RESEARCH ARTICLE

"I'm Glad That I Was Given a Second Chance to Live": the Buffering Impact of Turning Points in the Lives of Young People with Foster Care Experience

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Abstract

Young people with a history of out-of-home care placement are at risk for a host of adverse outcomes, yet many demonstrate resilience by young adulthood. One mechanism by which well-being may be achieved is through a turning point (TP). This study had two key questions: (1) What do TPs look like for care-experienced young adults? (2) Does having a TP buffer the impact of early adversity on young adult well-being? Participants ($N = 166$) were interviewed in pre-adolescence and again in young adulthood. Baseline measures of adversity (ACEs) and life satisfaction were associated with young adult life satisfaction. In young adulthood, participants were asked an open-ended question about having a TP and four fifths of participants stated that they had a TP. Although having a TP was unrelated to demographic factors, living situation histories, or type of maltreatment, a multiple regression predicting young adult life satisfaction found a significant interaction between having a TP and ACEs, over and above baseline control variables. In probing the interaction, there was no association between ACEs and life satisfaction for those with a TP; for those without a TP, however, there was a negative association between ACEs and life satisfaction. In conclusion, having a TP in adolescence seemed to buffer the impact of early adversity on later well-being among young adults with a history of out-of-home care. The nature of the TPs varied, but having *any* TP seemed to lead to maturation and realizations which may serve as protective factors while navigating the transition to adulthood.

Keywords Turning point · Foster care · Resilience · Adverse childhood experiences · Well-being · Life satisfaction

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Nearly 6% of US children will experience placement in foster care by age 18 (Wildeman & Emanuel, 2014). In addition to experiencing abuse and neglect, maltreated youth are likely to have other adverse childhood experiences (ACEs), including (a) parental divorce, substance use and incarceration, (b) witnessing intimate partner and community violence, and (c) experiencing frequent changes in caregivers and schools. In studies of the general population and in high-risk samples, the number of ACEs has been found to be linearly associated with later adverse outcomes, including physical and mental health problems, criminal behavior, and substance use (Baldwin et al., 2021; Felitti et al., 1998; Finkelhor et al., 2015; Godoy et al., 2020; Malvaso et al., 2018). In our own cross-sectional and longitudinal research with children in foster care, we have also found that a cumulative measure of childhood adversity is related to later adverse outcomes across a number of domains (Garrido et al., 2011; Hambrick et al., 2018; Hellyer et al., 2013; Raviv et al., 2010; Taussig et al., 2021; Taussig & Roberts, in press; Weiler & Taussig, 2017).

Despite the strong relationship between early adversity and later outcomes, decades of research have shown that many young people who have experienced significant adversity demonstrate resilience at one or more points in their lives (Werner & Smith, 1992). At the turn of the century, Ann Masten in her seminal article, *Ordinary Magic*, stated, "The most surprising conclusion emerging from studies of these children is the ordinariness of resilience" (Masten, 2001, p. 227). A recent study that examined the longitudinal impact of ACEs on physical and mental health outcomes combined data from two large (combined *N* of over 3000) and lengthy (18–45 years) longitudinal studies of birth cohorts. The study found that while the number of ACEs (operationalized using the original set of items from the seminal Felitti et al., 1998 study) was predictive of poorer health outcomes when mean groups differences are examined, Adverse Childhood Experience (ACE) scores had poor accuracy in predicting individual outcomes (Baldwin et al., 2021). In a study of adults in Wisconsin, Bethell and colleagues (2019) found that a project-designed index of positive childhood experiences (PCEs) was associated with less depression and more social support regardless of the number of ACEs. While the potential buffering impact of PCEs is exciting, there are several limitations of this study, including retrospective reporting and a cross-sectional design (Bethell et al., 2019).

There is no one definition of resilience, although it is generally understood to be positive adaptation in the face of adversity (Miller-Lewis et al., 2013; Nuñez et al., 2022; Rutter, 2006). What and who define "positive adaptation"? At what point in a child's development can they be said to have achieved resilience? Is it a stable attribute? (Crivello & Morrow, 2020). A recent systematic review of resilience factors in youth transitioning out of foster care defined the following outcomes as indicators of resilience: lack of mental and physical health problems, homelessness, unemployment, substance use, and/or criminal justice involvement and educational attainment (Nuñez et al., 2022). While these are important indicators, the absence of problems does not demonstrate resilience. As Luthar and colleagues have stated, "In studies of resilience of children and youth thus far, researchers have assessed internalizing and externalizing symptoms, but have neglected indices such as subjective well-being, personal equanimity, optimism, and orientation to intrinsic goals such as personal

growth" (Luthar et al., 2014, p. 275). Subjective well-being in the study of resilience is the focus of the current study, as we seek to understand the types and impact of turning points in the lives of young people who have experienced maltreatment and placement in out-of-home care.

One way to achieve resilience may be through turning points (Luthar et al., 2015), described by Ronka and colleagues (2002), as "important life events, which cause lasting alteration in the developmental trajectory." Ronka et al. further note that turning points can "either exclude or open up opportunities," leading to change in lifestyle, role, self-concept, and perception of others. More specifically, they define a turning point as a "subjective account of lived experience which involves some degree of change in situation, behaviour, or meaning," leading to a change in the developmental trajectory (Ronka et al., 2002, pp. 47–48). We adopt this same definition for the current study.

Two longitudinal mixed methods studies have examined the types and impacts of turning points on young people who faced adversity. The first, a Finnish study of 369 youth who were followed from ages 8 to 36, reported that turning points could be positive or negative and result from experiences/realizations over which young people both had and did not have agency. The adults in their study, who were classified as resilient at age 36 (based on having positive adult functioning despite experiencing adversity in childhood), reported more positive turning point experiences and having more agency than those with poorer adult outcomes (Ronka et al., 2002). A second study followed 4000 impoverished youth from Ethiopia, India, Peru, and Vietnam for 15 years and identified those youth who had experienced resilience (defined holistically) by age 22. Using in-depth qualitative interviews and life histories with one female and one male from each country, they found that having second chances and serendipity were key factors in these young adults' impactful turning points (Crivello & Morrow, 2020). Both studies highlight the importance of longitudinal research in examining the impact of turning points as well as the substantial individual variation in how young people respond to adversity (Rutter, 2006).

There are multiple theories posited for how turning points might lead to more positive well-being for young people who have experienced adversity. It has been hypothesized that turning points, whether positive or negative, may lead to greater meaning making, gaining wisdom/insight, and more self-understanding and that these processes would result in greater life satisfaction (Jayawickreme et al., 2017; Samuels and Pryce, 2008). Unfortunately, in a large, cross-sectional study of college students who had experienced stressful life events, the hypothesized relationship between these constructs was not supported (Jayawickreme et al., 2017). Another potential mechanism that does have empirical support is hopefulness or optimism. In a longitudinal study with volunteers from 16 Canadian high schools, turning points reported at age 23 that included meaning making were associated with higher optimism (McLean & Pratt, 2006). In addition, although not a study of turning points, another longitudinal study of almost 1000 adolescents over a 6-year period found that hope predicted later life satisfaction, particularly at developmental transition points (Ciarrochi et al., 2015). Hope was also found to moderate the impact of exposure to violence on indices of adjustment (i.e., positive self-concept) for African American 5th-grade girls. Finally, one qualitative study with 20 young people

who had emancipated from foster care found that 80% of them expressed optimism for the future — not only in spite of, but also because, they had experienced significant adversity (Berzin et al., 2014).

This study sought to extend the research on turning points among young adults with foster care experience. Participants were enrolled in the study during preadolescence, an average of six months after they had been placed in out-of-home care. At the baseline interview, participants completed a measure of life satisfaction, and a multi-informant measure of ACEs was constructed. An average of almost 10 years later, these same participants completed a nearly identical life satisfaction measure and responded to an open-ended question about turning points in their lives. The current study aimed to answer two key questions:

1. What do turning points look like for young people who have experienced out-of-home placement? (a) What percent experience one or more turning points? (b) What is the average age of the turning point? (c) What are the types of turning points experienced (e.g., events, attitudinal shifts)? (d) Are there gender differences in the types of turning points?
2. Does having a turning point confer any benefit? That is, does having a turning point buffer the impact of early adversity on later life satisfaction?

Method

Participants

This study was conducted in Colorado, USA. Eligible participants included eight cohorts of youth (and their caregivers) who were enrolled in the Fostering Healthy Futures (FHF) study between 2002 and 2009 during pre-adolescence (ages 9–11). Participants were eligible for the study if they met the following criteria: (1) they had been court-ordered into out-of-home care within the preceding 12 months by participating county child welfare departments, and (2) they were living in out-of-home care at the baseline assessment. FHF enrolled 91% of eligible children at this baseline interview. As part of the longitudinal study, 234 participants from the original FHF study who were between the ages of 18 and 22 were recruited as young adults (an average of 9.4 years after their baseline interview). Of the 234 participants recruited, 206 (88%) were re-interviewed in young adulthood.

At the baseline interview, youth were an average of 10.5 ($SD = 0.87$) years old and, at the follow-up interview, participants were 19.5 ($SD = 0.92$) years of age on average. Almost half of the study participants were female (46.6%) with the remainder identifying as male. Slightly over half (53.9%) of the participants identified as Latinx/Hispanic, 50.0% as White, 29.1% as American Indian, and 27.4% as Black/African American (non-exclusive categories). The majority of participants (89.3%) identified as heterosexual/straight in young adulthood.

The Maltreatment Classification System (Barnett et al., 1993) was used to code types of child maltreatment from child welfare records and legal petitions

leading to each child's removal from the home prior to the baseline interview. The most common type of maltreatment experienced was supervisory neglect (82.5%), followed by emotional maltreatment (64.6%), physical neglect (51.5%), moral-legal maltreatment (35.0%), educational neglect (29.6%), physical abuse (28.6%), and sexual abuse (10.7%); the majority of participants received codes for more than one type of maltreatment. Although all children were in out-of-home care at the baseline interview, the majority of participants did not have an open child welfare case when they turned 18, with only a quarter (25.2%) of the participants reporting that they emancipated from care. Based on child welfare records and self-reports in young adulthood about their living experiences while growing up, 88.3% had lived with one or more relatives, 75.7% had lived in non-relative foster care, 52.4% had lived in congregate or group care, 45.3% had reunified with birth families, and 27.2% had experienced adoption (non-exclusive categories).

Procedures

The current study was approved by the university institutional review board. At baseline, children's legal guardians provided consent and children provided assent. Young adult participants provided their own consent. Children and young adults were interviewed by trained research assistants in a private place, typically at their residence (for children), and in a public place with a private room (e.g., at a library, recreation center) for young adults. Those who lived out of the area at follow-up were interviewed by phone. Participants received $40 at baseline and $100 at follow-up for the interviews.

Measures

Demographic Factors Demographic data used in this study included gender, race/ethnicity, sexual orientation, type of maltreatment, and living histories as described above.

Adverse Childhood Experiences A previously developed and published 6-item continuous measure of ACEs was used in the current study. This ACE measure was empirically derived in a prior study (and is therefore distinct from the measure used in the oft-cited Felitti et al., 1998 classic study) using data from a subset of the current study's participants (Raviv et al., 2010). The ACE index is composed of the following adverse experiences: (1) *physical abuse*; (2) *sexual abuse*; (3) *removal from a single parent household*; (4) *exposure to community violence* (*upper quartile scores*); (5) *number of caregiver transitions* (*upper quartile scores*); and (6) *number of school transitions* (*upper quartile scores*). Children's scores of 1 or 0 for each of the six ACE items were summed to form a composite ACE index. Development of population and developmentally specific measures of ACEs are recommended (Bignardi et al., 2022; Turner et al., 2020; Yu et al., 2022).

Life Satisfaction Life satisfaction is an important dimension of subjective well-being (Diener et al., 2018). This study used an adaptation of the Andrews and Withey's (1976) Life Satisfaction Scale. The original study asked respondents how they felt about domains identified as important to Americans from general population studies using a 7-point rating scale. The current study adapted the scale by changing the response options and adding some questions specific to the foster care experience. There were 11 questions regarding school, friendships, fun, and health in the scale at both baseline and at follow-up. Sample items included the following: *How do you feel about the amount of fun you have?*, *How do you feel about your friendships with others?*, and *How do you feel about your life as a whole?* The question regarding family was tailored to the experience of out-of-home care and included items such as *How do you feel about your biological (real) parents?* And *How do you feel about your current caregivers?* (at baseline) *or How do you feel about other people with whom you lived while growing up?* (in young adulthood). Response options at baseline were on a 3-point scale: 1 = mostly unhappy; 2 = sometimes happy/sometimes unhappy, and 3 = mostly happy; in young adulthood, response options were on a 5-point scale ranging from 1 = mostly unhappy to 5 = mostly happy. The scale demonstrated good internal consistency at both baseline (Cronbach's $\alpha = 0.85$) and in young adulthood (Cronbach's $\alpha = 0.85$), so mean scores for each participant were calculated. At baseline, mean scores ranged from 1.9 to 3.0 ($M = 2.70$; $SD = 0.27$). In young adulthood, mean scores ranged from 1.5 to 5.9 ($M = 3.95$; $SD = 0.73$).

Turning Point Qualitative Question and Coding A project-designed measure that consisted of 15 open-ended questions sought to gather participants' thoughts and appraisals of a host of issues, both related to their care experiences as well as other life events. The open-ended questions were asked at the end of the interview. Questions were read aloud by the interviewer and responses were audiotaped, transcribed, and de-identified prior to coding. The question that was coded in the current study was, *Now, thinking back across your entire life, and all the experiences you've had (either related to out-of-home care or not), have you ever experienced a major turning point that changed the way you thought about something or how you behaved? If yes, what was the turning point? How old were you when that turning point happened?*

The turning point question was not administered to the first 30 participants interviewed (because it was added to the protocol later). In addition, 10 participants' responses were unable to be coded because of recorder issues, missing data, or unintelligible answers. Therefore, 166 participants' responses were coded. Thirty-three of these 166 participants (19.9%) reported that they did not have a turning point. For those who identified a turning point ($n = 133$), length of responses varied between 9 and 1555 words ($M = 199.21$; $SD = 212.40$).

In order to code the narrative responses into categories, the three senior investigators read through all the narratives and separately generated ideas for

categories/codes. A series of discussions and practice coding sessions further refined the list, which ended up having two overarching categories: (1) events and (2) attitudes/behaviors. Turning points were consensus coded by two senior investigators and any discrepancies were resolved through discussion. Each narrative received a code of 0 = no or 1 = yes for each of the 19 categories, and each code was non-exclusive such that a single narrative could receive multiple codes. The Appendix provides a list of the 19 categories with examples of narratives for each.

Analytic Method

First, descriptive statistics were conducted to examine the turning point category percentages, the number of turning points, and the average age of turning points. Second, bivariate analyses, using chi-square analysis, examined whether the turning point category percentages differed by gender. We could not examine differences in rates by other demographic factors, given the lower percentages. Third, chi-square and *t*-tests were used to examine whether there were demographic and baseline differences between participants who had a turning point and those who did not. Fourth, chi-square and *t*-tests were used to examine whether demographic and baseline factors were associated with life satisfaction in young adulthood. Finally, linear regression analysis examined whether having a turning point moderated the impact of ACEs on young adult life satisfaction by examining whether the ACEs × turning point interaction term was significant after controlling for baseline life satisfaction and gender.

Results

Descriptive Statistics Table 1 shows the turning point (TP) codes and the percentage of narratives that were coded in each category. The vast majority (89.4%) of participants only reported one TP, and no participants reported more than four. Three quarters of the sample reported the age at which their TP occurred. When participants gave a range of TP ages or had more than one TP, we coded the oldest age. The average age of participants' TPs was 15.7 years (*SD* = 2.9; range 7–21 years). Almost three quarters of participants reported that their TP either led to or was itself a *moment of maturation or realization*. Nearly two thirds described *modifying problem behaviors and attitudes* as part of their TP. Less than 15% of participants' narratives were coded as belonging to each of the remaining turning point categories. Over 90% of the narratives were coded as belonging in more than one category, with a mean of 3.0 categories (*SD* = 1.3).

Bivariate Relations To examine gender differences in rates of each of the TP categories, we conducted a series of chi-square analyses. Only two were statistically

Table 1 Percent of turning point narratives coded in each category

Events	Total sample
1. Criminal justice system intervention/event	14.3%
2. Becoming parent/expecting child	13.5%
3. Placement event (positive)	13.5%
4. Placement event (negative)	11.3%
5. Social interaction (positive)	10.5%
6. Social interaction (negative)	9.8%
7. Educational/employment (positive)	9.0%
8. Educational/employment (negative)	3.8%
9. Death of loved one	8.3%
10. Traumatic experience	6.0%
11. Having opportunity given to them	5.3%
12. Reuniting with birth family/sibling (positive)	3.0%
13. Reuniting with birth family/sibling (negative)	2.3%
Attitudes/behaviors	
14. Moment of maturation/realization	72.2%
15. Learning/discovering self-reliance	13.5%
16. Identity development	13.5%
17. Rejecting unhealthy relationships	9.0%
18. Religiosity	6.0%
Event or attitudes/behaviors	
19. Modifying problem behaviors and/or attitudes	60.2%

significant; males were more likely than females to have a criminal justice TP (23.2% vs 4.7%; chi-sq.$=9.28$; $p=0.002$) and to have a TP that consisted of modifying problem behaviors/attitudes (69.6% vs. 50.0%; chi-sq$=5.30$, $p=0.02$). Of the over 20 chi-square and t-test analyses conducted to examine whether each demographic factor, maltreatment type and/or living history was associated with having a turning point (vs. not experiencing one); there were no statistically significant results. Thus, based on these factors, we could not have predicted who would have a turning point.

We then examined the bivariate relationships between the control variable (gender), hypothesized predictor variables (ACEs, baseline life satisfaction), moderator variable (having a TP), and dependent variable (adult life satisfaction). Gender was not significantly related to ACEs, baseline life satisfaction, or having a TP, but males had higher young adult life satisfaction ($r=0.30$, $p<0.001$). ACE index score was unrelated to baseline life satisfaction or having a TP but was negatively associated with young adult life satisfaction ($r=-0.23$, $p=0.003$). Baseline life satisfaction was positively correlated with young adult life satisfaction ($r=0.21$, $p=0.005$), and there was a trend for it to be negatively associated with having a TP ($r=-0.14$, $p=0.08$). Finally, having a TP was unrelated to young adult life satisfaction.

Regression Equation The final analysis sought to examine whether having a TP moderated the association between ACEs and young adult life satisfaction, after controlling for gender and baseline life satisfaction. The ACE variable was mean centered prior to analyses, and all variables were entered into the model simultaneously. The overall model was significant, $R^2 = 0.17$, $F(5, 159) = 6.53$, $p < 0.001$, indicating that the five predictor variables explained 17% of the variance in life satisfaction scores in young adulthood. In terms of the covariates, gender predicted life satisfaction ($b = 0.34$, $p = 0.001$), such that being male was associated with a 0.34 unit increase in life satisfaction in young adulthood. Life satisfaction at baseline also predicted life satisfaction ($b = 0.44$, $p = 0.03$), such that young adult life satisfaction increased by 0.44 units for every one unit increase in life satisfaction at baseline. The interaction between ACEs and having a TP significantly predicted young adult life satisfaction ($b = 0.24$, $p = 0.046$).

Probing the Interaction To probe the interaction, simple effects coefficients were computed at both levels of the TP moderator (no, yes) and at low, average, and high levels of ACEs. As shown in Fig. 1, for those who had a TP, there was no association between ACEs and young adult life satisfaction. However, for youth who did not experience a TP, there was a negative association between ACEs and life satisfaction ($b = -0.32$, $p = 0.003$). Thus, higher ACE scores were associated with lower life satisfaction only for those who did not have a TP.

Discussion

This is one of the first known studies to (1) directly ask care-experienced young adults about their turning points, (2) explore the characteristics of these turning points, and (3) examine whether having a turning point can buffer the impact of
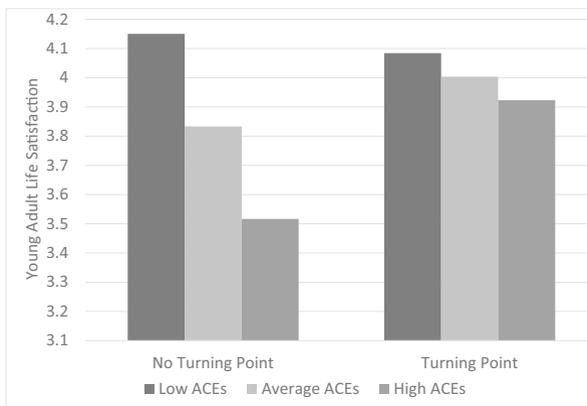

Fig. 1 Relationship between ACEs and young adult life satisfaction for those with and without a turning point

early adversity on later well-being. Jeffrey Arnett, a distinguished scholar of emerging adulthood, states that young people between the ages of 18–25 are at the age of identity exploration, the age of feeling in between, the age of instability, the age of self-focus, and the age of possibilities. Arnett hypothesizes how these processes are compromised for young adults who have emancipated from care but has more questions than answers about how these processes may play out differently. He concludes that we must *ask* young people about their developmental experiences to develop policies and practices that support them in recognizing that emerging adulthood can be the "age of possibilities" (Arnett, 2007). While it is important to acknowledge the multitude of challenges faced by young people emancipating from care across diverse contexts (Strahl et al., 2021), our findings suggest that the age of possibilities resonated with our participants, as the majority identified one or more turning points that they felt had a positive impact on their life trajectories.

This study found that the majority of young people were readily able to identify a salient turning point in their lives irrespective of gender, race, ethnicity, sexual orientation, types of maltreatment, and living histories (i.e., emancipating from care, reunifying, adoption, or ever living in kinship, non-relative foster care or congregate care). The average age of the turning point was close to 16 years of age, which was about four years prior to our interviews with participants.

The types of turning point events and realizations (i.e., the 19 categories that were coded) overlap with those identified in other qualitative studies of turning points among care-experienced youth. For example, studies have highlighted individual agency and reflection as important components of turning points and noted how they can be prompted by supportive relationships, placements and transitions, resources, and opportunities (Brady & Gilligan, 2018; Hass et al., 2014; Höjer & Sjöblom, 2014; Ibrahim, 2019; Johnson & Mendes, 2014; Rafaeli and Strahl, 2014). However, it is worth noting that a smaller percentage of narratives in the current study were related to experiences in out-of-home care than in other studies, where participant narratives largely focus on such experiences. This may be a function of the fact that participants in the current study were placed in out-of-home care in pre-adolescence and only a quarter of them emancipated from care.

Gender was associated with only two of the 19 types of turning points, namely males were more likely to include a criminal event or modifying problem behaviors/attitudes as part of their turning point narratives. The fact that demographic factors and living histories largely did not predict whether or not a young person experienced a turning point or the type of turning point suggests that the experience of turning points is relatively invariant across diverse youth.

The key study finding was that having *any* turning point moderated the well-established negative impact of adversity on well-being. Using a measure of life satisfaction to index well-being, we found that early adverse childhood experiences (ACEs) were linearly associated with low life satisfaction only for youth who did not report having a turning point. Michael Rutter, writing about resilience, states that resilience is an "interactive concept" and that there must be variation in both

the measure of adversity and protective factors. He also argues that we must take a lifespan trajectory approach if we want to understand resilience and that we should not focus on just a few narrowly defined outcomes (Rutter, 2006). The current study follows these suggestions by examining an interaction effect, studying youth over a nearly 10-year period, and examining a more holistic outcome, namely life satisfaction.

Rutter (2006) states that due to the substantial individual variation in responses to adversity, we must study the mechanisms underlying these differences in order to design effective prevention and intervention strategies. He suggests that turning points, which may occur several years after exposure to adversity, may confer resilience, as may having a "self-reflective style." One hypothesis for our finding is that having a turning point might lead to self-reflection. Indeed, almost three quarters of youth made a statement about the turning point leading to a *moment of maturation/realization*. But how would self-reflection following a turning point buffer the impact of adversity, especially if the turning point was a negative experience (like incarceration or the death of a loved one)?

In their 2008 qualitative study entitled, "What doesn't kill you makes you stronger: Survivalist self-reliance as resilience and risk among young adults aging out of foster care," Samuels and Pryce argue that care-experienced young people made meaning of loss and hardship and that this meaning-making led to their "optimistic pursuit of independence and success" (p. 1201). Potentially, reflection following turning points led young people in our study to make meaning of their experiences, be they events or internal processes, which then led to hope or optimism. As reviewed in the Introduction, both meaning making and hopefulness have been linked to turning points and life satisfaction.

Despite the longitudinal nature of our study, we cannot ascribe causal mechanisms to turning points. Although demographic, maltreatment types, and living situation histories were unrelated to experiencing a turning point and we controlled for baseline life satisfaction and gender which were related to young adult life satisfaction, there are several other possible confounds that cannot be ruled out. There are also potential limitations associated with retrospective reporting of turning points; however, the fact that life satisfaction in young adulthood was unrelated to reporting a turning point helps rule out that explanation. In addition, the multi-informant and multiple time point measurement strategy strengthens our ability to understand the temporal sequence and relationships among the variables at play.

Other potential limitations include the fact that we did not examine the impact of positive and negative turning points separately, nor did we examine the impact of agency on turning points. Participants were not asked whether their experience of the turning point was negative or positive, and with very few exceptions, the turning points were described by participants as *leading* to something positive. While we made judgements in some of our codes about valence (e.g., positive or negative educational experience), it was difficult to code something like "rejecting unhealthy relationships" as a positive or negative turning point. In addition, some

turning points clearly reflect agency (e.g., graduating from high school) and others do not (e.g., death of a loved one), while still others may be ambiguous (e.g., pregnancy/parenthood). Although future studies should examine these more fine-grained aspects of turning points, one of the important takeaways of our study is that it did not matter whether the young person had a positive or negative turning point or whether the turning point resulted from their agency — having *any* turning point reduced the association between ACEs and life satisfaction. As Jayawickreme et al. (2017) state: "The narrative construction of turning point memories is arguably more important than what actually happened in the past, because research has shown that it is the individual's interpretation of the experience that leads to greater self-understanding" (p. 1131). Indeed, although we hypothesize that turning points might lead to reflection and meaning making, an alternate hypothesis is that more reflective people may be more likely to recognize turning points in their lives.

What are the implications of our findings for policy and practice? Are there ways to increase meaning-making and optimism in young people that leads to better well-being? A meta-analysis of hope-enhancement therapeutic strategies found that these interventions had small effects on hopefulness and life satisfaction (Weis & Speridakos, 2011). Post hoc analyses with our sample showed that participants who reported attending therapy at any point in their life were more likely to have experienced a turning point (84.3% vs 69.7%, chi-sq. = 3.78, $p = 0.05$), but having therapy was unrelated to having a code of *moment of maturation/realization*. Ratings of helpfulness of therapy were also unrelated to either having a turning point or *moment of maturation/realization.* Further research is needed to understand how the experience of a turning point may foster resilience in young people exposed to adversity.

Because we cannot prescribe turning points for young people, more research is also needed to understand why some young people experience turning points while others do not (or may do so at a later point) and what mechanisms link turning points to well-being. Although it is not possible or even desirable for anyone to attempt to generate a turning point for a young person, it may be helpful for the adults who routinely encounter young people with out-of-home care experience to be made aware of turning points' positive potential and the capability of young people to reflect on their lives and make positive change as a result. The average age of a turning point in this study was 16, which may be important for those supporting young people to note; however, there will be a range of different ages at which turning points are experienced, depending on the individual's developmental and social circumstances. Conversations between young people and supportive adults, including parents, natural mentors, and/or professionals, regarding young people's experiences could support them in identifying their strengths and possibilities for the future. The crucial takeaway is that early adversity is not deterministic, and that young adult well-being is possible despite enduring great hardship and the bumpy road of adolescence. As one participant responded to the turning point question: "I'm glad that I was given a second chance to live. It was for a reason."

Appendix

Example turning point narratives

Turning point type	Example
Events	
Criminal justice system intervention/event	Again, it was going to jail, and realizing that although it was juvenile detention, it wasn't anywhere I wanted to be and I either needed to change my life and get out of it or continue down the road I was on and end up either in jail or in a casket. So I decided to stray away from that. About 17
Becoming parent/expecting child	For me that turning point would have to be my daughters being born. Priorities change and I have to be a better person for them. And ever since that, I've been getting my life together, so it's been a great blessing for me. I was 20
Placement event (positive)	I have to say it's when I was about 13 and I went to the residential treatment center. And I'd have to say it was when I realized that I need to stop being so angry at the whole world because it wasn't everybody's fault where I was at. So, I had to understand that and change it because I knew that nobody was going to fix it besides me
Placement event (negative)	Yes. As soon as I got removed my turning point changed, because it was, once I was removed, I wasn't just taken from my mom, I was separated from my siblings as well. So, it was kind of like I didn't have my backbones anymore, and it was like just me so it was kind of like I just had to focus on me. And I think that was the biggest turning point I had, was just being removed from something I was used to. About 13? 12 or 13
Social interaction (positive)	The only one I can think of is when I moved out when I was 17. I moved out and then I was still in high school, so when I lived with my Auntie, I had to be to bed at 9 and follow all these rules and everything. And when I moved out, I'd stay up until 2 and I'd be tired of going to school and all this stuff and my grades started slipping and everything. And there was one point where my teacher called me to his desk, and we had like this big long talk and he asked me what was going on in my life and I told him and he helped me get back on track at school. And then I graduated with honors and everything and went to college and everything

Turning point type	Example
Social interaction (negative)	Yeah, I have. I used to be really mean towards people, and just one day I just saw somebody picking on somebody else, and it made me mad. And I realized I used to do that, I mean cause in foster care, it made me turn into a mean person. Like I said I was very shy and very to myself, but after that when I noticed I start to become very aggressive and mean towards people and I started to get in trouble with the law about it in like high school, middle school. I didn't want to be a mean person, I didn't want that negativity, so I tried becoming nice. So, I isolated myself. I stopped hanging out with the wrong people, I stopped hanging around with that kind of crowd. So, I just started sticking to myself and don't have no friends to persuade me to do wrong. I was about 13, 14 years old when I caught my first assault case
Educational/employment (positive)	No. Just more like, when I got close to graduating that's what changed me, made me grow up. Because I had a teacher and everybody gave up on me and my schooling and they were like, "Oh she's just going to drop out, you know" because a lot of kids were dropping out. So, this one teacher she was like, "I'm not going to let that happen" and she'd tutor me after school and help me get all of my credits. And I did, I graduated on time, and I walked across stage because of her. Because she didn't give up on me. I was 18

Turning point type	Example
Educational/employment (negative)	I think my turning point came in 6th grade. I got expelled from school in 6th grade for being stupid. I had this mentality that I was untouchable, and I was just like a young hoodlum. I didn't know anything about life. I was still in a mentality where I was rebelling against authority, I was rebelling against everything. I didn't want to be a part of anything. I wanted to be on my own. I got expelled from school and I joined the young marine program which is a youth program. It's like an international youth program, and it completely changed my life. Because I went from being this kid that nobody really understood, that I couldn't open up to anybody and just rebelling against everything, to realizing that at some point I have to integrate into society or I'm going to end up dead, or I'm going to end up in jail. And it made me, like the discipline of the program and everything, it completely turned my life around you know. I began wanting to be healthy. I began working out and working towards goals and creating and achieving goals and it made me want to go into the Marine Corps and that was my plan out of college. And then fortunately for me, I got a scholarship out of college, and I decided that I would postpone those goals and I'd go to college first and then after college I would go into the Marine Corps. So, I guess the time that really turned my life around, changed my thinking, was the day I realized that I wanted to be a part of something bigger than myself. Like I want to have something to show for the work that I put into everything that I do. I was maybe 12, 11 or 12. The good thing about being that young is you're still, you're not fully formed yet, you're not really 100% of the decision, you're still pretty malleable and shapeable. So fortunately for me I got shaped into something that was positive instead of something that could have destroyed my life

Turning point type	Example
Death of loved one	When my grandmother died. My grandma was like the glue of the family pretty much when it comes to like grandmas. She was a grandma. She was the one who made sure you were always fed, made sure you were always happy, she was the one who got me my phone, my very first phone…she was always there for me and she always had something positive to say. That's what I loved about my grandma—always had something positive to say, always had a positive outcome to every negative situation. She always said it was going to be better, she pushed me to be better about myself. When she died, I feel like my glue had just been ripped off, like my binding was falling apart. Out of everybody, we were at the point in my life, I was having difficulties in school, she had gotten sicker and sicker, so I had gotten more and more depressed and then she died, and it just all unraveled. I just felt like I fell apart. But then after I got out of my depression, I really truly sat down and I thought about what she would want me to do in this situation, and I realized it wasn't anything I was doing. She wouldn't have approved of anything I was doing, any of the depression manners. She wouldn't have wanted me to do that, she would have wanted me to continue on and be better. It just forced me to get back to myself. I was 14 going to be 15, close to finishing my freshman year of high school
Traumatic experience	Well, when I witnessed that theater shooting, because I was part of that…so that was really a big turning point. It really said to me that you have to enjoy each day one by one instead of looking into the future and looking up…because you just never know what can happen. And that right there kind of hung with me as well because you know, again you just never know what's going to happen. I'd say that was one of the main things that really changed the way I think and do things just because it makes me more grateful. Because people, you never know what they're going through during the day, so I just like to do that…I mean things like that. I was 18
Having opportunity given to them	I think here, you know. On the streets I was having jobs without having an education, so I was like "Education is bogus." And then I got locked up, and they're like, "Do you want to do here or the regular prison?" And at first, I was thinking about, you know, I'll take 5 years instead of 15, but then I started reading the packet and stuff like that and seeing how they have all these activities here and stuff, like sports and education and stuff, and I was thinking about how it'd help me out and stuff, you know? And so that's why I chose to come here, and I think this is the major turning point, you know it's really changed me around a lot. Even like when I first got here, I fought a lot, just like I did on the streets, now like I haven't gotten into a fight in like the last 9 months. And I'm slowly starting to turn around, you know? Everybody's telling me I'm way better than I was when I first got here, I was a little brat when I first got here. I was 19

Turning point type	Example
Reuniting with birth family/sibling (positive)	Going through all the foster families that we did and all the unfairness that we had to go through, I learned to not let it bring me down, to move past it. I realized it probably at 16 when I had gotten back with my mom
Reuniting with birth family/sibling (negative)	I guess I could say like meeting my parents…my biological parents because it kind of like…that's something I wanted for so long and after wanting it for so long like I didn't want it. And it just made me realize so much about my life and how my adopted mom had struggled with me, and I guess not accepting me because it was kind of like an unwanted love. Like they loved me so much and I was just ungrateful and I didn't want them and I pushed them away and I never told them "Happy Mother's Day" or "Happy Father's Day" because they weren't my parents, and it made me realize a lot and this year was the first time I told them "Happy Mother's Day" or "Happy Father's Day" but it made me feel really bad because I knew they loved me so much and they just wanted the best for me and I never accepted that. I was 18
Attitudes/behaviors	
Moment of maturation/realization	Yes, from the time I moved out of my grandparents' house to 9th grade I was just angry, I had a lot of depression issues, getting in trouble in school, arguing with my foster parents and siblings…it was just like a lot. I think just the whole transition in general. And looking for maybe the attention or whatever that was lacking in my life before I moved with them and learning how to accept that was really hard. I had a lot of authority issues and things like that. And then sophomore year, I don't know what it was but it was just something that was like [participant's name] you got to stop being so angry and so it was just like you have to be better than what you came from, and I guess I started to mature more, hanging out with different crowds with people at school, actually being into my school work, and getting help from my Denver kids counselor and also with my parent support I was just able to turn around and after that, after my freshman year, I didn't get in trouble at all in school, decided I wanted to go to college, got accepted to all the colleges I applied for. I guess it's just wanting to be better. Because I can honestly say it didn't matter what anyone else did for me, or how much better my life was, if I didn't want it I wasn't going to go for it and so I don't know what got into me. I just wanted I guess something better and to be successful and to be happy and that's what changed my life I guess. That was my sophomore year, so I think I was like 16

Turning point type	Example
Learning/discovering self-reliance	Yeah, I think it was kind of when I went to jail for a few days. Had a warrant for a failure to appear and I didn't, like 3 days in [county name] and I just felt like I had nobody. Like I was dead to the world so I realized that nobody is going to be there for me like how I can for myself. Not to really depend on others and I have to be independent. I always have been so…It was about a year ago, so like 18
Identity development	I guess the turning point would be when I finally realized I only actually was. Like when I was in middle school, I didn't talk to anyone, and I thought it was because of choice, my own choice, but it was because I had no idea what to say to other people and no one would ever talk to me, so it just happened like that. I believe it was in the library, somebody was making jokes about me, so I answered them back sarcastically, because I don't know, I'm kind of sarcastic. And everyone in the library started laughing, so I just realized, like, hey, I can get people to like me if I make them laugh. So, I held on to that for about three or four years until I got into high school. And then when something serious actually came up to me, I realized that I couldn't really do it, because people wouldn't look at me for serious things. They'd always see me as the guy that was making a joke. So then I realized how I acted really affected how people see me, and why I feel like I have to act that way, and, it's like that little moment made me realize a lot of things about myself, and how I can train myself. Some things I can't control, really, but, like how often I can make jokes and how often I can be a serious person is something I could control, so I spent about a year because it was hard to change, but I developed myself into that person who could be funny and also be turned to when people need help. So, I kinda like a teacher. So, I guess that would be my turning point. This lasted about, five years. It's a long turning point. At the start of it I was, like 12, when I realized making jokes would get people to like me, and then I was probably 15 when I realized that I can't do that forever
Rejecting unhealthy relationships	When I was in an abusive relationship with the boyfriend that I was with…that brought me down a lot, like I wasn't who I was…but once I was able to get the strength enough to leave the situation and knowing that I had a child to take care of that I didn't want to grow up through the same thing and trying to give him a better life pushed me more. So that was my turning point knowing that. You know…kind of like I'm worth more than this and my friends should never ever have to go through any kind of thing like that that I had to go through being abused… And that was really a turning point, just know that, what kind of life my son would have had, what kind of life I would have had and what I kind of life I want for us. That was a great turning point in my life. I was 17

Turning point type	Example
Religiosity	Let's see, probably when I got baptized. From that day forward I told myself that God was leading my life, so I told everyone that I let Him take the wheel of my life and spirit, the way He wants it to go. I was 16
Event or attitudes/behaviors	
Modifying problem behaviors and/or attitudes	Yes, it was probably when I was around 13 or 14 and that was when I had a therapist who really helped to have me realize that what happened wasn't my fault and that it didn't have to affect me if I didn't want it to and that I could be a be a functioning adult without it affecting me

Declarations

Ethics Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the University of Colorado Multiple Institutional Review Board and the University of Denver Institutional Review Board, and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Consent to Participate Informed consent and assent were obtained from all participants included in this study at each time point.

Competing Interests The authors declare no competing interests.

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