self-monitoring reflects the internalised effects of trauma narratives—stories of unworthiness and danger that shape how she perceives herself in social spaces. These stories heighten her fear of being judged and undermine her ability to feel safe. Similarly, Blez described,

“I constantly worry about how others perceive me, which makes social interactions stressful.”

(BLEZ)

Herman (1992, 2015) similarly argues that trauma survivors internalise distorted self-concepts characterised by shame, self-blame, and fear of exposure, which intensify social anxiety and self-surveillance. According to Arnett’s (2000) Emerging Adulthood Theory, students in this life phase are navigating identity, instability, and emotional vulnerability. For individuals like Blez and Esti, who are still forming their self-concept while recovering from past trauma, such social hypervigilance can be intensified, making emotional regulation even more challenging. Their reluctance to engage fully in social situations aligns with research indicating that students with ACEs often struggle with trust, contributing to avoidance behaviours and reinforcing their sense of isolation (Poole et al., 2018).

The findings illustrate that anxiety and hypervigilance manifest in varied yet deeply impactful ways among individuals with ACEs. Some participants internalised their anxiety, leading to avoidance behaviours and social withdrawal, while others exhibited visible signs of distress through fidgeting, nervousness, and difficulty concentrating. These experiences align with psychological research demonstrating how ACEs continue to shape participants’ emotional regulation and sense of safety in present-day academic and social environments (Turner et al., 2017; Bellis et al., 2018). From Herman’s trauma theory, these patterns reflect unresolved traumatic stress, where survivors remain psychologically organised around threat, undermining their capacity for sustained concentration and relational safety (Herman, 1992). The accounts reinforce the idea that past trauma creates a persistent sense of fear and uncertainty, influencing both academic performance and social relationships.

Although anxiety and hypervigilance were shared experiences across participants, their expressions varied subtly depending on the college environment. In all-female colleges, students such as Esti, Gee, Koo, and Vim often internalised their distress, which manifested through excessive self-monitoring, heightened fear of evaluation, and visible nervousness in both academic and social situations. For these participants, anxiety did not simply emerge in high-pressure moments like exams but appeared to be tied to a deeper need to maintain emotional composure. These behaviours may reflect an internalised belief that emotional expression could compromise their social belonging or be misinterpreted by peers.

Wilson-Ching and Berger (2024) support this observation, noting that trauma-affected female students are more likely to experience socially conditioned anxiety in evaluative settings, especially where performance and peer perception intersect. Their study highlights the compounding effect of gendered expectations on emotional suppression among female students with trauma histories.

In all-male colleges, participants including Enam, Ken, and Jeff tended to suppress visible indicators of distress. While they acknowledged experiencing persistent anxiety, they often managed it through withdrawal or self-containment. Their reluctance to seek help or openly express discomfort may reflect early relational trauma compounded by gendered expectations around emotional restraint. Rather than engaging with their anxiety, they appeared to neutralise or minimise it, often at the cost of emotional connection and academic engagement. Herman (1992, 2015) describes such emotional suppression as a form of adaptive survival strategy, developed in unsafe childhood environments where expressing fear or vulnerability carried risks.

This aligns with findings by Sweeney et al. (2018), who assert that masculine-coded environments tend to reinforce emotional inhibition, especially among trauma-affected individuals. Their work suggests that male students may internalise psychological distress due to cultural norms discouraging vulnerability, leading to emotional disengagement. Students from mixed-gender colleges, such as Fema, Wise, Dav, and Blez, revealed a more ambivalent pattern. Their anxiety was often visible through fidgeting, hesitance, and hyper-awareness in group settings, yet it was accompanied by efforts to socially participate. These students expressed a tension between wanting connection and fearing judgment, suggesting that emotional safety in mixed settings may be more difficult to negotiate for those with trauma histories.

Banyard and Cantor (2004) explain that in coeducational settings, the lack of consistent emotional norms and the diversity of peer interactions can heighten uncertainty for trauma survivors. Their study suggests that this ambiguity often leads to increased self-consciousness and hypervigilance in students with ACEs, who may find it difficult to assess interpersonal safety. These distinct responses suggest that while the root of anxiety lies in earlier adverse experiences, the way it is expressed is shaped by the social-emotional context of each institutional environment. Understanding how educational settings interact with past trauma offers insight into how students adapt emotionally, and why some may struggle to engage meaningfully with peers, staff, or academic demands.

Turner et al. (2017) reinforce this connection by identifying hypervigilance and anticipatory anxiety as key psychological outcomes of ACEs, often affecting concentration, decision-making, and social functioning. Their findings underline how chronic emotional arousal becomes a learned, embodied response that is continually

shaped by present environments. Herman's trauma framework further highlights that chronic emotional arousal becomes a learned, embodied response that is continually shaped by both past trauma and present relational environments (Herman, 1992).

4.3.1.2 Experiences of Depression and Hopelessness

Many participants described experiencing persistent sadness, emotional fatigue, and a sense of hopelessness stemming from their past experiences. Their struggles with depression and emotional exhaustion were evident in both their personal narratives and in the observations of their peers, lecturers, and counselling reports. While some individuals exhibited quiet withdrawal, others attempted to mask their internal distress, yet all demonstrated an ongoing battle with emotional suffering. From the perspective of Judith Herman's trauma theory, such prolonged emotional suffering reflects the aftermath of chronic childhood trauma, where survivors experience persistent disturbances in mood, self-worth, and meaning-making long after the original abuse has ended (Herman, 1992).

Enam expressed feelings of being stuck in a repetitive cycle of struggle, stating,

"I sometimes feel like I'm facing the same challenges over and over again without any way out and that disturbs me a lot".

(ENAM)

Enam's sense of helplessness reflects what Lazarus and Folkman (1984) describe as secondary appraisal, where individuals evaluate their available coping resources. In his case, the perceived inability to escape repeated emotional challenges results in emotional exhaustion and disengagement. Herman (1992, 2015) similarly describes this experience as learned helplessness arising from prolonged exposure to uncontrollable stress, where trauma survivors come to believe that effort will not change outcomes. His colleague observed that,

"He often seemed detached, as though lost in thought," (ENAM COL)

And his lecturer similarly noted that,

"Enam appears disengaged, suggesting personal struggles."
(ENAM LEC)

His body language during discussions, marked by discomfort and avoidance, further indicated a silent but persistent internal battle with emotional distress. This aligns with Ryff's (2014) findings that students with a history of ACEs frequently experience emotional withdrawal and symptoms of depression, often struggling to remain engaged in daily activities.

Fema's experiences also reflected the lasting impact of trauma on psychological wellbeing. She revealed,

"My difficult childhood makes my education feel even more important, and the fear of failing really affects me. I feel I'm not good enough and scared of dropping out again."
(FEMA)

Her lecturer confirmed this observation, noting that,

"Fema struggled with self-doubt and emotional challenges, leading to fluctuations in her performance." (FEMA LEC)

Moreover, her observation report stated that,

"Her body language became more closed off when childhood experiences were discussed,"
(FEMA OBS)

This highlights how past wounds continued to shape her present reality. Her counsellor diagnosed her with Major Depressive Disorder, Stress, and Severe Anxiety, reinforcing Banyard and Cantor's (2004) assertion that cumulative trauma leads to negative college adjustment, reducing motivation and increasing emotional distress. According to Herman (1992, 2015), such patterns reflect trauma-related alterations in affect regulation, where survivors experience persistent sadness, fear, and emotional instability due to disrupted psychological development.

Similarly, Cee described feeling emotionally burdened by her childhood, stating,

"I sometimes feel overwhelmed by sadness and distress when recalling my childhood experiences. I always experience flashbacks."

(CEE)

Her lecturer observed that,

" Cee is often present in class but her emotional hesitations indicate deeper struggles,"

(CEE LEC)

and her counsellor noted that her distress had escalated to suicidal ideation, requiring structured psychological intervention. These symptoms correspond to what Herman (1992, 2015) identifies as complex trauma responses, including intrusive memories, emotional numbing, and suicidal thoughts arising from unresolved childhood abuse. These patterns reflect Merrick et al. (2017), who found that individuals with ACEs struggle to find meaning and purpose, leading to feelings of hopelessness and prolonged sadness.

Emotional withdrawal was also evident in Wise's experiences. He stated,

"Sometimes, I feel overwhelmed by sadness and regret when I think about my past. The emotional burden of my childhood makes it difficult for me to find joy in life."

(WISE)

His lecturers and colleagues noted his withdrawn demeanour, highlighting his hesitancy to participate in discussions, inconsistent concentration, and low energy levels. His dishevelled appearance and signs of fatigue suggested deeper emotional struggles, further reinforcing the link between ACEs and depression, as described by Nurius et al. (2015). Herman (1992, 2015) explains that such loss of vitality and diminished pleasure reflects trauma-related disruptions in self-coherence and emotional regulation. Students like Wise often experience emotional exhaustion, leading to diminished academic engagement and overall wellbeing. Dav's account similarly highlighted the overwhelming emotional impact of childhood trauma. He admitted,

"Recalling my childhood experiences bring back a flood of negative emotions. The flashbacks make me sad and always wanting to be alone."

(DAV)

His lecturers and peers observed that he often "*appeared distant and disengaged*," lacked motivation, and seemed to "*zone out during emotional discussions*." This response to trauma aligns with findings from Merrick et al. (2017), which suggest that unresolved childhood experiences leave individuals struggling to engage fully in their present circumstances, leading to emotional detachment and academic struggles. From Herman's perspective, such detachment reflects dissociative coping, where individuals withdraw emotionally to protect themselves from overwhelming memories and feelings (Herman, 1992). Eddy's struggles were particularly evident in his reflection:

"When I reflect on my childhood, a profound sadness for the love and support I missed out reoccurs to me."

(EDDY)

His lecturer noticed that,

"Eddy becomes noticeably more introspective or distant when certain subjects are brought up in discussions."

(EDDY LEC)

and suggested that he seek counselling services to process his unresolved emotions. His structured daily routine was interpreted as a coping mechanism, highlighting how some individuals attempt to create external stability to manage internal distress. Herman (1992, 2015) describes this pattern as an attempt to restore control in environments where emotional safety was previously absent. Enam shared a similar experience, stating,

"When I reflect on my childhood experiences, they evoke unpleasant memories. There's a deep sadness for the struggles and pain my sister and I went through."

(ENAM)

His low-profile presence in both academic and social settings suggested an avoidant coping style, where he preferred not to draw attention to himself. His lecturer confirmed that his academic performance remained stable, but his reluctance to participate in discussions hinted at an internal struggle with emotional distress. This pattern of quiet suffering aligns with Nurius et al. (2015), who found that individuals with ACEs often struggle with social withdrawal, exacerbating their sense of isolation. Jeff also expressed a sense of emotional burden when discussing his past, saying,

"When I reflect on my childhood, I feel sadness and resentment about the lack of care and love I experienced."

(JEFF)

His peers observed that he became *"more withdrawn when discussions turned personal,"* and his lecturer noted his lack of engagement during emotionally charged discussions. The visible discomfort in his body language further reinforced the emotional weight he carried, reflecting findings from Banyard and Cantor (2004), who identified decreased motivation and feelings of despair as common challenges among trauma-exposed individuals. Ken, Franz, and Esti also described experiencing deep sadness when reflecting on their pasts. Ken shared,

"When I remember my childhood experiences, "I sometimes feel down when I think about the family life I never got to have. It's like missing something I never really had, but still feeling the loss."

(KEN)

Franz added,

"When I recall my childhood experiences, I feel a mix of sadness and regret, particularly regarding the decisions I made and the lack of direction during those years."

(FRANZ)

Similarly, Esti expressed,

"When I remember my childhood experiences, I feel a mix of sadness, anger, and anxiety. These memories remind me of the difficulties I endured, and it is emotionally draining."

(ESTI)

Their lecturers and colleagues observed that these individuals tended to become more withdrawn during discussions on personal topics, reinforcing the long-term effects of ACEs on emotional resilience. Herman (1992, 2015) identifies such emotional mixtures of sadness, anger, and fear as characteristic of trauma-related disturbances in affect regulation. Gee and Vim's experiences illustrated how depression and hopelessness can manifest as both social withdrawal and internal emotional turmoil. Gee admitted,

"There are moments when the weight of my struggles makes me feel hopeless, but I try to keep pushing forward even though not so easy."
(GEE)

Gee's struggle to find meaning amid emotional distress reflects the identity confusion described in Emerging Adulthood Theory (Arnett, 2000), where young adults often grapple with uncertainty about their future while attempting to redefine themselves beyond their past. Gee's experience also reflects Herman's (1992) observation that trauma survivors often oscillate between despair and determination, attempting to rebuild identity while carrying unresolved pain. Although she didn't actively seek professional support, her lecturer encouraged her to consider counselling. Her visible emotional distress and reluctance to engage socially highlighted the hidden burdens she carried. Vim, on the other hand, described experiencing persistent emotional distress, high anxiety, and difficulty opening up to others. Her academic performance remained strong, but her emotional struggles were evident in her discomfort during classroom discussions. These findings align with Ryff (2014), who emphasised that individuals with ACEs often appear functional in structured settings but continue to struggle with underlying emotional turmoil. Koo's experience encapsulated the recurring theme of hopelessness and unresolved trauma. She admitted,

"There are times when I feel hopeless, thinking that I will never overcome my past."
(KOO)

Koo's hopelessness reflects the kind of internalised problem-saturated stories described in Narrative Therapy (White & Epston, 1990), where individuals interpret their identity primarily through past trauma, limiting their ability to see new possibilities. Herman (1992, 2015) similarly argues that trauma survivors often develop enduring negative self-beliefs that reinforce hopelessness and limit future orientation. Her reluctance to openly discuss emotions, seek support, or engage deeply in discussions suggested an ongoing battle with emotional distress. Her lecturer recommended professional counselling, recognising that her disengagement could be linked to unresolved psychological struggles. This aligns with Merrick et al. (2017), who highlighted the long-term impact of childhood adversity on self-perception and emotional wellbeing.

The experiences of depression and hopelessness among these participants illustrate the deep and persistent emotional scars left by ACEs. Many struggle with introspection, emotional withdrawal, and a sense of despair, making it difficult for them to engage fully in academic and social life. Consistent with Herman's trauma framework, these findings demonstrate how unresolved childhood trauma continues to shape emotional functioning, self-concept, and motivation well into adulthood (Herman, 1992). While some, like Enam and Ken, maintain a reserved but functional approach, others, like Gee and Wise, display visible distress and struggle with self-worth.

4.3.1.3 Emotional Numbness and Detachment

For some participants, the psychological impact of Adverse Childhood Experiences did not present through outward distress alone. Instead, it took the form of emotional numbness, a profound sense of disconnection from one's emotions, environment, and sometimes even identity. Unlike anxiety or sadness, which may be visibly expressed, numbness often operated silently in the background of participants' lives. For many,

this detachment became a necessary coping mechanism, a way to keep overwhelming emotions at bay but in doing so, it also dulled the capacity to feel joy, connection, and vitality.

According to Judith Herman's trauma theory, emotional numbness represents a core feature of chronic trauma adaptation, where survivors restrict emotional awareness in order to survive prolonged psychological threat (Herman, 1992). Participants described this experience as a quiet emptiness, a kind of inner stillness that wasn't peace but absence. Emotional numbness, as reflected in participants' accounts, can be interpreted through the lens of the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984), particularly as a form of emotional disengagement used when internal coping resources feel overwhelmed or insufficient. Additionally, within the framework of Emerging Adulthood Theory (Arnett, 2000), this detachment may signal the tension between identity formation and emotional vulnerability, especially for young adults navigating autonomy with unresolved trauma histories. Herman (1992, 2015) further explains that such emotional constriction develops when survivors repeatedly experience situations in which emotional expression is unsafe, ineffective, or punished, leading to habitual emotional shutdown.

Ken, for instance, articulated his experience in a way that reflected both resignation and confusion:

“Sometimes I just don't feel anything at all. Even when something good or bad happens, I don't really react.”

(KEN)

This wasn't a casual indifference, but a reflection of how trauma had muted his internal responses. His lecturer observed similar patterns, noting:

“Ken tends to remain unaffected in situations where peers express emotion. His responses often feel emotionally distant.” (KEN LEC)

The observation report described a pattern of minimal facial expression and flat tone during emotionally loaded class discussions. This echoes Nurius et al. (2015), who found that prolonged emotional suppression often leads to emotional flatness, a protective mechanism that can easily be mistaken for indifference. From Herman's perspective, Ken's emotional flatness reflects trauma-related constriction of affect, where individuals limit emotional experience to avoid psychological pain.

Cee described her experience as being caught in a life she couldn't fully access:

“I feel like I'm just moving through life without really being there.
Sometimes I don't even know what I'm feeling.”

(CEE)

There's an underlying grief in her words, the sense of being alienated not just from others, but from herself. Her colleague observed that she often “withdrew or became very quiet when group conversations became emotional.” Her counselling report referred to moments of emotional disassociation, especially during discussions of her father's death indicating a trauma-linked shutdown that robbed her of emotional clarity. Herman (1992, 2015) identifies such disconnection from emotional experience as dissociative coping, a central survival response in survivors of prolonged childhood trauma. Jeff expressed a similar detachment but with an added layer of existential fatigue:

“I feel emotionally drained most of the time. Even when I'm with
people, it's like I'm not really present.”

(JEFF)

His lecturer described him as someone who “rarely shows emotional investment, even in moments of praise.” His observation report echoed this, noting a consistent lack of enthusiasm or affect. Jeff's numbness seemed to be the result of years spent suppressing emotion, a pattern often seen in those exposed to emotional neglect, as suggested by Ryff (2014). Herman (1992, 2015) argues that emotional neglect disrupts the

development of emotional awareness, leaving survivors with limited access to inner experience.

Vim described a jarring emotional pendulum, one that swung from intensity to emptiness:

“There are times when I feel too much, and then suddenly I feel nothing. Like I’m completely empty inside.” (VIM)

Her words suggest not just numbness, but emotional dissonance, a body overwhelmed, then shut down. Her counselling report highlighted these fluctuations and noted symptoms of trauma-linked disassociation and sleep disruption. The observation report described a withdrawn demeanor during peer discussions, particularly when emotional themes surfaced. Heim & Nemeroff (2001) argue that such shifts are typical of trauma survivors whose nervous systems oscillate between hyperarousal and hypoarousal as a survival strategy. Herman (1992, 2015) similarly describes this oscillation as characteristic of complex trauma, where survivors alternate between emotional flooding and emotional shutdown. For Enam, emotional detachment was framed as self-protection:

“I don’t like talking about my past because it brings back too much. So I shut it out maybe too much.” (ENAM)

There’s a conflicted tone in his admission, the awareness that what protects him may also isolate him. His colleague commented that he had a “flat emotional tone and often avoided personal topics.” The lecturer added that he was “committed academically but emotionally reserved,” indicating a disconnect between external functionality and internal wellbeing. Herman (1992, 2015) describes this as emotional constriction, where survivors limit emotional access to prevent traumatisation. Franz, too, linked his detachment to a formative survival instinct:

“I learned not to show emotions growing up. It’s just easier that way, emotions get you hurt.”
(FRANZ)

His detachment wasn’t accidental, it was taught. A rule learned early: *feeling is dangerous*. His observation report described him as “outwardly confident but emotionally guarded,” and his lecturer noted that while he participated in class, he deflected personal topics or emotionally charged conversations. According to Herman (1992, 2015), such learned emotional suppression develops in environments where emotional expression invites punishment, rejection, or neglect. According to Banyard & Cantor (2004), many trauma-exposed students learn to compartmentalise emotion to function, but this strategy can also limit their ability to form trusting relationships. Esti spoke of detachment not as strategy, but exhaustion:

“I sometimes feel like I’ve run out of emotions. Like there’s nothing left to feel.”
(ESTI)

Her observation report noted her stillness and lack of reaction during emotionally rich discussions. Her colleague said,

“She often looks like she's trying to stay composed, even when something upsetting is being talked about.”
(ESTI COL)

Her numbness appeared to be a signal of emotional depletion, a state described by Shonkoff et al. (2012) as a product of repeated stress exposure that alters the brain’s capacity for emotional regulation. Herman (1992, 2015) similarly describes emotional exhaustion as the outcome of prolonged hyperarousal followed by collapse into emotional shutdown. Wise echoed a similar experience, but with a strong survival tone:

“I’ve dealt with so much that I think I’ve gone numb. I don’t react anymore. I just try to survive.”

(WISE)

His lecturer noted that,

Wise was “physically present but emotionally disengaged,”

(WISE LEC)

and his counselling report cited symptoms of trauma-induced avoidance. His language reflects what van der Kolk (2014) describes as “functional dissociation”, the ability to go through the motions while remaining emotionally disconnected. Herman (1992, 2015) also conceptualises this pattern as survival-oriented dissociation, where emotional disengagement enables daily functioning in unsafe psychological environments. For many participants, emotional numbness was not simply the absence of emotion, but the residue of long-term emotional survival. These students were not indifferent, they were exhausted, overstimulated, and shut down. Their numbness was often misread by others as disengagement, but underneath it was a history of emotional overload, unprocessed trauma, and relational wounds.

This theme illustrates how emotional detachment became a necessary form of self-protection, but one that left participants struggling to form relationships, express themselves authentically, or fully experience life. As trauma literature confirms particularly the work of Heim & Nemeroff (2001), van der Kolk (2014), and Ryff (2014) emotional numbness is not a deficit of personality, but a symptom of a nervous system that has been taught it is not safe to feel. Herman (1992, 2015) emphasises that such emotional shutdown represents an adaptive response to chronic threat rather than psychological weakness. Educational institutions must be sensitive to these hidden expressions of trauma. Students like Wise, Cee, or Enam may appear composed or distant, but are often wrestling with profound internal disconnection. Support systems that recognise numbness as a protective response and not mere disinterest can help reintroduce safety, emotion, and connection into the academic space.

Although emotional numbness was a shared coping mechanism across participants, the ways it manifested appeared to differ subtly depending on their educational context. In all-male colleges, students such as Jeff, Enam, Ken, and Franz often exhibited stoic disengagement, with emotional detachment appearing both habitual and socially reinforced. Their emotional flatness and avoidance of personal topics aligned with gendered expectations of self-reliance and emotional restraint. Sweeney et al. (2018) argue that male students in all-male environments may internalise distress and suppress vulnerability due to dominant cultural narratives around masculinity, which often discourage open emotional expression. In all-female colleges, participants such as Esti, Vim, and Koo presented with a more composed, contained form of numbness. Although they described emotional detachment and exhaustion, these responses were often masked by outward attentiveness or high academic functioning. This reflects Wilson-Ching and Berger (2024) findings that female students in single-gender environments may feel pressure to maintain social harmony and emotional self-control, particularly when shaped by trauma histories. In mixed-gender colleges, participants like Wise, Cee, and Blez demonstrated a more fluctuating pattern of detachment moving between social participation and emotional withdrawal. Their behaviour reflected the challenge of directing complex social dynamics, where the desire for connection was often tempered by a fear of vulnerability. Banyard and Cantor (2004) note that coeducational environments can complicate trauma recovery, as unclear emotional norms and diverse peer expectations may increase hypervigilance and emotional defensiveness. Together, these variations suggest that while emotional numbness may originate from early trauma, the way it is expressed and managed is shaped by the emotional climate and social codes of each institutional setting.

4.3.1.4 Fear and distrust in relationships

This section explores trust issues as a manifestation of emotional trauma (e.g., fear, betrayal, grief, etc.) Fear and distrust in relationships were recurring themes in the narratives of participants, many of whom expressed difficulty forming deep emotional connections due to past experiences of neglect, betrayal, and emotional pain. Their reluctance to engage in intimate relationships or fully trust others was evident across multiple responses and observations. While some participants preferred to keep relationships at a surface level to avoid vulnerability, others struggled with self-doubt and fear of abandonment, preventing them from fostering meaningful connections. Their experiences align with psychological research indicating that individuals with ACEs often develop insecure attachment styles, leading to relational distrust and emotional withdrawal. Judith Herman (1992, 2015) explains that chronic childhood trauma, especially when it occurs within caregiving or attachment relationships, disrupts the survivor's basic capacity for trust and emotional safety, often resulting in persistent relational fear in adulthood.

For many participants, relationships were a source of fear rather than comfort. Enam expressed his hesitancy in forming close bonds, stating,

"I am scared of forming deep relationships because of past experiences of betrayal."

(ENAM)

This sentiment was reflected in his interactions, as he kept friendships light and avoided personal discussions. Similarly, Cee admitted to struggling with emotional intimacy, explaining,

"My experiences with emotional neglect and rejection have left me with a deep-seated fear of vulnerability."

(CEE)

Her selective engagement in friendships suggested an underlying fear of betrayal, which was reinforced by past romantic disappointments. Her counsellor noted that her first experience of love ended in heartbreak after her partner cheated on her, which deeply affected her ability to trust. According to Herman (1992, 2015), betrayal within close relationships often leads survivors to associate intimacy with danger, causing long-term fear of emotional closeness.

Some participants revealed that past relationships had reinforced their fears rather than alleviating them. Fema shared,

"Each time I've allowed myself to fall in love, it has ended in disappointment and heartache."

(FEMA)

Her colleagues noticed her initial hesitancy in forming connections, but over time, she became more open, though she still struggled with deeper emotional bonds. This aligns with Zeanah et al. (2016), who found that individuals with ACEs often have difficulty maintaining relationships due to an underlying fear of being hurt again. Likewise, Wise admitted,

"I haven't been in many intimate relationships because of my trust issues."

(WISE)

And his reserved nature further suggested a reluctance to form trust-based relationships. His colleagues described him as someone who avoided social settings and rarely sought support, reinforcing research by Turner et al. (2017) that trauma-exposed individuals often struggle with intimacy, leading to avoidance of deep relationships. Herman (1992, 2015) notes that repeated relational disappointments reinforce trauma-based expectations that relationships will inevitably result in harm.

Some individuals, rather than withdrawing completely, maintained a cautious approach to relationships, reflecting an anxious-avoidant attachment style. Enam stated,

"Growing up without nurturing and supportive parental figures, I didn't have models for healthy relationships."

(ENAM)

This lack of role models shaped his approach to relationships, making him self-reliant and emotionally distant. His lecturers noted that he became more withdrawn during personal discussions, and his colleagues observed that he preferred solitude over seeking support. Similarly, Jeff acknowledged,

"I haven't been in an intimate relationship as I struggle with trust and fear of emotional vulnerability."

(JEFF)

and his avoidance of personal discussions reflected a deep discomfort with emotional closeness. Reluctance to open up was mirrored by Eddy, who stated,

"I haven't experienced an intimate relationship so far. I find it challenging because of how growing up, people who were my own relatives maltreated me. This made me feel no one loves me and can never love me."

(EDDY)

His lecturer noted that he maintained steady academic engagement but refrained from forming close connections, aligning with research by Shorey and Snyder (2006), which indicates that individuals with ACEs frequently exhibit insecure attachment styles. Herman (1992, 2015) argues that trauma within caregiving systems disrupts attachment formation, leaving survivors unsure how to seek closeness without fear.

Participants also expressed a specific fear of emotional abandonment, reinforcing their reluctance to engage in relationships. Ken explained,

"Falling in love has been difficult for me. My past experiences, particularly the lack of stable and loving relationships in my family, have made me hesitant. No one ever cared about me."

(KEN)

His professor observed that while Ken did not overtly express emotions, his demeanor shifted noticeably during discussions on childhood experiences. Similarly, Franz noted,

"My upbringing makes me cautious in relationships, as I fear being let down or abandoned."

(FRANZ)

His lecturer recommended that he seeks support, as his avoidance of deep conversations suggested underlying emotional distress. These patterns align with Forster et al. (2017), who found that social withdrawal and difficulty trusting others often limit peer interactions, increasing feelings of isolation. Herman (1992, 2015) describes fear of abandonment as a core outcome of disrupted attachment in trauma survivors, particularly when early caregivers were inconsistent or harmful. Gee's response highlighted a specific fear of abandonment, stating,

"My upbringing makes me cautious in relationships, as I fear being let down or abandoned."

(GEE)

Despite being emotionally supported by friends, her reserved interactions in class reflected her reluctance to engage in deeper relationships. This was also evident in Vim's experience:

"I have difficulty fully trusting my partner and often fear abandonment."

(VIM)

Her reluctance to seek support from friends or counsellors suggested an internalised fear of vulnerability. Her lecturer and peers noted that she withdrew emotionally when discussions about family or past trauma arose, reinforcing Brown et al. (2019), who found that unresolved childhood trauma often leads to emotional withdrawal and avoidance of deep connections.

Koo shared a similar sentiment, stating,

"I avoid intimate relationships because I fear experiencing loss and heartbreak again."

(KOO)

"Her disengagement in class and emotional withdrawal during discussions on childhood experiences suggested an internal struggle with trust and fear of loss."

(KOO LEC)

Like many participants, she refrained from seeking support from peers or professionals, preferring to navigate her challenges alone. This avoidance behaviour is consistent with findings from Turner et al. (2017), who identified that individuals with trauma histories often struggle to engage in relationships due to a deep-seated fear of vulnerability. Herman (1992, 2015) emphasises that many survivors retreat into emotional self-sufficiency as a defence against anticipated relational pain.

Overall, although the fear and distrust in relationships was shared among nearly all participants, the manner in which it was expressed appeared to vary depending on the type of college environment they were situated in. These differences reflect how gendered peer dynamics and social expectations interact with unresolved trauma to shape how participants approach emotional connection, vulnerability, and trust.

In all-female colleges, participants such as Gee, Koo, and Vim tended to internalise their fear of betrayal and abandonment. Their withdrawal often took the form of emotional suppression and selective engagement, particularly in conversations related to personal or relational topics. While many of them maintained polite interactions and functional friendships, they avoided emotional intimacy and were hesitant to seek help even when visibly distressed. For instance, Gee and Koo described a persistent fear of loss that kept them from forming intimate relationships, while Vim's struggle to trust her partner reflected unresolved fears of abandonment. This behaviour aligns with Wilson-Ching and Berger (2024), who found that women in single-sex educational settings often experience heightened emotional monitoring and self-silencing, especially when they carry trauma histories that make vulnerability feel risky. Emotional composure is often expected in such settings, reinforcing fear-driven withdrawal even in supportive environments. Herman (1992, 2015) notes that trauma

survivors in socially evaluative environments may intensify emotional self-monitoring to maintain perceived safety.

Conversely, participants in all-male colleges, such as Jeff, Eddy, Ken, and Franz, often displayed more avoidant and emotionally disconnected patterns. While they acknowledged struggling with trust, they were more likely to express this through outright detachment or denial of the need for close relationships. Ken and Jeff's narratives revealed a strong reluctance to form emotional bonds, reinforced by the perception that expressing emotional vulnerability was unsafe or unproductive. Eddy, in particular, framed his fear of rejection within the context of maltreatment from close relatives, suggesting that betrayal by trusted figures had hardened his stance against intimacy. According to Sweeney et al. (2018), trauma-exposed male students are more likely to internalise distress and present emotional distance as self-protection, partly due to gendered norms that discourage emotional disclosure in male-dominated spaces. This behaviour can also be interpreted through the lens of *Transactional Theory of Stress and Coping* (Lazarus & Folkman, 1984), where emotional withdrawal functions as a coping mechanism to reduce perceived relational threats when students feel unequipped to manage emotional demands. Herman (1992, 2015) similarly conceptualises relational withdrawal as a survival response to perceived interpersonal danger.

In mixed-gender colleges, participants such as Enam, Fema, Wise, and Enam exhibited more complex relational patterns. Their responses revealed a push-pull dynamic a longing for emotional connection paired with a persistent fear of betrayal. Fema, for example, admitted to wanting love but consistently experienced disappointment, while Wise chose to remain largely single due to unresolved trust issues. Enam and Enam

similarly navigated relationships from a distance, maintaining polite interactions but avoiding deep engagement. This ambivalence reflects what Herman (1992, 2015) describes as the survivor's dilemma, where the desire for connection coexists with intense fear of emotional harm. This ambivalence may reflect the emotional unpredictability of coeducational spaces, where emotional expression is not as clearly regulated by gender norms. Banyard and Cantor (2004) note that trauma-affected students in mixed environments often struggle to assess emotional safety, leading them to alternate between cautious openness and defensive withdrawal. This uncertainty may amplify feelings of vulnerability, especially in emotionally or socially complex situations like romantic relationships or group dynamics.

These context-specific variations highlight that while the root causes of relational fear lie in early adversity, how those fears are expressed and managed is shaped by the student's relational environment. All-female contexts appeared to encourage surface-level composure while deep fears remained hidden. All-male contexts often reinforced stoicism and relational detachment, while mixed environments introduced a relational ambiguity that left some students in a state of cautious ambivalence. These findings support Shorey and Snyder (2006), who argue that the interaction between trauma histories and social context plays a crucial role in how attachment patterns are enacted.

Understanding these patterns is essential for creating emotionally responsive support systems. Rather than treating relationship struggles as isolated behaviours, universities and counsellors must consider the influence of trauma, peer norms, and institutional culture in shaping student relationships. This can lead to better-tailored interventions that help students gradually rebuild emotional safety and trust in relational spaces.

4.3.2 Cognitive and Academic Challenges

Cognitive and academic challenges emerged from the data as another superordinate theme for the influence of ACEs on the psychological wellbeing of students. The findings suggest that students who have experienced higher levels of ACEs often face substantial hurdles in cognitive processing, academic performance, and overall educational attainment. These challenges are manifested in difficulties with concentration, memory retention, critical thinking, and problem-solving, which can impede their ability to engage fully in the learning process. Furthermore, the trauma associated with ACEs can lead to heightened stress responses, anxiety, and emotional dysregulation, further complicating the students' ability to thrive in academic settings. These cognitive and academic difficulties not only affect immediate learning outcomes but can also have long-term consequences on students' academic trajectories and future opportunities. Judith Herman (1992, 2015) explains that prolonged childhood trauma disrupts attention, memory integration, and cognitive coherence, as survivors remain in persistent states of physiological and psychological alertness.

4.3.2.1 Impaired concentration and memory issues

Impaired concentration and memory issues emerged as a common struggle among participants, with many describing difficulties in maintaining focus, retaining information, and staying engaged in academic tasks. These challenges appeared to be rooted in emotional distress, past trauma, and persistent anxiety, often interfering with their ability to absorb and process information effectively. While some participants attributed their struggles to academic pressure, others linked their difficulties to lingering thoughts of past experiences, intrusive memories, and overwhelming stress. The lived experiences of participants, as reflected in their personal accounts, class behaviour, and observations from lecturers and peers, highlight how ACEs continue to

shape their cognitive functions. According to Herman (1992, 2015), trauma survivors often experience fragmented attention and intrusive recollections that compete with present-moment cognitive demands, making sustained concentration difficult.

Several participants expressed that their ability to concentrate was hindered by anxiety and overthinking. Enam reflected on how stress affects his academic engagement:

“My anxiety affects my ability to concentrate during exams.”
(ENAM)

His class behaviour mirrored this, as lecturers and colleagues noted that he appeared disengaged at times, struggling with focus when under pressure. Similarly, Fema described the difficulty of maintaining attention due to stress:

“During exams, this anxiety can sometimes affect my concentration. I find myself second-guessing my answers and struggling to stay focused.”
(FEMA)

Observations of her behaviour reinforced this, as she was often seen fidgeting or appearing lost in thought, particularly in stressful academic situations. Both Enam and Fema’s experiences suggest a pattern of anxiety-driven cognitive impairment, where heightened stress levels interfere with focus and decision-making. Herman (1992, 2015) notes that chronic hyperarousal in trauma survivors keeps the nervous system in a constant state of threat monitoring, reducing capacity for complex cognitive processing. While some participants struggled with maintaining concentration due to performance-related anxiety, others attributed their cognitive difficulties to emotional distress stemming from past trauma. Cee explained how her emotional challenges disrupt her ability to engage academically:

“The emotional challenges from my past make it hard to stay focused, especially in stressful situations.”
(CEE)

Her lecturer observed that while she performed well academically, she occasionally became distracted in class, particularly during discussions related to personal experiences. A similar experience was shared by Wise, who revealed:

“Stress and anxiety affect my ability to retain information and perform well academically.”

(WISE)

His lecturer noted fluctuations in his academic performance, with periods of distraction affecting his ability to engage in coursework consistently. These cases illustrate how emotional distress and unresolved trauma can manifest as concentration deficits, making it difficult for students to fully immerse themselves in their academic environment. This experience reflects Lazarus and Folkman’s (1984) *Transactional Theory of Stress and Coping*, which explains how students experiencing chronic stress must continuously assess threats and coping resources a process that can overwhelm cognitive capacity and lead to impaired focus. In Wise’s case, the constant appraisal of his ability to cope academically appears to undermine his concentration and memory. Herman (1992, 2015) similarly argues that trauma survivors expend substantial cognitive energy on threat anticipation, leaving fewer resources available for learning and memory consolidation. For some participants, concentration issues were exacerbated by a constant state of worry. Dav shared how his fear of failure impacts his ability to focus:

“My biggest fear on campus is the fear of failure. I feel I’m not good enough and so may not excel in my academics.”

(DAV)

His colleagues and lecturers observed that this anxiety often led him to second-guess himself and disengage from discussions, particularly under stress. Similarly, Eddy described how his self-imposed academic pressure made it difficult to concentrate:

“The pressure I put on myself to perform well can be overwhelming at times, leading to a constant state of worry about my grades.”

(EDDY)

His lecturer noted that while he was diligent, he rarely took the initiative to lead discussions, often responding only when addressed. This highlights how the fear of academic failure creates a cognitive burden, diverting attention away from learning and towards ruminations about potential outcomes. Herman (1992, 2015) explains that persistent self-monitoring and fear of inadequacy are common in trauma survivors who learned early that mistakes carried severe consequences. Some participants, like Enam, connected their concentration struggles to wider emotional burdens beyond academics. He reflected on the persistent stress he experiences:

“This fear of academic failure and its consequences is a constant source of worry for me, pervading almost every aspect of my college life.”

(ENAM)

His colleagues noted that he displayed signs of stress related to both academics and personal concerns, while his lecturer observed that, despite his reluctance to participate vocally, he maintained a methodical approach to his coursework. Similarly, Jeff shared how past trauma continues to affect his focus:

“Flashbacks of the maltreatment I experienced from my past sometimes affect my ability to concentrate and focus on academic work.”

(JEFF)

His colleague observed that,

“Jeff often seems lost in thought while studying with him and struggles to stick to his books for a longer period during preps.”

(JEFF COL)

These reflections reveal how emotional burdens from the past extend into cognitive struggles in the present, making it difficult for individuals to focus on tasks at hand. Herman (1992, 2015) describes intrusive memories as involuntary reactivations of trauma that disrupt ongoing cognitive activity. Ken’s experience further illustrates how memories of the past interfere with present academic engagement:

“The stress and anxiety resulting from these experiences can sometimes be a hindrance. They affect my concentration and confidence, especially during exams or in situations where I need to express myself openly.”
(KEN)

His lecturer and colleagues observed that while he was diligent, there were moments when he appeared lost in thought or preoccupied, particularly during discussions that touched on emotional topics. Likewise, Franz linked his concentration difficulties to past emotional experiences:

“The emotional burden of the decisions made in my relationships, especially the abortions and rejection of pregnancy, haunts me, leading to regrets and emotional distress, which sometimes affects my focus in class.”
(FRANZ)

His lecturer noted that he was occasionally distracted during lectures, and his colleagues observed that his level of engagement varied depending on the topic. These experiences illustrate how emotional triggers and unresolved conflicts from the past continue to disrupt students’ cognitive functions in the present. As Heim and Nemeroff (2001) note, early-life trauma can alter the hippocampus, critical for memory formation making it more difficult for students like Franz to concentrate or retain information when confronted with emotional distress. This biological disruption reinforces how trauma shapes both emotional and cognitive engagement in the classroom. Herman (1992, 2015) further argues that trauma-related memory fragmentation undermines the brain’s ability to organise and retrieve information coherently. For some participants, concentration issues were most pronounced during exams, when stress levels peaked. Esti shared how her exam-related anxiety led to memory lapses:

“Exam periods are extremely stressful for me. I experience anticipatory anxiety, struggle to concentrate during exams, and later dwell on my performance, imagining worst-case scenarios.”
(ESTI)

Her lecturer noted that while she was attentive in class, she sometimes hesitated to participate in discussions, likely due to a lack of confidence. A similar experience was reported by Blez, who explained how her mind wanders during lectures due to anxiety:

“My mind often wanders during lectures, I think about a whole lot and I struggle to retain information when I am anxious.”

(Blez)

Her lecturer and colleagues observed that she often appeared distracted, lost in thought, or disengaged during class. These cases emphasise the connection between exam-related stress, memory impairment, and difficulty in maintaining focus, particularly under high-pressure situations. Herman (1992, 2015) links performance anxiety in trauma survivors to fear of evaluation rooted in earlier experiences of punishment or rejection. Gee, Vim, and Koo expressed how intrusive thoughts and past experiences interfere with their ability to concentrate. Gee noted:

“Stress and worry sometimes make it hard for me to focus in class.”

(GEE)

Her lecturer and colleagues recommended increased mental health awareness and support, as her emotional distress was evident in class discussions. Similarly, Vim shared:

“I find it hard to concentrate in class, especially when thoughts of my past resurface.”

(VIM)

Her lecturer suggested that promoting mental health resources and structured mentorship programmes could provide better support. Koo echoed these sentiments:

“My mind often drifts back to my past, affecting my ability to concentrate in class.”

(KOO)

Her lecturer and colleagues observed that she withdrew emotionally when trauma-related topics were raised. These experiences highlight how unresolved trauma continues to intrude upon cognitive functions, making it difficult to focus and stay

present in academic settings. Herman (1992, 2015) notes that trauma memories are stored differently from ordinary memories, making them more likely to intrude unexpectedly.

The findings from these narratives align with psychological research indicating that ACEs contribute to impaired cognitive development, memory deficits, and difficulties with attention and focus (Anda et al., 2005). Studies have shown that trauma negatively impacts the hippocampus, the brain region responsible for learning and memory, leading to difficulty in retaining information and processing academic material effectively (Hughes et al., 2017). Additionally, research by Gautam et al. (2024) suggests that students with ACEs are more likely to exhibit attention deficits, further complicating their ability to engage in coursework. These findings resonate with the lived experiences of participants like Wise, Jeff, and Ken, who described challenges in maintaining focus, particularly under stress. Herman (1992, 2015) similarly identifies chronic trauma as a major contributor to long-term cognitive disorganisation.

Furthermore, emotional dysregulation caused by past trauma disrupts executive functioning skills, affecting problem-solving abilities and impulse control (Hughes et al., 2017). This aligns with observations that participants such as Esti and Blez experienced fluctuations in engagement depending on their stress levels, as well as Enam's self-imposed pressure contributing to distracted thinking and cognitive overload. Rosecrance (2022) emphasises that emotional distress can significantly impact cognitive engagement, leading to academic struggles, a pattern observed in many participants who found it difficult to concentrate when personal emotions were triggered. Herman (1992, 2015) conceptualises this as a breakdown in self-regulatory systems caused by prolonged threat exposure.

These narratives reveal a deep interconnection between past trauma, emotional distress, and cognitive impairment. Participants exhibited difficulty concentrating, retaining information, and fully engaging in learning, particularly under stress. While some struggled with exam-related anxiety, others were distracted by persistent emotional burdens from their past.

Although impaired concentration and memory challenges were present across all participants, the way these difficulties were managed or expressed appeared to vary depending on the nature of their educational environment. In all-female colleges, participants such as Gee, Blez, Vim, and Koo often linked their cognitive difficulties to emotional overwhelm and internalised stress. Their concentration issues were frequently triggered by intrusive thoughts, emotional memories, or a heightened sensitivity to evaluation. Lecturers and colleagues observed that these students were frequently distracted during lessons that touched on emotional or personal topics. This internalised cognitive disruption aligns with research by Wilson-Ching and Berger (2024), which highlights that young women in single-gender settings may experience amplified academic pressure, perfectionism, and emotional suppression all of which contribute to compromised executive functioning under stress. Herman (1992, 2015) notes that trauma survivors in evaluative environments intensify self-surveillance, increasing mental fatigue.

In contrast, participants from all-male colleges, including Enam, Jeff, Ken, Eddy, and Franz, tended to exhibit more externalised signs of distraction, such as disengagement, zoning out, or appearing emotionally detached. Although they acknowledged anxiety and cognitive fatigue, these students were more likely to mask their emotional distress or attribute their concentration difficulties to academic workload rather than trauma.

Their lecturers noted reduced classroom participation and a tendency to appear distant or preoccupied. This reflects Sweeney et al.'s (2018) findings that boys and young men in male-dominated environments often suppress signs of distress due to cultural expectations around toughness, which may inadvertently exacerbate cognitive strain by limiting emotional processing. Herman (1992, 2015) describes emotional numbing and cognitive withdrawal as adaptive responses to sustained threat.

Students from mixed-gender colleges, including Fema, Dav, Enam, and Wise, exhibited a hybrid pattern. Their concentration struggles were marked by both emotional distress and a heightened awareness of peer dynamics, particularly during group work or emotionally charged class discussions. For instance, Fema and Dav both displayed visible signs of distraction under academic pressure, while Enam and Wise linked their memory lapses to intrusive memories and ongoing emotional burdens. This mix of emotional and social stress reflects what Banyard and Cantor (2004) describe as the complexity of coeducational environments for trauma survivors, where the variability in peer support and emotional expectations can heighten anxiety and cognitive overload. This reflects what Herman (1992, 2015) calls fluctuating engagement, where survivors alternate between presence and withdrawal.

These environment-specific patterns highlight how trauma-related cognitive challenges are not only individual experiences but are shaped by the institutional, cultural, and emotional climates in which students are embedded. While the root of impaired concentration often lies in unresolved emotional trauma, its expression whether through internal rumination, emotional suppression, or social withdrawal is shaped by how students interpret their safety, support, and expectations within their academic setting.

Recognising these contextual factors is crucial for designing effective interventions that support cognitive and emotional wellbeing in trauma-affected students.

4.4 Influence of ACEs on Social Wellbeing

Research question 3 sought to ascertain how ACEs influence the psychosocial wellbeing of students. Item A, B, and C under Part four of the interview guide for participants were used to gather responses for this research question. Two superordinate themes emerged from the responses gathered. These themes are social relationships and interpersonal dynamics; emotional and social self-regulation. Herman (1992, 2015) argues that prolonged childhood trauma disrupts survivors' capacity for trust, reciprocity, and emotional safety, often leading to persistent relational insecurity in adulthood.

4.4.1 Social Relationships and Interpersonal Dynamics

Social relationships play a crucial role in a student's sense of belonging and overall development. However, for students who have experienced ACEs, forming and maintaining relationships can be significantly impacted. Exposure to neglect, abuse, family instability, or childhood trauma often results in trust issues, social withdrawal, or difficulty engaging with others, which in turn affects both peer relationships and teacher-student interactions. Herman (1992, 2015) explains that trauma survivors frequently experience disrupted attachment systems, making intimacy feel unsafe and unpredictable.

Students who have experienced ACEs may struggle to form friendships due to fears of rejection, betrayal, or abandonment, leading to social isolation or difficulty sustaining long-term connections. In addition, past trauma can influence their perception of authority figures, causing hesitancy in seeking academic or emotional support from

teachers. The impact of these experiences may result in strained peer interactions, misinterpretation of social cues, or defensive behaviours in interpersonal relationships.

According to Herman (1992, 2015), survivors of chronic trauma often remain in a state of relational hypervigilance, constantly scanning for signs of rejection or betrayal.

This theme explores how ACEs shape students' ability to interact with others in academic and social settings, focusing on disrupted peer relationships and teacher-student dynamics.

4.4.1.1 Disrupted Peer Friendships.

The narratives of the participants illustrate the profound impact of ACEs on their ability to form and maintain peer relationships. Many described difficulties in trusting others, feeling comfortable in social settings, and building deep emotional connections with peers. Their experiences align with research findings on how ACEs contribute to social withdrawal, emotional regulation difficulties, and relational distrust. Herman (1992, 2015) notes that trauma survivors often struggle to develop secure peer bonds because early relationships taught them that closeness carries risk. For some participants, friendships were largely superficial, with emotional depth remaining elusive. Enam reflected on this, saying,

"I have friends, but my connections are often surface level." (ENAM)

His colleague echoed this sentiment, stating,

"Enam is social but does not form deep bonds." (ENAM COL)

His lecturer also observed this, noting,

"Enam interacts in groups but remains emotionally distant."

(ENAM LEC)

This behaviour confirms what Lazarus and Folkman (1984) describe as a secondary appraisal process, where the student evaluates whether engaging in deeper social connections would exceed their emotional coping capacity, often opting for withdrawal as a protective measure. Herman (1992, 2015) similarly argues that emotional withdrawal functions as a survival strategy when intimacy is associated with danger. While he participated in social settings, his avoidance of close friendships was apparent. These patterns are consistent with Poole et al. (2018), which suggests that individuals with ACEs struggle with emotional regulation and trust, making deep interpersonal bonds difficult to establish.

Similarly, Franz described his friendships as being largely based on academic interactions rather than emotional closeness, stating,

"My friendships are based more on shared classes and common interests rather than deep emotional connections."

(FRANZ)

His colleague reinforced this, saying,

"He blends in easily and makes casual connections but doesn't necessarily cultivate deep friendships."

(FRANZ COL)

His lecturer also noted that

"while he is socially active, there is little evidence that he cultivates close friendships beyond surface-level interactions."

(FRANZ LEC)

This confirms the challenges trauma survivors face in building secure relationships, as noted in research by Forster et al. (2017), which highlights how ACE-related emotional and psychological consequences limit individuals' ability to engage in deeper relationships. Herman (1992, 2015) explains that trauma survivors often rely on structured or task-oriented relationships as safer alternatives to emotional intimacy. For others, the process of making friends was slow and selective. Fema described how

growing up in a single-parent home made her independent but also less reliant on others for social engagement. She shared,

"It was somewhat challenging for me to make friends. My past experiences made me cautious and a bit withdrawn. Growing up in a single-parent home with many responsibilities made me more independent and less reliant on others for social interaction."

(FEMA)

Her narrative aligns with Arnett's (2000) Emerging Adulthood Theory, which identifies this life phase as a time of identity exploration and instability. For students like Fema, early independence may inhibit trust-building and emotional openness, especially in unfamiliar social environments. Her colleague observed,

"Fema was initially hesitant to socialize but became more comfortable participating in group outings and gatherings over time."

(FEMA COL)

Her lecturer, however, noted that,

"while her interactions with peers have improved, she still prefers reserved and selective engagement in social settings."

(FEMA LEC)

These accounts resonate with Bellis et al. (2018), who argue that ACEs often lead to increased social isolation and difficulty in building a strong support system. Cee's experience reflected a deep-seated fear of rejection in forming friendships. Herman (1992, 2015) further suggests that early independence born of necessity often limits later relational dependence. She admitted,

"I have found it difficult to make friends due to my fear of rejection. Although I have formed some close friendships over time, the process was not easy."

(CEE)

Her colleague observed this as well, stating,

"Building friendships has been a slow and cautious process for Cee."

(CEE COL)

Her lecturer added,

"While she is socially selective, her confidence in forming connections has been growing."

(CEE LEC)

However, her counselling report noted that,

"due to her introverted personality and past experiences, she does not mingle easily with friends."

(CEE CR)

Narrative Therapy posits that individuals with trauma histories often carry "problem-saturated" narratives (White & Epston, 1990). Cee's difficulty in building friendships reflects a story rooted in fear of rejection, which may be re-authored through affirming social experiences in safe environments. This aligns with Valtorta et al. (2016), who found that the absence of strong peer support systems increases loneliness and exacerbates mental health struggles. For some, social withdrawal was more extreme. Herman (1992, 2015) similarly describes how trauma survivors internalise narratives of unworthiness that constrain relational engagement. Wise admitted that he struggled to form friendships, stating,

"I haven't been able to make many friends on campus because of my emotional struggles. The fear of judgment and rejection keeps me from forming strong friendships."

(WISE)

His colleague reinforced this observation, noting,

"Wise has a limited social circle and does not easily form friendships."

(WISE COL)

His lecturer also observed,

"Wise's introverted nature may have contributed to difficulties forming friendships."

(WISE LEC)

This aligns with Hughes et al. (2017), which highlights how ACE-related emotional and psychological consequences limit individuals' ability to engage in social activities. Herman (1992, 2015) identifies social withdrawal as a central feature of post-traumatic adaptation. Similarly, Enam shared his difficulty in forming friendships due to past trauma, stating,

"Making friends on campus was quite challenging for me, primarily due to my introverted nature and the trust issues stemming from my past."
(ENAM)

His colleague confirmed,

"Enam prefers to work independently and does not actively seek assistance from peers or lecturers."
(ENAM COL)

His lecturer observed,

"His engagement in class activities remains consistent but subdued, reflecting a deep-seated habit of staying in the background."
(ENAM LEC)

These experiences are supported by Forster et al. (2017), which notes that social withdrawal is a common response to early trauma, preventing the development of strong peer bonds.

Others maintained friendships largely through academic connections rather than emotional support. Herman (1992, 2015) explains that avoidance of peer dependency reflects learned self-protection. Jeff admitted,

"I've made a few friends in college, mostly through academic settings, but I struggle to form deep connections."
(JEFF)

His colleague added,

"Jeff does not seek help from friends, teachers, or counsellors; he prefers to handle challenges independently."
(JEFF COL)

His lecturer noted,

"Faculty training on recognising signs of student distress could help in early intervention."
(JEFF LEC)

This pattern aligns with research on social withdrawal as a response to ACEs (Poole et al., 2018). Some participants, such as Esti and Blez, maintained small but stable social circles but did not actively seek new friendships. Herman (1992, 2015) links self-reliance in trauma survivors to distrust of interpersonal support systems. Esti stated,

"Making friends has been difficult due to my social anxiety. I have a few friends, but it took me a long time to develop those relationships."
(ESTI)

Her colleague noted,

"While she has formed friendships, she tends to maintain a small social circle and does not readily seek out new friendships."

(ESTI COL)

Her lecturer reinforced this, observing,

"She interacts with peers academically but does not seem to have a broad social network."

(ESTI LEC)

Research by Bellis et al. (2018) supports these findings, indicating that ACEs contribute to emotional withdrawal and increased difficulty in forming relationships. Gee and Vim's struggles with friendships were shaped by their emotional burdens. Gee shared,

"Balancing my responsibilities makes it difficult to maintain close friendships."

(GEE)

Her colleague noted,

"She does not actively maintain many friendships, likely due to her reserved nature."

(GEE)

However, her lecturer suggested that,

"workshops on stress management and coping strategies should be implemented."

(GEE LEC)

Similarly, Vim stated,

"My struggles with trust and social anxiety have made it difficult to maintain friendships."

(VIM)

Her colleague reinforced this, saying,

"A stronger sense of community and inclusivity could help Vim feel supported."

(VIM COL)

Her counselling report provided further context, revealing that

"Client suffered sexual abuse from her stepfather, which led to a loss of self-worth and timidity."

(VIM CR)

This reflects findings by Hughes et al. (2017) on how trauma contributes to social withdrawal. Herman (1992, 2015) notes that sexual abuse often leads to profound disruptions in interpersonal trust. Koo also struggled to sustain friendships, saying,

"I struggle to maintain friendships due to my reserved and cautious nature."

(KOO)

Her colleague suggested that,

"Providing access to counselling services would be beneficial for students like Koo."

(KOO COL)

Her lecturer further noted,

"A system for regular check-ins with students should be introduced to monitor their wellbeing."

(KOO LEC)

Her observation report reinforced her emotional distress, stating,

"Her body language indicated distress, often on the brink of tears."

(KOO OBS)

Herman (1992, 2015) explains that emotional distress often surfaces in bodily expressions when verbal disclosure feels unsafe. These patterns align with Valtorta et al. (2016), which notes that the absence of strong peer support systems contributes to loneliness and increased mental health challenges. These findings highlight how ACEs continue to shape participants' social experiences, limiting their ability to trust and connect with others. While some individuals have adapted by maintaining selective friendships, others remain isolated due to fear, emotional distress, or distrust. The literature supports these observations, highlighting the role of past trauma in shaping present social interactions. Research suggests that social withdrawal is a common response to early trauma, limiting students' ability to engage in social activities (Forster et al., 2017).

Although disrupted peer friendships were a shared experience across participants, the way these challenges were expressed varied depending on the nature of their college environment. These differences reflect how gendered social norms and relational dynamics influence the social behaviours of trauma-affected students.

In all-female colleges, participants such as Vim, Gee, Esti, and Koo exhibited a tendency toward emotional guardedness and relational selectivity. Their struggles with trust and social anxiety often led them to maintain small, close knit peer circles while avoiding broader social engagement. For instance, Gee's slow process of forming friendships and Vim's difficulty maintaining social ties both reflected a fear of rejection and emotional vulnerability. These behaviours may reflect what Wilson-Ching and Berger (2024) describe as relational vigilance in all-female environments, where social belonging is often linked to emotional composure and the avoidance of perceived weakness. The participants' self-protective strategies, such as emotional distancing or limited social interaction, appear to be shaped not only by trauma but also by expectations around femininity and social harmony in female dominated spaces. Herman (1992, 2015) notes that survivors in emotionally regulated environments often intensify self-monitoring and relational restraint.

In contrast, all-male college participants like Franz, Jeff, Enam, and Wise tended to maintain functional or academic friendships but showed limited interest in building emotionally meaningful peer bonds. These students often described friendships as task oriented or based on shared routines rather than emotional support. Jeff and Enam, for example, spoke about working independently and avoiding vulnerability, while Wise's emotional detachment led to minimal social ties. According to Sweeney et al. (2018), male students with trauma histories are more likely to adopt emotionally disengaged

social strategies, in part due to masculine norms that discourage openness and reliance on others. These findings suggest that in all-male environments, trauma related social withdrawal may be compounded by cultural expectations that valorise stoicism and independence. Herman (1992, 2015) describes emotional disengagement in male survivors as reinforced by cultural expectations of toughness.

In mixed-gender colleges, students like Enam, Fema, and Cee displayed ambivalent social engagement, balancing surface level interactions with an ongoing discomfort around deeper peer relationships. These participants often expressed a desire to connect but remained cautious due to past betrayals or social anxiety. Fema and Cee, for example, described gradual but cautious integration into peer groups, while Enam maintained social presence without emotional openness. This tension may reflect the relational ambiguity of coeducational environments, where gendered expectations are less rigid but emotional safety is not always guaranteed. Banyard and Cantor (2004) note that in mixed-gender spaces, trauma survivors may experience heightened interpersonal tension due to inconsistent emotional norms, contributing to self-protective behaviours such as guardedness or withdrawal. Herman (1992, 2015) explains that fluctuating relational engagement reflects unresolved attachment insecurity.

Taken together, these variations suggest that while ACEs disrupt social connection across all contexts, the way students negotiate friendships is shaped by the relational culture of their institutional setting. All-female contexts often promote polite but emotionally restrained engagement. All-male environments reinforce solitary coping and emotional distance. Mixed-gender settings create spaces where ambivalence, anxiety, and cautious exploration coexist. These findings underscore the importance of

traumatic, context sensitive approaches that consider both personal history and peer environment when designing interventions to support social wellbeing.

4.4.1.2 Teacher-Student Interaction

Interactions between students and lecturers revealed a layered complexity influenced by past experiences, personal insecurities, and emotional distress. Many students with ACEs displayed varying degrees of hesitation in engaging with faculty, often shaped by self-doubt, avoidance of authority figures, and an ingrained reluctance to seek academic support. While some students struggled with outright disengagement, others cautiously managed structured academic interactions, selectively participating in ways that felt safe to them. Herman (1992, 2015) explains that survivors of chronic childhood trauma often associate authority figures with control, unpredictability, or emotional threat, leading to persistent avoidance of hierarchical relationships in adulthood.

For several participants, avoidance of faculty interaction was a deeply ingrained response to past authority figures, mirroring their reluctance to trust adults during childhood. Enam admitted,

“I rarely engage with teachers unless absolutely necessary.”

(ENAM)

His colleague observed,

“Enam does not actively seek out academic support beyond coursework.”

(ENAM COL)

While his lecturer reinforced this by stating,

“He does well academically but avoids discussing personal or academic challenges with faculty.”

(ENAM LEC)

This avoidance suggests that past experiences with authority figures may have conditioned him to navigate academic life independently, avoiding unnecessary interactions unless required. Such behavioural patterns align with research by Murphey

and Sacks (2019), which highlights that students with ACEs often develop avoidance strategies in hierarchical relationships, limiting their willingness to ask for help. Herman (1992, 2015) similarly argues that trauma survivors frequently develop relational self-reliance as a protective response when early caregivers or authority figures were inconsistent, abusive, or emotionally unavailable.

Similarly, Jeff echoed this preference for structured academic interactions, stating,

“I prefer structured interactions where expectations are clear. I don’t feel comfortable approaching lecturers for anything beyond coursework.”
(JEFF)

His colleague noted,

“Jeff doesn’t openly seek help from lecturers or classmates. He prefers to figure things out on his own.”
(JEFF COL)

His lecturer observed,

“While he is a committed student, he does not engage in discussions beyond academic necessity.”
(JEFF LEC)

Jeff’s need for structure suggests that uncertainty in social interactions, particularly with authority figures, creates discomfort. This aligns with Lazarus and Folkman’s (1984) concept of *secondary appraisal*, where Jeff likely assesses such unstructured interactions as emotionally risky or beyond his coping threshold, thus avoiding them to preserve psychological equilibrium. The hesitance to initiate engagement aligns with research by Heim and Nemeroff (2001), which found that students with early trauma often struggle with emotional regulation and fear of failure, making them hesitant to seek guidance or clarification from educators. Herman (1992, 2015) further notes that predictable, rule-based relationships feel safer to trauma survivors than emotionally open or spontaneous interactions.

While some students exhibited outright avoidance, others demonstrated a slow progression toward seeking academic support. Fema initially struggled to engage with faculty, stating,

“I was hesitant to approach lecturers at first, but over time, I started seeking academic support when necessary.”

(FEMA)

This gradual shift was validated by her colleague, who observed,

“Fema started off avoiding interactions with lecturers but now feels more comfortable asking questions in class.”

(FEMA COL)

Her lecturer further noted,

“She has become more proactive in seeking academic guidance, though she remains cautious about personal discussions.”

(FEMA LEC)

This shift suggests that, given the right academic environment, students with ACEs can slowly develop the confidence to engage with faculty. Her experience reflects the phase of identity exploration described in Emerging Adulthood Theory (Arnett, 2000), where students begin to assert autonomy while navigating personal insecurities, often recalibrating their willingness to depend on adult support systems. Herman (1992, 2015) describes this gradual relational engagement as part of trauma recovery, where survivors begin to test safety in controlled interpersonal settings. On the other hand, some participants remained hesitant despite recognising the value of faculty support.

Cee expressed this tension, admitting,

“I fear being judged, so I rarely ask questions in class, even when I need clarification.”

(CEE)

Her colleague reinforced this observation, stating,

“Cee is quiet in class but still maintains steady academic performance.”

(CEE COL)

Her lecturer confirmed,

“While her performance is average, she does not seek my assistance even when struggling.”

(CEE LEC)

Her avoidance reflects a common challenge faced by trauma-exposed students, balancing their need for academic support with the internalised fear of being perceived as weak or incapable (Poole et al., 2018). Herman (1992, 2015) explains that shame and fear of humiliation are central emotional legacies of trauma, often preventing survivors from seeking help. This highlights the importance of creating academic environments where students feel encouraged to ask for help without fear of judgment. Narrative Therapy (White & Epston, 1990) suggests that such supportive spaces can enable students like Cee to re-author their internal narratives from fear and inadequacy toward growth, acceptance, and agency. For some participants, avoidance was driven by a deep-seated fear of failure and appearing vulnerable. Wise shared,

“I avoid seeking academic guidance, even when I need it. I don’t want to appear like I’m struggling.”

(WISE)

His colleague reinforced this, noting,

“Wise keeps to himself in class and doesn’t interact much with lecturers or classmates.”

(WISE COL)

His lecturer added,

“He avoids asking for help, which might be affecting his performance.”

(WISE LEC)

This reluctance suggests that past experiences of neglect or criticism have made it difficult for him to acknowledge personal struggles in academic settings. Herman (1992, 2015) notes that trauma survivors often equate vulnerability with danger, leading them to conceal difficulties even when support is available. Similarly, Dav admitted,

“I feel more comfortable talking to lecturers in private than speaking up in class.”

(DAV)

His colleague added,

“Dav interacts better in small group settings than in large class discussions.”

(DAV COL)

His lecturer noted,

“He is capable but hesitant to engage in class conversations unless prompted.”

(DAV LEC)

His preference for private interactions aligns with research suggesting that students with ACEs often experience heightened self-doubt and a fear of public scrutiny, making them less likely to participate in open discussions (Rosecrance, 2022). Herman (1992, 2015) explains that private interactions allow trauma survivors to regulate emotional exposure and minimise perceived relational risk.

Despite their reluctance to seek support, some students acknowledged that having understanding educators made a significant difference. Eddy noted,

“Understanding professors have helped me navigate my academic work, even though I prefer to stay distant.”

(EDDY)

His colleague observed,

“Eddy maintains a respectful relationship with faculty but doesn’t actively engage beyond coursework.”

(EDDY COL)

His lecturer added,

“While he does not initiate engagement, he appreciates structured guidance from faculty.”

(EDDY LEC)

Similarly, Enam mentioned receiving occasional support, stating,

“I manage my challenges on my own, but few lecturers have been helpful.”

(ENAM)

His lecturer confirmed,

“Enam does not seek assistance but has responded well to structured academic support.”

(ENAM LEC)

Herman (1992, 2015) emphasises that consistent, respectful authority figures can gradually restore survivors’ trust in relational systems. These cases suggest that while students with ACEs may not always actively seek help, the presence of compassionate and approachable educators can provide reassurance and guidance, reinforcing the importance of trauma-informed teaching practices (Rosecrance, 2022).

For students like Esti and Ken, the difficulty lay not in recognising the value of teacher-student interactions but in initiating them. Esti admitted,

“I know seeking help from lecturers would be useful, but I struggle with the anxiety of asking for help.”

(ESTI)

Her colleague reinforced this, stating,

“She hesitates to approach faculty, even when she clearly needs assistance.”

(ESTI COL)

Her lecturer observed,

“She is respectful in class but does not initiate academic discussions outside of required participation.”

(ESTI LEC)

Similarly, Ken shared,

“I listen attentively in class, but I don’t seek extra help from lecturers.”

(KEN)

His lecturer noted,

“Ken follows instructions well but does not extend his engagement beyond academic discussions.”

(KEN LEC)

Their experiences align with findings that students with ACEs often struggle with trust and self-regulation, making it difficult to establish academic mentorship relationships (Poole et al., 2018). Herman (1992, 2015) links such hesitancy to disrupted attachment systems that impair help-seeking behaviour.

For some students, engagement with faculty was further complicated by emotional distress. Gee hesitated to speak in class, sharing,

“I often feel anxious about speaking up, so I try to avoid drawing attention to myself.”

(GEE)

Her colleague observed,

“Gee prefers small group discussions and avoids engaging in large class settings.”

(GEE COL)

Her lecturer added,

“She is capable but holds back from participating due to self-doubt.”

(GEE LEC)

Similarly, Vim struggled with authority figures, admitting,

“I find it difficult to interact with lecturers. I’ve always had a fear of authority figures.”

(VIM)

Her colleague reinforced this, stating,

“Vim does not engage much with faculty and avoids direct interactions.”

(VIM COL)

Her lecturer confirmed,

“Her fear of authority seems to impact her willingness to participate in class discussions.”

(VIM LEC)

Her counselling report further revealed,

“Client exhibits severe depression, suicidal ideation, and extreme anxiety, which limit her academic and social participation.”

(VIM CR)

Herman (1992, 2015) notes that trauma-related fear of authority often originates from early experiences of power misuse or emotional abandonment. These cases emphasise the need for faculty training in trauma-sensitive teaching practices, as students like Gee and Vim may require additional encouragement to engage (Murphey & Sacks, 2019).

Overall, teacher-student interactions among participants revealed a spectrum of engagement, with many students exhibiting hesitation, fear, or reluctance in approaching faculty for support. While some demonstrated gradual progress in overcoming their reluctance, others remained distant, despite recognising the benefits of faculty engagement. Herman (1992, 2015) argues that rebuilding trust in authority relationships is a slow, non-linear process for trauma survivors. These findings highlight the need for trauma-informed teaching practices, mentorship programmes, and mental health awareness initiatives to foster a more inclusive academic environment. By integrating structured support systems and reducing stigma around seeking help, universities can play a pivotal role in helping students with ACEs develop resilience, confidence, and self-regulation in their academic journeys.

Although hesitation to engage with faculty was a shared experience across participants, the ways in which this reluctance manifested were shaped by the social-emotional dynamics of their college environments. In all-female colleges, students such as Blez, Vim, Gee, and Esti often internalised their anxiety, expressing reluctance to approach lecturers due to fear of judgment or appearing incapable. Their avoidance was typically quiet and self-regulated, consistent with Wilson-Ching and Berger (2024), who suggest that female students in trauma-informed settings are more likely to adopt self-silencing behaviours in the face of perceived vulnerability. Herman (1992, 2015) explains that trauma survivors in emotionally regulated environments often intensify self-monitoring to avoid relational risk. Conversely, in all-male colleges, participants like Jeff, Ken, Enam, and Wise tended to avoid help-seeking not out of overt fear but as a form of emotional restraint or self-reliance, reflecting masculine norms that discourage openness or emotional dependence (Sweeney et al., 2018). These students preferred to

work independently and often viewed academic support as unnecessary or uncomfortable.

Herman (1992, 2015) links such restraint to survival strategies developed in unsafe relational contexts. In mixed-gender colleges, students such as Enam, Fema, and Dav exhibited a more ambivalent engagement with lecturers oscillating between cautious interaction and emotional distance. This reflects the fluid social norms of coeducational settings, which can either create opportunities for connection or heighten uncertainty for trauma-affected students (Banyard & Cantor, 2004). Herman (1992, 2015) describes this ambivalence as characteristic of unresolved attachment trauma. This further supports the application of Lazarus and Folkman's (1984) framework, where students appraise help-seeking through both emotional risk and perceived support. Moreover, Emerging Adulthood Theory (Arnett, 2000) reminds us that this phase is marked by fluctuating confidence and self-definition making educator responsiveness critical. Narrative Therapy (White & Epston, 1990) equally contributes by emphasizing the transformative power of validating faculty interactions in reshaping students' stories of mistrust, fear, and avoidance.

4.4.2. Emotional and Social Self-Regulation

Emotional and social self-regulation is another superordinate theme under the influence of ACEs on social wellbeing. This theme highlights the significant impact that early life trauma and stress have on an individual's ability to manage emotions and navigate social interactions. Students who have experienced ACEs often struggle with emotional regulation, which can manifest as heightened anxiety, difficulty controlling anger, or challenges in forming and maintaining relationships. In the context of teacher education, this is especially pertinent, as future educators must not only manage their

emotional and social responses but also support their students in doing the same. Judith Herman (1992, 2015) explains that chronic childhood trauma disrupts the development of emotional self-regulation systems, leaving survivors vulnerable to emotional flooding, suppression, or shutdown in adulthood.

4.4.2.1 Managing Emotions and Social Interactions

Managing emotions and social interactions remains a complex and deeply ingrained struggle for individuals with ACEs. The ability to regulate emotions and engage meaningfully in social settings was a recurring challenge among participants, many of whom described emotional suppression, avoidance, and difficulty navigating relationships. Their experiences reflect the long-term impact of early adversity, shaping their emotional responses and social interactions in ways that often limit their ability to connect with others.

For many participants, emotions were not something to be openly expressed but rather controlled, hidden, or suppressed. Blez openly acknowledged this, stating,

"I have learned to suppress emotions rather than express them, so I prefer to be quiet and not tell the world my pain."

(BLEZ)

Her words reflect an internalised belief that expressing emotions is either unsafe or unnecessary, a theme echoed by other participants who viewed emotional restraint as a protective mechanism. Herman (1992, 2015) identifies emotional suppression as a core survival strategy developed in environments where emotional expression was ignored, punished, or unsafe. Similarly, Enam's interactions reflected a reluctance to express personal struggles, as he remained passive in discussions about emotions and kept his feelings to himself. His colleague and lecturer also observed his emotional restraint, with his lecturer noting,

"Enam does not actively participate in discussions that require emotional reflection; he seems to prefer avoiding such topics altogether."
(ENAM LEC)

His reluctance to engage in emotional discourse suggests that he, like Blez, has learned to cope with distress by distancing himself from conversations that require emotional openness. This pattern reflects what Lazarus and Folkman (1984) refer to as a secondary appraisal process, where individuals assess emotional disclosure as potentially threatening, thus choosing avoidance as a coping mechanism. Herman (1992, 2015) similarly argues that trauma survivors often perceive emotional openness as dangerous, leading them to prioritise self-protection over relational engagement. This pattern of emotional suppression is consistent with findings from Heim & Nemeroff (2001), which suggest that individuals with ACEs often struggle with emotional regulation, leading to social withdrawal or avoidance behaviours.

Some participants described frequent mood shifts and emotional instability, which affected their ability to navigate social settings. Observations of Franz noted that his demeanour often fluctuated, with his colleague commenting,

"Franz can be very sociable, but sometimes he withdraws suddenly, as if something is bothering him. It's like he switches between being engaged and being completely distant."
(FRANZ COL)

Similarly, Jeff's lecturer observed that he often seemed uncomfortable in emotionally charged discussions, stating,

"Jeff avoids contributing when topics involve personal reflection. He seems tense when emotions are being discussed."
(JEFF LEC)

The contrast between these two participants is striking, Franz exhibited a cycle of fluctuating engagement, at times being social and at other times withdrawing, while Jeff maintained a steady but distant presence, avoiding emotional discourse altogether. Herman (1992, 2015) explains that trauma survivors frequently oscillate between

emotional engagement and emotional shutdown due to unstable internal regulation systems. Their differing responses suggest that while some individuals with ACEs struggle with mood swings that make social engagement unpredictable, others develop a habit of emotional detachment, opting to remain distant at all times. This variation in emotional regulation is consistent with findings from Poole et al. (2018), which indicate that trauma-exposed individuals regulate emotions in different ways, some alternating between engagement and withdrawal, while others maintain a detached and reserved demeanour.

The challenge of emotional regulation was not only reflected in how participants interacted socially but also in how they viewed their own emotions. Esti acknowledged this struggle, stating,

"I often find it hard to manage my emotions, especially when I feel anxious. It makes me withdraw from people because I don't want them to see me struggling."

(ESTI)

Her reluctance to engage socially stemmed from a fear of being perceived as weak or vulnerable, a concern confirmed by her colleague, who noted,

"She is friendly but very guarded. I don't think she easily lets people see what she's feeling."

(ESTI COL)

Herman (1992, 2015) notes that shame and fear of exposure are central emotional legacies of childhood trauma. This aligns with Arnett's (2000) description of emerging adulthood as a period marked by heightened sensitivity to peer judgment and identity exploration, where emotional visibility can feel risky. Research by Poole et al. (2018) suggests that emotional regulation difficulties among individuals with ACEs often lead to selective engagement in social settings, where they interact but remain emotionally distant.

For some participants, fear and distrust in social settings led to a pattern of avoidance rather than engagement. Wise, for instance, described his hesitancy to be open in conversations, sharing,

"I don't always know how to express myself, so I just keep things to myself instead of trying to explain how I feel."

(WISE)

His lecturer observed similar patterns, noting,

"Wise appears withdrawn, especially when discussions become personal. He hesitates to share and keeps his responses minimal."

(WISE LEC)

While Esti's withdrawal was driven by fear of exposure, Wise's avoidance stemmed from a lack of confidence in his ability to articulate emotions. This distinction highlights how individuals with ACEs can exhibit similar behaviours for different underlying reasons. Herman (1992, 2015) explains that trauma can impair emotional language development, limiting survivors' ability to name and communicate feelings. Research by Anda et al. (2006) supports this, noting that some individuals with ACEs withdraw due to fear of emotional exposure, while others do so because they lack the emotional vocabulary or confidence to articulate their feelings.

For some participants, social withdrawal was not merely a habit but a necessary means of coping with overwhelming emotions. Koo described her emotional shutdown, stating,

"Sometimes, I just shut down when I feel overwhelmed. It's easier to stay quiet than to explain what's going on."

(KOO)

Her preference for silence suggests that avoiding interactions provides her with a sense of control over her emotions, preventing situations where she might feel vulnerable. This aligns with Narrative Therapy principles (White & Epston, 1990), which suggest that trauma-exposed individuals often construct protective narratives around silence

and emotional control as a means of maintaining coherence amid past chaos. Herman (1992, 2015) describes emotional shutdown as a dissociative survival response to perceived emotional threat.

Observations further confirmed how emotional regulation influenced participants' engagement in social settings. Gee, for instance, was noted to appear composed but distant, with an observation report stating,

"Gee appeared well-groomed and polite, but her body language suggested discomfort in group discussions. She seemed hesitant to engage fully."

(GEE OBS)

Her hesitation, though not explicitly verbalised, was evident in how she positioned herself physically in social settings. In contrast, Eddy did not describe his emotional regulation as a struggle but rather as a conscious choice, stating,

"I don't get too involved in things. I prefer to stay on the sidelines and observe rather than participate."

(EDDY)

His lecturer also noted this behaviour, stating,

"Eddy is consistent in class but does not actively engage in discussions. He maintains a reserved and neutral stance."

(EDDY LEC)

The difference between Koo and Gee's emotional shutdown and Eddy's detachment lies in agency. While Koo and Gee withdrew involuntarily due to emotional distress, Eddy appeared to have made an active decision to disengage, possibly as a long-standing coping strategy. Herman (1992, 2015) differentiates between involuntary emotional numbing and learned emotional restraint. Murphey and Sacks (2019) suggest that trauma-exposed individuals adopt different forms of social disengagement, with some withdrawing as a defence against emotional overwhelm, while others intentionally maintain emotional distance as a means of control.

Not all participants viewed emotional regulation as a struggle; some saw it as an essential skill that allowed them to manage social settings without becoming emotionally entangled. Dav, for example, described how he maintained control over his emotions in social situations, stating,

"If I feel off emotionally, I just distance myself. I don't like people asking questions or trying to get me to talk when I don't feel like it."
(DAV)

His ability to dictate his engagement level suggests a sense of self-awareness, allowing him to remove himself from situations that might exacerbate emotional distress. His colleague supported this by noting,

"Dav is approachable, but he keeps his emotions in check. He doesn't let people get too close."
(DAV COL)

In contrast, Vim's counselling report described her struggle with emotional expression, stating,

"Client struggles with expressing emotions, frequently reporting feelings of frustration and numbness."
(VIM)

While Dav maintained emotional control through self-discipline, Vim appeared to have little control over her emotional state, vacillating between frustration and numbness. Herman (1992, 2015) frames such distancing as an adaptive boundary used to preserve psychological safety. This distinction aligns with research by Poole et al. (2018), which suggests that while some trauma-exposed individuals regulate emotions through measured restraint, others experience dissociation and numbness, making it difficult for them to process or articulate their emotions effectively.

The participants' experiences revealed that managing emotions and social interactions remains a significant challenge for individuals with ACEs. Some actively suppress emotions as a means of protection, while others struggle with mood swings that make

social engagement unpredictable. While many participants expressed a desire to engage more openly, their experiences with past trauma often held them back, leading to avoidance behaviours, emotional withdrawal, or selective engagement. Some participants maintained emotional distance as a deliberate coping strategy, while others felt forced into isolation by emotional distress. These varying emotional responses reflect the complexity of trauma's impact, as some individuals respond to distress by controlling their emotions, while others experience emotional dysregulation that makes stability difficult to achieve. Herman's (1992) trauma theory explains that survivors often rely on emotional control, suppression, or withdrawal to maintain safety in interpersonal environments. These differences mirror the adaptive functions outlined in the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984), where individuals assess emotional risk and regulate responses accordingly. In turn, emerging adulthood offers a contextual backdrop (Arnett, 2000), wherein such coping strategies become essential tools in navigating identity, vulnerability, and social belonging.

Although managing emotions and social interactions was a shared struggle across all participants, the manner in which these challenges were expressed appeared to vary depending on the college context.

In all-female colleges, participants like Gee, Vim, Koo, Esti, and Blez often exhibited heightened emotional self-monitoring and internalised distress. Their emotional responses were often hidden beneath a layer of politeness and social conformity. For instance, Gee appeared composed but emotionally distant, while Koo preferred silence over expression. This tendency toward emotional restraint may reflect the relational expectations often found in all-female environments, where vulnerability might be silently discouraged in favour of composure and harmony. Research by Wilson-Ching

and Berger (2024) suggests that trauma-affected female students in same sex academic spaces may engage in emotional suppression to protect their social standing or avoid peer judgment. Herman (1992, 2015) argues that trauma survivors in relationally sensitive environments intensify emotional control to avoid social threat.

In all-male colleges, students such as Enam, Franz, Jeff, and Eddy tended to suppress emotional expression through emotional detachment or passive withdrawal. Unlike the visible discomfort observed in some female participants, male participants often described emotional control as a deliberate or even strategic decision, such as Eddy's preference to "stay on the sidelines." This pattern reflects broader masculine norms that promote stoicism and discourage emotional expression. According to Sweeney et al. (2018), male students with trauma backgrounds often navigate emotional regulation through avoidance or compartmentalisation, limiting opportunities for emotional intimacy or social bonding. Herman (1992, 2015) links such emotional restriction to early environments where vulnerability was unsafe.

In mixed-gender colleges, participants like Dav, Wise, and Enam displayed more ambivalence, engaging selectively in social settings while regulating emotional openness based on perceived safety. Dav's controlled emotional engagement and Wise's hesitation to express himself suggest an internal balancing act between visibility and self protection. These responses align with Banyard and Cantor (2004), who note that coeducational environments create complex emotional dynamics, where trauma-affected individuals may feel uncertain about how much vulnerability is socially acceptable. In such spaces, emotional regulation becomes a tactical process, gauging when it is safe to connect and when it is safer to retreat. Herman (1992, 2015) describes

this as attachment-based hypervigilance, where survivors constantly assess relational safety.

Together, these institutional differences highlight how the social emotional climate of an academic environment interacts with past trauma to shape how students regulate emotions. In all-female spaces, emotional suppression may reflect fear of social scrutiny. In all-male settings, emotional control may stem from cultural scripts around masculinity. And in mixed environments, students often balance conflicting desires for connection and safety, leading to cautious or inconsistent social engagement.

4.5 Impact of ACEs on Campus Adjustment

Research question 4 investigated how the manifestations of ACEs affect students' adjustment to new environments. Items A, B and C under part five on the interview guide for participants were used to gather responses for this research question. Three superordinate themes emerged from the responses gathered. These include emotional resilience amid anxiety, academic adjustment and learning challenges, and social integration and relation building.

4.5.1 Emotional adaptation to a new environment

The transition to college represents a major life change, requiring students to adjust to new academic, social, and personal challenges. For students with ACEs, this period can be particularly overwhelming, as past trauma can shape their ability to regulate emotions, manage stress, and develop a sense of security in unfamiliar environments. While many first-year students experience an initial adjustment period, those with ACEs often face heightened emotional distress, fear of failure, and difficulties in building new support systems.

Emotional adaptation is a crucial aspect of the college transition, as it influences how students cope with anxiety, engage with their peers, and develop confidence in their abilities. Some students exhibit resilience, drawing strength from past hardships, while others struggle with self-doubt, social withdrawal, and emotional dysregulation, making it difficult to fully integrate into their new surroundings.

From the perspective of Herman's Trauma Theory (1992, 2015), this transition period represents a critical stage in trauma recovery, particularly the struggle to establish psychological and emotional safety in a new environment. Students with unresolved trauma may experience heightened vigilance, insecurity, and fear during transitions, making emotional adaptation more difficult. Without a stable sense of safety, trauma survivors often remain in a state of emotional survival rather than growth, which can undermine their adjustment to institutional life. This theme explores the emotional challenges and coping mechanisms that shape students' adjustment experiences, focusing on how they navigate stress, build resilience, and develop strategies for managing emotions in a new and demanding environment.

4.5.1.1 Emotional resilience amid anxiety

Emotional resilience, the capacity to adapt and thrive despite adversity, plays a critical role in mitigating anxiety and fostering adjustment in students transitioning to new environments. These manifestations can significantly hinder a student's ability to adapt to the unfamiliar social, academic, and cultural demands of a new environment.

The ability to manage emotional distress and anxiety while maintaining engagement in academic and social settings was a recurring theme among students with ACEs. Many participants expressed that despite their fears and anxieties, they actively pushed themselves to engage in activities that challenged them. Enam noted,

"I remind myself of past challenges I have overcome to stay motivated."
(ENAM)

His colleague observed that,

"Enam sometimes discusses the importance of self-motivation,"
(ENAM COL)

And his lecturer suggested that,

"encouraging self-affirmations could boost his confidence."
(ENAM LEC)

This reflects a secondary appraisal process, as explained by Lazarus and Folkman (1984), where Enam assesses his internal coping resources against perceived demands, and motivates himself based on his perceived ability to handle stress. Enam showed more engagement when discussions focused on resilience. Within Herman's Trauma Theory, Enam's self-motivation reflects an emerging attempt to restore a sense of personal agency and control, which is central to trauma recovery. Herman argues that survivors must gradually reclaim power over their emotional lives after periods of helplessness. Enam's reflective use of past successes represents an effort to counter feelings of vulnerability and regain psychological stability. Research supports the role of self-motivation and resilience in academic success. According to Masten (2014), resilience is a critical factor that enables individuals to persist despite challenges. Similarly, Oshri et al. (2018) highlight that students with ACEs who develop resilience tend to engage in problem-solving and social support-seeking behaviours that help them manage stress effectively.

For some, academic success became a means to assert control over their lives and prove their worth. Vim shared,

"Excelling academically feels like a way to prove my worth and gain a sense of achievement that was missing in my childhood."
(VIM)

His colleague confirmed that

"Vim exhibits a strong sense of determination to excel academically, likely as a response to his past experiences."

(VIM COL)

His lecturer encouraged him to use counselling services for additional emotional support, and observations suggested that,

"Vim tends to keep his responses short and to the point, avoiding extended discussions on personal matters."

(VIM LEC)

Research has shown that individuals with ACEs may use academic success as a form of overcompensation, attempting to regain a sense of control over their lives (Rosecrance, 2022). Bethell et al. (2014) further suggest that students who cultivate resilience are better able to manage academic pressure and emotional stress. Herman's framework interprets such achievement-oriented behaviour as a form of survival adaptation, where survivors seek validation and safety through performance. While this strategy may promote short-term adjustment, Herman cautions that recovery remains incomplete if self-worth depends solely on external achievement rather than internal emotional healing.

Fema's journey of returning to college after dropping out due to emotional struggles highlights resilience amid adversity. She admitted,

"My return to college after dropping out due to my emotional struggles was a big step, even though filled with fear."

(FEMA)

She took a bold step in seeking counselling, explaining,

"Seeking counselling was a step out of my comfort zone, but it was driven by the understanding that I needed support to overcome my past traumas."

(FEMA)

This step reflects a shift in her personal narrative, aligning with Narrative Therapy (White & Epston, 1990), which emphasises re-authoring one's story from a problem-saturated past to a growth-oriented future. Her lecturer observed that,

"Her journey has been marked by personal growth and increasing self-confidence,"

(FEMA LEC)

While her colleague noted that,

"Fema faced difficulties but showed persistence in overcoming her challenges."

(FEMA COL)

Research indicates that structured support systems, such as counselling and mentoring, play a vital role in fostering resilience among students with ACEs (Murphey & Sacks, 2019). Furthermore, Zolkoski and Bullock (2012) found that resilience is often strengthened through a combination of self-efficacy and external support. From Herman's perspective, Fema's engagement with counselling reflects movement into the second stage of trauma recovery: remembrance and mourning. By seeking professional support, she begins to process painful memories rather than avoid them, allowing for emotional integration and long-term adaptation. Similarly, Cee actively pushed herself to participate in discussions despite her internal fears. She acknowledged,

"Despite my struggles, I push myself to participate in class and social activities. I remind myself that it's okay to make mistakes and that growth involves occasional discomfort."

(CEE)

Her lecturer observed,

"Despite her fear of judgment, she occasionally steps out of her comfort zone to participate in discussions,"

(CEE LEC)

And her colleague commented that,

"Cee demonstrates resilience by continuing to participate despite her internal struggles."

(CEE COL)

Her behaviour aligns with Emerging Adulthood Theory (Arnett, 2000), which characterises this stage of life as a period of identity exploration, emotional instability, and self-focused growth. This aligns with research by Masten et al. (2005), which found that emotional resilience helps individuals maintain executive functioning skills, enabling them to focus on long-term goals despite emotional distress. Resilience is not merely about enduring hardships but about actively finding ways to manage emotional struggles. Cee's gradual participation also reflects Herman's concept of reconnection, where survivors begin to re-engage with social and academic life after establishing emotional safety. Her willingness to tolerate discomfort suggests developing confidence in relational spaces. Many students, like Ken and Koo, found stability in structured routines, which gave them a sense of control over their emotions. Ken explained,

"My upbringing, filled with adversity, actually prepared me well for certain aspects of college life. It taught me resilience, independence, and how to manage difficult situations, which are invaluable skills in the college environment."

(KEN)

His lecturer noted that,

"Ken sometimes contributes effectively in group projects but doesn't seek leadership roles,"

(KEN LEC)

And his colleague highlighted that

"Ken's ability to maintain an average academic standing, despite the challenges he faces, is noteworthy."

(KEN COL)

Research by Murphey and Sacks (2019) highlights that structured routines and self-discipline play a significant role in resilience-building, providing students with a sense of predictability and control in uncertain environments. According to Herman, predictability and routine are essential components of trauma recovery because they reduce hyperarousal and restore a sense of order. Ken's reliance on structure reflects an

adaptive strategy for managing emotional instability. Others, like Franz, used social engagement as a form of distraction from emotional burdens. Franz shared,

"Despite struggling with past emotional burdens, I am trying to build a better future. College represents a fresh start where I can redefine myself."

(FRANZ)

This reflects Bronfenbrenner's (1979) Ecological Systems Theory, where college becomes a new microsystem that allows for redefinition of roles and identity in contrast to past negative environments. His lecturer observed,

"Despite struggles with engagement and consistency, Franz manages to have control of the social and academic space with a level of adaptability,"

(FRANZ LEC)

While his colleague added,

"His ability to stay engaged and social despite his struggles suggests a high level of determination."

(FRANZ COL)

Studies suggest that social engagement can act as a protective factor against the negative effects of ACEs. Bronfenbrenner (1979) emphasised the role of social support networks in fostering resilience, and Poole et al. (2018) argue that engagement in social interactions enhances self-regulation and mitigates the impact of past trauma. Within Herman's model, Franz's social engagement can be understood as an attempt to reconnect with community after periods of emotional isolation. Such reconnection supports recovery by rebuilding trust in social relationships. Despite ongoing struggles, the participants demonstrate resilience through their continued academic engagement, attempts to build confidence, and willingness to push through discomfort. Esti shared,

"Despite my fears, I push myself to gradually engage more in class discussions and presentations, aiming to overcome my anxiety."

(ESTI)

Her lecturer noted,

"Although she struggles with confidence, she is making an effort to engage more in social and academic settings,"

(ESTI LEC)

And her colleague added,

"Her willingness to gradually engage more in class discussions indicates increasing confidence."

(ESTI COL)

Research by Oshri et al. (2018) suggests that resilient students are more likely to engage in proactive coping strategies, allowing them to persist despite emotional struggles.

While anxiety and self-doubt remain present, the ability of students like Esti to persist despite these emotions reflects a profound internal strength. Their stories highlight that resilience is not about eliminating fear but about finding ways to function and succeed despite it. The literature strongly supports the idea that resilience can be cultivated through structured interventions, external support systems, and intentional efforts to develop coping mechanisms (Zolkoski & Bullock, 2012; Bethell et al., 2014). Herman emphasises that resilience in trauma survivors does not imply absence of fear, but the capacity to function despite it. Esti's persistence illustrates adaptive coping within an ongoing recovery process.

Although emotional resilience emerged as a shared characteristic across participants, its expression varied depending on the institutional context. In all-female colleges, students such as Blez, Esti, Gee, and Koo often expressed resilience through quiet perseverance and structured self-regulation, using academic achievement and emotional composure as indicators of strength. Their efforts to persist in the face of fear, while maintaining control over emotional expression, may reflect gendered expectations around emotional restraint in female-dominated spaces. Wilson-Ching and Berger (2024) note that trauma-affected female students often equate resilience with self-control, reflecting a tendency to internalise rather than express distress.

In all-male colleges, participants such as Ken, Enam, and Jeff framed resilience more in terms of independence and stoicism, often avoiding emotional discourse while demonstrating persistence in academics or social roles. For these students, emotional resilience was expressed through self-reliance and discipline, aligning with Sweeney et al. (2018), who observed that male students with trauma histories often suppress emotional vulnerability, equating resilience with self-containment.

In mixed-gender colleges, students like Fema, Enam, and Franz showed more dynamic or ambivalent expressions of resilience, balancing efforts to engage socially and academically with fluctuating levels of anxiety and confidence. These students often sought growth through exposure, gradually confronting discomfort as a means of self-development. Banyard and Cantor (2004) suggest that coeducational environments may offer trauma-affected students more diverse relational cues and coping models, promoting resilience through trial-and-error engagement with both peers and faculty. Herman's theory suggests that institutional environments either facilitate or hinder trauma recovery depending on whether they promote safety, validation, and supportive relationships. Contexts that discourage emotional expression may prolong trauma-related coping patterns, whereas supportive climates enable reconnection and emotional growth.

These context-dependent differences in emotional resilience underscore the interplay between personal history and institutional culture. While all participants demonstrated resilience, how they enacted it was shaped by social expectations, perceived emotional safety, and the relational dynamics of their academic environments.

4.5.2 Academic Adjustment and Learning Challenges

The transition to college presents a unique set of academic demands, requiring students to adapt to new learning styles, increased workload, and higher expectations for independent study. For students ACEs, these challenges can be even more daunting, as past trauma may impact their cognitive abilities, motivation, and confidence in their academic potential.

Students with ACEs often struggle with concentration, memory retention, and problem-solving skills, which are essential for success in higher education. The stress of adapting to a more rigorous academic environment can heighten feelings of self-doubt, anxiety, and frustration, making it difficult to stay engaged and motivated. While some students exhibit strong academic resilience, pushing through adversity to achieve their goals, others may experience academic burnout, procrastination, or a fear of failure, leading to disengagement from coursework.

This theme examines the various ways ACEs impact academic adjustment, exploring how students balance motivation with personal challenges, develop self-directed learning habits, and manage academic pressure. From Herman's Trauma Theory, academic adjustment difficulties can be understood as consequences of unresolved trauma that disrupt attention, memory, and emotional regulation. When students remain preoccupied with managing internal distress, cognitive resources necessary for learning are compromised. Academic engagement improves when survivors achieve emotional safety and integration of traumatic experiences.

4.5.2.1 Academic motivation despite challenges

Academic motivation among students with ACEs is deeply intertwined with their emotional resilience, self-perception, and past experiences. While some students

channel their past struggles into academic perseverance, others face internal barriers that make sustaining motivation a challenge. The contrast in responses highlights how personal narratives shape students' academic drive, whether as a means of self-validation, a way to break free from their past, or a necessity for a stable future. From Herman's Trauma Theory (1992, 2015), motivation among trauma survivors is often shaped by a desire to regain control, restore dignity, and rebuild a disrupted sense of self. For many survivors, academic engagement becomes part of the recovery process, serving as a pathway toward safety, empowerment, and reconnection with meaningful life goals.

For many, education represents an escape from a painful past and an opportunity to build a life different from the one they experienced. Fema shared,

“What keeps me going, despite the challenges, is the hope for a better future. The idea of completing my education and providing a stable life for myself and possibly for a family one day is a powerful motivator.”
(FEMA)

Her lecturer reinforced this by stating,

“Fema remained committed to her education despite emotional and academic struggles.”
(FEMA LEC)

Meanwhile, her colleague noted,

“Despite her struggles, she remains determined to complete her education.”
(FEMA COL)

This suggests that for Fema, academic motivation is more than just earning a degree. It is a fundamental step toward healing, self-sufficiency, and the stability she never had growing up. Her ability to focus on long-term aspirations, despite current emotional struggles, aligns with Masten's (2014) research, which highlights the power of future-oriented thinking in fostering resilience among students with ACEs. Herman explains that survivors often pursue future-oriented goals as part of rebuilding hope after trauma.

Fema's motivation reflects the recovery stage of reconnection, where individuals begin to invest emotionally in future possibilities after periods of insecurity and loss.

In contrast, Wise's motivation was rooted in proving his ability to overcome adversity.

He expressed,

“I want to succeed despite my struggles, so I push myself to do my best. Education is important to me, and I am trying to stay on track despite my personal challenges.”

(WISE)

This drive reflects what Lazarus and Folkman (1984) describe as problem-focused coping, where the student actively tackles academic demands as a way of controlling stressors and reasserting personal agency. Within Herman's framework, Wise's determination also reflects an effort to counter internalised helplessness developed during childhood adversity. By focusing intensely on achievement, he seeks to affirm personal competence and protect himself from feelings of vulnerability.

His lecturer observed that

“Wise showed a willingness to push himself academically despite facing personal challenges.”

(WISE LEC)

However, his colleague pointed out,

“He continues to push himself academically, even though he faces emotional setbacks.”

(WISE COL)

While Wise demonstrates an admirable drive, his words hint at the burden of internalised pressure, suggesting that he may not see academic success as a personal achievement but as an obligation to prove himself. This aligns with Bethell et al. (2014), who found that students with ACEs often struggle with perfectionism and an overwhelming need to compensate for their past hardships.

For some, academic motivation was tied directly to self-worth. Eddy revealed,

“Excelling academically feels like a means to prove my worth, counteracting the feelings of inadequacy I developed during my upbringing.”

(EDDY)

Eddy’s response aligns with Arnett’s (2000) Emerging Adulthood Theory, which posits that this life stage is marked by identity exploration and self-definition, often intensified by earlier emotional wounds that students seek to overcome through achievement. His colleague observed,

“He is highly self-reliant and does not appear to lean on others for emotional or social support.”

(EDDY COL)

Meanwhile, his lecturer noted,

“His consistent academic performance suggests strong dedication despite his social hesitations.”

(EDDY LEC)

Unlike students like Fema, who view education as a tool for the future, Eddy’s motivation seems deeply rooted in a need to validate himself. This can be both a source of strength and a vulnerability, while it pushes him to excel, it also means that any academic setback could trigger feelings of unworthiness, potentially affecting his emotional wellbeing. Research by Ryff and Singer (2008) suggests that self-acceptance and autonomy play a crucial role in academic motivation, and Eddy’s experience reflects the delicate balance between using success as a coping mechanism and the potential risks of tying self-worth to achievement. Herman cautions that when survivors rely excessively on performance for self-worth, recovery remains fragile. Without internal emotional integration, achievement may function as a defensive strategy rather than genuine self-acceptance.

Some students framed education as a means of rewriting their personal history and creating a better future. Jeff stated,

“I view academic success as a way to create a better future and overcome the challenges of my past.”

(JEFF)

This aligns with Narrative Therapy principles (White & Epston, 1990), where students attempt to “re-author” their life stories, replacing trauma-laden narratives with purpose-driven futures. Herman similarly emphasises that reconstructing life narratives is central to trauma recovery. By redefining himself through education, Jeff engages in meaning-making that supports psychological reintegration. His lecturer observed,

“Jeff’s resilience and determination are evident in his approach to academic tasks, even though he does not actively seek external support.”

(JEFF LEC)

Ken shared a similar perspective, explaining,

“The experiences from my past have had a mixed impact on my academic work. On one hand, they have instilled a strong sense of determination and self-reliance in me, which is beneficial for my studies.”

(KEN)

His lecturer noted,

“His consistent, though not exceptional, academic performance indicates a student who is balancing internal struggles with the demands of college education.”

(KEN LEC)

While both Jeff and Ken demonstrate resilience, their responses hint at an underlying struggle with trust and self-sufficiency. Neither student explicitly mentioned seeking support, reinforcing research by Oshri et al. (2018), which suggests that students with ACEs often adopt a highly independent approach to problem-solving, sometimes to their detriment. According to Herman, excessive self-reliance may indicate incomplete recovery, where survivors hesitate to depend on others due to earlier experiences of betrayal or neglect.

For others, academic motivation fluctuated due to internal emotional conflicts. Franz admitted,

“While my childhood experiences have affected my academic focus, I am trying to work harder and push through my challenges to succeed, but it has not been easy.”

(FRANZ)

His lecturer noted,

“His academic performance shows potential, but it is hindered by inconsistency and external distractions.”

(FRANZ LEC)

Similarly, Koo stated,

“My motivation comes from my goal to succeed and create a better future for myself.”

(KOO)

However, her lecturer observed,

“She hesitated to share her thoughts, often avoiding direct eye contact.”

(KOO LEC)

These responses indicate that while students like Franz and Koo want to succeed, emotional barriers make consistency difficult. Their experiences support Huang et al. (2021), who found that students with ACEs often need structured resilience-building strategies to maintain academic persistence. Herman explains that unresolved trauma often produces emotional fragmentation, where survivors alternate between engagement and withdrawal. This instability can disrupt sustained motivation and academic persistence. Some students found motivation in external responsibilities beyond their own personal aspirations. Gee shared,

“I remain motivated because I want to create a better future for my child.”

(GEE)

This echoes Masten’s (2014) concept of “ordinary magic,” where caregiving responsibilities and goal-setting can act as resilience boosters, especially for trauma-affected individuals. Her colleague observed,

“Gee stays motivated by focusing on her goals, even though she faces difficulties.”

(GEE COL)

Meanwhile, her lecturer noted,

“She is determined academically but faces emotional and psychological obstacles.”

(GEE LEC)

Unlike other students whose motivation stems from personal goals, Gee’s drive is anchored in her responsibilities as a parent. This reinforces Masten’s (2014) findings that external motivators, such as family obligations, can serve as powerful resilience factors in students with ACEs. From Herman’s perspective, caregiving responsibilities may strengthen recovery by fostering relational purpose and emotional reconnection, helping survivors move beyond self-focused survival. Similarly, Vim explained,

“My motivation comes from my desire to create a better future for myself and break free from my past.”

(VIM)

However, her lecturer pointed out,

“Vim’s drive for academic success is strong, but she struggles with emotional barriers.”

(VIM LEC)

Her colleague further noted,

“Vim’s motivation fluctuates, and her engagement depends on the subject matter.”

(VIM COL)

This suggests that while she has clear goals, emotional struggles impact her consistency in academic engagement. Her experience aligns with research by Merrick et al. (2017), which suggests that students with ACEs often experience fluctuating motivation due to underlying emotional distress. Herman notes that motivation may coexist with unresolved distress, resulting in fluctuating engagement. Without emotional safety and integration, survivors may struggle to sustain effort despite clear goals.

Despite the general theme of perseverance, many students demonstrated inconsistent motivation depending on their emotional state or external pressures. This was particularly evident in students like Vim and Franz, whose engagement varied based on subject matter and personal struggles. While some, like Jeff and Ken, showed determination through self-reliance, others, like Eddy, viewed success as a means of proving personal worth. Meanwhile, students like Gee and Wise were externally motivated, driven by their responsibilities and personal need to succeed despite challenges.

Academic motivation among students with ACEs highlights a complex relationship between past trauma, personal resilience, and external pressures. The diversity of these motivational drivers reflects both secondary appraisal processes (Lazarus & Folkman, 1984) and the self-exploration struggles described in Emerging Adulthood Theory (Arnett, 2000), indicating that support must address both emotional and developmental needs. Herman's model clarifies that motivation functions differently across recovery stages. Students in early recovery may rely on achievement for survival, while those in later stages pursue learning as part of personal growth and social reconnection. While some students have clear goals that drive them forward, others experience wavering commitment due to unresolved emotional struggles. Research by Bethell et al. (2014) and Oshri et al. (2018) emphasises the importance of perseverance, goal-setting, and support networks in helping students with ACEs sustain motivation. However, the experiences of students like Franz and Vim suggest that motivation alone is not always enough, additional psychological support and mentorship programmes may be necessary to maintain long-term engagement.

Ultimately, while many students push themselves forward despite emotional and psychological burdens, their motivation is shaped by their personal histories. Some seek to escape their past, some strive to prove their worth, and others are driven by external responsibilities. This variability underscores the importance of creating trauma-informed educational environments that acknowledge individual motivation drivers and provide structured support to ensure that students with ACEs can sustain their academic goals without being overwhelmed by the weight of their past experiences. This reflects Herman's central argument that trauma reshapes identity, meaning, and self-expectations. Academic motivation among survivors is therefore inseparable from their broader recovery journeys.

Although emotional resilience was demonstrated across all participants, the form it took and how it was expressed varied notably across the different institutional settings. These patterns reflect how social norms, gendered expectations, and institutional environments shape the way trauma-exposed students adapt and manage anxiety during their first-year.

In all-female colleges, participants such as Esti, Blez, Gee, Vim, and Koo often displayed quiet perseverance and emotional self-monitoring. While many of them struggled with social anxiety and emotional suppression, they also showed a strong desire to overcome internal distress and succeed academically. For example, Esti described pushing herself to engage in class despite anxiety, and Gee remained motivated by her child's future. Their resilience was often expressed through small but significant steps attending classes, responding when prompted, or seeking help discreetly. These patterns align with Wilson-Ching and Berger (2024), who note that in all-female environments, emotional restraint may be reinforced by unspoken social

expectations that discourage vulnerability and reward composure. Thus, resilience in this setting tended to take the form of cautious engagement, rooted in self-discipline and fear of judgment. In such contexts, Herman's emphasis on safety suggests that restrained motivation may function as emotional self-protection in environments where vulnerability feels risky.

In all-male colleges, participants including Eddy, Enam, Jeff, Ken, and Franz framed emotional resilience through independence, performance, and emotional control. Their responses revealed a tendency to internalise distress and avoid emotional disclosure. For example, Enam used academic excellence as a means of self-validation, and Ken saw his difficult past as preparation for handling adversity. While these students did exhibit motivation and goal-orientation, their resilience was often shaped by stoicism and a reluctance to seek help. These findings echo Sweeney et al. (2018), who suggest that trauma-affected male students in single-sex environments often adopt avoidance strategies, viewing vulnerability as a weakness. In this context, resilience was less about emotional growth and more about maintaining control through self-sufficiency and routine. Herman's theory interprets stoic achievement as a defence against unresolved emotional pain, especially in cultures discouraging disclosure.

In mixed-gender colleges, students such as Enam, Fema, Cee, Wise, and Dav exhibited more nuanced forms of resilience blending internal anxiety with moments of proactive engagement. Their narratives often reflected a balancing act between a desire for connection and a fear of exposure. For example, Cee acknowledged her fear of judgment but still challenged herself to speak in class, while Fema sought counselling and gradually reintegrated into the academic environment after previously dropping out. This tension between risk and resilience aligns with Banyard and Cantor (2004),

who argue that in coeducational environments, students with trauma histories often face ambiguous emotional norms. As a result, resilience in this context was expressed through intermittent confidence, strategic self-disclosure, and a continuous recalibration of emotional boundaries. Herman's reconnection stage is particularly visible here, as students cautiously test emotional and academic engagement within complex relational spaces.

4.5.3 Social Integration and Relationship Building in College

Building meaningful relationships and feeling a sense of belonging are essential components of the college adjustment process. For many students, the transition to college provides opportunities to form new friendships, engage in social activities, and connect with faculty members. However, for students with ACEs, social integration can be particularly challenging due to past trauma, trust issues, and difficulties in emotional regulation.

Students with ACEs may struggle with forming peer connections, engaging in group interactions, or trusting authority figures, which can lead to social withdrawal and isolation. Experiences of neglect, rejection, or instability in childhood often shape how individuals approach relationships, making it difficult for some students to feel comfortable in new social settings. While some may actively seek social support, others may hesitate to open up to new people, avoid interactions, or misinterpret social cues, further complicating their adjustment to college life.

Judith Herman's Trauma Theory situates these social difficulties within disrupted attachment and safety systems formed during early adversity. Herman (1992, 2015) explains that trauma undermines basic assumptions about trust, safety, and connection, often leading survivors to perceive relational spaces as unpredictable or threatening. As

a result, social integration in new environments may activate trauma-related vigilance rather than comfort. This theme explores the barriers and facilitators of social integration among students with ACEs.

4.5.3.1 Social Withdrawal and Hesitation to Trust

Adjusting to college is a significant transition that requires students to manage new academic, social, and personal challenges. For first-year students with ACEs, this transition can be particularly complex, as past trauma influences their ability to engage socially, seek support, and integrate into the college environment. While some students embrace new social opportunities, others hesitate, withdrawing from interactions due to deep-seated fears of rejection, distrust in relationships, and emotional regulation difficulties. Their narratives revealed the psychological barriers they face in forming new friendships, seeking mentorship, and engaging in social spaces, highlighting the need for a trauma-informed approach to student adjustment. Herman conceptualises social withdrawal not as avoidance but as a survival response developed in contexts where relationships were unsafe. For trauma survivors, withdrawal serves to minimise emotional exposure and prevent further relational harm, particularly in unfamiliar environments such as college settings.

For many participants, the hesitation to initiate conversations and form relationships was not rooted in disinterest but in past experiences that made social engagement feel risky. Cee reflected on this challenge, explaining,

"I often hesitate to start conversations and prefer to keep to myself. It takes time for me to trust people."

(CEE)

Her words suggest that her reluctance to engage is a form of self-protection rather than avoidance. Her colleague confirmed this observation, noting,

"Cee avoids initiating conversations and tends to keep to herself."

(CEE COL)

While her lecturer added,

"She prefers selective engagement, taking time to trust her peers."

(CEE LEC)

Her experiences illustrate the ongoing influence of childhood experiences on social trust, reinforcing Turner et al. (2017), who argue that individuals with ACEs often struggle to trust new acquaintances, making social integration a slow and cautious process. Within Herman's framework, Cee's hesitation reflects impaired relational safety. Trauma disrupts the survivor's ability to assume goodwill in others, requiring repeated experiences of consistency before trust can be established. This aligns with Narrative Therapy principles (White & Epston, 1990), which suggest that people with traumatic backgrounds often internalise narratives of distrust and emotional danger, causing them to avoid forming new connections until those stories are re-authored in safer contexts. In contrast, Fema described her approach as more passive, stating,

"I don't actively seek out friendships. Most of my friendships happened naturally, without much effort from my side."

(FEMA)

Unlike Cee, who was hesitant due to a lack of trust, Fema seemed to disengage from the effort of relationship-building entirely. Her colleague noted that she was initially reserved, while her lecturer observed,

"She gradually became more socially engaged, though she continued to refrain from actively seeking out interactions."

(FEMA LEC)

This suggests that while some students are cautious due to fear of rejection, others develop an avoidant approach where relationships happen organically rather than through active participation. Herman explains that avoidance of relational initiative may reflect emotional numbing or protective disengagement, especially among individuals who learned early that relational investment did not guarantee safety or

reciprocity. Brown et al. (2019) support this observation, explaining that individuals with ACEs may adopt avoidant attachment styles, making them reluctant to invest effort in forming deep emotional bonds.

Some participants, such as Enam, described a preference for self-reliance, a trait that significantly shaped their college adjustment experience. He explained,

"I tend to keep my issues to myself, handling them independently rather than sharing or seeking assistance."

(ENAM)

His words reveal a deep-rooted belief that seeking support may not always be helpful, likely formed through past experiences of neglect or rejection. His colleague noted,

"Enam prefers structured study groups for academic support but remains emotionally guarded in social interactions."

(ENAM COL)

While his lecturer observed,

"Enam does not openly express struggles, but his reserved nature suggests he might benefit from more support."

(ENAM LEC)

This behaviour reflects secondary appraisal as described by Lazarus and Folkman (1984), where Enam may assess social engagement as emotionally risky, and therefore withhold participation unless the environment feels emotionally safe. Observations confirmed that he valued structured environments, where expectations were clear and interactions were predictable. From Herman's perspective, Enam's self-reliance reflects adaptive survival learned in contexts where dependency was unsafe or unrewarded. While functional in the short term, such strategies can inhibit relational healing in adulthood. Bellis et al. (2018) highlight that self-reliance is a common coping mechanism among individuals with ACEs, as past experiences teach them that emotional vulnerability can be risky. However, this coping strategy can become a barrier in college, where seeking support from peers and faculty is essential for academic and personal success.

Jeff echoed a similar preference for solitude but framed it as a response to past experiences rather than a personality trait. He explained,

"I tend to withdraw from social situations and prefer spending time alone, which stems from my childhood experiences."

(JEFF)

Jeff's social withdrawal may also be interpreted through the lens of Emerging Adulthood Theory (Arnett, 2000), where young adults in transition face heightened identity and relational uncertainty especially when early experiences have disrupted foundational trust. His words highlight that isolation is not necessarily a choice but rather an ingrained response shaped by past disappointments in relationships. His colleague noted that,

"Creating a more inclusive environment might help Jeff feel safer opening up."

(JEFF COL)

While his lecturer emphasised the importance of early intervention for students who do not outwardly express their struggles. Observations confirmed that while he maintained control over his academic responsibilities, he struggled with navigating social relationships. This aligns with Poole et al. (2018), who found that students with ACEs often struggle with self-advocacy, making integration into new environments particularly challenging. Unlike Enam, who maintained a structured approach to interactions, Jeff's withdrawal seemed more deeply rooted in emotional pain, suggesting that not all forms of social hesitancy are the same. Some are strategic, while others stem from unresolved trauma. Herman notes that withdrawal rooted in trauma differs from introversion. Jeff's isolation reflects unresolved relational injury, where proximity to others triggers emotional risk rather than comfort.

For some participants, the fear of rejection and emotional loss dictated their level of social engagement. Koo admitted,

"I hesitate to engage socially because I'm afraid of rejection and loss."
(KOO)

Her words reflect a concern that forming new relationships could lead to the same disappointments she experienced in the past. Her colleague noted,

"She tends to internalise emotions rather than seek external support."
(KOO COL)

While her lecturer observed,

"Support from faculty mentors can encourage students like Koo to feel valued."
(KOO LEC)

Observations confirmed that her avoidance of social activities suggested difficulty in forming bonds. Gautam et al. (2024) emphasise that early relational trauma can lead to social withdrawal, making it difficult for students like Koo to establish a sense of belonging in new environments. According to Herman, fear of loss reflects trauma-related grief that has not been fully processed. Survivors may avoid new bonds to prevent reactivation of earlier emotional pain. In contrast, Vim described her hesitancy as a result of judgment rather than rejection, stating,

"I often withdraw from social situations due to my trust issues and fear of judgment."
(VIM)

While Koo feared emotional investment, Vim was more concerned with how others perceived her. Her colleague noted,

"She tends to withdraw from social situations, making it difficult to establish trust,"
(VIM COL)

While her lecturer added,

"She avoids discussions and interactions with classmates."
(VIM LEC)

Observations revealed a pattern of social withdrawal, reinforcing Merrick et al. (2017), who found that individuals with ACEs often develop heightened fears of social judgment, leading them to avoid situations where they might feel scrutinised.

While some participants, such as Cee and Fema, demonstrated progress in forming friendships, their hesitancy reflected an underlying fear of emotional exposure. Others, like Enam and Jeff, showed a strong preference for structured environments and solitude, revealing a reluctance to depend on others. For students like Koo and Vim, withdrawal was directly tied to emotional pain and trust issues, highlighting how ACEs shape relational avoidance patterns well into adulthood. Their experiences reinforce research by Turner et al. (2017) and Poole et al. (2018), which suggest that past trauma makes social integration challenging due to deep-rooted relational fears. Additionally, Gautam et al. (2024) highlight that students with ACEs are at a higher risk for social withdrawal, further complicating their adjustment to college life. Herman links fear of judgment to trauma-related shame, where survivors internalise negative self-beliefs that make social visibility feel dangerous.

Despite their struggles, many participants expressed a desire to improve their social interactions but lacked the confidence or trust to do so. Their narratives highlight the importance of structured support systems that provide safe spaces for social engagement. Herman emphasises that recovery requires relational safety. Without environments that actively signal acceptance, predictability, and emotional attunement, survivors may remain socially withdrawn despite a desire for connection. Universities must recognise that social withdrawal in students with ACEs is not simply a personality trait, it is often a trauma response that requires understanding, intervention, and support. By incorporating trauma-informed teaching strategies, peer mentorship programmes,

and mental health support systems, institutions can help students with ACEs navigate their social anxieties and integrate more seamlessly into college life.

Although social withdrawal and hesitation were common across all students with ACEs, the ways in which these behaviours were expressed differed subtly across institutional contexts. Herman's theory underscores that trauma responses are shaped by context. Institutional culture can either reinforce survival-based withdrawal or support relational repair. These variations reflect how gendered expectations and the social norms of college environments can either buffer or intensify relational anxiety for trauma-affected students.

In all-female colleges, students such as Blez, Koo, Vim, Gee, and Blez often internalised their social struggles, maintaining surface-level interactions while emotionally withdrawing. For example, Blez hesitated to initiate conversations due to fear of rejection, and Koo avoided engagement out of fear of emotional loss. In these cases, withdrawal was typically quiet, polite, and emotionally concealed aligning with Wilson-Ching and Berger (2024), who found that all-female environments often foster high emotional self-monitoring. While sisterhood is often expected in such settings, for trauma-affected students, this pressure can intensify the fear of exclusion or being judged, resulting in selective engagement and emotional restraint.

In all-male institutions, participants like Enam, Jeff, Ken, Eddy, and Franz expressed social hesitation through strategic detachment and preference for solitary or academic-based interactions. Enam and Jeff, in particular, relied heavily on self-reliance and structured settings, viewing social engagement as unnecessary or even risky. These patterns support Sweeney et al. (2018), who argue that male students, especially those with trauma backgrounds, often adopt avoidance and stoicism as coping mechanisms,

influenced by cultural norms that discourage emotional vulnerability. Social withdrawal here was often framed as independence rather than anxiety, masking emotional distress beneath a façade of control. This reflects what Transactional Theory refers to as emotion-focused coping, where students like Enam and Jeff regulate distress by minimising social demands rather than confronting underlying vulnerabilities (Lazarus & Folkman, 1984).

In mixed-gender colleges, students like Fema, Wise, Cee, Enam, and Dav exhibited a more ambivalent social style alternating between cautious participation and emotional withdrawal. These patterns reflect Herman's assertion that recovery is relational and context-dependent. Without consistent signals of safety, survivors remain trapped in adaptive but limiting social strategies. Fema, for example, allowed friendships to form passively, while Cee was selective in whom she trusted. This push-pull dynamic reflects the complexity of coeducational settings, where emotional norms are less clearly defined. Banyard and Cantor (2004) highlight that in such environments, trauma-affected students may feel uncertain about social expectations, leading to guarded behaviour and inconsistent engagement. These students often desire connection but are unsure of how much vulnerability is safe or acceptable in a mixed setting.

4.6 Personal Interventions for Coping with ACES

Research question 5 analysed the personal interventions students adopted to adjust to college in relation to their ACEs. Item A under part six on the interview guide for the participants was used to gather responses for this research question. Three superordinate themes emerge from the responses gathered. These themes include social and emotional coping strategies, academic discipline and growth and establishing academic routines.

4.6.1 Social and Emotional Coping Strategies

Adjusting to college life requires students to overcome new academic, social, and emotional challenges. For students with ACEs, this transition can be particularly complex, as past trauma often influences their ability to manage stress, build relationships, and regulate emotions. While some students may struggle with feelings of isolation, anxiety, or self-doubt, others actively develop coping mechanisms that help them adjust to their new environment.

One of the most significant ways students manage this transition is through social and emotional coping strategies, which involve seeking support from friends, mentors, and family, as well as engaging in practices that promote emotional stability. Establishing a reliable support system allows students to feel a sense of belonging and security, while emotional coping strategies help them regulate stress and process their past experiences in a healthier way.

Judith Herman's Trauma and Recovery Theory explains that trauma fundamentally disrupts an individual's capacity for emotional regulation and relational safety. According to Herman (1992; 2015), survivors of early adversity often develop coping strategies centred on control, emotional containment, and selective trust. These strategies, while adaptive in unsafe environments, continue into adulthood and shape how individuals seek, accept, or resist social and emotional support in new contexts such as college. This theme explores how students with ACEs rely on social connections and emotional regulation techniques to support their transition to college.

4.6.1.1 Seeking Social Support

The process of seeking social support among students with ACEs is layered with complexities, revealing a dynamic interplay between their past experiences, current coping mechanisms, and the degree of trust they place in those around them. While some participants found comfort in close friendships and institutional support, others maintained a deliberate emotional distance, reflecting a deep-seated hesitation to be vulnerable. Their narratives illustrate varying levels of engagement, selective trust, and the struggle to balance self-reliance with the need for connection. Herman conceptualises this tension as a core feature of trauma adaptation. Survivors often desire connection but simultaneously fear the emotional exposure that relationships require. As a result, support-seeking becomes conditional, cautious, and highly selective rather than open or spontaneous.

For some, forming close relationships was a slow, gradual process requiring significant effort to navigate past fears of rejection and betrayal. Fema acknowledged that,

"My friends in college, though few, have provided emotional support. They offer a listening ear and companionship, but I still couldn't open up to them."
(FEMA)

This reluctance, despite recognising the support system around her, highlights the challenge of emotional trust. Her colleague reinforced this observation, noting,

"Fema drew closer to friends, but hardly would she share her private affairs. Her friends supported her in so many ways."
(FEMA COL)

This guarded approach reflects what Narrative Therapy (White & Epston, 1990) describes as a "problem-saturated narrative," where individuals hold tightly to past experiences of betrayal or abandonment, making it difficult to re-author their story with trust or openness. While she appreciated companionship, her hesitation to be emotionally vulnerable illustrates the guarded nature that often stems from past trauma.

From Herman's perspective, Fema's guardedness reflects trauma-related boundary protection. Survivors often allow proximity without emotional exposure, maintaining connection while minimising vulnerability to prevent re-experiencing relational harm.

Her lecturer confirmed that,

"Fema started seeking help from faculty and friends over time."
(FEMA LEC)

showing a gradual yet significant shift in her willingness to engage. This reflects Bellis et al. (2018), who suggest that individuals with ACEs often take longer to build trust but can develop strong support networks when given the right environment.

In contrast, some students valued social support but remained hesitant to fully rely on others. Wise admitted,

"My friends who understand my struggles have been my biggest support system. I have not yet sought professional counselling, but I am considering it for the future."
(WISE)

His words indicate a partial acceptance of support but also a reluctance to take the next step toward seeking professional help. His colleague confirmed,

"Wise does not actively seek help from his peers or college resources."
(WISE COL)

While his lecturer suggested,

"Encouraging him to engage with support networks could be beneficial."
(WISE LEC)

This hesitation aligns with Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping, where Wise may appraise emotional sharing as a potential threat and choose avoidance as a coping strategy when internal resources for vulnerability feel insufficient. Herman explains that formal help-seeking may activate trauma-related fears of loss of control or judgment. For students like Wise, professional support represents both safety and threat, resulting in delayed or conditional engagement.

Turner et al. (2017) highlight that avoidance behaviours are common among students with ACEs, often due to a learned pattern of self-reliance. Wise's selective approach to support reflects an internal conflict while he acknowledges the need for help, he remains wary of formal structures, suggesting a preference for familiar, less institutionalised forms of emotional backing.

Others, like Cee, demonstrated a preference for highly selective support systems.

"Although I have a small social circle, my close friends provide emotional support and comfort. My partner has been a source of strength during my struggles with self-doubt and anxiety."

(CEE)

According to Arnett's (2000) Emerging Adulthood Theory, this selective trust in intimate relationships is common among young adults navigating identity development, particularly when previous relationships have been marked by emotional insecurity. Her choice to lean on a partner rather than a broader network suggests a deep-rooted trust issue, where only the most intimate and personally vetted relationships feel safe. Herman notes that trauma survivors often anchor emotional safety in one trusted relationship, which reduces perceived risk but may limit broader relational development. Her colleague noted,

"She rarely seeks help from friends, teachers, or counsellors but could benefit from additional support."

(CEE COL)

This is consistent with Brown et al. (2019), who found that individuals with past relational trauma develop selective trust, relying only on a few individuals while avoiding broader social interactions. While Cee found comfort in a romantic relationship, it also suggests a risk placing emotional dependence on a single individual may limit the development of broader support systems that could provide additional stability.

Other participants maintained functional yet emotionally distant relationships, using social interactions for companionship rather than deep emotional support. Enam encapsulated this perspective when he stated,

"I rely on casual friendships for companionship but not for deep support."

(ENAM)

This deliberate separation of social engagement from emotional vulnerability suggests an intentional strategy to maintain control over personal struggles. His lecturer observed,

"He prefers independence and does not ask for help."

(ENAM LEC)

This behaviour may reflect what Lazarus and Folkman (1984) describe as a secondary appraisal process, where Enam evaluates his ability to cope and opts for emotional withdrawal when social interaction is perceived as a threat rather than a resource. His colleague reinforced this by stating,

"Enam enjoys socialising but does not seek emotional support."

(ENAM COL)

Herman frames this as adaptive emotional containment. Survivors engage socially while limiting emotional exchange to preserve psychological safety. Merrick et al. (2017) highlight that individuals with ACEs often engage in social interactions as a functional necessity rather than a source of emotional nourishment. Enam's approach suggests a learned behaviour. Social engagement provides a buffer against isolation but does not require the risk of emotional exposure.

A similar pattern was evident in Esti's experience, where reliance on a small but supportive network was a defining factor.

"Although I have a limited social circle, my few close friends have been incredibly supportive and encouraging."

(ESTI)

Her lecturer noted,

"She relies on close friends for emotional support but has not sought professional counselling."

(ESTI LEC)

While her colleague confirmed,

"She has not disclosed personal challenges, but she has been informed about available campus resources such as counselling services."

(ESTI COL)

Her approach aligns with Oshri et al. (2018), who found that students with ACEs benefit from even small but reliable social networks. Esti's case highlights the balancing act many students with ACEs perform, finding comfort in a few trusted relationships but maintaining a cautious distance from broader support services. Herman emphasises that consistency, rather than quantity of support, is central to trauma recovery (Herman, 1992). Esti's reliance on a few stable relationships reflects this principle.

Unlike those who relied on peer support, Eddy found institutional support to be more effective.

"The most significant support has come from college systems, particularly counselling services."

(EDDY)

His lecturer added,

"I have suggested study aids and time management tools to help Eddy improve his stress management."

(EDDY LEC)

This preference for structured, formalised support rather than personal relationships suggests a different form of trust, one rooted in professionalism rather than emotional bonds. Herman identifies structured, professional relationships as safer for some trauma survivors because they offer clear boundaries, predictability, and reduced emotional ambiguity. Bellis et al. (2018) found that students with ACEs often lean toward structured support systems over informal networks, likely due to past relational

instability. Eddy's approach represents an alternative strategy for coping, prioritising predictability and established systems over the uncertainty of personal relationships.

For some students, their reluctance to seek support was deeply ingrained, shaped by a long history of emotional self-sufficiency. Jozy reflected on this, stating,

"My past experiences have significantly influenced my reluctance to seek help."

(JOZY)

His colleague confirmed,

"Jozy is hesitant to seek help, often handling stress on his own rather than confiding in others."

(JOZY COL)

His lecturer suggested peer mentorship programmes, aligning with Poole et al. (2018), who emphasise the importance of structured peer interventions in fostering emotional resilience. His case illustrates the narrative position of someone stuck in an internalised story of self-sufficiency. Narrative Therapy (Freedman & Combs, 1996) would encourage reframing such stories to recognise that seeking support is a strength, not a weakness. Jozy's experience highlights how deeply ingrained avoidance patterns can persist into adulthood, making interventions necessary to shift these learned behaviours. Herman explains that long-term trauma often produces an internalised ethic of self-sufficiency, where dependence is associated with danger rather than care.

For students like Vim and Koo, support came from a combination of close personal relationships and structured systems. Vim noted,

"I rely on a few close friends and my college counsellor for emotional support."

(VIM)

While her lecturer observed,

"Her ability to seek social support is limited, possibly due to past experiences."

(VIM LEC)

Gautam et al. (2024) found that students with past trauma often hesitate to seek professional help, preferring familiar support networks. Similarly, Koo explained,

"I rely on my few close friends and my family for emotional support."
(KOO)

While her colleague suggested that,

"Encouraging students like Koo to reach out could help them
find emotional support."
(KOO COL)

Both narratives illustrate a middle ground. While they engage in some level of support-seeking, trust remains selective and the reliance on external resources is minimal. This hybrid strategy reflects Herman's notion of partial recovery, where survivors cautiously expand their support systems while maintaining strict control over vulnerability.

Franz provided an insightful perspective, recognising the benefits of confiding in a trusted friend while still maintaining emotional distance:

"I occasionally confide in a trusted friend, which provides some relief,
though I generally prefer to work through things on my own."
(FRANZ)

His colleague confirmed this, saying,

"As friends, we try to be there for him, offering company and a listening
ear, but we don't press him on personal matters."
(FRANZ COL)

Franz's selective openness mirrors the findings of Masten (2014), which suggest that resilience manifests differently depending on personality, past experiences, and available social support. Herman notes that oscillation between connection and withdrawal is common during recovery, reflecting ongoing negotiation between safety and relational need (Herman, 1992).

The diversity of these experiences highlight a key theme: students with ACEs navigate social support through a spectrum of engagement, ranging from full reliance on peer relationships to complete emotional independence. Some, like Eddy, found comfort in

structured institutional support, while others, like Enam, maintained functional but emotionally distant relationships. Participants like Cee and Fema demonstrated a slow but steady process of trust-building, whereas Enam and Wise remained hesitant to engage fully. These narratives illustrate the individualised nature of social adjustment, where each student's past influences their present approach to seeking and maintaining support.

Murphey and Sacks (2019) emphasise that structured, predictable support systems are particularly effective for individuals with ACEs, as they provide a sense of stability. Similarly, Anda et al. (2009) highlight the value of trauma-informed practices, such as structured peer support and accessible mental health services, in improving emotional wellbeing. The findings reinforce the importance of offering multiple pathways for support, ensuring that students with ACEs can engage at their own pace while gradually building trust in social and institutional systems.

These responses align with broader research findings emphasising the role of peer mentorship programmes in fostering a sense of belonging (Anda et al., 2009). Trauma-informed practices, such as structured peer support and accessible mental health services, can significantly improve emotional wellbeing among students with ACEs (Rosecrance, 2022). Additionally, research highlights that access to community resources and structured support networks is crucial in reducing social isolation and improving psychological resilience (Merrick et al., 2017). Herman's theory highlights that trauma recovery is context-dependent (Herman, 1992). Institutional cultures can either reinforce survival-based coping or facilitate relational repair.

While all participants with ACEs showed some level of need for connection, their approach to seeking social support differed based on whether they were in all-female, all-male, or mixed-gender institutions. These differences appear to be shaped by peer dynamics, emotional norms, and the implicit social rules governing vulnerability in each setting.

In all-female colleges, participants like Esti, Blez, Gee, Vim, and Koo were more likely to rely on small, emotionally supportive peer networks, but often kept deeper emotional struggles private. For instance, Koo and Vim admitted to relying on close friends but avoided broader peer interactions or formal counselling. Fema and Gee found value in emotional companionship, yet hesitated to fully open up. These responses align with Wilson-Ching and Berger (2024), who found that in all-female spaces, students with trauma histories often self-monitor emotionally to maintain perceived social harmony. The result is a form of relational closeness with emotional guardedness, where support is accepted within tight-knit circles, but full vulnerability remains difficult.

In all-male colleges, participants such as Eddy, Enam, Jeff, Ken, and Franz tended to show less reliance on peers and often viewed emotional independence as essential. Enam and Jeff preferred to deal with challenges alone, while Eddy sought out institutional counselling but avoided peer support. Franz, although occasionally confiding in a friend, emphasised self-reliance. This supports Sweeney et al. (2018), who argue that male students in single-sex environments often internalise emotional struggles due to gendered expectations of stoicism and self-sufficiency, leading to avoidance of both peer and professional help unless strictly necessary.

In mixed-gender colleges, students such as Enam, Fema, Cee, Wise, and Dav revealed ambivalent patterns of support-seeking. Enam and Wise maintained casual peer

relationships but avoided deep emotional sharing. Cee leaned on a romantic partner rather than institutional or broader social networks, suggesting a selective trust approach. Fema, although cautious, gradually opened up to both peers and faculty. These examples reflect the findings of Banyard and Cantor (2004), who note that in mixed-gender environments, students with trauma may struggle to assess emotional safety, leading to partial engagement in support systems. This often results in inconsistent or conditional support-seeking, depending on the perceived relational safety. These variations illustrate Herman's central claim that safety precedes connection. Where safety is uncertain, survivors regulate proximity rather than pursue full relational engagement (1992).

4.6.2 Academic Discipline and Growth

Succeeding in college requires students to develop strong academic habits, self-discipline, and effective learning strategies to manage coursework, deadlines, and expectations. For students with Adverse Childhood Experiences, maintaining academic discipline can be particularly challenging due to past trauma, emotional distress, and difficulties with concentration and motivation. Many of these students may struggle with structuring their study routines, staying organised, or managing time effectively, which can affect their academic performance.

Despite these challenges, some students develop personal strategies to enhance their academic growth, such as establishing structured study routines, setting clear goals, and implementing effective time management techniques. These efforts help them maintain focus, stay motivated, and navigate the demands of their coursework. Additionally, for students who have faced adversity, the ability to create and follow through with

academic routines can serve as a source of stability and self-empowerment in an otherwise unpredictable environment.

According to Herman's Trauma and Recovery Theory (1992; 2015), trauma fundamentally disrupts an individual's sense of safety, predictability, and control. Survivors often respond by seeking structure and order in their daily lives as a compensatory strategy. Within academic contexts, routines and discipline can function as stabilising mechanisms that help trauma-affected students regain a sense of control over their environment. This theme explores how students with ACEs cultivate academic discipline and growth through structured learning approaches, goal setting and persistence.

4.6.2.1 Establishing Academic Routines

The establishment of academic routines among students with ACEs reveals a nuanced interplay between structure, self-discipline, and emotional resilience. For many, structured routines serve as a coping mechanism that provides stability and control in the face of uncertainty, while for others, maintaining such discipline proves to be a struggle due to emotional distress, lack of motivation, or unresolved trauma. The experiences of participants reflect varying degrees of adaptation. Some students found solace and predictability in their routines, while others grappled with inconsistency and external stressors that disrupted their academic focus. Herman conceptualises this reliance on routine as an adaptive survival response. When internal emotional regulation is compromised by trauma, external structure becomes a substitute regulator, offering predictability and containment where emotional safety is fragile.

Enam's experience exemplifies the challenge of maintaining consistency in study habits due to external stressors. He admitted,

"I struggle to maintain a strict academic routine due to distractions."
(ENAM)

This statement suggests that while he recognises the importance of structure, he finds it difficult to implement it in a sustainable way. His difficulty in maintaining a consistent academic schedule may reflect deeper struggles with focus and self-regulation, issues that often emerge when unresolved emotional burdens take precedence over daily responsibilities. This reflects a form of secondary appraisal, as described by Lazarus and Folkman (1984), where the student evaluates whether he has the emotional and cognitive resources to meet academic demands, often leading to withdrawal when these are perceived as insufficient. From Herman's perspective, Enam's inconsistency reflects the limits of routine when trauma-related emotional dysregulation remains unaddressed. Without sufficient internal safety, external structure alone may be insufficient to sustain discipline. Faculty observations reinforced this challenge, noting that

"Enam's study habits are inconsistent" and "his engagement varies based on stress levels."

(ENAM LEC)

Unlike some students who use routines to create a sense of control, Enam appears to experience external factors that overpower his attempts at structure. This aligns with research by Bellis et al. (2019), which highlights that students with ACEs often struggle with focus and self-regulation due to the lingering impact of past trauma. The unpredictability of Enam's academic engagement suggests that while he values structure, his emotional state often dictates his level of commitment, a struggle common among students with a history of adversity.

While Enam finds consistency elusive, other students have successfully implemented academic routines as a form of self-regulation and emotional stability. Fema's approach to academic routines was markedly different from Enam's, as she actively sought stability through structured study habits. She explained,

"I prepare extensively for classes and discussions, as being well-prepared gives me a confidence boost."

(FEMA)

Her words suggest that structure is not only about discipline but also about self-assurance. Her routine serves as a buffer against anxiety and unpredictability. Her lecturers observed that,

"Fema worked diligently on her tasks and gradually took on leadership roles in group projects."

(FEMA LEC)

Demonstrating that structure contributed to both academic performance and personal growth. Unlike Enam, whose engagement fluctuated with stress. Herman describes this use of routine as a restorative strategy, where predictable patterns help trauma survivors rebuild self-efficacy and confidence (Herman, 1992). For Fema, preparation functions as a protective anchor that reduces emotional threat. Fema seemed to use academic routines as a tool to create predictability in her life, reinforcing Hughes et al. (2021), who argue that structured routines not only improve academic performance but also foster self-confidence and resilience.

Cee also demonstrated a similar determination to maintain structure despite emotional challenges. She shared,

"I try to stay consistent with my academic work despite my emotional challenges. I have developed study habits that help me manage my coursework more effectively."

(CEE)

Unlike Enam, who struggles with motivation, Cee acknowledges her emotional struggles but actively works through them by implementing academic routines. Her faculty confirmed that,

"Her structured academic performance suggests she has coping mechanisms in place."

(CEE LEC)

While her peers noted that,

"She is working on structuring her study habits to improve focus and performance."

(CEE COL)

Cee's case highlights an important contrast while some students, like Enam, allow their emotional distress to disrupt their routines, others, like Cee and Fema, find ways to counterbalance their struggles with structured academic habits. This suggests that while emotional distress is a common challenge among students with ACEs, individuals vary in their ability to manage it, with some actively seeking stability through discipline.

Cee's experience aligns with Herman's assertion that recovery involves learning to tolerate distress while maintaining function. Routine becomes a scaffold that allows engagement even when emotional discomfort persists. For some students, academic routines provided emotional stability beyond just coursework. Wise viewed structure as a means of maintaining focus amidst internal struggles, stating,

"I try to stay disciplined with my studies despite my struggles. Having a structured routine helps me manage my time better."

(WISE)

His words imply that structure is a conscious effort rather than a natural inclination, as maintaining discipline requires continuous reinforcement. Faculty supported this, noting that,

"his ability to remain consistent in his studies despite challenges is commendable."

(WISE LEC)

However, his engagement was not always stable, as his academic engagement was inconsistent but showed gradual improvement. This suggests that while Wise has the intention to maintain discipline, emotional distress still interferes, requiring conscious effort to sustain engagement. His experience contrasts with Fema's, whose structured approach seemed more natural and less influenced by fluctuations in emotional wellbeing. This distinction supports the idea that while routines can be beneficial, they require consistent reinforcement, and for some students, maintaining them remains an ongoing challenge.

Herman notes that during recovery, survivors may oscillate between control and collapse (Herman, 1992). Wise's fluctuating engagement reflects this instability, where routine must be consciously maintained against emotional interference. Other students, such as Dav and Eddy, relied on structured routines as a way to maintain control over their academic and personal lives. Dav stated,

"Having a structured routine helps me stay focused and motivated."
(DAV)

Indicating that his engagement in academics was tied to his ability to impose order on his daily life. Faculty confirmed that,

"Dav sticks to schedules to ensure stability in his daily life." (DAV LEC)

Similarly, Eddy shared,

"Maintaining a structured routine provides a sense of stability and predictability in my life."
(EDDY)

With lecturers noting that,

"he follows a structured routine, which appears to provide him with a sense of stability."
(EDDY LEC)

Unlike Enam, who struggles with consistency, Dav and Eddy actively use routines as a grounding mechanism to create a sense of normalcy. This aligns with Bellis et al.

(2019), who emphasise that structured schedules and organisation can act as protective factors against emotional distress. However, while these students have successfully implemented routines, it is worth noting that maintaining them may serve as a way to exert control rather than an indication that emotional struggles have been resolved.

Herman explains that predictability is central to trauma recovery (Herman, 1992). For students like Dav and Eddy, routine restores a sense of order that counters earlier experiences of chaos and instability. Jozy and Jeff also highlighted the role of structured habits in their academic persistence, but with slight variations in their perspectives. Jozy noted,

"Maintaining a structured routine provides a sense of stability and predictability in my life."

(JOZY)

And his colleagues observed that,

"his reliance on structured routines gives him a sense of control over his life."

(JOZY COL)

Similarly, Jeff explained,

"Creating structured academic habits gives me a sense of control and consistency."

(JEFF)

However, faculty noted that

"open dialogue about mental health could help reduce stigma and promote seeking help."

(JEFF LEC)

While both Jozy and Jeff use routines to create a sense of stability, their reliance on structure may also indicate an avoidance of deeper emotional struggles. Research by Oshri et al. (2018) suggests that while routines are beneficial, they may sometimes be used as a defence mechanism to avoid confronting underlying emotional distress. Herman cautions that while structure supports recovery, over-reliance on routine may

also function as emotional avoidance. Control replaces emotional processing, delaying deeper healing (Herman, 1992). Ken and Franz presented two contrasting perspectives on structured academic habits. Ken shared,

"Maintaining a routine and engaging in structured activities provide a sense of control and stability amidst the emotional turmoil."

(KEN)

His lecturers noted that,

"Ken is highly disciplined in managing his studies and prioritizing his academic work."

(KEN LEC)

In contrast, Franz admitted,

"I have had to develop better study habits in college, as my lack of discipline in high school left me unprepared for the rigor of college coursework."

(FRANZ)

His lecturers observed that,

"his approach to class participation is inconsistent, indicating a lack of structured academic habits."

(FRANZ LEC)

While Ken's routine is deeply ingrained, Franz is still in the process of developing effective academic discipline, a challenge typical of the *emerging adulthood* phase (Arnett, 2000), where identity exploration, instability, and self-focus often intersect with the need to self-regulate in new academic environments. Research by Masten (2014) suggests that resilience in academic settings varies, with some students naturally inclined toward structure while others require more time and external support to develop effective study habits.

Herman describes recovery as non-linear (Herman, 1992). Ken appears further along the stabilisation phase, while Franz remains in an early stage where structure is still forming and easily disrupted. The findings highlight the complexity of academic routine formation among students with ACEs. While structured study habits serve as a stabilising factor for many, the degree of consistency varies based on emotional

wellbeing, past trauma, and personal resilience. This variation reflects Herman's central thesis that recovery unfolds differently depending on safety, support, and emotional regulation capacity. Routine is necessary, but not sufficient, without emotional containment and relational safety.

Some students, like Ken and Fema, exhibit strong self-discipline and use structured routines as a coping mechanism, while others, like Franz and Vim, struggle with maintaining consistency. Others, such as Enam and Wise, experience fluctuations in engagement, reflecting the ongoing battle between external pressures and internal resilience. These variations reinforce the idea that while structured routines can enhance resilience, they are not a universal solution, emotional support, self-regulation strategies, and an accommodating academic environment remain essential in ensuring that students with ACEs can fully thrive.

While the establishment of academic routines was a shared theme across participants, how these routines were formed and sustained varied depending on the type of college environment with meaningful differences observed across all-female, all-male, and mixed-gender institutions. Herman emphasises that recovery is context-dependent (Herman, 1992). Institutional cultures can either reinforce adaptive coping or intensify survival-based strategies.

In all-female colleges, students such as Esti, Gee, Vim, Koo, and Blez generally approached routine with a sense of personal responsibility, though emotional distress sometimes disrupted their consistency. For instance, Blez and Koo showed motivation toward self-organisation, but their routines were often challenged by internal struggles such as anxiety or fear of judgment. The emphasis on social harmony and emotional composure in all-female spaces may encourage structured academic behaviour, but can

also foster self-silencing when emotional support is lacking. Wilson-Ching and Berger (2024) note that female students in single-sex settings may feel pressure to maintain control and appear emotionally stable, which can lead them to use routine as a shield against deeper distress.

In all-male colleges, participants like Eddy, Enam, Jeff, Ken, and Franz displayed a range of responses. While Ken and Enam maintained structured habits as a form of control and discipline, Franz and Jeff struggled with consistency, often due to emotional isolation or lack of internal motivation. In these settings, routine was often tied to self-reliance rather than collaborative learning. These behaviours are consistent with Sweeney et al. (2018), who argue that boys in trauma-affected, all-male environments often rely on internalised coping mechanisms such as routine as a substitute for emotional expression, which is culturally discouraged in male peer contexts.

In mixed-gender colleges, students such as Enam, Fema, Cee, Wise, and Dav showed more variation and fluctuation in their routine patterns. Fema and Cee used structured routines to manage anxiety and maintain performance, while Enam and Wise acknowledged the importance of discipline but struggled with emotional regulation and distraction. Dav, on the other hand, relied heavily on structure as a form of self-grounding. The emotional ambiguity of mixed environments where expectations around behaviour and support are less defined may contribute to this inconsistency. Banyard and Cantor (2004) suggest that in coeducational spaces, students with ACEs may navigate shifting social dynamics with caution, affecting their ability to sustain focus and routine. These patterns reflect how trauma survivors adapt structure to the emotional demands of their environments, reinforcing Herman's view that safety precedes sustainable growth (Herman, 1992).

These observations reinforce the importance of context-aware academic support. While routines can be powerful tools for academic resilience, their effectiveness depends on the emotional climate of the institution and the social norms that shape students' coping strategies. Tailored, trauma-informed interventions that consider the nuances of gendered environments are essential to helping students with ACEs build and maintain academic stability.

4.6.3 Mental Health Management and Self-Care Strategies

The transition to college can be mentally and emotionally demanding, particularly for students who have experienced ACEs. Past trauma can heighten stress, anxiety, and emotional dysregulation, making it difficult for students to manage their mental wellbeing while balancing academic and social responsibilities. Without proper coping strategies, these challenges can lead to emotional exhaustion, academic burnout, and difficulties in social adjustment.

To navigate these struggles, many students adopt mental health management and self-care strategies that help them maintain emotional stability and psychological resilience. Some students engage in therapy or counselling to process past experiences and develop healthier coping mechanisms. Others focus on self-care routines, such as mindfulness practices, relaxation techniques, physical activity, or setting personal boundaries, to maintain their mental wellbeing. These strategies play a crucial role in helping students regulate emotions, reduce stress, and build long-term resilience.

According to Judith Herman's Trauma and Recovery Theory, trauma disrupts emotional regulation and the individual's sense of safety and control. Recovery therefore requires intentional strategies that restore psychological stability and agency. Mental health management and self-care practices align with Herman's first stage of

recovery, *establishing safety*, where individuals work to regain emotional equilibrium before deeper trauma processing becomes possible (Herman, 1992; Herman, 2015). This theme explores the various ways students with ACEs take control of their mental health, highlighting the importance of professional support, personal coping techniques, and self-care routines in fostering emotional wellbeing and academic success.

4.6.3.1 Engaging in Therapy or Counselling

Engaging in therapy or counselling is a vital personal intervention that first-year students adopt to adjust to the academic and social challenges they face during their transition to college life. The adjustment to a new educational environment can be overwhelming, as students encounter new academic expectations, social dynamics, and a shift in personal responsibilities. Therapy or counselling provides a safe and supportive space for students to express their concerns, develop coping strategies, and gain a better understanding of their mental and emotional wellbeing. By seeking professional help, students are better equipped to manage the psychological demands of college life, fostering resilience, self-awareness, and emotional stability, which ultimately enhances their academic performance and overall college experience.

While some students recognised the benefits of therapy and actively sought it, others remained hesitant, preferring to manage their struggles independently. Their narratives highlight not only the deep-rooted stigma around seeking professional help but also the impact of past experiences on their willingness to be vulnerable in therapeutic settings. For many, seeking therapy is not merely about addressing current struggles but also confronting past trauma, an emotionally demanding process that not all students feel ready for.

Enam's reluctance to seek professional help was indicative of a broader theme among students with ACEs who struggle to trust external support systems. He explained,

“I have not sought professional help; I prefer to manage on my own.”
(ENAM)

This statement suggests a strong preference for independence, possibly stemming from past experiences where reliance on others led to disappointment or a lack of support. His lecturer reinforced this by stating,

“He has been encouraged to seek help but has not taken action.”
(ENAM LEC)

The fact that encouragement from faculty did not lead to engagement with therapy suggests that Enam may perceive counselling as ineffective or unnecessary for his situation. This aligns with Hughes et al. (2017), which emphasises the difficulty individuals with trauma histories face in trusting mental health professionals, often resulting in delayed or avoided therapy. Herman's Trauma and Recovery Theory explains this reluctance as a survival-based response rooted in disrupted trust. Survivors of chronic childhood trauma often remain in a prolonged state of *hyper-self-reliance*, perceiving external support as unsafe. Until a sense of safety is re-established, individuals may resist therapeutic engagement, even when support is available (Herman, 1992). Similarly, Jozy shared,

“I haven't sought professional support or counselling at the college's counselling centre or elsewhere to address the impact of my childhood experiences.”
(JOZY)

His colleague supported this by stating,

“Jozy is hesitant to seek help, often handling stress on his own rather than confiding in others.”
(JOZY COL)

Both Enam and Jozy's reluctance mirrors insights from Narrative Therapy (White & Epston, 1989), which suggests that individuals with unresolved trauma often struggle

to externalise their issues, preferring to internalise their struggles as a means of self-protection. While some students resisted professional intervention, others embraced therapy as a means of processing their past and developing coping mechanisms. Fema's experience illustrated this shift in perspective, as she stated,

“Counselling has been instrumental in my journey, helping me understand and process my experiences, develop coping mechanisms for my anxiety, and learn healthier ways to approach challenges.”
(FEMA)

Unlike Enam and Jozy, Fema found value in professional support, demonstrating a willingness to explore her emotions rather than suppress them. Her lecturer confirmed the positive impact of therapy, observing,

“Her improved engagement in social and academic settings suggests that therapy and counselling may have contributed positively to her growth.”
(FEMA LEC)

This reflects research by Rosecrance (2022), which emphasises the role of therapy in helping individuals with ACEs improve their self-perception and emotional wellbeing. The contrast between Enam and Fema suggests that while therapy can be beneficial, its effectiveness is contingent on the individual's readiness to engage with it. While Enam may see therapy as unnecessary or intimidating, Fema was able to see it as a means of empowerment. Fema's experience reflects progression into Herman's second stage of recovery, *remembrance and mourning*, where individuals are able to confront and integrate traumatic experiences within a safe therapeutic relationship. Through counselling, survivors begin to regain narrative coherence and emotional regulation, leading to improved functioning across life domains (Herman, 1992; Herman, 2015).

Cee shared a similar experience, stating,

“Seeking counselling has helped me process my childhood trauma and improve my emotional wellbeing.”
(CEE)

Unlike Enam, whose reluctance stemmed from self-reliance, Cee actively sought help to navigate her past, indicating a level of self-awareness and willingness to work through unresolved emotions. Her lecturer reinforced this, stating,

“I have recommended counselling services to her, emphasising the importance of seeking support.”

(CEE LEC)

While a colleague noted,

“Providing mental health resources in an accessible manner would encourage students like her to seek help.”

(CEE)

This suggests that while some students may be open to therapy, the way it is presented and made available can influence their willingness to engage. Research by Freedman and Combs (1996) supports this, emphasising that structured therapy interventions allow individuals to externalise past trauma, fostering personal agency and resilience.

For some students, therapy was recognised as important, but they remained on the fence about engaging in it. Koo admitted,

“I have not yet sought therapy, but I recognise its importance in processing my trauma.”

(KOO)

Her statement reflects ambivalence while she acknowledges the potential benefits, there is an underlying hesitation preventing her from taking action. Her lecturer reinforced this by stating,

“Encouraging students like Koo to reach out could help them find emotional support.”

(KOO LEC)

While a colleague noted,

“Her past trauma continues to affect her academic and social life.”

(KOO COL)

This aligns with Hughes et al. (2017), who emphasise that integrating counselling programmes within educational institutions can make therapy more approachable for

students who may otherwise avoid it. Herman describes such ambivalence as indicative of *partial readiness for recovery*. Survivors may cognitively recognise the value of therapy while remaining emotionally unprepared to re-enter traumatic material. Engagement therefore depends on timing, trust, and perceived institutional safety (Herman, 1992). In contrast, Vim actively sought professional counselling, stating,

“I have sought professional counselling to help me process my past experiences.”
(VIM)

Her lecturer noted,

“Encouraging professional therapy participation could benefit Vim significantly.”
(VIM LEC)

This observation suggests that while she has taken the step to engage with therapy, she may still require support in consistently participating and applying the insights gained from it. Research by White and Epston (1989) indicates that structured counselling, such as narrative therapy, can be instrumental in helping students reconstruct their personal histories and develop resilience. Unlike Koo, who remains hesitant, Vim has actively engaged with therapy, demonstrating a level of commitment to her healing process. Vim’s engagement reflects intentional movement toward recovery, where survivors actively seek support to restore agency and emotional integration. Herman emphasises that sustained recovery is facilitated when individuals experience therapy as collaborative, empowering, and non-pathologising (Herman, 2015).

The diverse range of experiences with therapy highlights an important theme while some students find professional counselling beneficial, others remain skeptical, hesitant, or disengaged. This suggests that institutions must work towards normalising therapy and making it more accessible to students who may feel intimidated by the process. For students like Enam and Enam, integrating counselling into academic

support systems may help reduce stigma and encourage engagement. For students like Cee and Fema, ensuring continued access to therapy can further facilitate emotional growth and resilience. The findings reinforce the importance of trauma-informed counselling programmes, as well as structured interventions, to support students' emotional wellbeing and academic success.

Herman asserts that recovery is relational and contextual. Institutional environments that foster safety, trust, and emotional validation are more likely to support trauma recovery, while environments that reinforce stigma or emotional suppression may prolong avoidance and distress (Herman, 1992). Although students across all institutions expressed varying levels of engagement with therapy and counselling, the way these experiences unfolded appeared influenced by the social environment of their college context.

In all-female colleges, participants such as Vim, Koo, Gee, Esti, and Blez tended to show higher emotional awareness and openness toward seeking support, even if hesitantly. Vim's active participation in counselling and Koo's acknowledgement of its importance suggest that these students viewed therapy as a valuable tool, though trust and readiness still varied. The tendency toward emotional introspection and help-seeking in these settings may be partly influenced by the relational culture of all-female environments, where emotional expression and interpersonal support are more socially accepted. Wilson-Ching and Berger (2024) note that women in same-sex colleges are more likely to engage in help-seeking behaviours when mental health resources are available and perceived as non-judgmental.

In contrast, students in all-male institutions, including Enam, Jeff, Ken, Franz, and Eddy, displayed a more reserved or reluctant stance toward therapy. Enam and Jeff preferred self-reliance and did not seek professional support, reflecting broader masculine norms that discourage emotional vulnerability. Even those who recognised the need for help, like Ken, did not actively engage in therapy. Sweeney et al. (2018) found that trauma-affected male students often internalise emotional distress due to cultural expectations around stoicism, which can act as a barrier to therapy. Institutional settings that reinforce these norms may therefore limit students' willingness to access psychological services.

In mixed-gender colleges, students such as Fema, Cee, Enam, Wise, and Dav displayed a more ambivalent pattern of engagement. Fema and Cee actively participated in counselling and reported significant benefits, while Enam and Wise remained hesitant, favouring emotional independence. These varied responses may reflect the emotional ambiguity of coeducational environments, where help-seeking behaviours are neither clearly encouraged nor discouraged. Banyard and Cantor (2004) suggest that students in mixed-gender spaces often struggle with identifying emotionally safe contexts, resulting in selective or inconsistent engagement with support systems. These contextual patterns reinforce Herman's assertion that trauma recovery is not solely an individual process but is profoundly shaped by social environments. Institutional cultures that permit vulnerability and support emotional expression facilitate recovery, while those that valorise self-sufficiency may inhibit help-seeking and prolong trauma-related distress (Herman, 1992; Herman, 2015).

These differences suggest that while engagement with counselling is influenced by individual history and emotional readiness, the college environment also plays a powerful role in shaping how therapy is perceived and accessed. All-female settings may offer more emotional permission for students to seek support, all-male institutions may reinforce emotional independence, and mixed-gender colleges often create a middle ground where help-seeking is possible but inconsistently normalised. These findings reinforce the relevance of Narrative Therapy in understanding how trauma survivors interpret the process of healing and help-seeking, and how educational institutions can support narrative reconstruction through safe, empowering counselling spaces.

4.7 Student Support Systems

Research question 6 proposed strategies for supporting students to promote their psychosocial wellbeing concerning their ACEs. Items A, B, C, D, and E under part seven on the interview guide for the participants were used to gather responses for this research question. Three superordinate themes emerged from the responses gathered. These themes include: Creating a supportive and inclusive environment; strengthening psychological resilience and personal growth and the role of social connections and meaningful relationships.

4.7.1 Creating a Supportive and Inclusive Environment

For students who have experienced ACEs, the transition to college can be particularly challenging. These students often face emotional, academic, and social difficulties that stem from past trauma, making it essential to create safe, inclusive, and supportive environments that foster their psychosocial wellbeing. Without these support systems,

students may struggle with feelings of isolation, heightened stress, and difficulty engaging in academic and social life.

A supportive environment provides students with a sense of security, belonging, and encouragement, helping them to manage the challenges of higher education. Institutions play a critical role in establishing trauma-informed policies, safe learning spaces, and accessible mental health resources that cater for students with ACEs. Additionally, peer support networks, mentorship programmes, and faculty-student relationships are key in helping students feel connected, valued, and empowered in their educational journey.

Judith Herman's Trauma and Recovery Theory emphasises that trauma fundamentally disrupts an individual's sense of safety and trust. Recovery begins not with disclosure, but with the creation of environments that feel emotionally and physically safe. Without such environments, trauma survivors remain in survival mode, limiting engagement, learning, and relational connection (Herman, 1992; Herman, 2015). This theme explores the importance of safe and inclusive learning environments, highlighting the role of institutional support, mental health resources, and social connections in promoting student wellbeing.

4.7.1.1 The Need for Safe and Supportive Environments

Students frequently express the importance of physically and emotionally feeling safe in their learning environments. This involves creating spaces free from judgment, bullying, and other stressors that may trigger past trauma. Teachers and school staff play a pivotal role in fostering such environments by demonstrating empathy, offering consistent care, and ensuring predictability in interactions.

The importance of a safe and supportive environment for students with ACEs cannot be overstated, as it directly influences their ability to engage in academic and personal growth. Many students indicated that while they may not actively seek support, the presence of a non-judgmental, empathetic atmosphere would encourage them to feel more secure in their environment. Their responses highlight the significant role that institutional support systems, inclusive faculty engagement, and peer connections play in shaping their ability to thrive in college settings.

Enam's response reflected a common theme among students with ACEs, the desire for support without actively seeking it. He acknowledged,

“A supportive environment might have helped me develop better academic habits.”

(ENAM)

His words suggest that while he recognises the potential benefits of a nurturing academic setting, he does not proactively engage in help-seeking behaviours. His colleague reinforced this, noting,

“Enam values spaces where he feels accepted but does not actively seek them.”

(ENAM COL)

This observation indicates that his engagement with academic and social resources is largely influenced by the environment rather than his personal initiative, reflecting what Lazarus and Folkman (1984) describe as secondary appraisal, where students evaluate their coping capacity and only engage when the perceived threat is matched by a secure environment. His lecturer also highlighted the role of security in his academic performance, stating,

“A supportive classroom could help him open up.”

(ENAM LEC)

While observations further confirmed that

“Enam performs better in environments where he feels secure.”

(ENAM OBS)

These responses align with research by Bethell et al. (2014), which suggests that students with ACEs benefit from trauma-informed educational practices that create psychologically safe spaces where they can develop trust and engagement. Unlike students who are naturally inclined to seek help, Enam's case highlights the importance of fostering an inclusive environment that encourages students to access available support without feeling pressured to do so. Narrative Therapy principles suggest that supportive environments enable trauma-exposed individuals to shift from problem-saturated stories to growth-oriented narratives (White & Epston, 1990). Herman explains that trauma survivors often avoid active help-seeking due to disrupted trust. Instead, they rely on environmental cues of safety to determine whether engagement is possible. When institutions provide predictable, non-threatening spaces, survivors begin to shift from survival-based withdrawal toward participation (Herman, 1992). While Enam's response was centred around academic habits, Fema broadened the conversation to include the role of institutional mental health resources. She stated,

“Colleges should provide accessible and robust counselling services, catering specifically for students with challenging childhood backgrounds.”

(FEMA)

Her emphasis on accessibility suggests that even students willing to seek help may face structural barriers that prevent them from doing so. Her lecturer echoed this concern, stating,

“The college should prioritise mental health awareness and faculty training.”

(FEMA LEC)

This reflects a systemic issue, where the availability of resources is not always matched by awareness or accessibility. Observations further supported this by noting that,

“Discussions on childhood experiences trigger strong emotional responses, highlighting the need for continued support.”

(FEMA OBS)

Unlike Enam, who responded passively to the idea of support, Fema actively advocated for institutional changes, demonstrating a higher level of awareness about the need for formalised interventions. This aligns with Beiter et al. (2015), who argue that structured support services including mental health counselling and academic mentorship are essential in helping students with ACEs navigate the complexities of college life. Fema's advocacy reflects movement toward Herman's second stage of recovery, where survivors recognise the need for structured systems that support healing. Trauma-informed institutions function as external regulators, helping students stabilise emotions and regain agency (Herman, 2015).

The necessity of a non-judgmental space was echoed by Wise, who emphasised,

“A non-judgmental environment where students can express themselves would be beneficial.”

(WISE)

His statement highlights the emotional risks associated with seeking support, students with ACEs may fear being judged or misunderstood, making it difficult for them to openly share their struggles. His lecturer supported this perspective, adding,

“Providing a non-judgmental and inclusive environment can help Wise feel more comfortable seeking support.”

(WISE LEC)

Unlike Fema, who focused on institutional responsibility, Wise's concern was more personal. His reluctance stemmed from the fear of being vulnerable in an unsupportive setting. This contrast highlights the multifaceted nature of help-seeking behaviour, especially during emerging adulthood a life stage Arnett (2000) describes as marked by identity exploration and vulnerability to stress where institutional trust and autonomy intersect to influence support-seeking. Eddy expanded the conversation by addressing the broader institutional culture surrounding mental health, stating,

“Colleges could offer more accessible mental health services and programmes that address students from challenging backgrounds.”
(EDDY)

His words suggest that beyond accessibility, the visibility and integration of mental health services into the academic framework are crucial for students who might otherwise avoid seeking help. His lecturer reinforced this, stating,

“Integrating mental health awareness into academic programmes could support students better.”
(EDDY LEC)

The issue of accessibility is not just about having resources in place, it is also about ensuring that students feel comfortable utilising them. His colleague added,

“Eddy maintains a guarded and private demeanour, making it difficult for others to connect with him on a deeper level.”
(EDDY COL)

Unlike Wise, who feared judgment, Eddy’s concern revolved around institutional barriers that prevent students from fully engaging with available support. His case aligns with research by Oosthuizen (2022), which highlights that emotionally secure environments, where mental health is prioritised and embedded in institutional policies are essential for students with ACEs. Herman asserts that recovery is relational and systemic. When institutions normalise mental health support and embed it into everyday academic structures, survivors are less likely to perceive help-seeking as risky or exposing (Herman, 1992).

Jeff’s response mirrored this theme, stating,

“A safe and understanding environment would make it easier for students like me to seek help.”
(JEFF)

His emphasis on "understanding" suggests that beyond mere accessibility, there is a need for faculty and staff to be trained in trauma-informed approaches to better recognise and respond to students’ struggles. His response highlights a nuanced issue— not all students avoid help-seeking out of reluctance; some simply do not feel that the

existing support systems are tailored to their needs. His lecturer reinforced this perspective by suggesting,

“Early intervention could support students who do not outwardly express their struggles.”

(JEFF LEC)

Unlike Eddy, who focused on programme-related changes, Jeff’s concern was relational. He needed to feel that the people providing support genuinely understood his background. This reflects Beiter et al. (2015), who emphasise that structured support systems must be coupled with emotional sensitivity to be truly effective.

Beyond faculty engagement, the role of community in social and academic success was highlighted by Franz, who stated,

“A supportive and understanding community can make a significant difference in helping students not just to succeed academically but to heal and grow personally.”

(FRANZ)

His lecturer validated this, stating,

“His case highlights the need for a supportive and understanding academic environment that recognises and addresses the diverse challenges students may face.”

(FRANZ LEC)

Franz’s perspective expands the conversation beyond institutional support, emphasising the importance of peer networks in the healing and adjustment process. His view aligns with research indicating that students with ACEs benefit significantly from peer mentorship and structured community programmes that foster a sense of belonging (Oosthuizen, 2022). Unlike Jeff and Eddy, who focused on faculty and institutional policies, Franz saw peer relationships as equally crucial in creating an environment where students with ACEs can thrive. Herman’s theory emphasises that recovery is not an individual task but a communal process. Peer belonging and shared safety allow survivors to move beyond isolation and rebuild trust (Herman, 2015).

For students like Gee and Vim, fostering a safe environment was not just beneficial but essential. Gee stated,

“I believe that a supportive environment is essential for students like me.”

(GEE)

Her lecturer reinforced this by suggesting,

“The college should enhance access to mental health resources.”

(GEE LEC)

Similarly, Vim shared,

“A safe and supportive environment is essential for students dealing with childhood trauma.”

(VIM)

Her counsellor further emphasised,

“Client requires ongoing psychological support and regular check-ins for progress monitoring.”

(VIM CR)

Unlike previous responses that framed support as an added benefit, Gee and Vim presented it as a necessity, reflecting the severity of their emotional and psychological needs. Their responses align with research indicating that trauma-exposed students often require consistent, structured support to navigate the emotional and academic challenges of higher education (Bethell et al., 2014).

Koo reinforced the need for structure, stating,

“A structured support system would benefit my academic performance.”

(KOO)

Her lecturer suggested,

“Personalised student support plans could be developed for students struggling emotionally.”

(KOO LEC)

This response indicates that while broad mental health initiatives are important, some students require tailored interventions to meet their unique needs. Unlike Franz, who valued peer relationships, or Jeff, who focused on understanding faculty, Koo emphasised the need for individualised academic and emotional support. This aligns

with research suggesting that trauma-informed interventions should be flexible, allowing for personalised approaches that cater for different levels of emotional and academic readiness (Beiter et al., 2015). Herman highlights that recovery pathways are not uniform. Survivors require flexible, personalised systems that match their emotional readiness and capacity for engagement (Herman, 1992).

The collective responses illustrate that while students with ACEs may not always actively seek support, the presence of a safe, structured, and empathetic environment significantly influences their ability to succeed. Their narratives highlight the importance of trauma-informed policies, mental health awareness, faculty training, and structured peer support programmes in fostering resilience and academic engagement. Some students, like Enam and Wise, expressed hesitation but acknowledged the importance of a supportive setting. Others, like Fema and Eddy, advocated for broader institutional changes, emphasising the need for accessible and integrated mental health services. Students like Jeff and Franz saw relational support both from faculty and peers as vital to their ability to thrive, while individuals like Gee, Vim, and Koo highlighted the necessity of structured interventions to provide consistent emotional and academic support. These findings reinforce the argument that colleges must take an active role in fostering an inclusive and trauma-informed culture, ensuring that students with ACEs have the necessary resources and emotional security to overcome the challenges of higher education successfully.

While all students recognised the value of a safe and supportive environment, their expectations and expressions of this need varied depending on the type of institution they attended. These variations reflect how peer culture, faculty engagement, and social norms interact with trauma histories to shape how students perceive and utilise support.

In all-female colleges, participants like Vim, Gee, Blez, Esti, and Koo emphasised the necessity of emotional safety and consistent support structures. For these students, emotional composure was often maintained externally, but their narratives revealed a deep need for nurturing environments where vulnerability would not be judged. Vim's and Gee's insistence that a supportive environment was essential not optional reflects the greater openness in female spaces to discuss emotional needs. However, it also suggests an underlying pressure to conform to social expectations of strength and composure. According to Wilson-Ching and Berger (2024), female students in single-sex environments may appear composed yet experience heightened emotional monitoring. This aligns with the internalised appraisal mechanisms described by Lazarus and Folkman (1984), where students may suppress distress if their environment lacks cues of emotional safety, even when internal stress is high. In all-male colleges, students such as Eddy, Enam, Jeff, Ken, and Franz expressed a desire for safe environments, but often from a more cognitive or institutional angle, rather than emotional. For instance, Eddy and Jeff spoke about the importance of integrating mental health into academic policy, while Enam preferred self-reliance. This suggests that, in all-male settings, students may be more receptive to structured, policy-driven forms of support rather than emotionally expressive or interpersonal approaches. This aligns with Sweeney et al. (2018), who found that male students exposed to trauma tend to value systems that normalise mental health as part of academic culture, as opposed to approaches that require overt vulnerability or emotional disclosure.

In mixed-gender institutions, students like Enam, Fema, Cee, Wise, and Dav presented a blend of emotional hesitation and institutional awareness. Fema and Cee openly advocated for increased counselling services and faculty training, while Enam and Wise focused more on their individual discomfort with seeking support. These mixed

responses may reflect the relational ambiguity of coeducational environments, where emotional norms are less clearly defined. Banyard and Cantor (2004) highlight that in such settings, trauma-exposed students may feel uncertain about what level of emotional openness is acceptable, leading to internal tension between wanting help and avoiding judgment.

Together, these institutional variations emphasise that while the need for supportive environments is universal, how that support is best delivered depends on the context. All-female settings may require more emotionally attuned, personalised interventions, all-male colleges may benefit from structured, system-level integration of mental health, and mixed colleges may need to focus on normalising help-seeking behaviours through consistent faculty engagement and visible support programmes. These contextual differences reinforce Herman's central claim that trauma recovery is shaped not only by individual history but by social environments. Institutional cultures that foster safety, validation, and predictability enable recovery, while those that reinforce silence or self-reliance may prolong trauma-based coping (Herman, 1992; Herman, 2015).

4.7.1.2 Access to Mental Health and supportive Resources

Access to mental health and supportive resources is critical for students with ACEs as it directly impacts their emotional wellbeing, academic persistence, and overall college experience. The responses revealed that while some students recognised the importance of these resources and utilised them, others remained hesitant due to lack of awareness, stigma, or personal reluctance to seek help. A comparative exploration of the responses highlights differences in attitudes toward mental health resources, the role of structured

institutional support, and the barriers that prevent students from accessing these services.

Many students acknowledged the presence of mental health services on campus but admitted to not utilising them. Enam reflected,

“I am aware of support systems but haven’t accessed them.”
(ENAM)

His colleague confirmed this by stating,

“Enam has not mentioned using mental health resources.”
(ENAM COL)

His lecturer added,

“He has been advised to seek help but hasn’t done so.”
(ENAM LEC)

This pattern suggests that awareness alone is not enough, students like Enam may require additional encouragement, trust-building measures, and targeted outreach efforts from the institution. This hesitation aligns with the secondary appraisal process in the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984), where students assess the emotional and social cost of seeking help before engaging. Judith Herman explains that trauma survivors often remain in a state of hypervigilance and self-protection long after the traumatic experience has passed. In such cases, external support systems may be perceived as unsafe or unnecessary, particularly when survival in earlier contexts depended on emotional self-reliance. Without a strong sense of safety, survivors are unlikely to initiate help-seeking, even when resources are clearly available (Herman, 1992; Herman, 2015). Some students, like Blez, mirrored this hesitancy, explaining,

“I wish there were more mental health services available to help students like me.”
(BLEZ)

Despite her faculty noting that

“Blez is unaware of available mental health resources or does not use them.”

(BLEZ)

This indicates that even when services exist, students may not feel empowered or comfortable enough to access them.

Conversely, students like Fema and Cee demonstrated the positive impact of counselling services when actively engaged. Fema acknowledged,

“The most significant support has been the professional counselling provided by the college.”

(FEMA)

Her lecturer affirmed this, stating,

“Her progress suggests that access to mental health resources has played a role in her ability to engage more confidently in academic settings.”

(FEMA LEC)

Unlike Enam and Blez, who were hesitant, Fema’s response reflects the transformative potential of accessible counselling services when students feel supported. Similarly, Cee shared,

“Counselling services have played a significant role in my healing process.”

(CEE)

And her structured therapy plan, including relaxation exercises and regular mental health check-ups, was recommended to ensure her continued growth. This contrast highlights that proactive institutional outreach and structured mental health plans can bridge the gap between awareness and actual utilisation of services. Herman describes this stage as the re-establishment of safety, the first and most essential phase of trauma recovery. When survivors experience counselling spaces as predictable, respectful, and emotionally contained, they begin to lower defensive coping strategies and engage in recovery-oriented behaviours (Herman, 1992). Fema’s and Cee’s engagement reflects this movement from survival to stabilisation. Cee’s and Fema’s narratives also reflect

aspects of Narrative Therapy (White & Epston, 1990), as they restructured their self-concept and emotional resilience through guided therapeutic engagement.

Some students, such as Wise and Dav, recognised the need for mental health support but struggled with internal barriers preventing them from seeking help. Wise stated,

“Colleges should provide accessible and confidential counselling services for students like me.”
(WISE)

His lecturer added,

“Encouraging students to seek professional help can play a critical role in their wellbeing.”

(WISE LEC)

However, his hesitation aligns with stigma-related concerns, as his response suggests that even if services are available, students may be reluctant due to fear of judgment.

This reflects a challenge of emerging adulthood (Arnett, 2000), where the pursuit of autonomy is complicated by fear of vulnerability in transitional spaces like college.

Dav similarly noted,

“Colleges should provide accessible counselling services.”

(DAV)

Yet his faculty observed that

he “acknowledges the need for mental health support but hesitates to seek it.”

(DAV LEC)

Unlike Fema and Cee, who directly engaged with support, Wise and Dav demonstrate the critical need for institutions to reduce stigma, normalise seeking help, and promote anonymous mental health services for students who fear being perceived as weak.

Herman notes that trauma survivors often desire support but fear the loss of control that disclosure may bring. Without assurance that counselling environments will preserve dignity and autonomy, survivors may delay engagement despite recognising its value (Herman, 2015).

For students like Eddy and Enam, their reluctance to seek mental health support was tied to deeply ingrained self-reliance and perceptions of stress as a survival mechanism.

Eddy explained,

“My past experiences initially made me very self-reliant and hesitant to seek help.”

(EDDY)

His colleague confirmed that,

“Eddy does not appear to seek emotional support openly from his peers.”

(EDDY COL)

His lecturer suggested that

“He could benefit from structured mentoring or peer support programmes.”

(EDDY LEC)

Unlike Wise and Dav, who hesitated due to stigma, Eddy’s reluctance was shaped by his upbringing, which framed seeking help as a sign of dependence. Similarly, Enam revealed,

“My background and upbringing have shaped my perception of current challenges in college as critical for survival, thus amplifying the stress I experience.”

(ENAM)

This response indicates that his avoidance of mental health services is not due to lack of awareness but rather due to a deep-seated belief that he must navigate struggles alone. According to the Transactional Theory of Stress and Coping, this reflects an appraisal style shaped by past adaptive survival strategies that now hinder help-seeking in safe environments. Institutions can support students like Eddy and Enam by implementing trauma-informed faculty training and integrating mental health conversations into academic spaces, helping students unlearn unhealthy survival mechanisms. According to Herman, survival strategies developed during childhood trauma such as emotional suppression and hyper-independence may become maladaptive in safe environments. Survivors may continue to operate as though danger

is present, resisting support even when it is beneficial (Herman, 1992). Trauma-informed institutions play a crucial role in helping students unlearn these survival-based coping mechanisms.

Some students, including Jeff and Ken, recognised the importance of mental health resources but emphasised the role of accessibility and awareness. Jeff recommended,

“Colleges should improve access to mental health resources and create more awareness about emotional wellbeing.”

(JEFF)

His lecturer noted,

“The resilience he displays in academics is commendable but does not negate the need for emotional support.”

(JEFF LEC)

Similarly, Ken emphasised,

“Colleges could enhance support for students who have faced childhood difficulties by improving access to mental health services.”

(KEN)

Unlike Enam and Eddy, whose reluctance was more personal, Jeff and Ken highlight institutional barriers, suggesting that while students may be open to support, they often lack direct access or do not know where to start. Their responses reinforce research by Hughes et al. (2017), which stresses that comprehensive mental health services are essential for students dealing with past trauma and should be widely promoted to encourage engagement.

For some students, tailored mental health interventions could improve outcomes. Franz noted,

“Colleges could better support students by increasing awareness of mental health services and providing peer support programmes.”

(FRANZ)

His lecturer suggested that

“creating more targeted outreach programmes and increasing awareness about available mental health resources could help students like Franz.”

(FRANZ LEC)

Unlike Jeff and Ken, who wanted general access improvements, Franz highlighted peer support networks, which research by Oshri et al. (2018) confirms provide crucial emotional backing and help students navigate academic and social challenges. Similarly, Esti recommended,

“Colleges should provide accessible mental health services and encourage students to seek help without stigma.”

(ESTI)

Her lecturer reinforced the need for stigma reduction, stating,

“Ensuring access to mental health resources could help students like Esti cope with past traumas and social challenges.”

(ESTI LEC)

These responses suggest that peer-based models, stigma-reduction campaigns, and integrated counselling services within student life programmes could increase engagement among students who might not initially seek help on their own. Herman emphasises the relational nature of recovery, noting that peer-based support and community validation reduce isolation and restore trust. When survivors witness others engaging safely with support systems, help-seeking becomes less threatening (Herman, 2015).

For students like Gee, Vim, and Koo, emotional distress was evident, but institutional support was either lacking or insufficiently engaging. Gee explained,

“More mental health resources should be available to students struggling with past traumas.”

(GEE)

Her lecturer noted,

“Skill-building workshops could empower Gee and students facing similar challenges.”

(GEE LEC)

However, observations revealed that,

“Gee appeared well-groomed and composed but showed signs of emotional distress during discussions on childhood experiences.”

(GEE OBS)

Unlike previous students who explicitly expressed concerns about accessing support, Gee's reluctance was non-verbal, indicating that some students might require proactive intervention rather than relying on self-referral. Vim and Koo echoed similar concerns, advocating for more structured mental health services to help students process past trauma. Their cases reinforce research by Rosecrance (2022), which suggests that institutions should implement screening measures such as the ACE questionnaire to identify students needing additional mental health support.

The findings highlight a wide spectrum of student experiences with mental health resources. Some students actively sought support and benefited from counselling, while others remained hesitant due to stigma, lack of awareness, or deeply ingrained self-reliance. Institutional interventions must be holistic, offering a range of accessible, stigma-free, and structured mental health services. By ensuring comprehensive outreach, proactive faculty engagement, and tailored student support programmes, colleges can empower students with ACEs to navigate their academic and personal lives with resilience and confidence. Herman's theory highlights that access alone does not equate to recovery. Trauma survivors engage with support systems only when safety, trust, and autonomy are assured. Institutions that prioritise these conditions create the foundation for meaningful psychosocial healing and academic persistence (Herman, 1992; Herman, 2015).

While the need for mental health resources was acknowledged across all participants, the likelihood of accessing such support varied by the type of academic institution namely, all-female, all-male, and mixed-gender colleges. These differences reflect how gendered social norms and peer dynamics influence both openness to emotional help and the willingness to engage with mental health services.

In all-female institutions, participants like Gee, Vim, Esti, Koo, and Blez often emphasised the emotional necessity of mental health services. Despite showing visible signs of distress or advocating for improved resources, many remained quietly withdrawn or reluctant to access services independently. For instance, Gee's and Blez's emotional struggles were evident in observation reports, but both expressed hesitance to seek help directly. This reflects what Wilson-Ching and Berger (2024) describe as a tendency among trauma-exposed women in single-sex spaces to prioritise emotional composure, often internalising struggles to maintain social acceptance. Although Vim and Esti acknowledged the value of counselling, stigma and fear of emotional exposure may have tempered their engagement. These students may benefit from proactive outreach and safe, confidential entry points to support services.

In all-male colleges, participants like Eddy, Enam, Jeff, Ken, and Franz often framed help-seeking as a challenge to self-reliance. While some acknowledged the usefulness of counselling services in theory, their language revealed internalised messages about independence and emotional restraint. For example, Enam and Eddy viewed stress as something to be endured alone, reflecting traditional masculine norms that discourage vulnerability. Even when students like Jeff and Ken advocated for better access, they rarely described personal engagement with support systems. This aligns with findings from Sweeney et al. (2018), which note that male students often delay or avoid seeking

psychological help due to concerns about appearing weak. Thus, in all-male settings, normalising mental health conversations in academic spaces, and introducing anonymous or peer-led support models, may increase accessibility.

In mixed-gender colleges, students such as Enam, Cee, Fema, Wise, and Dav demonstrated more varied engagement with mental health resources. Some, like Fema and Cee, accessed services and credited them with personal growth, while others, like Enam and Dav, remained aware but disengaged. This reflects the relational ambiguity of mixed-gender environments, where emotional expression may not be as clearly governed by peer norms, but students may still fear stigma or rejection. Banyard and Cantor (2004) note that trauma-exposed students in co-ed environments may feel uncertain about whether help-seeking will be validated or judged. Cee's use of counselling alongside her hesitation in broader peer settings shows how these environments foster both vulnerability and caution, depending on individual resilience and faculty responsiveness.

These patterns highlight that access alone is insufficient. The context in which students are expected to engage with mental health services including the gendered culture of their institution shapes how, when, and whether they will seek help. This reinforces Arnett's Emerging Adulthood Theory, which highlights that young adults are negotiating independence, identity, and relational uncertainty, all of which affect their openness to institutional support. Thus, all-female environments may need to address the emotional burden of silence and internalisation; all-male colleges should challenge the cultural scripts that equate independence with strength; and mixed institutions should focus on creating emotionally inclusive cultures where help-seeking is normalised across diverse peer groups.

4.7.2 Strengthening Psychological Resilience and Personal Growth

The ability to cope with challenges, regulate emotions, and maintain a sense of self-worth is essential for students transitioning into college life. For students who have experienced ACEs, developing psychological resilience is crucial in overcoming the emotional and academic barriers that stem from past trauma. Without effective coping mechanisms, these students may struggle with self-doubt, anxiety, and difficulties in maintaining motivation, making their adjustment to college more complex.

When students are given the tools to develop their resilience, they gain the ability to overcome adversity, build confidence, and persist despite setbacks. Additionally, fostering personal growth through goal-setting, self-awareness, and skill development empowers students to take control of their wellbeing and academic success.

4.7.2.1 Building Resilience through Skill Development

Institutions play a key role in helping students with ACEs develop resilience and essential coping skills. By fostering structured support systems, colleges can equip students with the necessary tools to manage stress, overcome personal challenges, and build emotional and academic stability. Resilience is not an innate quality but a skill that can be cultivated through targeted interventions, including mentorship programmes, emotional regulation training, and opportunities for self-growth. The responses from participants highlight the importance of schools taking an active role in providing environments that encourage resilience-building rather than expecting students to manage their struggles independently.

Many students highlighted that structured academic support and skill development programmes could enhance their ability to cope with adversity. Enam recognised the need for resilience but struggled to maintain consistency in self-motivation. He shared,

"I try to stay focused, but distractions often make it difficult to maintain a steady routine."

(ENAM)

His lecturer noted,

"Encouraging self-affirmation strategies and structured support systems could help him build confidence."

(ENAM LEC)

This response suggests that while Enam understands the value of resilience, he requires external reinforcement to internalise these strategies effectively. Institutions can support students like Enam by implementing structured mentorship programmes and integrating resilience-focused workshops into their curriculum. This reflects Lazarus and Folkman's (1984) concept of secondary appraisal, where Enam evaluates his coping capacity and may view personal motivation as insufficient unless reinforced by structured support. Research by Kelifa et al. (2020) suggests that students with ACEs benefit from ongoing reinforcement rather than relying solely on personal motivation. Herman's Trauma and Recovery Theory helps explain why Enam's resilience remains fragile without consistent external reinforcement. Herman argues that trauma frequently disrupts a person's internal sense of safety and self-trust, leaving survivors dependent on predictable, supportive environments before they can sustain change from within. When institutional structures are weak or inconsistent, survivors may revert to survival-based patterns such as avoidance, emotional withdrawal, or inconsistent engagement, even when they genuinely desire growth (Herman, 1992; Herman, 2015). Unlike Enam, who struggled with maintaining focus, Fema demonstrated a more structured approach to resilience. She explained,

"I remind myself of my reasons for being in college and focus on long-term goals. This helps me overcome self-doubt."

(FEMA)

Her lecturer observed,

"Fema gradually became more confident in her academic participation and leadership, showing that goal-setting contributed to her resilience."
(FEMA LEC)

Her therapist reinforced this observation, stating,

"Self-exploration and self-discovery were central to her therapy plan, helping her rebuild confidence beyond past traumas."
(FEMA CR)

Unlike Enam, who lacked a structured system, Fema's resilience was rooted in intentional self-reflection and goal-setting. This contrast highlights that institutions should provide structured goal-setting and self-reflection exercises as part of their student support programmes, helping students develop resilience as a process rather than an abstract concept. Fema's proactive approach also aligns with Arnett's (2000) Emerging Adulthood Theory, which emphasises identity exploration and self-directed growth during the transition to adulthood. Zolkoski & Bullock (2012) emphasise that competency-building programmes focused on self-reflection play a crucial role in fostering resilience among trauma-exposed students. Herman's framework offers a deeper reading of Fema's progress by locating her resilience within recovery processes that involve rebuilding agency and meaning. Herman argues that survivors move forward when they regain a sense of control over their lives and begin to form a coherent narrative that is not governed by fear. Fema's goal-setting and self-discovery work reflect this restoration of agency and identity, where the student begins to live from intention rather than from trauma-based reactivity (Herman, 1992).

For students like Cee, resilience was more about emotional awareness than structured goal-setting. She shared,

"I focus on self-improvement and personal affirmations to build confidence. Over time, I've learned to accept my emotions rather than suppress them."
(CEE)

Unlike Fema, who focused on goal-setting, Cee viewed resilience as an evolving process of self-acceptance. Cee's narrative aligns with principles of Narrative Therapy (White & Epston, 1990), where individuals reconstruct their sense of self by accepting and integrating emotional experiences from the past. Her lecturer noted,

"Her perseverance in academic engagement reflects a growing sense of self-confidence, though external reinforcement could further solidify this growth."

(CEE LEC)

Research by Kelifa et al. (2020) suggests that self-awareness alone, while beneficial, may not always be sufficient for students with ACEs, who often require structured support to sustain their resilience-building efforts. Institutions can provide emotional intelligence training and peer support networks to help students like Cee process their emotions constructively. Herman explains that trauma recovery requires more than emotional insight; it requires the capacity to regulate distress within safe relational contexts. Survivors may learn to name emotions yet still struggle to hold those emotions without being overwhelmed unless safety and stabilisation are in place. Cee's growth therefore reflects the recovery movement toward emotional integration, but Herman's model warns that this is strengthened when institutions provide consistent containment through counselling access, mentor relationships, and predictable support routines (Herman, 1992; Herman, 2015).

Wise framed resilience as a battle against past struggles, particularly his history with addiction. He explained,

"Each small victory against my addiction gives me confidence and hope. I remind myself that I have the ability to change and improve my life."

(WISE)

His lecturer observed,

"Encouraging positive reinforcement and structured progress monitoring could help build his confidence."

(WISE LEC)

Unlike Cee, who saw resilience as an internal process, Wise viewed it as a series of external achievements. His case highlights the importance of structured reinforcement for students overcoming past hardships. Wise's process reflects both a problem-focused coping strategy and a reappraisal mechanism (Lazarus & Folkman, 1984), where positive change is gradually constructed through concrete accomplishments. Institutions can implement structured progress-tracking systems, recognising and celebrating small wins to help students see tangible proof of their resilience. Research by Zolkoski and Bullock (2012) suggests that individuals recovering from trauma or addiction benefit most from structured reinforcement and acknowledgement of progress. Herman's theory supports Wise's emphasis on "small victories" by describing recovery as gradual, staged, and built through repeated experiences of mastery and restored control. In trauma recovery, survivors rebuild agency through incremental steps that replace helplessness with competence. Structured monitoring and reinforcement mirror Herman's assertion that recovery strengthens when survivors experience consistent affirmation that change is real and sustainable (Herman, 1992). For some students, such as Eddy and Enam, resilience was linked to structured academic routines rather than emotional exploration. Eddy explained,

"I find comfort in maintaining a structured routine, which provides stability in my life."

(EDDY)

His lecturer noted,

"Fostering an inclusive and structured academic environment would benefit students like Eddy."

(EDDY LEC)

Unlike students such as Wise and Cee, who viewed resilience through an emotional lens, Eddy's approach was externalised through predictable routines. Similarly, Jozy shared,

"I rely on my personal coping strategies and the support available from my network of friends."

(JOZY)

His lecturer observed,

"His determination to succeed academically is commendable, and he shows remarkable perseverance."

(JOZY LEC)

This suggests that while some students need emotional processing strategies, others require structure and stability. Such responses also illustrate coping-by-regulation, a strategy described within the Transactional Theory of Stress and Coping, where individuals seek predictability to regain a sense of control. Institutions should provide structured study programmes and time management workshops, ensuring that students have predictable routines that enhance their sense of control. Herman argues that establishing safety is the first and most necessary stage of recovery, and for many survivors, "safety" is experienced through routine, predictability, and stable environments. Eddy's reliance on routine and Jozy's preference for self-contained coping reflect survival strategies that stabilise distress. Herman's theory clarifies that these routines may represent early-stage recovery attempts to create internal and external safety, particularly when emotional disclosure still feels risky (Herman, 1992; Herman, 2015).

For students like Franz and Esti, resilience was about acknowledging past mistakes and striving for personal growth. Franz shared,

"I recognise that I have made mistakes in my past, but I am trying to move forward with a more positive and responsible approach to life."

(FRANZ)

His lecturer noted,

"Franz has the potential for growth, but personal challenges may be affecting his ability to reach his full academic capability."

(FRANZ LEC)

Unlike Eddy and Enam, who relied on external structure, Franz needed personal accountability and encouragement. Similarly, Esti stated,

"I remind myself that I have the potential to overcome my past and build a successful future."

(ESTI)

Her lecturer confirmed this, stating,

"Her steady academic performance and growing confidence in class participation reflect a gradual positive transformation."

(ESTI LEC)

These cases highlight that institutions should integrate mentorship programmes that focus on self-reflection and personal responsibility, allowing students to view resilience as an active, self-directed process rather than something imposed on them. For students like Franz, this supports Arnett's notion that emerging adults actively renegotiate their identities through personal responsibility and goal-orientation. Herman describes recovery as involving the reconstruction of identity, where survivors move from a trauma-governed self-concept toward a renewed sense of meaning, responsibility, and future possibility. Franz's language of "moving forward" and Esti's emphasis on potential align with Herman's view that healing includes reclaiming a life narrative not defined by past injury, but by restored purpose and personal agency (Herman, 1992). For students like Gee and Vim, resilience-building was centred on self-affirmation and reframing past experiences. Gee stated,

"I use positive affirmations to remind myself that I am strong and capable."

(GEE)

Her lecturer noted,

"Implementing a safe and supportive college environment is crucial for students like Gee."

(GEE LEC)

Vim echoed similar sentiments, stating,

"I use positive affirmations to remind myself that I am worthy and capable."

(VIM)

Her therapist reinforced this, stating,

"Final-stage treatment will focus on self-exploration, self-discovery, and psycho-education."

(VIM CR)

Unlike students such as Eddy and Enam, who required structure, Gee and Vim benefited from emotional reinforcement. Institutions should offer workshops on self-affirmation and confidence-building while providing counselling services that reinforce positive self-perception. This is consistent with Narrative Therapy, where positive self-affirmation is a means of re-authoring identity away from trauma-based narratives. Herman emphasises that trauma frequently damages self-worth and produces persistent shame or self-blame, making the restoration of self-respect a central task of recovery. Positive affirmations, when supported by safe relationships and therapeutic guidance, can function as part of rebuilding a survivor's internal sense of dignity and agency. Gee's and Vim's reliance on affirmations reflects this recovery task: reclaiming worth and identity after experiences that once taught them they were powerless or undeserving (Herman, 1992; Herman, 2015).

The findings highlight that resilience-building is a diverse and personalised process. While some students, like Eddy and Enam, rely on structured habits, others, such as Cee and Fema, benefit from self-reflection. Franz and Esti focus on self-correction and accountability, while Wise emphasises tangible achievements. Gee and Vim highlight the importance of self-affirmation. These varying approaches align with research suggesting that resilience is not a one-size-fits-all concept but rather a skill that can be developed through different pathways depending on personal experiences and coping mechanisms (Zolkoski & Bullock, 2012).

To effectively support students with ACEs in building resilience, institutions must offer diverse strategies that cater to different resilience styles. Structured mentorship programmes, emotional intelligence workshops, academic planning resources, and self-affirmation training can help create an environment where students develop the coping skills necessary to navigate their challenges. Schools should implement individualised support systems tailored to students' unique needs, ensuring that resilience-building becomes an integral part of student development rather than an isolated personal struggle. By proactively fostering these skills, institutions can play a transformative role in helping students with ACEs not only survive but thrive in their academic and personal lives. Herman's model strengthens this institutional argument by insisting that recovery is not an isolated personal event, but a socially supported process. Institutions that provide safety, stable relationships, and consistent opportunities for agency are effectively creating recovery conditions. Where such conditions are absent, students may continue to function in survival mode, appearing "fine" academically while remaining psychologically burdened (Herman, 1992; Herman, 2015).

While the need to build resilience was a common theme across all participants, the strategies students adopted and the types of support they valued appeared to vary according to the institutional context. These differences reflect how gendered expectations and social climates within colleges shape students' coping mechanisms, self-perception, and openness to structured support.

In all-female institutions (e.g., *Gee, Vim, Esti, Koo, Blez*), students often relied on emotional reinforcement, self-affirmation, and internal motivation to navigate challenges. For instance, *Gee* and *Vim* highlighted the use of positive affirmations to build self-worth, while *Esti* focused on self-belief as a way to overcome her past. This

tendency toward internal coping may reflect relational expectations in all-female environments, where emotional composure and independence are often emphasised. As noted by Wilson-Ching and Berger (2024), students in all-female schools often learn to self-regulate quietly, relying on introspection over visible help-seeking. These students may benefit most from confidence-building programmes, peer empathy circles, and affirmation-based therapy models. Herman argues that recovery requires environments where vulnerability is not punished and emotional expression is met with safety rather than judgement. all-female environments may permit emotional discussion, yet still reward composure, creating a subtle tension where students internalise distress while presenting calmness. Herman's lens clarifies why affirmation and private coping may dominate in such contexts: survivors seek safety through emotional control when relational acceptance feels uncertain (Herman, 1992).

In all-male institutions (e.g., *Jozy, Jeff, Ken, Eddy, Franz*), resilience-building was more frequently framed in terms of routine, structure, and personal discipline. Eddy and Jozy described the comfort they found in structured routines, using them as a way to manage stress. Franz and Ken, though different in academic performance, both saw responsibility and routine as tools to cope with emotional burdens. These students often viewed resilience as something to be proven through actions, not emotions, echoing the findings of Sweeney et al. (2018), who observed that male students with trauma histories often adopt self-regulation and independence over emotional openness. Institutions serving these students might consider incorporating goal-setting programmes, academic planning workshops, and peer mentorship models that emphasise accountability and strength-based resilience. Herman's theory helps explain the "action-over-emotion" framing as a survival adaptation. Where emotional disclosure has historically been unsafe or socially discouraged, survivors sustain safety

through control, routine, and self-containment. In all-male contexts, these patterns may be reinforced by institutional peer norms, leaving students to manage distress privately even when support exists (Herman, 1992; Herman, 2015).

In mixed-gender colleges (e.g., *Enam, Cee, Fema, Wise, Dav*), students demonstrated more varied and hybrid approaches to resilience. For instance, Cee and Fema leaned toward emotional self-awareness and goal-setting, while Enam and Wise exhibited fluctuating motivation and required external structure or affirmation. This variability may reflect the more fluid emotional norms of mixed-gender spaces, where students negotiate between peer influences and personal strategies. According to Emerging Adulthood Theory, this developmental stage involves navigating instability and ambiguity, particularly in relational and identity-related domains (Arnett, 2004). Banyard and Cantor (2004) suggest that in coeducational environments, trauma-exposed students often vacillate between vulnerability and emotional guardedness, depending on the perceived safety of their surroundings. Students in mixed environments may benefit from holistic programmes that combine emotional resilience training, structured academic routines, and flexible mentoring. Herman's model explains this inconsistency through the concept of safety as context-dependent. Survivors often calibrate vulnerability moment by moment, scanning environments for cues of threat or acceptance. In mixed settings, where emotional norms are less predictable, trauma-exposed students may oscillate between openness and withdrawal, not because they are indecisive, but because they are regulating exposure to maintain psychological safety (Herman, 1992; Herman, 2015).

These institutional differences suggest that while all students with ACEs seek to build resilience, the routes they take are shaped by their social context. all-female schools

may cultivate resilience through emotional independence, all-male environments through structure and responsibility, and mixed schools through adaptable, hybrid strategies. Recognising these variations allows institutions to tailor resilience-building interventions to meet students where they are supporting both their emotional needs and their preferred coping styles. Herman ultimately strengthens the conclusion by asserting that recovery and resilience are shaped not only by individual willpower but by social conditions that either support or suppress truth-telling, help-seeking, and relational safety. Institutional design, peer norms, and faculty responsiveness therefore become part of the student's recovery ecology, influencing whether resilience develops as growth or remains stuck as survival (Herman, 1992; Herman, 2015).

4.7.2.2 Empowering Students through Voice and Choice

Empowering students with ACEs through voice and choice is crucial in fostering resilience, confidence, and self-determination. Colleges of Education must actively create environments where these students feel safe to express themselves, participate in decision-making, and develop a sense of agency over their academic and personal growth. While some students with ACEs naturally seek opportunities for self-expression and leadership, others require structured support and gradual encouragement to feel empowered. Their responses illustrate the diverse ways in which institutions can play a role in ensuring that students with ACEs have a voice and a choice in their educational journey.

For some students, empowerment comes from being given structured opportunities to develop their confidence through skill-building and personal growth. Enam expressed that he valued self-improvement, stating,

"I focus on improving my skills as a way to build resilience."
(ENAM)

However, his colleague noted,

"Enam sometimes speaks about wanting to develop his skills but doesn't always take action."

(ENAM COL)

His lecturer reinforced the need for structured encouragement, explaining,

"Providing skill-building opportunities could help him grow."

(ENAM LEC)

While Enam understood the importance of self-improvement, his reluctance to fully engage suggests that institutions must offer targeted interventions such as leadership development programmes, faculty mentorship, and guided goal-setting workshops to help students move from passive acknowledgement to active participation. This hesitation reflects what Lazarus and Folkman (1984) describe as a secondary appraisal process, where students weigh their coping capacity before committing to potentially stressful growth opportunities. Herman's Trauma and Recovery Theory deepens this interpretation by explaining that trauma often disrupts a survivor's sense of agency and trust in self-efficacy. Even when opportunities for empowerment exist, survivors may hesitate to engage if previous experiences have taught them that initiative leads to disappointment or harm. Enam's stalled engagement reflects this trauma-related inhibition, where empowerment requires not just opportunity but sustained relational safety and external affirmation before agency can be reclaimed (Herman, 1992; Herman, 2015).

Unlike Enam, who recognised self-improvement but struggled with taking initiative, Fema actively engaged in activities that fostered her sense of empowerment. She explained,

"Engaging in activities that I enjoy give me a sense of fulfilment and that help me mitigate the feeling of loneliness."

(FEMA)

Her colleague observed,

"Fema engaged in activities like jogging and yoga to manage stress in a healthier way."

(FEMA COL)

This demonstrates that some students benefit from structured extracurricular activities that provide both social and emotional relief. Research by Luthar et al. (2015) highlights that students who participate in campus activities, social organisations, and leadership initiatives report higher levels of resilience and engagement. While Enam required more structured encouragement, Fema independently sought activities that contributed to her self-empowerment, suggesting that institutions should ensure a variety of accessible engagement opportunities tailored to different student needs. Herman frames such proactive engagement as a sign of advancing recovery, where survivors begin to exercise choice and reconnect with pleasure, bodily autonomy, and self-directed wellbeing. Fema's engagement reflects a shift from trauma-governed withdrawal toward intentional living, a key marker of restored agency in trauma recovery (Herman, 1992).

For Cee, empowerment was closely linked to structured self-improvement programmes. She shared,

"I am learning to develop emotional resilience and confidence through structured self-improvement strategies. Overcoming my childhood struggles has given me a stronger sense of self-worth."

(CEE)

Her lecturer observed,

"She has shown growth in her ability to participate in discussions and presentations."

(CEE LEC)

Unlike Enam, who hesitated, or Fema, who found engagement through personal activities, Cee thrived in structured spaces that provided gradual encouragement. This highlights the importance of colleges offering leadership development programmes,

skill-based learning workshops, and mentorship initiatives that help students with ACEs develop their confidence over time. Cee's progression also illustrates key aspects of Emerging Adulthood Theory (Arnett, 2000), where young adults seek identity and autonomy through structured challenges that foster independence. Zimmerman (2002) supports this approach, emphasising that structured interventions focused on self-determination and goal-setting contribute significantly to student empowerment. Herman's theory clarifies why gradual, structured empowerment is particularly effective for trauma-exposed students. She argues that recovery involves pacing empowerment in ways that do not overwhelm the survivor's nervous system. Cee's success in structured settings reflects recovery environments that balance challenge with safety, allowing agency to emerge without triggering fear or emotional shutdown (Herman, 2015).

Institutional support in fostering safe spaces for students with ACEs to express themselves was a recurring theme among participants. Wise emphasised this need, stating,

"Giving students a platform to speak about their struggles could be helpful. Creating safe spaces for students to share their experiences would foster emotional growth."

(WISE)

His colleague agreed, explaining,

"Allowing students like Wise to express themselves in a safe environment can help their emotional growth."

(WISE COL)

His lecturer reinforced this by adding,

"Encouraging open dialogue about mental health can foster a more inclusive learning environment."

(WISE LEC)

Wise's response suggests that students with ACEs do not only require personal development opportunities but also institutional efforts to normalise conversations about mental health and trauma. This aligns with the principles of Narrative Therapy (White & Epston, 1990), which emphasise the value of safe, supportive platforms where individuals can reconstruct their identity through shared stories. Research by Anda et al. (2009) highlights the importance of peer support networks, which help students with ACEs feel less isolated and more engaged in their academic communities. Implementing peer-led support groups, trauma-informed counselling, and student-led discussion initiatives can provide students with a platform to share their experiences and feel validated. Herman asserts that trauma recovery is fundamentally relational and requires environments where survivors can speak without fear of dismissal or harm. Safe spaces for dialogue enable survivors to move from silence to testimony, a core process in reclaiming voice and dignity after trauma. Wise's call for open platforms reflects this recovery need for witnessed expression (Herman, 1992).

For some students, empowerment was not just about having opportunities to speak but also about feeling supported enough to take that step. Eddy expressed a more reserved approach, stating,

"Personal growth is possible, but it requires a supportive environment and resources."

(EDDY)

His colleague observed,

"Eddy's focus on academics seems to be a coping mechanism rather than just a pursuit of success."

(EDDY COL)

His lecturer reinforced this by explaining,

"Creating a nurturing campus environment can help students like Eddy feel more valued and supported."

(EDDY LEC)

Unlike Wise, who actively sought a space for self-expression, Eddy required gradual trust-building to feel comfortable engaging. His hesitancy suggests that institutions must implement mentorship programmes, faculty-led relationship-building initiatives, and trauma-informed advising to create a sense of security before encouraging students to take on leadership or advocacy roles. This aligns with the Transactional Theory of Coping, as students like Eddy may appraise emotional exposure as a threat unless supported by consistent, low-risk environments. Deci and Ryan (2017) found that students who feel valued and supported in their learning environments demonstrate increased intrinsic motivation, reinforcing the importance of nurturing institutional support. Herman describes such patterns as survival-based self-protection, where survivors prioritise control and emotional containment. Until safety is reliably experienced, survivors like Eddy may restrict engagement to low-risk domains such as academic performance. Empowerment, in this context, must begin with consistent relational safety before voice and leadership can emerge (Herman, 2015).

Some students emphasised the need for alternative participation methods to help them express themselves. Jeff stated,

"Giving students a voice and encouraging them to share their experiences can be empowering."

(JEFF)

However, his colleague noted,

"Support from faculty and classmates in a non-intrusive way could help Jeff feel more included."

(JEFF COL)

His lecturer added,

"Encouraging more small-group discussions may help Jeff feel more comfortable engaging in class."

(JEFF LEC)

Unlike Wise, who called for broader mental health conversations, Jeff preferred smaller, more controlled spaces where he could gradually build his confidence. This highlights the need for institutions to provide diverse engagement opportunities as some students thrive in large forums, while others require small-group discussions or one-on-one mentorship to feel empowered. Herman's framework supports this flexibility, noting that recovery honours survivor choice. Empowerment is compromised when participation is forced or prematurely exposed. Offering multiple, voluntary pathways respects autonomy and reinforces psychological safety, both essential for trauma recovery (Herman, 1992).

Ken viewed empowerment as a communal experience, stating,

"Fostering a community of understanding and empathy on campus is crucial, as it can provide a sense of belonging and support."

(KEN)

His colleague agreed, explaining,

"Creating a supportive community, where students feel safe to share and seek help, can have a profound impact."

(KEN COL)

His lecturer reinforced this by stating,

"Creating an inclusive and supportive classroom environment where all students feel comfortable engaging academically is essential."

(KEN LEC)

Unlike students such as Enam and Cee, who focused on individual growth, Ken emphasised the role of community in empowerment. Research by Hughes et al. (2017) supports this, highlighting the significance of faculty-student relationships in fostering academic resilience. Similarly, Oshri et al. (2018) argue that structured peer support systems help students with ACEs integrate into college more effectively.

Franz emphasised the need for institutions to recognise the diverse needs of students.

He explained,

"Recognising and addressing the diverse needs of students, especially those with challenging childhood experiences, is crucial in fostering a holistic educational environment."

(FRANZ)

His colleague observed,

"Franz has a natural charisma, but he doesn't actively seek out leadership roles."

(FRANZ COL)

His lecturer noted,

"A structured support system that fosters student confidence and academic engagement could benefit Franz."

(FRANZ LEC)

His response suggests that while some students have leadership potential, they require structured encouragement and guidance to step into those roles. This reinforces research by Ryff and Singer (2008) which found that fostering student empowerment through self-acceptance and goal-driven motivation significantly enhances psychological wellbeing.

The responses collectively illustrate that students with ACEs experience empowerment in different ways. Some, like Wise and Ken, called for institutional efforts to foster community and safe spaces for expression, while others, like Cee and Fema, needed structured opportunities to build confidence gradually. Jeff and Eddy preferred smaller, less intrusive settings, whereas students like Francis required encouragement to take on leadership roles. These findings align with research emphasising that student empowerment through decision-making and autonomy enhances psychological wellbeing (Huang et al., 2021; Ryff & Singer, 2008). Institutions must implement multiple strategies including trauma-informed faculty training, peer mentorship programmes, leadership initiatives, and alternative participation methods to ensure that students with ACEs not only feel heard but are actively supported in their journey toward empowerment.

While empowerment was a shared need among all students with ACEs, the ways in which they expressed or accessed that empowerment varied across college environments. These differences were influenced by the relational dynamics, peer norms, and institutional cultures embedded within each context. Herman emphasises that empowerment is sustained through community, not isolation. Recovery flourishes when institutions cultivate collective responsibility for safety, empathy, and belonging, allowing survivors to move from marginalisation to participation (Herman, 2015).

In all-female colleges (e.g., *Esti, Blez, Gee, Vim, Koo*), empowerment was often linked to emotional self-acceptance, safe spaces, and internal confidence-building. Participants such as Vim and Gee emphasised the importance of positive affirmations and self-worth as tools for resilience and voice. These students benefitted from quiet encouragement, structured self-improvement programmes, and emotionally safe environments where vulnerability was supported without judgment. This mirrors findings from Wilson-Ching and Berger (2024), who note that trauma-exposed students in all-female contexts often build empowerment through emotionally nurturing and non-competitive spaces. Empowerment for these students was less about leadership visibility and more about restoring personal agency and emotional validation.

In all-male institutions (e.g., *Jozy, Jeff, Eddy, Ken, Franz*), students more frequently associated empowerment with external validation, academic performance, and structured leadership roles. For instance, Ken and Franz described the need for a supportive peer community and institutional recognition. At the same time, Eddy and Jeff expressed a desire for low-pressure, non-intrusive platforms such as small group discussions or one-on-one mentorship. These findings align with Sweeney et al. (2018), who argue that male students with ACEs are more likely to engage when empowerment

is framed in terms of structure, personal achievement, and peer credibility rather than emotional expression. In these settings, confidence was often built through achievement and routine, rather than emotional vulnerability.

In mixed-gender colleges (e.g., *Enam, Fema, Cee, Wise, Dav*), students showed more diverse and hybrid approaches to empowerment. For instance, *Wise* sought broader platforms for open dialogue, *Fema* found empowerment through fulfilling activities, and *Cee* thrived in structured self-improvement settings. These variations reflect the relational ambiguity of coeducational settings, where students are exposed to a wider range of emotional norms and social expectations. Such experiences are characteristic of Emerging Adulthood (Arnett, 2004), a phase marked by identity exploration, instability, and negotiation of autonomy within unfamiliar social spaces. As Banyard and Cantor (2004) highlight, trauma-exposed students in mixed environments often navigate empowerment as a negotiation between safety and exposure, visibility and self-protection. These students may require both structured opportunities and relational flexibility to feel safe and seen. Herman's theory integrates these patterns by highlighting that empowerment is context-dependent. Institutional cultures either support or suppress voice through their implicit rules about vulnerability, strength, and belonging. Where environments respect survivor agency, empowerment becomes recovery-driven growth rather than forced adaptation (Herman, 1992; Herman, 2015).

Taken together, these differences suggest that effective empowerment strategies must be context-sensitive. All-female institutions may benefit from strengthening programmes that foster emotional validation and internal growth; all-male schools may prioritise goal-driven leadership programmes and structured mentoring, while mixed-

gender institutions require multi-modal strategies that offer both emotional space and performance-based opportunities for student expression.

By tailoring empowerment initiatives to match the emotional culture of each academic setting, colleges can ensure that all students with ACEs, not just the most expressive or assertive have opportunities to grow, speak, and lead. These opportunities reflect the re-authoring potential described in Narrative Therapy, where students begin to shift from trauma-defined identities to more empowered self-narratives through supportive institutional involvement.

4.7.3 The Role of Social Connections and Meaningful Relationships

Building strong social connections and meaningful relationships is a fundamental part of human wellbeing, especially for students transitioning into a new and demanding college environment. For students with ACEs, the ability to form and maintain relationships can be particularly challenging due to past trauma, trust issues, and difficulties with emotional regulation. However, research shows that positive social connections can serve as a protective factor, helping students manage stress, build self-confidence, and enhance their psychosocial wellbeing.

Supportive relationships with peers, faculty members, mentors, and counsellors provide students with a sense of belonging, encouragement, and emotional security. These relationships create a safe space for personal expression, collaboration, and guidance, allowing students to overcome social barriers and develop healthy interpersonal skills. Whether through friendships, mentorship programmes, support groups, or academic networks, meaningful relationships play a crucial role in enhancing resilience, promoting emotional healing, and fostering academic success. Herman's Trauma and Recovery Theory positions relational safety as foundational to healing. Trauma

fractures trust in others and in oneself, making relationships both deeply desired and deeply threatening. Recovery therefore unfolds not in isolation but within safe, consistent, and empowering relational contexts that allow survivors to rebuild trust, connection, and agency (Herman, 1992; 2015).

4.7.3.1 The Role of Positive Relationships

Students with ACEs emphasised the crucial role that positive relationships play in helping them navigate academic and personal challenges. However, while they recognise the importance of strong social connections, many struggle to initiate or maintain these relationships due to trust issues, emotional regulation difficulties, and past trauma. Herman explains such hesitation as a survival adaptation. Trauma survivors often associate closeness with danger, loss, or betrayal, leading them to prefer relational distance even when support is needed. Enam's guarded engagement reflects an early recovery stage, where safety is prioritised over intimacy. Institutional mentorship that does not require initiation from the student can help bridge this gap by offering connection without emotional risk (Herman, 1992). To support students in developing meaningful connections, institutions must provide structured opportunities for relationship-building, mentorship, and faculty support while ensuring that students can engage at a pace that aligns with their comfort levels. By implementing targeted interventions, Colleges of Education can foster safe and inclusive environments where students feel supported, valued, and empowered to develop trust-based relationships that contribute to their resilience and overall wellbeing. Research suggests that meaningful and positive relationships significantly influence students' ability to manage stress and maintain emotional stability, particularly for individuals overcoming challenging circumstances such as ACEs (Baby et al., 2022).

For many students, supportive relationships are essential, but they require institutional structures to facilitate their development. Enam expressed,

"Supportive relationships help me stay grounded despite my struggles."

(ENAM)

Yet he also acknowledged that he does not actively seek out guidance. His lecturer noted,

"He responds well to mentorship but does not actively initiate it."

(ENAM LEC)

While his colleague observed,

"Enam benefits from stable friendships but avoids deep emotional reliance."

(ENAM COL)

This suggests that while he recognises the importance of social support, he struggles to take the first step in forming meaningful relationships. These patterns reflect a secondary appraisal process (Lazarus & Folkman, 1984), where students evaluate the emotional risk of forming connections based on their perceived coping resources. Institutions can support students like Enam by implementing structured mentorship programmes that automatically pair students with faculty mentors or peer guides, removing the pressure of initiating these connections. Providing regular, non-intrusive check-ins with trained faculty or counsellors can also help ensure that students who are hesitant to reach out are still supported. This aligns with research that indicates mentorship programmes and structured social support systems can reduce isolation and improve students' overall wellbeing (Anda et al., 2009).

For students like Fema, who had some level of external support, institutional backing was still necessary to help her fully engage in her academic journey. She explained,

"The role of my family in providing support has been complex, but my mother has played a significant role in caring for my child, allowing me to continue my education."

(FEMA)

Her lecturer members observed,

"Support from peers and faculty played a crucial role in her academic and emotional development."
(FEMA LEC)

While her therapist emphasised,

"Her ability to rebuild trust and form meaningful connections is a central focus of therapy."
(FEMA CR)

Unlike Enam, who required encouragement to initiate relationships, Fema had an existing support network but still benefited from additional institutional support. Universities should create structured community-building initiatives, such as faculty-led discussion groups and student-parent support programmes, to ensure that students with complex personal responsibilities receive additional guidance in forming positive relationships. Research suggests that peer support networks provide crucial emotional backing and help students navigate their social and academic lives more effectively (Oshri et al., 2018). Herman emphasises that recovery requires both personal and social repair. Even when survivors possess external support, institutional environments must reinforce relational safety and consistency. Fema's experience illustrates a later recovery phase, where trust is being cautiously restored and supported by multiple relational anchors (Herman, 2015).

Other students found deep emotional relationships instrumental in their growth but still faced trust barriers. Cee shared,

"My friendships and intimate relationship have played a key role in my emotional growth."
(CEE)

Yet her therapist noted that despite her progress,

"She remains hesitant to trust again."
(CEE CR)

Lecturer members observed,

"She thrives in smaller, more intimate social circles where she feels valued and understood."

(CEE LEC)

Unlike Enam, who avoided emotional reliance, Cee actively sought meaningful relationships but still needed reassurance. Institutions can support students like Cee by fostering small-group mentorship programmes or student affinity groups where students with similar backgrounds can connect in a low-pressure environment, building trust gradually over time. Herman notes that survivors often prefer limited, emotionally contained relationships where safety can be monitored. Cee's preference for small, intimate circles reflects adaptive boundary-setting, not avoidance. Recovery-oriented institutions must respect such pacing, offering relational depth without coercion (Herman, 1992).

While some students actively sought relationships, others like Wise and Dav acknowledged their importance but struggled with deep emotional engagement. Wise explained,

"Having understanding friends has helped me cope with my emotional struggles."

(WISE)

But his colleague noted,

"Mentorship programmes may help build trust and guide him toward emotional stability."

(WISE COL)

Similarly, Dav shared,

"Friends and step-siblings have been key sources of emotional support."

(DAV)

Yet his lecturer observed,

"He values meaningful connections but struggles to open up fully."

(DAV LEC)

These responses highlight the need for structured interventions that help students transition from surface-level relationships to deeper, trust-based connections. Universities should provide relationship-building workshops and facilitated peer

mentoring programmes designed to help students develop interpersonal skills while ensuring that trained professionals are available to support their emotional needs. Herman underscores that trauma recovery involves reclaiming relational capacity without overwhelming the survivor's sense of safety. Wise's and Dav's partial engagement reflects an intermediate recovery phase, where connection is desired but vulnerability remains constrained. Guided peer mentoring and relational skills workshops can support this transition (Herman, 2015).

For some students, social relationships remained largely functional, providing companionship without deep emotional engagement. Eddy noted,

"Friends I've made in college, though not privy to my deepest struggles, have offered emotional support through companionship." (EDDY)

His lecturer observed,

"Eddy is a committed student, but underlying challenges may be affecting his overall engagement and wellbeing."

(EDDY LEC)

Similarly, Enam explained,

"While my friendships are primarily academic, I appreciate the presence of a study group, which provides some sense of connection."

(ENAM)

These responses suggest that institutions must create opportunities for students to gradually transition from functional, surface-level relationships to deeper emotional connections. Universities can achieve this through structured networking events, facilitated peer-bonding activities, and community-building programmes designed to help students engage socially in an environment where they feel emotionally safe. Herman recognises functional relationships as legitimate survival strategies. For some survivors, companionship without emotional disclosure represents a stable bridge toward deeper connection, not a deficit. Institutions must legitimise these forms of engagement rather than pathologising them (Herman, 1992).

For other students, relationships were centred around academic interactions rather than emotional depth. Ken shared,

"The friendships I've made on campus, though mostly academic, provide a sense of normalcy and companionship."

(KEN)

His lecturer confirmed,

"Ken interacts with peers academically, but his friendships are mostly based on shared academic interests rather than deep personal connections."

(KEN LEC)

Similarly, Franz stated,

"The friendships I have made on campus, though limited, provide some level of normalcy and social interaction."

(FRANZ)

His lecturer added,

"Francis enjoys engagement, but deeper emotional connections are not evident in the academic setting."

(FRANZ LEC)

Unlike students like Cee, who benefited from emotional relationships, Ken and Franz engaged in social connections in a way that was less emotionally vulnerable. Institutions must provide tiered social engagement opportunities, allowing students to participate in low-risk social environments, such as academic clubs, before introducing more personal connection-building programmes.

For students like Esti, Gee, and Vim, positive relationships were essential for their healing journeys. Esti shared,

"My close friends and my uncle have provided encouragement and support, helping me navigate college life."

(ESTI)

Her lecturer emphasised,

"Forming trusting relationships and supportive friendships could significantly benefit her emotional wellbeing."

(ESTI LEC)

Similarly, Gee stated,

"Positive relationships with friends and mentors have been key to my resilience."

(GEE)

And her therapist noted,

"Gee needs a holistic approach to support that includes both academic and emotional guidance."

(GEE CR)

Vim echoed this, explaining,

"Building positive relationships has played a crucial role in my healing journey."

(VIM)

These students thrived when they had access to both peer and faculty support, demonstrating that universities should integrate both structured mentorship programmes and informal community-building efforts to help students develop trust-based relationships.

Koo reinforced the need for institutional involvement in fostering relationships, stating,

"Building positive relationships with mentors and peers is crucial for emotional healing."

(KOO)

Faculty members noted,

"Ensuring students like Koo feel supported will enhance their overall college experience."

(KOO LEC)

And her therapist added,

"Her experiences highlight the need for tailored student mental health support."

(KOO CR)

Unlike students who sought out social support organically, Koo required a structured intervention. Universities should ensure that students like her receive tailored support by embedding mental health services within academic advising offices and increasing accessibility to faculty mentorship opportunities.

Overall, while many students recognised the importance of positive relationships, there remained a clear reluctance among some to fully engage emotionally. Some, like Fema and Cee, were open to emotional relationships but needed reassurance and structured engagement, while others, like Enam and Wise, recognised the value of relationships but struggled to trust deeply. Meanwhile, students like Ken and Franz engaged in social interactions at a surface level, using academic interests as a way to connect without emotional vulnerability. These findings align with research emphasising the role of structured mentorship programmes, faculty support, and peer engagement in fostering emotional wellbeing among students with ACEs. By providing structured, multi-tiered relationship-building opportunities, institutions can create a supportive environment where students can build meaningful and trust-based relationships at their own pace.

While the importance of positive relationships was consistently acknowledged across all participants, the ways in which students accessed, engaged in, or withdrew from these connections varied depending on their college environment. Herman describes this reliance on relational safety as a hallmark of trauma recovery. When institutions provide consistent, affirming relationships, survivors begin to re-author their internal narratives from isolation to connection, from survival to belonging (Herman, 2015). In all-female colleges (*Esti, Blez, Gee, Vim, Koo*), participants were more likely to internalise their emotional struggles, forming small but emotionally meaningful relationships. For instance, Esti and Gee leaned on close friendships for emotional encouragement, while Vim and Koo emphasised the healing power of supportive mentorship. These students often benefited from emotionally safe spaces and personalised support, consistent with Wilson-Ching and Berger (2024), who note that women in single-sex environments may be more open to nurturing relationships when vulnerability is normalised and emotional expression is not penalised. However, fear of

judgment or rejection sometimes delayed full emotional engagement, as observed in Vim's continued struggle with trust.

In all-male institutions (*Eddy, Jozy, Jeff, Ken, Franz*), emotional connections were often limited to functional or academic-based relationships. Ken and Franz, for example, described their friendships as primarily academic, while Eddy acknowledged the presence of social support but avoided deeper emotional sharing. These patterns reflect broader masculine norms in such spaces, where emotional openness may be discouraged. Sweeney et al. (2018) suggest that trauma-affected male students are less likely to form emotionally vulnerable connections unless peer norms and institutional culture actively promote such bonds. In these settings, structured, low-pressure social engagement (like study groups, academic clubs, or mentorship) may be more effective than explicitly emotional support programmes.

In mixed-gender colleges (*Enam, Fema, Cee, Wise, Dav*), responses revealed a more complex and diverse range of relationship patterns, reflecting both openness and emotional hesitancy. Cee and Fema formed deep connections but still required institutional encouragement to sustain trust. Enam and Wise, meanwhile, valued stable social interactions but stopped short of emotional reliance. These mixed dynamics align with Banyard and Cantor (2004), who argue that trauma-affected students in coeducational settings may find it harder to assess emotional safety, leading to guardedness or inconsistent engagement. Here, both structured support and emotional validation are needed to help students transition from surface-level to meaningful relationships. Herman's theory integrates these variations by emphasising that recovery is contextual. Institutional cultures either enable or inhibit relational healing through their implicit rules about vulnerability, strength, and belonging. Where environments

affirm safety and choice, relationships become sites of recovery rather than risk (Herman, 1992; 2015).

Overall, meaningful relationships emerged as a cornerstone of psychosocial wellbeing for students with ACEs. Yet relationship-building was neither uniform nor straightforward. Students navigated connection through caution, pacing, and selective engagement shaped by trauma history and institutional culture. These findings reinforce the need for Colleges of Education to implement trauma-informed, multi-tiered relational support systems that respect autonomy, honour pacing, and prioritise emotional safety. Through such environments, relationships can become powerful instruments of healing, resilience, and academic success.

4.8 Interpretation of Findings in Relation to Theoretical Frameworks

The findings of this study are best understood through an integrated interpretation of four complementary theoretical frameworks: the Transactional Theory of Stress and Coping, Emerging Adulthood Theory, Narrative Therapy, and Trauma and Recovery Theory. Together, these frameworks illuminate how first-year student teachers with Adverse Childhood Experiences (ACEs) made sense of their pasts while navigating the academic, emotional, and relational demands of teacher education colleges in Ghana. Rather than operating independently, these theories intersect to reveal adjustment as a layered, relational, and developmental process shaped by trauma history, identity formation, meaning-making, and institutional context.

The Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984) provides a foundational lens for understanding how participants perceived and responded to the challenges of college life. The findings showed that students' appraisals of stress were deeply informed by their childhood experiences. For many participants, academic

demands, social interactions, and relational expectations were not neutral experiences but were interpreted through trauma-informed lenses of threat, rejection, or potential harm.

Primary appraisal was evident in how students assessed everyday college stressors. Enam frequently described academic pressure as overwhelming and social engagement as emotionally unsafe, reflecting a tendency to perceive challenges as threatening. Similarly, Koo interpreted classroom participation and peer interaction as possible sites of humiliation, revealing how early experiences of loss and emotional neglect heightened her sensitivity to rejection. These appraisals demonstrate how ACEs recalibrated students' threat-detection systems, causing ordinary developmental challenges to be experienced as psychologically risky.

Secondary appraisal emerged in the coping strategies students employed. Participants such as Fema and Ken adopted problem-focused coping strategies by organising their academic schedules, setting goals, or selectively engaging with peers. In contrast, others, including Wise and Jeff, relied on avoidance, withdrawal, or maladaptive coping behaviours such as substance use. Wise's smoking and Jeff's emotional disengagement reflect appraisals in which students perceived their emotional resources as insufficient to manage relational or academic stress.

Reappraisal became visible over time as some students adjusted their coping strategies. Cee's gradual movement from withdrawal to trust in a supportive partner and Fema's transition into leadership roles illustrate how the availability of internal resources and external support enabled more adaptive coping. These trajectories affirm the relevance of the Transactional Theory in explaining how coping is dynamic and responsive to changing contexts and resources.

Gendered institutional environments significantly shaped these appraisal processes. All-female colleges appeared to intensify internalised coping, with students maintaining composure while suppressing distress. All-male colleges reinforced stoic, self-reliant coping styles, while mixed-gender institutions produced more fluid but often conflicted coping patterns. These variations underscore how appraisal and coping are socially mediated rather than purely individual processes.

Emerging Adulthood Theory (Arnett, 2000; 2004) situates participants' experiences within a critical developmental stage marked by identity exploration, instability, self-focus, ambiguity, and future orientation. The findings demonstrate that this developmental phase amplified the effects of ACEs, complicating students' transitions into adulthood and professional identity formation.

Identity exploration was particularly fragile among participants with unresolved trauma. Students such as Dav and Franz attempted to construct identities rooted in discipline and academic achievement as a means of distancing themselves from chaotic pasts. Conversely, participants like Vim and Koo struggled with persistent self-doubt, revealing how trauma disrupted the development of a coherent and confident sense of self.

Instability manifested emotionally and academically. Enam's fluctuating academic performance and Cee's episodic social withdrawal reflect the instability characteristic of emerging adulthood, intensified by trauma histories. Self-focus emerged not as narcissism but as a survival strategy. Students such as Ken and Eddy withdrew into academic routines to regain a sense of control, illustrating how self-focus functioned as emotional self-protection.

Participants repeatedly expressed feelings of being in-between, autonomous yet uncertain. This ambiguity was particularly evident among students who lacked reliable relational support. Despite these challenges, many participants retained cautious optimism. Franz and Cee envisioned future success, demonstrating resilience that aligns with Emerging Adulthood Theory's emphasis on hope and possibility, even amid instability.

Narrative Therapy (White & Epston, 1990) offers critical insight into how participants constructed meaning from their experiences. Many students entered college carrying dominant narratives shaped by neglect, betrayal, or loss. These narratives framed them as unworthy, incapable, or emotionally unsafe in relationships.

Students such as Koo and Vim internalised stories of silence and withdrawal, interpreting their reluctance to lead or connect as personal failure rather than trauma responses. Enam constructed a narrative of radical self-reliance, while Wise framed his addiction as evidence of personal weakness. These problem-saturated narratives constrained agency and limited possibilities for growth. Narrative shifts became possible within supportive relational contexts. Cee's relationship with a caring partner enabled her to reinterpret herself as worthy of trust. Fema's emergence as a group leader reflected a re-authoring of identity from marginality to competence. Externalisation of problems was evident when students began to name behaviours as coping mechanisms rather than defining traits, as seen in Wise's reframing of substance use and Jeff's recognition of emotional withdrawal as trauma-linked. However, narrative reconstruction was uneven across institutional contexts. Students in mixed-gender colleges appeared to encounter more diverse narrative possibilities through varied

interactions, while those in single-gender settings experienced slower narrative change, potentially due to heightened self-monitoring and fear of judgment.

Judith Herman's Trauma and Recovery Theory (1992; 2015) provides a crucial overarching framework that integrates and deepens the interpretations offered by the other theories. Herman conceptualises trauma recovery as a staged, relational process involving the restoration of safety, remembrance and mourning, and reconnection with others and society. This model was strongly reflected across participants' experiences.

Many students were operating primarily in the first stage of recovery, seeking emotional and relational safety. Avoidance of intimacy, preference for structure, and emotional withdrawal were not signs of dysfunction but adaptive strategies aimed at preventing re-traumatisation. Students such as Enam, Eddy, and Jeff prioritised predictability and emotional distance, consistent with Herman's assertion that safety is the primary task of early recovery. Students like Cee, Fema, and Vim demonstrated movement toward later recovery stages. Through counselling, supportive relationships, or leadership opportunities, they began to integrate past experiences and reconnect with others. Importantly, recovery was not linear. Moments of growth coexisted with fear, withdrawal, and regression, underscoring Herman's emphasis on recovery as non-sequential and context-dependent.

Herman's framework also clarifies the role of institutional environments. Colleges functioned as relational ecosystems that either facilitated or hindered recovery. Environments that normalised vulnerability, provided consistent support, and respected students' pacing enabled movement toward reconnection. Conversely, environments that reinforced stoicism, silence, or emotional performance prolonged survival-based coping.

When considered together, these four frameworks reveal adjustment as a multidimensional process. The Transactional Theory explains how students appraised and coped with stress. Emerging Adulthood Theory situates these processes within a sensitive developmental stage. Narrative Therapy illuminates how students made meaning of their experiences and identities. Trauma and Recovery Theory integrates these insights by foregrounding safety, relational context, and the non-linear nature of healing. The findings demonstrate that first-year student teachers with ACEs are not simply coping with college stress; they are negotiating recovery, identity formation, and meaning-making simultaneously, within gendered institutional contexts that shape what is possible. Adjustment, therefore, is not a single act of resilience but an ongoing process shaped by history, relationships, institutional culture, and access to safety.

This integrated theoretical interpretation strengthens the study's contribution by showing that effective student support must move beyond skills-based interventions to address trauma, development, and meaning holistically. Only by recognising these intersecting dimensions can Colleges of Education create environments where students with ACEs are not merely surviving but are genuinely supported to heal, grow, and thrive.

4.9 Conclusion / Summary

This study explored how students who experienced significant adversity during childhood adjust to life in college, focusing on their emotional wellbeing, academic motivation, social connections, and the kind of support they receive from their institutions. The findings reveal that past experiences of trauma continue to shape how these students think, feel, and engage in their new academic environment.

A common thread among participants was the ongoing struggle with fear, anxiety, and self-doubt. Many found it hard to trust others, form close relationships, or ask for help, often choosing to withdraw or rely solely on themselves. These patterns reflect ways of coping that were developed early in life. Despite these challenges, many students showed remarkable strength and determination. They found ways to stay focused through routines, personal goals, or leaning on a few trusted people. Importantly, the study showed that students' adjustment differed depending on the type of college they are attending. In all-female colleges, many students appeared composed and socially engaged but tended to keep their emotional struggles private. In all-male colleges, students often avoided emotional conversations and leaned more toward practical or academic relationships. In mixed-gender colleges, students expressed both a desire for connection and a fear of vulnerability, often leading to cautious or inconsistent social involvement. These patterns show how the culture of the college setting can influence how students express themselves and seek support. Academically, students often put pressure on themselves to succeed, using education as a way to build a better future. Many struggled with focus, exam stress, and fear of failure. While some made use of counselling and coping strategies, others hesitated to seek help due to stigma or discomfort with opening up.

Relationships were another key factor in students' wellbeing. Some formed strong connections that helped them feel supported and understood, while others kept their relationships shallow, avoiding emotional closeness. Once again, the kind of school environment influenced how students related to others. All-male schools leaned toward practical friendships, all-female schools toward close but cautious bonds, and mixed schools showed more variation, with students often unsure of how much to share.

These findings suggest that colleges have a key role to play in supporting students with difficult pasts. Mental health services, flexible peer support systems, and staff who are trained to recognise emotional challenges can make a significant difference. Support should not look the same for everyone it needs to match the emotional and social culture of each college environment, whether all-male, all-female, or mixed. In the end, this study highlights both the quiet struggles and the quiet strength of students with Adverse Childhood Experiences. Their resilience is clear but so is the need for better systems of care and connection. With the right support, these students are not only capable of succeeding they are capable of healing, growing, and building lives far beyond what their past might have predicted.

4.10 Reflexive Note

While conducting this analysis, I was particularly moved by the vulnerability some students shared, especially in moments where they described wanting to speak up but feeling emotionally unsafe. Although I anticipated emotional hesitance due to ACEs, I was surprised by the strength of insight and self-awareness many participants showed, even when they struggled with connection or trust. This challenged my assumptions about resilience and highlighted how empowerment can emerge through quiet processes such as reflection, routine, or subtle acts of self-support, rather than only through overt action. These stories deepened my appreciation for the layered ways students adapt and resist, even in silence.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This study explored the lived experiences and adjustment processes of first-year student teachers in Colleges of Education in Ghana who have encountered Adverse Childhood Experiences. The research sought to understand how these past adversities influence their psychological wellbeing, social interactions, and academic engagement as they transition into higher education. Using Interpretative Phenomenological Analysis (IPA), the study captured the subjective experiences of fifteen (15) student teachers, aged between 19 and 24, through semi-structured interviews.

The findings revealed how ACEs manifested in students' emotional regulation, trust issues, coping mechanisms, and overall adaptation to college life. The study also highlighted the role of personal resilience, social support networks, and institutional interventions in shaping students' ability to navigate challenges. This chapter presents a summary of the major findings, the conclusions drawn from the study, and recommendations for institutional policies and interventions to support students with ACEs in Colleges of Education.

5.1 Summary of Major Findings

The following key findings emerged from an in-depth exploration of the lived experiences of first-year student teachers with Adverse Childhood Experiences (ACEs) in Colleges of Education in Ghana. These findings are presented in alignment with the six research questions that guided the study:

1. The first research question examined how ACEs manifest in students' personal and academic lives. Three superordinate themes emerged: emotional and behavioural

response to trauma, struggles with trust and self-identity, and emotional survival and adaptation. Subordinate themes included emotional instability and mood dysregulation, defensive or aggressive behaviour, avoidance and escapism, trust issues, low self-esteem, and resilience. Many students reported mood fluctuations, heightened anxiety, and difficulties managing stress, which often led to defensive reactions or avoidance of challenging situations. Trust issues made it difficult for them to form meaningful relationships, while negative self-perceptions reinforced self-doubt and reluctance to engage socially.

2. The second research question explored how ACEs influence the psychological wellbeing of students. Emotional distress, cognitive challenges, and social difficulties emerged as key indicators of compromised wellbeing. Students described experiences of hypervigilance, depressive symptoms, and a persistent sense of hopelessness, which impaired their ability to focus and perform academically. Performance anxiety further disrupted their learning, as many struggled to concentrate or keep up with academic demands. The intersection of emotional trauma and cognitive strain placed these students at a disadvantage compared to peers without similar backgrounds.
3. The third research question investigated the influence of ACEs on students' social wellbeing. Peer relationships, teacher-student interactions, and emotional self-regulation were all significantly impacted. Many students found it difficult to establish close friendships due to lingering trust issues, leading to surface-level social connections. Fear of judgment or rejection also caused some students to avoid seeking support from academic counsellors. Despite these social barriers, some participants demonstrated emotional resilience by employing self-regulation techniques, although others continued to struggle with interpersonal engagement.

4. The fourth research question focused on how ACEs affect students' adjustment to college life. Themes that emerged included emotional endurance, academic motivation in the face of adversity, and social withdrawal. Some students showed remarkable resilience and a determination to succeed academically as a means of escaping their past, while others found it difficult to maintain focus or discipline due to unresolved trauma. Many students experienced social isolation, hesitating to form connections with peers and faculty, which further reinforced their sense of disconnection.
5. The fifth research question examined the personal interventions students employed to cope with their academic and emotional challenges. The findings revealed that students engaged in various coping strategies, including seeking social support, maintaining structured academic routines, and accessing professional counselling. While some students relied on peer and family support or developed disciplined study habits, others sought help from college counsellors. However, a significant number remained hesitant to access available services due to stigma, limited awareness, or a preference for self-reliance.
6. The sixth research question proposed the forms of institutional support students require to promote their psychosocial wellbeing. Students strongly emphasised the need for safe and supportive environments, enhanced access to mental health services, skill development opportunities, and personal empowerment. They called for increased awareness of counselling services, structured mentoring programmes, and training for faculty in trauma-informed approaches. Skill-building workshops and resilience training were also identified as essential for fostering coping capacity. Importantly, many students advocated for active involvement in

institutional decision-making processes, stressing the importance of being heard and represented.

Across all six research questions, a recurring pattern emerged: ACEs did not operate as discrete past events but as enduring psychological structures that shaped emotional regulation, trust formation, cognitive engagement, and institutional interaction. The findings suggest that trauma history becomes embedded within students' interpretative frameworks, influencing how they perceive authority, relationships, academic demands, and even opportunities for support.

Collectively, these findings reveal that ACEs shape students' academic, psychological, and social experiences in deeply interconnected ways. While many demonstrate resilience, the data clearly point to the need for trauma-informed systems of care and institutional practices that promote healing, empowerment, and inclusion.

5.2 Conclusion

This study sheds light on the silent burdens that many first-year student teachers carry into Ghana's Colleges of Education, burdens rooted in Adverse Childhood Experiences that continue to shape their identity, emotional world, and capacity to thrive in academic and social spaces. While much attention is often given to curriculum and pedagogy in teacher training, this research reveals a deeper, more human dimension of student life: the internal struggles that influence not just performance but self-worth and belonging. By listening to their stories, the study highlights the urgent need to create trauma-sensitive educational environments that not only acknowledge these hidden histories but actively support students in reauthoring their narratives. The resilience demonstrated by many participants is inspiring, but it should not obscure the pressing responsibility of institutions to build systems that make healing, growth, and

transformation possible. In doing so, we support not only future teachers but also a more compassionate and responsive educational future for the children they will one day teach.

This study contributes to the limited body of Ghanaian scholarship examining trauma within teacher education institutions. It extends existing ACE literature by demonstrating how early adversity continues to shape identity construction during emerging adulthood within African higher education contexts. Methodologically, it illustrates the value of IPA in uncovering layered psychosocial processes often masked in quantitative surveys. Practically, it provides an institutional blueprint for trauma-informed reform in Colleges of Education.

5.3 Recommendations

To effectively support first-year student teachers affected by Adverse Childhood Experiences, Colleges of Education in Ghana must transition from general student support to a coordinated, trauma-informed approach. Based on the study's findings and conclusions, the following six recommendations are proposed to enhance the effectiveness of existing institutional structures:

1. **Refining Pedagogical Approaches:** College Principals and Counsellors should move beyond traditional teaching methods by training lecturers and teacher educators to specifically adopt trauma-sensitive practices. This ensures that academic staff can better recognise the emotional instability and defensive behaviours identified in this study and facilitate more effective referrals to counselling services.
2. **Upgrading Counselling Infrastructure:** While counselling centres exist, College Principals and Counsellors should strengthen these units by equipping staff with specialised trauma-informed competencies. This includes introducing targeted therapy sessions and anti-stigma campaigns to address the specific trust difficulties and low self-esteem found among students with ACEs.

3. **Optimising Social Support Networks:** To combat the emotional withdrawal and mistrust observed in students, Student Affairs Officers and Hall Wardens should enhance existing social programmes by integrating structured peer mentoring and group learning activities. These initiatives should be specifically designed to foster the close relationships that students with trauma histories often struggle to form.
4. **Adjusting Academic Support Frameworks:** Academic Affairs units should refine current academic policies to be more flexible and responsive to trauma-related distress. This includes institutionalising individualised learning plans and specialised study-skills programmes to support students experiencing the focus issues and emotional fatigue common in ACE-affected cohorts.
5. **Expanding Collaborative Mental Health Networks:** College Counsellors should deepen their existing engagement with district mental health units to move beyond ad-hoc support. Establishing formal, long-term partnerships will allow for regular screenings and the resilience-building workshops necessary to sustain the various coping strategies students are already attempting to use.
6. **Institutionalising Trauma-Informed Leadership:** College Management and institutional leaders should move toward a more systemic integration of mental health services. By expanding current programmes and embedding trauma education into the core institutional culture, leadership can ensure that the support for psychosocial wellbeing is both visible and accessible, meeting the students' expressed desire for safer and more trauma-informed teaching environments.

5.4 Suggestions for Further Research

1. Future research could explore how ACEs affect the professional relationships of teacher trainees, particularly their interactions with pupils and overall teaching effectiveness. Since many first-year student teachers in this study struggled with trust, emotional regulation, and social connection, examining how these dynamics translate into the classroom may inform trauma-sensitive teacher education and supervision models.
2. A longitudinal study could investigate the long-term effects of ACEs on teacher trainees' professional development, resilience, job satisfaction, and susceptibility to burnout. Such research would provide insight into how early adversity influences career trajectories and could inform early intervention strategies within teacher education programmes.
3. While this study focused on first-year student teachers, future research should examine the experiences of student teachers at other stages of training—such as second, third, and final-year cohorts in both Colleges of Education and other tertiary institutions. This would allow researchers to trace evolving coping strategies and support needs over time.
4. Beyond teacher education, further research could examine the impact of ACEs on professionals in other high-stress fields such as healthcare, social work, and law enforcement. Understanding how childhood adversity shapes adult workplace behaviour, stress responses, and professional effectiveness could support the design of trauma-informed policies across diverse sectors in Ghana and beyond.
5. Future studies could adopt mixed-methods designs to examine the quantitative prevalence of ACE-related adjustment patterns across larger student populations.

5.5 Chapter Summary and Final Reflections

This chapter has brought the study to its conclusion by presenting the key findings, drawing final conclusions, offering practical recommendations, and suggesting directions for future research. Through the lived experiences of first-year student teachers in Ghanaian Colleges of Education, the study has shown how Adverse Childhood Experiences continue to influence students' emotional wellbeing, academic participation, and social adjustment. While many participants showed strong personal resilience, their stories revealed ongoing challenges with trust, emotional control, and connection with others, pointing to the need for trauma-aware support systems within teacher education.

The study's findings were considered alongside the Transactional Theory of Stress and Coping, Emerging Adulthood Theory, and Narrative Therapy. These frameworks helped explain how students made sense of their past and how it affected their present experiences as they worked through the demands of college life and teacher training.

This research challenges the assumption that academic underperformance among student teachers is primarily pedagogical in origin. Instead, it demonstrates that psychosocial histories significantly mediate academic engagement and social integration, suggesting that teacher education reform must incorporate psychological and relational dimensions alongside curriculum reform.

The recommendations provided reflect the realities shared by participants and suggest clear steps that institutions can take to help students heal, grow, and succeed. It is hoped that this study will guide educational policy and practice while also encouraging more research into the experiences of vulnerable students.

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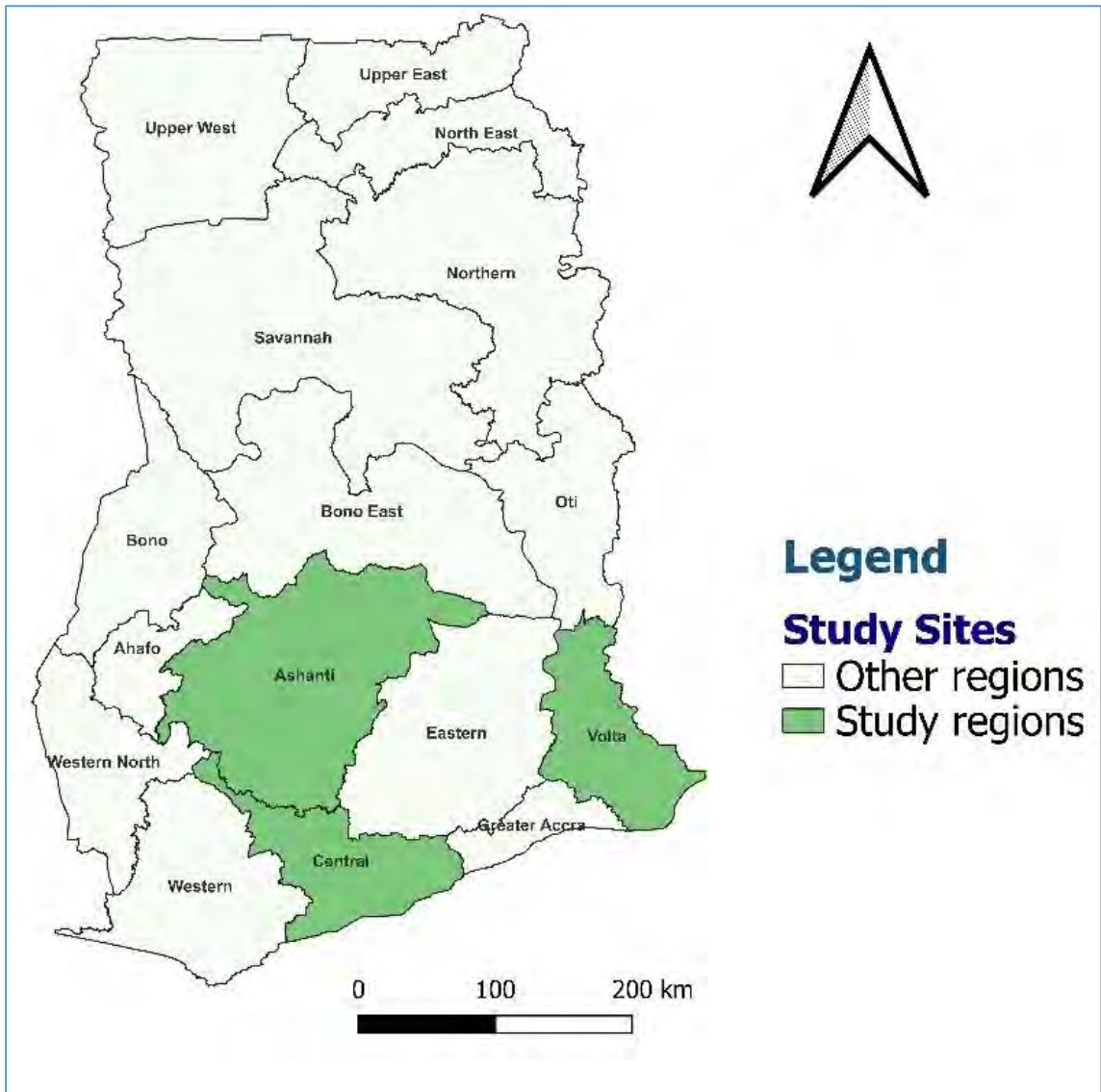
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APPENDICES

APPENDIX A

Map of Ghana Highlighting Volta, Ashanti, and Central Regions



APPENDIX B

Interview Schedule for Primary Participants (First-Year Student Teachers with ACEs) in Colleges of Education

Section 'A'

Demographic Data

Items and questions 'a' to 'h' in this section request personal or background information.

- a. Name of College
- b. Participant's Anonymous Name:
- c. Gender
- d. Please, tell me your age?
- e. What programme are you pursuing? Where do you reside (on campus or outside campus)?
- f. Do you mind sharing your relationship status?
- g. If married, could you briefly share about your family life? (Optional)

Section 'B'

Part one: Introduction

- A. Tell me about the good and hard parts of moving from high school to college?
- B. What did you hope or think college would be like before you started?
- C. Do you think high school helped you get ready for college? How?

Part two: Adverse Childhood Experiences and their manifestations.

- A. Please, tell me about the person or people who took care of you during your childhood?
- B. How was life when you were growing up? What were the exciting times and not so exciting moments?
- C. Are there any specific challenges or difficulties you faced during your childhood? (Probe for instances of abuse, neglect, household dysfunction, etc.)
- D. How do you think these early life challenges have impacted your adult life?

- E. Do you feel or act in certain ways because of things that happened in your past?
Can you tell me about them?

Part three: Adverse Childhood Experiences and psychological wellbeing of students

- A. i. What is your biggest fear on this campus?
ii. How worrying is this for you?
iii. Have you entertained such worries in the past?
iv. How does your home background and upbringing contribute to this fear?
- B. i. How stressful has college been for you?
ii. What issues cause the greatest stress?
iii. Have you experienced those stressful moments in the past (before college)?
iv. How do you think your upbringing affects how you deal with stress today?
v. How do you feel when you remember your childhood experiences?
- i. Tell me about your participation in class. (Explore how participant feels during the following: asking questions in class, sharing views in class or doing presentation)
ii. How do you feel when writing examinations (before, during and after).
iii. Would you say that your childhood experiences are contributing factors to such feelings. Tell me more about that.

Part Four : Adverse Childhood Experiences on Social Wellbeing of students

- A. i. Tell me about the friends you have made on campus?
ii. How did you become friends?
iii. How easy or difficult was it for you to make those friends?
iv. Do you think your home and upbringing have something to do with that?
- B. i. Tell me about the conflicts you have had since you came to campus?
ii. How difficult was it to restrain yourself from those conflicts?
iii. How much did your personality contribute to those conflicts? (If you were not you, would those conflicts have arisen?)

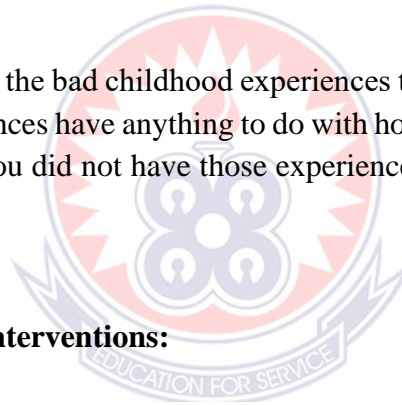
- iv. Do you think your home and upbringing have something to do with that?
- C. i. Tell me about your intimate relationship.
 - ii. How easy or difficult was it for you to fall in love.
 - iii. Have you encountered any challenges in your relationship? Tell me more about that.
 - iv. Do you think your home and upbringing have something to do with that?

Part five: Adverse Childhood Experiences’ manifestations on college adjustment.

- A. Now let’s talk about your first days in college. How did it go? Any interesting memories? How did you make your first friends?

How has your upbringing prepared you well for college life? Do you think it would have been easy or worse if you did not have those childhood experiences from the home?

- C. Now let’s focus on the bad childhood experiences that you shared with me. Do you think those experiences have anything to do with how you are enjoying college life? In what ways? If you did not have those experiences, how will life be different for you?



Part Five: Personal Interventions:

- A. What makes you happy and keeps you going despite challenges in your social life?
- B. How do you manage flashbacks or emotional triggers from childhood?
(Do you take anything, or do you engage in certain activities to help calm yourself?)
- C. How have you managed life with few or no friends?
- D. How do you handle challenges in class such as shyness, anxiety, aggressiveness, or timidity?

Part Six: Support Strategies

- A. Who or what has provided you with support during your college journey?
(Explore support from friends, family and college)

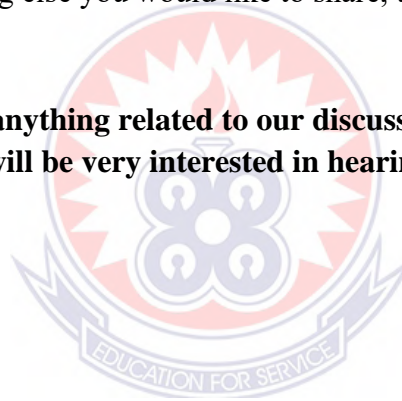
- B. Describe the role your family, friends and any other support systems have played in helping you deal with your childhood experiences while in college?
- C. What professional support or counselling have you sought to address the impact of your childhood experiences in your life.
- D. How do you think your past experiences have influenced your decision to seek or not seek help?
- E. What do you think colleges could do to support students who have experienced childhood difficulties?

- F. Would you say that being in a single-sex / mixed school has been helpful in dealing with the challenges posed by your childhood experiences?

Part Seven: Wrap Up

- A. Is there anything else you would like to share, that we haven't discussed?

If you remember anything related to our discussion please reach out to me because I will be very interested in hearing about it. Thanks



APPENDIX C

Interview Schedule for Course Mates of Participants in Colleges of Education

Section 'A'

Demographic Data

- a. Name of College
- b. Gender:
- c. Relationship with participant.
- d. What programme are you pursuing?

Section 'B'

A. Introduction

- What were your first impressions of the participant when you met?

B. Social Interactions:

- Have you seen them socializing and partaking actively in social activities in school?
- Have you observed them taking on any leadership roles in class or group projects?

C. Classroom Engagement:

- How has their participation in class been like?

(Explore whether they willingly response to questions, ask questions, contribute to discussion or lead presentations.

Section B: Specific Observations Related to Adverse Childhood Experiences (ACEs)

A. Response to their childhood experiences/ Anxiety and Depression:

- Have you noticed any behaviours that suggest they struggle with emotional challenges or something is troubling them?

(Are there any noticeable changes in their mood or behaviour under certain circumstances?)

B. Coping Strategies:

- Have you noticed any self-care or coping strategies they use to manage stress or emotional issues?

(Explore whether participants take some drugs or drinks to calm them down or they engage in certain activities to overcome the situation)

C. Support Strategies:

- Have you seen them getting help from friends, teachers, or counsellors?
- What kind of help or support do you or others give to them?
- Any thoughts on how the college can better support such students?

D. Conclusion:

- Is there anything else you would like to share about your observations or experiences with the participant?



APPENDIX D

Interview Schedule for Academic Counsellors of Participants in Colleges of Education

Section 'A'

Demographic Data

- e. Name of College:
- f. Anonymous Name:
- g. Gender:
- h. Department :
- i. How many years teaching experience do you have?
- j. What courses do you teach?

Section 'B'

A. Introduction

- What were your initial thoughts or observations regarding the student (participant) in question?

B. Classroom Engagement / Academic Performance:

- How active is the participant in class discussions and activities?
- Have you observed any significant changes in their participation or academic performance over time?
- Have you noticed any change or inconsistencies in the participant's academic performance?

Section B: Specific Observations Related to Adverse Childhood Experiences (ACEs)

C. Response to their childhood experiences/ Anxiety and Depression:

- Have you noticed any behaviours that suggest that something is troubling them?

D. Support Strategies:

- In what ways have you supported the participant in their academic journey?
- Have you provided or suggested any additional resources or counselling services?
- Based on your experience, what recommendations do you have for the college to better support students of such sought?

E. Conclusion:

- **Is there anything else you would like to share about your observations or experiences with the participant?**

APPENDIX E

Observation Guide for Primary Participants (First-Year Student Teachers with ACEs) in Colleges of Education

GUIDING QUESTIONS	OBSERVATIONS
PARTICIPANT ANONYMOUS NAME	
Section A: General Observations	
<p>A. Appearance and Observation:</p> <ul style="list-style-type: none"> - Observe the student's general appearance, grooming, and demeanour. 	
<p>B. Social Interactions:</p> <ul style="list-style-type: none"> - Observe interactions with peers and faculty, noting ease of communication, body language, and involvement in social activities. 	
<p>C. Classroom Engagement:</p> <ul style="list-style-type: none"> - Observe the student's level of engagement and participation in class. - Note their response to questions, willingness to participate, and overall attentiveness. 	
Section B: Specific Observations Related to Adverse Childhood Experiences (ACEs)	
<p>F. Response to their childhood experiences:</p> <ul style="list-style-type: none"> - During discussions on childhood experiences, observe changes in mood, behaviour, or engagement. - Note any signs of discomfort, withdrawal, or strong emotional responses. 	

APPENDIX F

Adverse Childhood Experiences (Aces) African Questionnaire (ACE-AQ)

You will be asked questions about events that happened during your childhood; specifically, the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often:

Swear at you, insult you, put you down, or humiliate you?

Or

Act in a way that made you afraid that you might be physically hurt?

Yes No If Yes, enter 1 _____

2. Did a parent or other adult in the household often:

Push, grab, slap, or throw something at you?

Or

Ever hit you so hard that you had marks or were injured?

Yes No If Yes, enter 1 _____

3. Did an adult or person at least 5 years older than you ever:

Touch or fondle you or have you touch their body in a sexual way?

Or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No If Yes, enter 1 _____

OR

Adapted from WHO'S ACES International questionnaire & Original ACES

4. Did you often feel that:

No one in your family loved you or thought you were important or special?

Or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No If Yes, enter 1 _____

5. Did you often feel that:

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

Or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No If Yes, enter 1 _____

6. Were your parents ever separated or divorced?

Yes No If Yes, enter 1 _____

7. Were any of your parent/s or guardian/s:

Often pushed, grabbed, slapped, or had something thrown at them?

Or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

Or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No If Yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street or prescription drugs?

Yes No If Yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No If Yes, enter 1 _____

10. Were you the product of a polygamous home and if so, were you in anyway maltreated by a step-parent or members of your stepfamily for example verbally abused, physically hit, deprived of food or basic necessities of living?

Yes No If Yes, enter 1 _____

11. Were you separated at a very early age from your biological parents for example being sent to live with extended family, foster parent or being sent to boarding school?

Yes No If Yes, enter 1 _____

12. Were you discriminated against, beaten, abused or stigmatized amongst family members because of your parents cultural or religious beliefs and doctrines OR were you rejected, sent out of the home, disowned or made to fend for yourself due to having cultural or religious ideologies different from your parents/family members?

Yes No If Yes, enter 1 _____

13. Did you have to sell your body or have sex in order to survive or pay for daily upkeep including school fees?

Yes No If Yes, enter 1 _____

14. Did you have to take care of a family member who was disabled or chronically ill for a long time when you were growing up? OR are you living with a disability or chronic illness?

Yes No If Yes, enter 1 _____

15. Were you a victim of racial profiling, microaggressions, racism, tribalism, cultural abuse or sexism?

Yes No If Yes, enter 1 _____

16. Did you experience any of the following events when you were a child: wars, terrorism, political or ethnic conflicts, genocide, repression, disappearances, torture or organized violent crime such as banditry and gang warfare.

Yes No If Yes, enter 1 _____

17. Did you witness death, imprisonment or loss or violation of someone close to you or a community member?

Yes No If Yes, enter 1 _____

18. Were you married before the age of 14? At the time of your marriage, did you give your consent to the choice?

Yes No If Yes, enter 1 _____

19. Were you ever bullied that is, hit, kicked, pushed, shoved around, or locked indoors?

OR

Made fun of because of my race, nationality or colour

OR

Made fun of because of your religion

OR

Made fun of with sexual jokes, comments, or gestures

OR

Left out of activities on purpose or completely ignored

OR

Made fun of because of how your body or face looked

OR

Because you didn't have the right clothes or shoes

OR

Any other reason

Yes No If Yes, enter 1 _____

20. Did you experience other traumatic events/stressors that were not listed?

Yes No If Yes, enter 1 _____

PROVIDER INSTRUCTIONS (Revised June 26, 2021)

This Africa Questionnaire (NG) is a modified version of the WHO International Version and the current ACES questionnaire. It was adapted and modified by the *African Trauma Care Alliance*.

****Please note that this is a screening instrument for signs of Childhood traumas. It is NOT an assessment scale.**

GIVING THE ACE QUESTIONNAIRE

It is a self-administered instrument and shall be completed by the individual seeking services without intervention from staff (ex: staff may not reframe the question or give explanation regarding the intent of the question). The only assistance that staff may provide is with regard to literacy or vision challenges, and in that instance the introduction statement and questions must be read aloud to the individual exactly as written on the questionnaire. To ensure a trauma informed process, it is important that the introduction statement on the questionnaire is either read by the client or read to the client.

Due to the sensitive nature of the questions, the individual completing the ACE Questionnaire should be given a confidential space in which to complete it. They may choose to have someone with them in the room for support (ex: Peer Support Specialist, family, friend).

Scoring

For each of the twenty (20) questions on the questionnaire, the individual will give a Yes or No answer. When scoring, each "Yes" answer will be given one (1) point. Divide your score by 2 to determine the individuals ACE Score.

APPENDIX G

Thematic Framework of Emerging, Superordinate and Subordinate Themes with Supporting Verbatim quotes

Themes	Superordinate Themes	Subordinate Themes	Participants' Quotes
1. Manifestations of ACEs in Personality Traits (<i>RQ1</i>)	A. <i>Emotional and Behavioural Responses to Trauma</i>	<p>i. Emotional Instability and Mood Dysregulation</p> <p>ii. Defensive or Aggressive Behaviour.</p>	<p>"When I remember my childhood experiences, I feel a mix of sadness and frustration." (ENAM)</p> <p>"he appeared reserved and introspective when I first met him. He seemed reluctant to engage in casual conversations or group activities." (JEFF COL)</p> <p>"Blez started off engaged in class but became more withdrawn over time." (BLEZ LEC)</p> <p>"Gee appeared well-groomed and composed but showed signs of emotional distress during discussions on childhood experiences. She was polite but reserved in social interactions, preferring smaller groups. (GEE OBS)</p> <p>"Client's general appearance was tidy and well-kept, indicating self-care. However, she looked moody, anxious, and fidgeted throughout the session." (VIM CR)</p> <p>"I prefer to avoid conflicts and walk away rather than argue." (ENAM)</p> <p>"The mistreatment and emotional neglect I experienced after my father's passing made me more withdrawn and guarded in social situations. I tend to suppress my feelings during conflicts due to my fear of confrontation." (CEE)</p> <p>"Eddy exhibits explosive reactions to minor frustrations, such as shouting at colleagues during class." (EDDY LEC)</p>

			She is hesitant to take on leadership roles and reluctant to express strong opinions in discussion. (CEE COL)
		iii. Avoidance and Escapism	<p>"I often seek company as a way to escape my challenges." (ENAM)</p> <p>"Enam spends time socializing to distract himself from problems." (ENAM COL)</p> <p>"Wise struggled with self-confidence and appeared somewhat withdrawn. His difficulties in concentration may be linked to personal struggles impacting his academic focus."(WISE LEC)</p> <p>"Client sometimes experiences overwhelming fear, stating that she feels like jumping onto the road to be killed by a vehicle. She sleeps excessively during the day, making it difficult to concentrate in class, and this has led to social ridicule and frustration." (CEE CR)</p> <p>"Her body language suggested unease and discomfort when conversing with others." (KOO OBS)</p>
	B. Struggle with Trust and Self-Identity	i. Trust Issues and Reluctance in forming Relationships.	<p>"I sometimes find myself being overly cautious in relationships, always prepared for the possibility of disappointment or hardship."(FRANZ)</p> <p>"Falling in love has been difficult for me. My past experiences, particularly the situations involving unintended pregnancies and their consequences, have made me cautious and hesitant to enter into new romantic relationships." (FEMA)</p> <p>"He is polite but did not extend social engagement beyond necessity" (KEN LEC & COL)</p> <p>"The trauma of losing my brother made it hard for me to trust and form close relationships." (KOO)</p>

	<p>C. <i>Emotional Survival and Adaptation</i></p>	<p>ii. Low Self-Esteem and Self-Criticism.</p> <p>i. Resilience and Overcompensation</p>	<p>"I feel nervous and self-conscious during class presentations." (ENAM) "Enam lacks confidence in leading discussions and he avoids eye contact when put on the spot." (ENAM LEC)</p> <p>"Wise does not often volunteer to answer questions in class or initiate discussions," and "His inconsistent engagement in class discussions suggests a lack of confidence in expressing himself." (WISE OBS)</p> <p>"I work extra hard on my assignments and projects because if I don't, I fear I'll be looked down upon, just like I was at home." (ENAM)</p> <p>"Each time I resist my addictive behaviours, it gives me a sense of hope and motivation." (WISE) "Despite the challenges, I am determined to succeed and build a better future. My struggles have taught me to be independent and resourceful." (ESTI) "Despite her struggles, she pushes herself academically to make her family proud." (VIM LEC)</p>
<p>2. Influence of ACEs on Psychological Wellbeing (RQ2)</p>	<p>A. <i>Emotional Distress and Trauma</i></p>	<p>i. Anxiety and Hypervigilance</p> <p>ii. Experiences of Depression and Hopelessness</p>	<p>"The fear of failing academically keeps me up at night and affects my concentration." (GEE) "She exhibited visible signs of nervousness, particularly during exams and presentations." (FEMA COL)</p> <p>"His body language suggests nervousness, especially when called upon unexpectedly." (DAV LEC)</p> <p>"My difficult childhood makes my education feel even more important, and the fear of failing really affects me. I feel I'm not good enough and scared of dropping out again." (FEMA)</p> <p>"Fema struggled with self-doubt and emotional challenges, leading to fluctuations in her performance." (FEMA LEC)</p>

			"Eddy becomes noticeably more introspective or distant when certain subjects are brought up in discussions." (EDDY LEC)
		<p>iii. Emotional Numbness and Detachment</p> <p>iv. Fear and Distrust in Relationship</p>	<p>"I feel like I'm just moving through life without really being there. Sometimes I don't even know what I'm feeling." (CEE)</p> <p>"I feel emotionally drained most of the time. Even when I'm with people, it's like I'm not really present." (JEFF)</p> <p>Wise was "physically present but emotionally disengaged," (WISE LEC)</p> <p>"I haven't been in an intimate relationship as I struggle with trust and fear of emotional vulnerability." (JEFF)</p> <p>"Falling in love has been difficult for me. My past experiences, particularly the lack of stable and loving relationships in my family, have made me hesitant. No one ever cared about me." (KEN)</p> <p>"Her disengagement in class and emotional withdrawal during discussions on childhood experiences suggested an internal struggle with trust and fear of loss." (KOO LEC)</p>
	B. Cognitive and Academic Challenges	i. Impaired Concentration and Memory Issues	<p>"During exams, this anxiety can sometimes affect my concentration. I find myself second-guessing my answers and struggling to stay focused." (FEMA)</p> <p>"Jeff often seems lost in thought while studying with him and struggles to stick to his books for a longer period during preps." (JEFF COL)</p> <p>"My mind often wanders during lectures, I think about a whole lot and I struggle to retain information when I am anxious." (Blez)</p>
3. Influence of ACEs on Social	A. Social Relationships	i. Disrupted Peer Friendships	"My friendships are based more on shared classes and common interests rather than deep emotional connections." (FRANZ)

<p>Wellbeing (RQ3)</p>	<p><i>and Interpersonal Dynamics</i></p>	<p>ii. Teacher-Student Interaction</p>	<p>"He blends in easily and makes casual connections but doesn't necessarily cultivate deep friendships." (FRANZ COL) "while he is socially active, there is little evidence that he cultivates close friendships beyond surface-level interactions." (FRANZ LEC) "due to her introverted personality and past experiences, she does not mingle easily with friends." (CEE CR) "I rarely engage with teachers unless absolutely necessary." (ENAM) "Enam does not actively seek out academic support beyond coursework." (ENAM COL) "He does well academically but avoids discussing personal or academic challenges with faculty." (ENAM LEC) "I fear being judged, so I rarely ask questions in class, even when I need clarification." (CEE)</p>
	<p><i>B. Emotional and Social Self-Regulation</i></p>	<p>i. Emotional and Social Self-Regulation</p>	<p>"I have learned to suppress emotions rather than express them, so I prefer to be quiet and not tell the world my pain." (BLEZ) "Franz can be very sociable, but sometimes he withdraws suddenly, as if something is bothering him. It's like he switches between being engaged and being completely distant." (FRANZ COL) "Wise appears withdrawn, especially when discussions become personal. He hesitates to share and keeps his responses minimal." (WISE LEC)</p>
<p>4.Impact of ACE Manifestations</p>	<p><i>A. Emotional Adaptation to a New Environment</i></p>	<p>i. Emotional Resilience Amid Anxiety</p>	<p>"Excelling academically feels like a way to prove my worth and gain a sense of achievement that was missing in my childhood." (VIM)</p>

			<p>"I tend to withdraw from social situations and prefer spending time alone, which stems from my childhood experiences." (JEFF)</p>
<p>5. Personal Interventions for Coping with ACEs in College (RQ5)</p>	<p>A. Social and Emotional Coping Strategies</p>	<p>i. Seeking Social Support</p>	<p>"Although I have a limited social circle, my few close friends have been incredibly supportive and encouraging." (ESTI) "She has not disclosed personal challenges, but she has been informed about available campus resources such as counselling services." (ESTI COL) "My past experiences have significantly influenced my reluctance to seek help." (JOZY) "Jozy is hesitant to seek help, often handling stress on his own rather than confiding in others." (JOZY COL)</p>
	<p>B. Academic Discipline and Growth</p>	<p>i. Establishing Academic Routines</p>	<p>"I try to stay consistent with my academic work despite my emotional challenges. I have developed study habits that help me manage my coursework more effectively." (CEE) "Her structured academic performance suggests she has coping mechanisms in place." (CEE LEC) "I have had to develop better study habits in college, as my lack of discipline in high school left me unprepared for the rigor of college coursework." (FRANZ) "His approach to class participation is inconsistent, indicating a lack of structured academic habits." (FRANZ LEC)</p>
	<p>C. Mental Health Management and Self-Care Strategies</p>	<p>i. Engaging in Therapy or Counselling</p>	<p>"I haven't sought professional support or counselling at the college's counselling centre or elsewhere to address the impact of my childhood experiences." (JOZY) "Jozy is hesitant to seek help, often handling stress on his own rather than confiding in others." (JOZY COL)</p>

			<p>“Counselling has been instrumental in my journey, helping me understand and process my experiences, develop coping mechanisms for my anxiety, and learn healthier ways to approach challenges.”(FEMA)</p> <p>“Her improved engagement in social and academic settings suggests that therapy and counselling may have contributed positively to her growth.”(FEMA LEC)</p> <p>“I have not yet sought therapy, but I recognise its importance in processing my trauma.”(KOO)</p> <p>“I have sought professional counselling to help me process my past experiences.” (VIM)</p>
<p>6. Institutional Support and Enhancing Psychosocial Wellbeing (RQ6)</p>	<p><i>A. Creating a Supportive and Inclusive Environment</i></p>	<p>i. The need for Safe and Supportive Environment</p>	<p>“A non-judgmental environment where students can express themselves would be beneficial.” (WISE)</p> <p>“Providing a non-judgmental and inclusive environment can help Wise feel more comfortable seeking support.” (WISE LEC)</p> <p>“Colleges could offer more accessible mental health services and programmes that address students from challenging backgrounds.” (EDDY)</p> <p>“Integrating mental health awareness into academic programmes could support students better.” (EDDY LEC)</p> <p>“Early intervention could support students who do not outwardly express their struggles.” (JEFF LEC)</p> <p>“I wish there were more mental health services available to help students like me.” (BLEZ)</p>

			<p>"Support from faculty and classmates in a non-intrusive way could help Jeff feel more included." (JEFF COL)</p> <p>"Encouraging more small-group discussions may help Jeff feel more comfortable engaging in class." (JEFF LEC)</p> <p>"Fostering a community of understanding and empathy on campus is crucial, as it can provide a sense of belonging and support." (KEN)</p>
	<p><i>C. The Role of Social Connections and Meaningful Relationships</i></p>	<p>i. The Role of Positive Relationships</p>	<p>"The role of my family in providing support has been complex, but my mother has played a significant role in caring for my child, allowing me to continue my education." (FEMA)</p> <p>"Her ability to rebuild trust and form meaningful connections is a central focus of therapy." (FEMA CR)</p> <p>"My friendships and intimate relationship have played a key role in my emotional growth." (CEE)</p> <p>"She thrives in smaller, more intimate social circles where she feels valued and understood." (CEE LEC)</p> <p>"Having understanding friends has helped me cope with my emotional struggles." (WISE)</p>

Source: Field Data (2024)