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The effects of Adverse Childhood Experiences on Students' Well-being and Resilience

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Abstract: This paper intends to determine the extent to which well-being, resilience, emotional intelligence and experiencing difficult situations interact with each other in the school population and whether experiencing each one of the thirteen difficult situations analyzed (e.g., death of a parent, divorce of parents, domestic violence, violence by colleagues) causes significant differences in terms of resilience and well-being between children who had been exposed to it and children who had not. The present study was quantitative research that included a sample of 845 children from primary to high school (55 % girls and 45% boys) aged between 8 and 18 years (M=13.5). Results of correlation analysis show that there is a positive relationship between emotional intelligence, well-being and resilience, and a negative correlation between experiencing difficult situations, students' well-being, and the level of resilience they reported. Furthermore, the T-test was used to do a hierarchy of difficult situations depending on the effect that their experience has on well-being and resilience. In terms of well-being, this was most influenced by family violence, violence from colleagues and parental divorce. On the other hand, for resilience, the effect was strongest in the case of family violence, followed by famine and violence from colleagues.

Keywords: *well-being, resilience, emotional intelligence, adverse childhood experiences, mental health.*

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1. Introduction

Evidence suggests that adverse childhood experiences are among the most important factors for children's development. According to Felitti and his collaborators (1998), it can lead to social, emotional and cognitive impairment, adoption of health-risk behaviors, disease, disability and social problems, and in the end too early death. Exposure to them can affect the developing brain, immune and endocrine systems and causes poorer health, cancer, liver disease, substance abuse and depression (Boullier & Blair, 2018; Hunt et al., 2017).

There is a growing body of literature that highlights the connection between adverse childhood experiences and children's mental health at the level of risk factors through experiences such as: abuse violence, separation, loss of a loved one, peer rejection, social isolation, poverty, cultural and social discrimination, bullying, cyberbullying, parents' divorce, depressed and anxious parents (Barry & Jenkins, 2007; Basu & Banerjee, 2020; Chadwick, 2014; Dikel, 2015; Stikkelbroek et al., 2016). On the one hand, higher levels of ACEs (adverse childhood experiences) are related to worse mental health and increased health risks for alcoholism, drug abuse, depression, suicide, smoking and poor self-rated health (Karatekin & Ahluwalia, 2020; Sahle et al., 2021). On the other hand, some studies show that it is not the sum of ACE that predicts a worse state of mental health, but it is also important to how these difficult situations interact with each other, are grouped, causing a greater/ stronger effect on mental health (than if the individual experiences a greater number of difficult situations). In this direction, the term synergy was introduced in the literature to analyze this interaction between ACEs. Of all the situations analyzed, sexual abuse, physical abuse and neglect are the most synergistic ACE according to a review made by Briggs and his collaborators (2021).

The adverse childhood experiences assessed in existing research start with the original study and ACE questionnaire developed by Felitti and his collaborators (1998) which track exposure to psychological, physical and sexual abuse, emotional and physical neglect, domestic violence, parental substance abuse, mental illness, separation and incarceration. Those over two decades were added new criteria such as property victimization peer victimization, exposure to community violence, socioeconomic status, someone close had a bad accident or illness, below-average grades, parents always arguing, and no good friends (Finkelhor et al., 2013).

Regarding the situations that can affect children's mental health and implicitly their well-being and resilience, many studies focus on risk factors.

At the individual level, low self-esteem, poor coping strategies, insecure attachment in childhood, physical or intellectual disabilities intervene. Abuse, violence, separation, loss of a loved one, peer rejection and social isolation are risk factors at the social level. At the structural level, poverty, violence, crime in the community, unemployment, lack of security, cultural and social discrimination, lack of support services act (Barry & Jenkins, 2007).

Another study made by Chadwick (2014) outlines 5 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 behavior management, peer rejection, bullying and cyberbullying.

In the same direction of research, a systematic review of the literature, carried out by Basu & Banerjee (2020), groups environmental risk factors into five categories: the physical environment, the family environment, the social environment, the socio-economic 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, indifferent, depressed, anxious parents negatively influence mental health. Bullying, harassment, violence in the social environment, low socio-economic status and prolonged use of technology specific to the digital environment are also risk factors. The death of a parent or sibling can fall into this category. Stikkelbroek and his collaborators (2016) studied the effect that this factor has on mental health in a group of 2230 teenagers, showing that a negative consequence of such an event is the emergence and intensification of their internalizing problems. In addition, the death of a parent is associated with a decline in general health. From the same category of factors, parents' divorce is associated with significant increases in alcohol and drug use (Tebeka et al., 2016).

Regarding children's mental health, Dikel (2015) highlights the role of the school climate, which sums up a series of factors that can contribute to the emergence and intensification of such problems. First, school stress can have significant negative effects on this. Bullying is also a very common phenomenon in the school environment. This can cause emotional problems such as anxiety or depression, sometimes manifesting in suicidal tendencies and behaviors. Suicide, in the hierarchy of factors that cause death among children between the ages of 12 and 17, is in second place. Taking this information into account, the need to intensify interventions

aimed at stopping this phenomenon is noted. In addition, the teacher-student relationship has a very important role in the emotional problems that children develop, the attitude of the teachers able to influence the way they see the school, as a safe, secure environment, which can be a protective factor, or as a toxic environment, that represents a risk factor. Also from this category, the competition between peers, the high behavioral control of teachers, and the stress caused by school success, is the basis of the internalizing problems encountered during adolescence (Steinhausen & Metzke, 2001). Another study, which classifies risk factors according to various periods of life, identifies the action of the following factors specific to school age: family, school or college problems, teachers or inadequate school, and behavioral problems specific to the developmental stage (Kieling et al., 2011).

2. Methodology

The present study is quantitative research that included a sample of 845 children from primary to high school (55 % girls and 45% boys) aged between 8 and 18 years (M=13.5), which come from both, rural and urban areas of Romania. Among the participants, 17.4% are primary school students, 34.2% are high school students, and 48.4% are middle school students.

The data were collected with the help of teaching staff enrolled in the Master's programs of the "Faculty of Education Sciences" from the Ştefan cel Mare University in Suceava, who facilitated access to students who completed the questionnaire. A questionnaire was used for this step. This includes instruments that measure the students' emotional intelligence, well-being, resilience, and the extent to which children experienced 13 adverse situations, along with a series of demographic data.

The sample was a convenience one so the data were collected from the respondents who were available. Ethical perspective of the research was kept by providing the informed consent, the students received a general orientation about the way of filling in the questionnaire, being aware that they could withdraw whenever they want. Also, it was explained that there are no right or wrong answer, so they could feel free to express themselves. Since the questionnaire was administered online, the students did the task at home, with their parents' agreement.

Emotional intelligence was measured using the Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF) developed by Petrides, in 2009, which includes 36 items that evaluate emotional intelligence as a trait. In About statements in each item, the student must

choose the answer based on a 5-point Likert scale, where 1 means total disagreement, 2-disagree, 3-neither agree nor disagree, 4-agree and 5-strongly agree. In the questionnaire, 16 items are reversed (3, 6, 9, 12, 13, 15, 18, 21, 23, 24, 27, 19, 30, 33, 34, 35) (Petrides, 2009). Alpha Crombach coefficient for this scale has a value of 0.935.

The Stirling Children's Wellbeing Scale, proposed by the Council's Educational Psychology Service Stirling (Stirling Council Educational Psychology Service), was used to measure well-being. It comprises 15 statements. Subjects must give a score from 1 to 5 for each item, where 1 means never and 5 means always. In calculating, the total score of these variable items 2, 7 and 13 are not considered. Well-being is evaluated on the basis of two scales: positive emotional state (items 9, 14, 15, 10, 12, 11) and the positive/optimistic outlook (items 8, 5, 1, 4, 6, 3) (Liddle & Carter, 2015). The Alpha Crombach coefficient for this scale has a value of 0.918.

The assessment of resilience is made with the Child and Youth Resilience Measure - CYRM-R, developed within the International Resilience Project (IRP), in the Centre of Resilience Research (RRC). The questionnaire consists of 17 items, to which the child must answer on a 5-point Likert scale, where 1 is not at all like me, 2 represents a bit suits me, 3 represents about half suits me, 4 represents me fits a lot and 5 stands for fits me a lot. The variable is calculated by summation response to each item, with high total scores indicating that the subject has a level high level of resilience (Jefferies et al., 2019). The Alpha Crombach coefficient for this scale has a value of 0.919.

For the measurement of the variable "experiencing difficult situation" we introduced a scale consisting of 13 items to which the participants answered yes or no if they experienced in the last year the described situation: domestic violence, peer violence, parental divorce, parental death, car accident, starvation, unexpected accidents, long-term illness/ hospitalization, change of address, financial impossibility to purchase school supplies, parents abroad, changing schools and death of a close person. The Alpha Crombach coefficient is 0.918.

Quantitative data have been processed using the Jamovi program (Jamovi, 2020). To see if the demographic variables influence the research variables, first, we made a series of preliminary analyses. These consisted of applying the t-test for independent samples to check for differences in well-being, resilience and emotional intelligence by gender, environment and parents working abroad. We also used the One Way ANOVA test to determine whether there were differences in students' resilience, well-being, and mental health by grade level. To test the correlational hypotheses we

applied the Pearson correlation analysis. The t-test for independent samples used was d to test the differences in well-being and resilience, between students who experienced the difficult situations analyzed and those who did not expose to these risk factors.

3. Results

We started the research with a series of **preliminary analysis**. The results indicated that the level of resilience of male students (M = 70.2, SD = 10.5, N = 380) is significantly lower than the level of resilience of female subjects (M = 71.9, SD = 9.75, N = 465): t (843) = -2.39, p = 0.009. Primary school students have a significantly higher level of resilience (p <.001), well-being (p <.001) and emotional intelligence (p <.001) than high school students. Middle school students have a significantly higher level of resilience (p = 0.003), well-being (p <.001) and emotional intelligence (p = 0.017) than high school students. Primary school students have a significantly higher level of well-being than middle school students (p = 0.043).

To test the first hypothesis, **There is a negative correlation between experiencing difficult situations and students' well-being**, we used Pearson correlation analysis. The analysis indicated that the students' well-being level correlates negatively with experiencing difficult situations: r= -0.193, N=802, p< 0.001, with a small effect size, confirming the hypothesis. In other words, the more adverse situations the student experiences, the lower his well-being will be (Table 1).

To test the second hypothesis, **There is a negative correlation between adverse childhood experiences level of resilience reported by students,** we used Pearson correlation analysis. The results confirm the hypothesis, showing that the level of students' resilience correlates negatively with adverse childhood experiences: r= -0.188, n=802, p< 0.001, the correlation effect size is small (Table 1).

Table 1. Correlation Matrix for variables resilience, well-being, ACE

		Resilience		Well-being		ACE
RESILIENCE	Pearson's r	—				
	p-value	—				
WELL-BEING	Pearson's r	0.707	***	—		
	p-value	< .001		—		
ACE	Pearson's r	-0.188	***	-0.193	***	—
	p-value	< .001		< .001		—

Note. * p< .05, ** p < .01, *** p < .001
Source: Author's own conception

Regarding the following hypothesis, **The level of well-being is lower in students who reported adverse childhood experiences than in students who did not experience such situations,** we perform independent samples **for each of the thirteen analyzed situations**. The results showed that there are significant differences in the case of eleven situations, so the hypothesis is partially confirmed.
For the first difficult situation, the results indicated that there is a significant difference between the average well-being of children who experienced the death of a parent (M=45.47, SD=9.005, N=30) and the average of those who did not experience this situation (M=48.41, SD=7.468, N=814): t(842) = -2.10, p = 0.018. Students who have not experienced the death of a parent have a higher level of well-being than those who have experienced this situation. In the case of the second situation, no significant differences were identified between the average well-being of students who experienced the death of a close person (M=48.3, SD=7.39, N=262) and that of those who did not through this situation (M=48.4, SD=7.54, N=580): t(840)= -0.120, p=0.452. However, regarding the third situation, significant differences were identified between subjects whose parents divorced (M=44.8, SD=7.73, N=46) and those who did not experience this situation (M=48.4, SD=7.54, N=580): t(839)= -3.28, p< 0.001. Children who have gone through the divorce of their parents have significantly lower mean scores on well-being than those who have not been exposed to this risk factor. Experiencing a road accident caused a significant decrease in the average well-being of students (M=45.6, SD=7.33, N=41), compared to that of students who were not victims of such an event (M=48.5, SD =7.46, N=800): t(839)= -0.385,

p=0.008. There was also a lower level of average well-being in students who suffered other casual accidents (M=46.5, SD=7.57, N=113) than in those who did not go through this difficult situation (M=48.6 , SD=7.51, N=727): t(838)= -2.81, p=0.003. Long-term illness (hospitalization) caused a decrease in well-being, so children who went through this situation (M=46.9, SD=8.59, N= 96) reported a significantly lower level of well-being than those who did not experience this situation (M=48.5, SD=7.73, N=748): t(842)= -1.96, p=0.025. Subjects who were victims of family violence reported a significantly lower level of well-being (M=41.0, SD=8.52, N=38) than those who were not exposed to violence in the family environment (M=48.7, SD =7.29, N=800):t(836)= -6.28, p< .001. Also, students who were victims of violence by their peers (M=44.2, SD=8.43, N=107) have a significantly lower level of well-being than students who did not experience this difficult situation (M=48.9, SD=7.22, N=735): t(840)= -6.23, p< .001. The well-being of students whose parents are abroad is significantly lower (M=47.4, SD=7.23, N=290) than that of children whose parents are in the country (M=48.8, SD=7.65, N=550): t(838)= -2.46, p=0.007. Between the students who changed schools (M=47.4, SD=7.86, N=119) and those who did not experience this situation, there were no significant differences (M=48.5, SD=7.49, N=722): t(839)=-1.47. Significant differences were registered between children who changed their residence (M=47.4, SD=7.86, N=119) and those who did not experience this situation (M=48.5, SD=7.49, N=722): t (837)= -1.69, p=0.046. Students who moved reported a significantly lower well-being score than their peers. The poor economic situation resulted in significantly smaller differences regarding the level of well-being of students who did not have the opportunity to purchase the necessary supplies for school (M=46.9, SD=8.51, N=68) and those who experienced hunger (M=46.0, SD =7.89, N=40) compared to those who financially afforded the purchase of supplies (M=48.5, SD=7.43, N=770): t(836)= -1.66, p=0.049 and compared to those who were not exposed to famine (M=48.4, SD=7.51, N=803): t(841)= -1.95, p=0.026.

The hypothesis is partially confirmed, identifying significant differences in the students' well-being regarding eleven situations out of the thirteen that make up the variable: death of a parent, parents' divorce, road accidents, accidental accidents, long-term illness (hospitalization), family violence, peer violence, parents going abroad, changing residence, the financial impossibility of purchasing school supplies and experiencing hunger. They can be ranked by effect in the following order, from the strongest effect on mental health to the lowest: family violence (-1.04), peer violence (-0.645), parental divorce (-0.498), death of a parent (-0.391), road accident (-0.385), starvation (-0.316), other

accidents (-0.284), long-term illness, hospitalization (-0.212), change of residence (- 0.202), the financial impossibility of purchasing school supplies (-0.210), parents going abroad (-0.178). There are no differences in terms of well-being in situations: changing schools and the death of a close person. The results are presented in the table above (see Table 2).

Table 2. Descriptives analyses and T-tests for independent samples for WELL-BEING

		Descriptives			T-test for independent samples			
		M	SD	N	df	Statistics	p	Effect size
S1-death of a parent	1	45.5	9.00	30	842	-2.10	0.018	-0.391
	2	48.4	7.47	814				
S2-death of a close person	1	48.3	7.39	262	840	-0.120	0.452	-0.00897
	2	48.4	7.54	580				
S3-parental divorce	1	44.8	7.73	46	839	-3.28	< .001	-0.498
	2	48.6	7.43	795				
S4-road accident	1	45.6	7.33	41	839	-2.40	0.008	-0.385
	2	48.5	7.46	800				
S5-unexpected accidents	1	46.5	7.57	113	838	-2.81	0.003	-0.284
	2	48.6	7.51	727				
S6-long-term illness	1	46.9	8.59	96	842	-1.96	0.025	-0.212
	2	48.5	7.37	748				
S7-family violence	1	41.0	8.52	38	836	-6.28	< .001	-1.04
	2	48.7	7.29	800				
S8-colleagues violence	1	44.2	8.43	107	840	-6.23	< .001	-0.645
	2	48.9	7.22	735				
S9-parents who have gone abroad	1	47.4	7.23	290	838	-2.46	0.007	-0.178
	2	48.8	7.65	550				
S10-changing schools	1	47.4	7.86	119	839	-1.47	0.071	-0.145
	2	48.5	7.49	722				
S11-moving house	1	46.9	8.14	77	837	-1.69	0.046	-0.202
	2	48.5	7.46	762				
S12-financial problems	1	46.9	8.51	68	836	-1.66	0.049	-0.210
	2	48.5	7.43	770				
starvation	1	46.0	7.89	40	841	-1.95	0.026	-0.316
	2	48.4	7.51	803				

Source: Author's own conception

To test the last hypothesis, **Resilience is lower in students who have experienced adverse situations than in students who have not experienced such situations**, we applied the independent samples t-test to each of the thirteen situations. Regarding the first difficult situation, the results indicated that there is a significant difference between the average resilience of children who experienced the death of a parent (M=66.0, SD=12.69, N=30) and the average of those who did not experience this situation (M =71.3, SD=10.00, N=814): t(842) =-2.82, p=0.002. Students who have not experienced the death of a parent have a higher level of resilience than those who have. In the case of the second situation, no significant differences were identified between the average resilience of students who experienced the death of a close person (M=72.1, SD=9.13, N=262) and that of those who did not experience this situation (M=70.8, SD=10.48, N=580): t (840)= 1.731, p=0.958. However, regarding the third situation, significant differences were identified between subjects whose parents divorced (M=66.3, SD=13.74, N=46) and those who did not experience this situation (M=71.5, SD=9.79, N=795): t (839)= -3.40, p< 0.001. Children who went through the divorce of their parents have significantly lower mean scores on resilience than those who have not been exposed to this risk factor. Experiencing a road accident caused a significant decrease in the mean of resilience (M=68.2, SD=11.98, N=41), compared to that of students who were not victims of such an event (M=71.4, SD=9.92, N =800=): t(839)= -1.95, p=0.026. There was also a lower level of resilience in students who suffered other casual accidents (M=68.8, SD=9.89, N=113) than in those who did not go through this difficult situation (M=71.5, SD= 10.17, N=727): t(838)=-2.68, p=0.004. Long-(((term illness (hospitalization) caused a decrease in resilience, so children who experienced this situation (M=69.4, SD=11.30, N=96) reported a significantly lower level of resilience than those who did not this situation (M=71.4, SD=9.98, N=748): t(842)= -1.77, p=0.039. Subjects who were victims of family violence reported a significantly lower level of resilience (M=59.2, SD=12.23, N=38) than those who were not exposed to violence in the family environment (M=71.8, SD=9.63), N=800): t (836) = -7.75, p< .001. Also, students who were victims of violence from their peers (M=66.0, SD=11.37, N=107) have a significantly lower resilience average than students who did not go through this difficult situation (M=48.9, SD) =7.22, N=735): t (840) = -5.77, p< .001. The level of resilience of students whose parents are abroad is significantly lower (M=69.5, SD=10.35, N=290) than that of children whose parents are in the country (M=72.1, SD=9.94, N=550): t (838) = -3.58,

p<.001. Between students who changed schools (M=69.6, SD=11.46, N=119) and those who did not experience this situation, there were also significant differences (M=71.4, SD=9.91, N=722): t(839)=-1.78, p=0.038, meaning that those children who changed schools have a significantly lower resilience score. No significant differences were registered between the children who changed their residence (M=69.5, SD=10.43, N=77) and those who did not experience this situation (M=71.3, SD=10.10, N=762): t(837)= -1.50, p=0.067. The poor economic situation determined significantly smaller differences in terms of the level of well-being of students who did not have the opportunity to purchase the necessary supplies for school (M=68.8, SD=12.10, N=68) and those who experienced starvation (M=65.0, SD=11.92, N=40) compared to those who were financially able to purchase supplies (M=71.4, SD=9.90, N=770): t(836)= -1.66, p=0.022 and compared to those who were not exposed to famine/ starvation (M=71.5, SD=9.95, N=803): t(841)= -4.01, p<.001. The hypothesis is partially confirmed, identifying significant differences in the level of students' resilience in terms of eleven situations out of the thirteen that make up the variable: death of a parent, parents' divorce, road accidents, random accidents, long-term illness (hospitalization), violence from family, violence from peers, parents going abroad, changing schools, the financial impossibility of purchasing school supplies and starvation. They can be ranked according to effect in the following order, from the greatest effect on resilience to the least effect on this variable: family violence (-1.29), starvation (-0.650), peer violence (-0.597), death of a parent (-0.525), parents' divorce (-0.516), road accident (-0.313), other (accidental) accidents (-0.271), parents gone abroad (-0.260), impossibility to purchase the necessary supplies for school (-0.255), long illness, hospitalization (-0.192), changing school (-0.176). The results are shown in the table above (see Table 3).

Table 3. Descriptives analyses and Independent T test for RESILIENCE

	Descriptive analyses				T-test for independent samples			
		M	SD	N	df	Statistics	p	Effect sizes
S1-death of a parent	1	66.0	12.69	30	842	-2.82	0.002	-0.525
	2	71.3	10.00	814				
S2-death of a close person	1	72.1	9.13	262	840	1.731	0.958	0.12886
	2	70.8	10.48	580				
S3-parental divorce	1	66.3	13.74	46	839	-3.40	< .001	-0.516
	2	71.5	9.79	795				
S4-road accident	1	68.2	11.98	41	839	-1.95	0.026	-0.313
	2	71.4	9.92	800				
S5-unexpected accidents	1	68.8	9.89	113	838	-2.68	0.004	-0.271
	2	71.5	10.17	727				
S6-long-term illness	1	69.4	11.30	96	842	-1.77	0.039	-0.192
	2	71.4	9.98	748				
S7-family violence	1	59.2	12.23	38	836	-7.75	< .001	-1.29
	2	71.8	9.63	800				
S8-colleagues violence	1	66.0	11.37	107	840	-5.77	< .001	-0.597
	2	71.9	9.75	735				
S9-parents who have gone abroad	1	69.5	10.35	290	838	-3.58	<.001	-0.260
	2	72.1	9.94	550				
S10-changing schools	1	69.6	11.46	119	839	-1.78	0.038	-0.176
	2	71.4	9.91	722				
S11-moving house	1	69.5	10.43	77	837	-1.50	0.067	-0.180
	2	71.3	10.10	762				
S12-financial problems	1	68.8	12.10	68	836	-1.66	0.022	-0.210
	2	71.4	9.90	770				
starvation	1	65.0	11.92	40	841	-4.01	<.001	0.650
	2	71.5	9.95	803				

Source: Author's own conception

4. Discussion

Following the preliminary analyses, we identified the fact that the level of well-being, resilience and emotional intelligence decreases with advancement in higher education levels. One cause can be the appearance of specific risk factors for the transition from one level of education to another. Studies show that the way this transition is made can influence students' later

well-being(Rice et al., 2021). On the other hand, the age of adolescence is mentioned in studies as a period in which the most disturbances occur due to the biological, psychological and social changes that accompany it, which can trigger both internal and external conflicts, representing in this sense factors of risk for adolescent mental health) (García-Carrión et al., 2019; Triana et al., 2019).

Another result identified from these analyzes is the fact that the level of resilience of girls is significantly higher than the level of resilience of boys. This can be explained from the perspective of the coping strategies used by students, and the protective factors they use to face adversity. A study that analyzes the influence of gender on resilience and protective factors for mental health, carried out on subjects in primary schools, shows that girls have significantly higher scores than boys on factors such as communication skills, empathy, the ability to ask for help, to set goals and aspirations, to establish positive relationships with parents, teachers, peers and adults in the community (Sun & Stewart, 2007). This result is similar to other studies showing that girls have a higher level of resilience than boys(Chen et al., 2021). However, there is also research that has shown the exact opposite, that boys reported higher scores than girls in terms of resilience (Andreou et al., 2020). The contrary results obtained by various researchers reinforce the idea that resilience is a dynamic concept, influenced by the cultural environment of which the subject is a part (Ungar, 2006).

The first hypothesis, according to which experiencing difficult situations correlates negatively ($p< 0.001$) with well-being, was validated, although the effect size is small ($r= -0.193$). Studies show that experiencing situations such as the death of a parent, parental divorce, violence in the family and school environment, a low socio-economic status, negatively influences the well-being of the individual, also representing risk factors for children's mental health (Barry, 2009; Basu & Banerjee, 2020; Chadwick, 2014; Stikkelbroek et al., 2016; Tebeka et al., 2016).

The second hypothesis analyzes the relationship between experiencing difficult situations and the level of resilience. The result shows that the hypothesis was confirmed, between the two variables there is a significant negative correlation ($p< 0.001$), whose effect is small ($r= -0.188$). In other words, the more a child is exposed at the same time to a greater number of risk factors among those described, the more his resilience decreases. A possible explanation for this result may be the lack of protective resources that the individual needs to bounce back after experiencing difficult situations or their cultural irrelevance (Ungar, 2006).

Hypotheses three and four concern the comparison between students who have experienced difficult situations and those who have not experienced difficult situations in terms of well-being and resilience.

Hypothesis three analyzed the mean differences in well-being between the students who experienced difficult situations and the rest of the students who did not go through such situations. The results showed that there were significant differences between the two groups of subjects in eleven out of thirteen difficult situations: family violence, peer violence, parental divorce, death of a parent, road accidents, and hunger, other (accidental) accidents, long-term illness, hospitalization and change of residence. Students who experienced these situations had a significantly lower well-being average than their peers. The results obtained are consistent with those of other studies that surprise in the category of risk factors for mental health and well-being: violence, bullying and cyberbullying, abuse, poverty, lack of security, discrimination, family structure, death of a parent or to a sibling, parental divorce (Barry, 2009; Basu & Banerjee, 2020; Chadwick, 2014; Stikkelbroek et al., 2016; Tebeka et al., 2016). In the hierarchy based on the size of the effects, the first place was family violence (-1.04), the second place was violence from colleagues (-0.645), the third place was the divorce of parents (-0.498) and the fourth place was the death of a parent (-0.391).

Hypothesis four examines mean differences in resilience between children who experienced the described difficult situations and those who did not. The results show that there are significant differences between the analyzed categories in eleven of the thirteen situations: family violence, starvation, peer violence, death of a parent, divorce of parents, road accident, other (accidental) accidents, parents gone abroad, do not have had the money for school supplies, long-term illness, hospitalization, changed schools. Although resilience cannot be defined in the absence of the term difficult situations, it represents the process by which the individual returns to a state of equilibrium after experiencing such situations, through which he manages to overcome adversity and adapt positively, the results show that in the present case, the subjects did not develop their resilience capacity through interaction with the environment, but on the contrary, they had a lower mean resilience score. A possible explanation may lie in the third component of resilience, that of protective factors (Stainton et al., 2019). Thus, the decrease in the level of resilience can be caused by the lack of protective factors with the help of which the individual manages to overcome the obstacles encountered (Ungar, 2006).

5. Limits

The generalizability of these results is subject to certain limitations. For instance, the impossibility of extending the results internationally because the group of subjects was made up only of Romanian students. As the literature shows, the risk factors of resilience differ by culture (Ungar, 2013), so the results could be completely different for another population. Within this frame of reference, the analysis of a group made up of students of different nationalities could be considered for future research. The second limitation is the type of the study, a cross-sectional one, and thus the interpretation we provided for our findings require further longitudinal investigations.

This limitation did not diminish the importance of our findings but emphasized the need to develop new research to also explore the effects of adverse childhood experiences on students' well-being and resilience on international population.

6. Conclusions

Findings underline the need to design appropriate and specialized programs for children to improve their social and emotional skills, while developing resilience and well-being so that they can overcome difficult situations experienced, function efficiently and maintain mental health and inner harmony (especially for high school students who reported the lowest level of resilience, emotional intelligence and well-being). The research results complete the image of children's health in Romania through the information it contains, representing a starting point for the development of educational practices to promote all children's mental health and intervene effectively with those children who face difficult situations.

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