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WHAT IS THE IMPACT OF HEALING ADVERSE CHILDHOOD EXPERIENCES ON
ENTREPRENEURIAL INTENTIONS?

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DEDICATION

There are several individuals to whom I would like to dedicate my dissertation. My mother, Pauline McFashion, has provided invaluable and unmatched support. I am so grateful for her beautiful soul. Thanks to my sisters Makresha, Tasha, Darline, and Eleeseia for all their assistance and love during this journey. The inspiration for my topic comes from my one and only brother, Deon, who has shown resiliency in the face of adversity throughout his life. To my one and only sister-in-law, Candice, thank you for your consistent love, support, and friendship. Melhan, KJ Sr., Angelus, and Destrian, my brothers-in-law, always have my best interest with love. It is because of my nieces and nephews, DeAngelo, Imani, Million, Milan, Kenya, KJ Jr., Deon Jr., Sevyn, Dallas, and Dawson, that I strive to achieve greatness. The example I set for my goddaughter Gia will inspire her to achieve remarkable things in the future. I am grateful to her mother, Shaunda, who encouraged me throughout this journey. The resources and aid I received from my friend Coop helped me stay focused throughout my journey, and I am forever grateful for that. The pep talks and grace I received from Brandon inspired me to complete my goal. I am ever so grateful to Dee, and Elliot, for their understanding and flexibility with work. The help Kate provided me in organizing my defense is greatly appreciated. Throughout my journey, I was encouraged to stay positive by my godbrother, Lonnie. It has been my best friend Aprille's selfless gestures of support and comedic ways that have kept me inspired daily during this journey. My close friends and family have kept me motivated and inspired. To my late father, Howard McFashion, for helping me recognize my greatness. I dedicate my success and all my accomplishments to my father, who was the first man to show me genuine love and support. Thank you, God, for giving me the strength and tenacity to complete this academic journey.

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ABSTRACT OF DISSERTATION

WHAT IS THE IMPACT OF HEALING ADVERSE CHILDHOOD EXPERIENCES ON ENTREPRENEURIAL INTENTIONS?

by

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This study examines the impact of healing on two of the three adverse childhood experiences (ACEs) -- “abuse and neglect” and “self-efficacy and resilience,” respectively, which lead to entrepreneurial intentions. This study is necessary because studies have yet to examine how ACEs affect entrepreneurial intentions. An individual with low self-efficacy may have difficulty setting and achieving goals and maintaining a healthy physical and mental state. A person with low resiliency may have difficulty rebounding from hardships and have no intention of becoming an entrepreneur due to fear of failure. The resilience of entrepreneurs who have endured childhood neglect and abuse yet sought healing mechanisms makes them more likely to take risks and innovate. As a result, entrepreneurs who have experienced childhood trauma may succeed. According to this study’s results, entrepreneurs' trauma should also be addressed to ensure success. The study’s data from 392 respondents were analyzed using linear regression analysis. Among the twelve factors examined, six of them were positively related (as in abuse and resiliency, healing and resiliency, healing and self-efficacy, neglect and resiliency, resiliency and entrepreneurial intentions, self-efficacy and entrepreneurial intentions, healing x abuse and

self-efficacy, and healing x neglect and resiliency) were positively related. These findings have implications, which are discussed. Results can be found in Appendix VII.

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CHAPTER 1: INTRODUCTION

1.1 Problem Statement

An essential motivation for better understanding the causes of entrepreneurial behaviors, such as having positive attitudes and entrepreneurial intent, has been a growing recognition of entrepreneurs' vital role in social and economic growth and development (Valliere, 2015). However, less attention has been paid to other childhood experiences that may shape entrepreneurial attitudes and behaviors (Drennan et al., 2005). This research will study the impact healing adverse childhood experiences (ACEs) can have on entrepreneurial intentions. In addition, researchers have studied how one's past can negatively impact one's entrepreneurial ability. However, a deeper connection between entrepreneurial intent and ACEs should be explored. Furthermore, understanding entrepreneurial intentions and their antecedents is necessary to understand why a person chooses an entrepreneurship career (Neneh, 2019).

The upbringing of an individual can profoundly influence their entrepreneurial pursuits. According to the "career choice" perspective, an individual's decision to become an entrepreneur is assumed to be dependent on their prior decisions (Sesen, 2013, p. 624). Our personalities are also influenced by the way we are raised. Despite this, the abuse perpetrated as a child does not necessarily translate to abuse perpetrated as an adult. This research aims to uncover the positive aspects of healing adverse childhood experiences (ACEs) to understand better what motivates a person to become an entrepreneur. Another separate objective of this study is to examine the direct effects of self-efficacy on entrepreneurial intentions (EI) and to examine significant characteristics such as resilience and self-efficacy that may also influence a person's entrepreneurial intentions.

1.2 Significance of the Problem

This study defines entrepreneurial intention as the conscious state of mind that precedes action and directs attention toward entrepreneurial behaviors such as starting a new business and becoming an entrepreneur (Esfandiar et al., 2019). People act toward their goals because they are motivated or inspired by themselves or others. This study has a significant impact on the way we view entrepreneurial intentions on an individual level. Childhood adversities increase the likelihood of entrepreneurial entry by promoting rule-breaking tendencies and simultaneously decrease the likelihood of entry by negatively impacting individual ability (self-efficacy and educational attainment) (Yu et al., 2023).

Due to the shared nature of childhood adversities, success is often equated with resilience to abuse. Even though this is true in many cases, it is vital to dig deeper into this topic and reveal an entrepreneur's real motivation when healing is involved. Researchers at the National University of Singapore and King's College London have developed a "mixed blessings" theoretical model, which elaborates on the main pathways and boundary conditions through which childhood adversities impact entrepreneurial entry (Yu et al., 2023, p. 106). As a result of using the "mixed blessings" theoretical model, this study aims to increase knowledge of healing mental mechanisms in business, economy, and psychology. Furthermore, this study will enable us to understand better how healing one's traumatic past can influence the development of mentally healthier entrepreneurs.

1.3 Research Gap

An essential process in development is "negative chain effects," whereby early adverse experiences can predispose a person to further negative experiences at later stages of life (Frederick & Goddard, 2007, p. 325; Rutter, 2000). Anecdotal stories of entrepreneurs portray

contrasting pictures, suggesting that several successful entrepreneurs had a difficult childhood (Yu et al., 2022). However, many success stories ignore the part where successful entrepreneurs sought counseling or therapy after experiencing traumatic events and obstacles as children.

Despite the success of well-known business owners like Bill Gates, Oprah Winfrey, and Jay-Z, evidence of whether their hardships contributed to their success is still being determined. Further, the internal struggles and insecurities that may have been manifestations of their experiences are often buried and otherwise seen as the “resilient” factor. Psychology researchers have addressed these gaps, but business professionals rarely discuss how healing past adversities influenced their entrepreneurial success. The mixed blessings theoretical model explains how childhood adversities impact entrepreneurial entry (Yu et al., 2022). By examining adults' behavior toward entrepreneurship when healing moderates ACEs and self-efficacy and resilience, this study aims to close the gaps identified in previous research.

A large body of previous research has demonstrated that personality traits and attitudes significantly affect entrepreneurial intentions (Bandura, 1977a; McClelland, 1961; Sesen, 2013). However, evidence for either a positive or negative effect of childhood adversity on entrepreneurship remains conflicting. Healing and identifying trauma are individual experiences. An abuse victim might become insensitive to harsh treatment and start abusing others. Despite experiencing the same trauma, some victims develop coping skills to manage it, while others do not. The experiences of trauma are subjective; one person may come through an event with no emotional scars, while another might struggle for years with traumatic residue under the same circumstances (Drennan et al., 2005). This study aims to fill in gaps in past evidence on the healing factors associated with ACEs and add value to the literature on entrepreneurial intentions.

1.4 Research Questions

This research aims to address the following key question regarding entrepreneurial intentions and their influence on starting a business: How and when do ACEs relate to entrepreneurial motivation? In answering this critical question, we focus on self-efficacy and resiliency as potential links between ACEs (e.g., abuse and neglect) and entrepreneurial intentions, and healing is a potential moderator in the relationship between ACEs and self-efficacy and resiliency, respectively.

1.5 Research Contributions

Drennan et al. (2005) suggest that the decision to start a business can be triggered by a particular situation, such as unemployment or family commitments (Bird, 1988; Greenberger & Sexton, 1988; Learned, 1992; Shapero & Sokol, 1982). The decision can also be the result of one's life course (Reynolds, 1995) and cumulative events over time (Learned, 1992), such as childhood experiences (Cox, 1995; Ohe & Ohe, 1996) and later work experiences (Drennan et al., 2005). In most cases, people do not admit to childhood adversities because admitting means taking action to correct the negative impact.

This research aims to provide people with an outlet to face their childhood adversities and to correct them so they will have options for a better life, which can be obtained through developing and creating your own business to generate financial stability and fortitude. By identifying the factors impacting entrepreneurial intentions, this study will provide actionable and practical tools that can be helpful in past experiences and cultivate a mindset of self-confidence and resiliency, thus becoming inspiring entrepreneurial leaders.

This is one of the first studies to examine entrepreneurial intentions, using healing as a potential moderator in the relationship between ACEs and self-efficacy and resiliency,

respectively. In doing so, this study contributes to the literature by clarifying when ACEs are more likely to enhance or inhibit an individual's self-efficacy and resilience from facilitating entrepreneurial behavior. This study further explains the relationship between mental health and business success. Since mental health has become increasingly relevant in society, it has become clear that it impacts personal and business success (Bregman, 2019). We suggest that a conversation about healing past trauma and settling mental health should be had before a person can operate a healthy business. Moreover, unsettled trauma can also affect business decisions and actions, leading to poor results. Working through these issues can help a person make decisions rooted in a healthy mindset.

CHAPTER 2: BACKGROUND LITERATURE REVIEW AND THEORY

2.1 Entrepreneurial Intentions

This study uses Fishbein and Ajzen's (1975) theory of reasoned action and Van Gelderen et al.'s (2008) theory of planned behavior as its key overarching theory to explain the hypothesized relationships. Psychologists often use cognitive theories and mathematical models to understand human behavior better. For example, in the mathematical version of the theory of planned behavior, perceived behavior is a function of controlling beliefs about whether certain factors will be obstacles (Fishbein & Ajzen, 1975). It also indicates the power of control factors, which indicates that a factor influences either stopping someone from doing a behavior or enabling it (Rossi & Armstrong, 1999). As a more contemporary version of the theory of reasoned action, planned behavior is an integral part of the theory of planned behavior. Therefore, the relevance of these theories to the study of entrepreneurial intentions stems from their ability to predict whether people will adopt healthy habits regardless of their upbringing.

Intentions models of entrepreneurship are grounded in the field of social psychology (Ajzen, 1985; Triandis, 1980), in which intentions have been identified as the most “immediate and important” antecedent of behavior (Abraham & Sheeran, 2003, p. 495; Ajzen, 1985; Rogers, 1983; Triandis, 1980), such as starting one's own business (Krueger et al., 2000). The use of intentions models is now well accepted in literature, and researchers have turned their attention to developing more prosperous and more comprehensive models to predict the intention to start a business (Drennan et al., 2005). These models identify factors that may indirectly affect entrepreneurial intentions by influencing critical attitudes or perceptions, such as desirability and feasibility (Drennan et al., 2005). These key factors include personal background variables, such as prior exposure to the family business (Autio, Keeley, Klofsten, & Ulfstedt, 1997; Davidsson,

1995; Krueger & Carsrud, 1993), a difficult childhood (Drennan et al., 2005), and frequent relocation as a child (Davidsson, 1995).

It is natural for children to follow what they have been exposed to regularly, as they are impressionable (Tullos & Woolley, 2009). Parental and guardians' employment exposure influences entrepreneurial attitudes and behaviors (Dyer & Handler, 1994). A person's entrepreneurial decisions may also be influenced by their life course (Reynolds, 1995). Studies on entrepreneurial intentions have shown that unemployment and family obligations can also trigger the decision to start a business (Bird, 1988; Greenberger & Sexton, 1988; Learned, 1992; Shapero & Sokol, 1982). Financial influences can shape a person's attitudes, values, and goals, which will influence decision-making (Dewi et al., 2020).

2.1.1 Theory of Reasoned Action

The theory of reasoned action, often considered in tandem with the theory of planned behavior, is a cognitive theory and mathematical model that helps psychologists understand human behavior in specific contexts, such as whether people will take up healthy habits (Nickerson, 2023). Martin Fishbein and Icek Ajzen used TRA to predict behavioral intentions by considering attitudes and subjective norms (Ajzen & Fishbein, 1977). The concept is meant to reflect an individual's belief of actual control needed to behave and the perceived control the individual feels they have concerning performing the behavior (Ajzen, I., 1985). Theoretically, perceived behavioral control encompasses external factors, such as availability, time, and money, and internal factors, such as ability, skills, information, and willpower (Rossi & Armstrong, 1999).

Healing is about restoring wholeness to the individual, and wholeness is what healing is all about. I expected the theory of reasoned action would help understand how healing can

restore individual wholeness by reversing the effects of neglect and abuse. While reasoned action theory provided insights into entrepreneurship intentions, my research revealed healing can also take many forms before entrepreneurship intentions are formed.

Behavioral control is influenced by both external and internal factors, such as time, money, and availability (Ajzen & Fishbein, 1977). A person's ability to engage in certain behaviors is directly affected by external factors. Resources, such as time and money, can facilitate or hinder a desired behavior. Having access to adequate resources can also influence an individual's perception of control (Ajzen & Fishbein, 1977).

Entrepreneurship is accessible to anyone, but intentionally pursuing it requires action. Entrepreneurship also requires access to the right social network, capital, and time. Unfortunately, there may be a feeling of intimidation or a lack of confidence in people's leadership abilities. Therefore, the thought of becoming an entrepreneur is far-fetched. Most people do not put action toward becoming entrepreneurs because they believe they lack the knowledge, skills, or mental ability. This feeling of not being good at anything was taught to them at an early age. To understand how healing can play a part in entrepreneurial intent, we will explore the three most essential components of the theory of reasoned action: beliefs, attitudes, and intentions.

2.1.2 Theory of Planned Behavior

According to the theory of planned behavior, behaviors are influenced by intentions, which are determined by attitudes, subjective norms, and perceived behavioral control (Ajzen, 1991). The theory of reasoned action, which came first, and the theory of planned behavior, which came later, differ significantly. The theory of planned behavior is like self-efficacy or the belief that you can do something. Our study uses both theories for our research because if we

only focused on the theory of planned behavior, the limitation to this theory implies linear decision-making process is assumed to produce behavior. The theory of reasoned action suggests that a person's behavior is determined by their intention to perform the behavior. This intention is, in turn, a function of their attitude toward the behavior and subjective norms (Fishbein & Ajzen, 1975).

Explaining human behavior is challenging, and understanding why people choose to become entrepreneurs is even more challenging. Concepts referring to behavioral dispositions, such as social attitude and personality traits, have played an essential role in this attempt to predict and explain human behavior (see Ajzen, 1988, 1991; Campbell, 1963; Sherman & Fazio, 1983). However, much has been made of the fact that general dispositions tend to be poor predictors of behavior in specific situations (Ajzen, 1991). The failure of such general attitudes to predict specific behaviors directed at the attitude's target has produced calls for abandoning the attitude concept (Wicker, 1969).

A person with adverse childhood experiences behaves in a way that their attitude is shaped negatively. Early research into the factors that influence individuals' entrepreneurial activities focused on personality traits, such as the need for achievement (McClelland, 1961), locus of control, risk-taking propensity (Brockhaus, 1980), and tolerance of ambiguity (Schere, 1982). However, even with the addition of personal background and situational factors (Moore, 1986), these variables provided little explanation of why particular individuals start a business (Drennan et al., 2005). Therefore, this research uses the planned behavior theory to understand entrepreneurial intentions better.

2.2 Adverse Childhood Experiences

Whether we like it or not, childhood experiences will always be a part of our lives. Rather than lose hope, seek healing. Your confidence and resilience will increase. Childhood experiences shape how we think, feel, and behave as adults. Experiencing these events can evoke both positive and negative feelings, which can be difficult to process. To move forward with confidence and resilience, expressing and processing these emotions safely and healthily is imperative. Support groups and therapists can assist in coping and healing. Ultimately, finding peace and resilience in the face of adversity is possible. Additionally, practicing mindfulness and self-care can give you the strength and courage to face and cope with your feelings.

In addition to maltreatment, abuse, and living in an environment that harms their development, adverse childhood experiences (ACEs) are described as potentially traumatic events that can negatively affect health and well-being (Boullier & Blair, 2018). The discussion of ACEs can be a healing process. Most people, however, feel uncomfortable discussing their traumatic experiences. This is like unpacking the most unclean laundry for someone to critique and give their opinion. Survivors of ACEs can often be reluctant to disclose voluntarily due to shame, guilt, and anxiety about their experiences and the act or consequences of disclosure (Read et al., 2007). Unfortunately, victims are also typically reluctant to disclose their abuse histories, and practitioners are often reluctant to seek them (Read et al., 2007). However, it is time to throw away the uncomfortable talks about our past so that we can uncover the positive intentions of our future.

The relationship between ACEs and adverse physical and mental health outcomes is well established (Felitti et al., 1988). ACEs are traumatic events during childhood (from age 0 to 17), ranging from experiencing abuse and witnessing violence to growing up in a household with

substance and mental health problems (Treat et al., 2020). ACEs research has attracted considerable scientific and policy attention in recent years. It suggests that potentially preventable childhood experiences, particularly physical and sexual abuse and neglect, may increase a person's risk of severe health problems and later mortality rates (Finkelhor, 2013). Theory and empirical research show that personality traits may be linked to a history of adverse childhood experiences (Zettler, 2017). The growing literature relates adverse and traumatic events during childhood to entrepreneurial traits later in adulthood (Zettler, 2017). However, important questions are being raised concerning adverse childhood experiences that contribute to the development of entrepreneurial success, as relatively few studies have examined the relationship between ACEs and entrepreneurial intentions. Therefore, this research examines whether entrepreneurial intentions depend on healing from unresolved ACEs. Historically, research linking childhood adversities to entrepreneurship has been concerned with proof of concept and has tended to romanticize or stigmatize childhood adversities (Yu et al., 2023).

Childhood adversities may push individuals into more precarious forms of entrepreneurship because they cannot find employment (Vladasel et al., 2021). Previous research has identified a correlation between certain entrepreneurial occupations and individuals who have experienced childhood abuse (Yu et al., 2022). Yet, the findings in entrepreneurship research contrast with the well-documented adverse effects of childhood adversities in a long line of developmental psychology research (Yu et al., 2023). Abuse and neglect are two childhood adversities that can adversely affect entrepreneurial intentions, and we look at them here to make sense of these differing conclusions.

2.2.1 Abuse

Physical abuse, verbal abuse, assaults, violations, rape, and unjust practices are all forms of abuse. To these descriptions, one can also add the Kantian notion of the wrongness of using another human being as a means to an end rather than as ends in themselves (McCluskey & Hooper, 2000). Some sources describe abuse as "socially constructed," which means there may be more or less recognition of a victim's suffering at different times and in different societies (Doyle, 2014, p. 8). All forms of abuse are wrong, regardless of their definition, and must be addressed since they harm everyone and do not contribute to anything positive. Health functioning and self-concept are negatively impacted by child abuse (Sachs-Ericsson et al., 2011). However, few studies have examined the effects of abuse on health in older adults and the psychosocial variables, specifically self-efficacy, that may influence the abuse health relationship (Sachs-Ericsson et al., 2011). Studies have shown that high levels of self-efficacy are associated with positive health outcomes (Clark & Dodge, 1999). Converging findings from several research areas have shown that perceived self-efficacy partly mediates health behaviors (O'Leary, 1985). These suggest that studies should examine treatments designed to increase self-efficacy, especially among those who experienced child abuse, and observe any positive effects on health functioning (Sachs-Ericsson et al., 2011).

2.2.2 Neglect

Neglect is difficult to define since no clear, cross-cultural standards exist for desirable or minimally adequate child-rearing practices (Claussen & Crittenden, 1991). ACEs can generate adaptative capacity in entrepreneurs and create resilient entrepreneurs (Miller & Le Breton-Miller, 2017). Child neglect depends on how a child and their society perceive the caregiver's behavior; it is not how parents believe they are behaving toward their child (Barnett & Belfield,

2006). Many well-known public figures have attributed their problem childhood experiences to their success. Unfortunately, the problem with promoting this narrative is that it is subjective, and there are many other factors to consider that are not universal. For example, Oprah Winfrey (Saner, 2018) and Meg Whitman (Wilding, 2016) have attributed their success to the severe adversities they endured during their childhood (Yu et al., 2022). However, not all adversities from childhood turn out positive. Childhood adversities, such as neglect, can lead to adverse career outcomes (Yu et al., 2022). This study aims to understand the linkage between neglect and entrepreneurial career intentions.

2.3 Healing

Healing is an intensely personal, subjective experience involving a reconciliation of the meaning an individual ascribes to distressing events with their perception of wholeness as a person (Egnew, 2005). By focusing on yourself and your well-being, you can become more mindful of your thoughts and feelings. This allows you to understand the underlying causes of negative emotions better, enabling you to move forward and lead a happier life. More recently, healing has been described as an energy-requiring process to decrease physical symptoms, reach emotional well-being, regain functions, and re-establish activities (Allvin et al., 2007). This research uses healing as a moderating factor in the relationship between ACEs and self-efficacy and resilience.

2.3.1 Therapy

Therapy can take many forms, including medical treatments, group therapy, individual talk therapy, and physical therapy. In the context of adverse childhood experiences, therapy typically refers to psychotherapy or talk therapy (Pliske et al., 2021). Interpersonal traumas such as childhood sexual abuse or sexual assault can feel deeply individual. Still, group therapy can

show that others have been through similar situations, and it is generally more affordable than individual therapy (Krouse, 2022).

Therapy is a form of intervention that helps people with mental or emotional issues. It can support, create understanding, and help people improve their well-being (Ellis, 2020). Finding a therapist who fits the individual best is crucial to ensure the healing process proceeds smoothly. Otherwise, setbacks will occur. Therapy is used for insight and as a steppingstone toward healing -- there is a practice that must take place outside of therapy to reinforce new habits and maintain healing. In addition, therapy can help individuals recognize and work through patterns of behavior that have been developed as coping mechanisms (Krouse, 2022). This can help the person gain insight into how past experiences have shaped their present life and how to make positive changes. Ultimately, therapy can help individuals heal from childhood adversity and achieve a healthier sense of self (Ellis, 2020).

2.3.2 Trigger Warnings

Trigger warnings alert trauma survivors about potentially disturbing forthcoming content (Jones et al., 2020). Thus, they will be better prepared for what is to come. If they choose to view the content, they can take steps to protect their mental health. Although warning a person of potential triggers seems like a good idea, research has shown that relying on trigger warnings is countertherapeutic and gets in the way of healing (Zucker, 2023). Trigger warnings originated in online discussion groups for survivors of sexual trauma, in which individuals would warn readers before discussing their experiences (Jones et al., 2020). Trigger warnings have since expanded far beyond the boundaries of specialized online communities and beyond sexual violence (Jones et al., 2020; Wilson, 2015). In addition, empirical studies on trigger warnings suggest that they are functionally inert or cause small adverse side effects (Jones et al., 2020). If you consistently

avoid topics, it could be a sign that you are not yet ready to confront them, and professional help could be beneficial (Zucker, 2023).

Experiences in life do not come with trigger warnings (Zucker, 2023). People can stumble upon uncomfortable triggers at the most unexpected times, whether reading a magazine, walking down the grocery aisle, or conversing casually with friends. People must learn to cope with and tolerate unexpected and spontaneous presentations of material and encounters that make them uncomfortable. People must be able to cope with triggers without warning to better deal with situations that inevitably will contain them (Zucker, 2023). If the tools to recognize and manage their triggers are in advance, they can better prepare themselves for situations that may be stressful or difficult later in life or business. A person's need for content warnings undermines their resilience, and they perceive themselves as more vulnerable (Zucker, 2023). Healing emotional triggers is the best way to overcome the triggers of being warned of upsetting content. You set yourself emotionally free when you heal the initial trauma or false belief (Orloff, 2019).

2.3.3 Mental Health

In business and in the workplace, depression, anxiety, and other mood disorders can significantly undermine founder performance and contribute to issues such as burnout, co-founder conflict, toxic company culture, increased employee turnover, inability to hire top talent, inability to show up for important meetings and pitches, and poor decision making in general (Bregman, 2019). Social media has made it convenient for most people who never thought about being entrepreneurs to put themselves out there. With hustle culture widespread across social media, it is no surprise that people are overworking themselves, leading to mental health issues (Bregman, 2019).

There seems to be less effort into “the journey” of entrepreneurship because more attention is paid to the flashy fortunes of the great image of entrepreneurship. However, the internal unhappiness of the person is suffering because they never thought they needed to heal from past trauma. The healthy intentions of entrepreneurship have taken a backseat to social destruction, which has people breaking down mentally, trying to keep up with one another. Entrepreneurs are three times more likely to deal with substance abuse and twice as likely to suffer from suicidal thoughts (Thompson, 2019). If a person takes care of their mental health before putting the pressures of being an entrepreneur on their plate, the pressure and stress would be more manageable while going through the entrepreneurial journey.

2.4 Self-Efficacy

Efficacy beliefs affect whether people think optimistically or pessimistically, how well they motivate themselves, how they persevere when facing difficulties (Bandura et al., 2001), the quality of their emotional well-being, their vulnerability to stress and depression (Bandura et al., 1999; Muris, 2002), the amount of effort they invest, and the choices they make at crucial points in their life (Gambin & Świącicka, 2015). We define self-efficacy as the belief in one’s effectiveness in performing specific tasks (Bandura, 1977). As the saying goes, if you think you can do something, it is true; if you think you cannot do something, it is also true. Self-control abilities are crucial in developing self-efficacy beliefs (Skill, 2006).

A person who has had encouragement and a healthy upbringing is likely to believe they can do something and execute what they say they can do. Bandura's influential theoretical paper on self-efficacy led to more conceptual clarity by introducing two kinds of expectations about the self: outcome expectations, which are “the person’s estimate that a given behavior will lead to certain outcomes,” and efficacy expectations, which refer to a person’s belief “that one can

successfully execute the behavior required to produce the outcomes” (Bandura, 1977, p. 79).

Self-efficacy beliefs are developed and strengthened through mastery experiences, social modeling, verbal persuasion, and observing one’s physiological state (Gambin & Świącicka, 2015).

Bandura (1977, 1997) formally defined perceived self-efficacy as personal judgments of one’s capabilities to organize and execute courses of action to attain designated goals, and he sought to assess its level, generality, and strength across activities and contexts. The level of self-efficacy refers to its dependence on the difficulty of a particular task, such as spelling words of increasing difficulty. Generality pertains to the transferability of self-efficacy beliefs across activities, such as from algebra to statistics. The amount of one’s certainty measures the strength of perceived efficacy in performing a given task (Zimmerman, 2000). Shell, Murphy, and Bruning (1989) measured self-efficacy in terms of perceived capability to perform various reading and writing activities, and they assessed outcome expectancies regarding the value of these activities in attaining various outcomes in employment, social pursuits, family life, education, and citizenship (Zimmerman, 2000).

Self-efficacy affects the development and strengthening of entrepreneurial intention and thus increases the likelihood of starting a business (Boyd & Vozikis, 1994). A person will have an entrepreneurial intention to start a new business or do an entrepreneurial activity when they have a high level of self-efficacy and enough confidence in their abilities and capabilities to take advantage of a unique opportunity (Eshghi & Ghani, 2017). For example, when adults overcome childhood adversities with effort, their self-efficacy increases. In other words, to gain a more stable and resilient sense of self-efficacy, it is necessary to have direct experience in overcoming obstacles through effort and perseverance (Wood & Bandura, 1989).

2.5 Resilience

Resilience is the ability to bounce back or cope despite substantial adversity (Rutter, 1985). Over time, resilience has taken many forms. A dictionary defines resilience as “the capability of recovering from and adjusting to change or misfortune easily” (Merriam-Webster Dictionary, 2002, p. 596), and an online dictionary defines it as “the ability to recover quickly from illness, depression, change, or misfortune; buoyancy; the property of a material to return to its original shape or position after being bent, stretched, or compressed; elasticity” (American Heritage Dictionary, 2005). A consistent theme among the dictionary definitions is a sense of recovery and rebounding despite adversity or change (Earvolino-Ramirez, 2007).

Resilient individuals use positive coping strategies in response to stress (Yu et al., 2022). For example, resilient individuals are good at using cognitive reappraisal, which enables them to reappraise, reframe, and find positive meaning in adversity (Affleck & Tennen, 1996). As a result, they often perceive stressful events as less threatening and remain optimistic about their ability to cope with them (Folkman & Moskowitz, 2000). In connecting famine experience to entrepreneurial entry, Cheng et al. (2021) argued that individuals who survive hardships can become more resilient, which enables individuals to cope with losses, mitigate the negative impact on self and others, enhance self-esteem and self-efficacy, find opportunities to recover, and engage in entrepreneurial activities where resilience is critical (Ayala & Manzano, 2014; Yu et al., 2022).

Recent entrepreneurship studies have alluded to the relevance of resilience to childhood adversities but have not examined it empirically (Yu et al., 2022). Childhood adversities have a detrimental influence on personality development (e.g., neuroticism and negative affect) (Rosenman, S., & Rodgers, B., 2006) and on mental and physical health (Brent & Silverstein,

2013), and they should be examined for a better understanding of entrepreneurial intentions (Yu et al., 2022). Resilience is a crucial pathway linking childhood adversities to entrepreneurial success; adverse circumstances may create vulnerabilities that disrupt the entrepreneurial process (Zhao & Li, 2022), rendering the importance of examining multiple positive and negative pathways (Yu et al., 2022).

2.5.1 Attention Deficit and Hyperactivity Disorder (ADHD)

Attention deficit and hyperactivity disorder (ADHD) is a developmental disorder characterized by inattentiveness and hyperactivity linked to occupational choice and performance (Verheul et al., 2015). Entrepreneurs are commonly characterized as individuals with high energy levels (Kets de Vries, 1985) who dare to pursue risky activities and show resilience adversity (Markman, Baron, & Balkin, 2005). It was hypothesized and confirmed by Verheul (2015) that individuals with ADHD are more likely to have entrepreneurial intentions. However, while adversity is often negatively related to well-being (Breslau et al., 1999; Turner & Lloyd, 1995), recent studies suggest that adversity may also foster resilience; for example, individuals who experience moderate adversity may be better able to cope with stressful situations or failures and, consequently, report higher well-being (Verheul et al., 2015).

As a result of their lower inhibitory control, adults with ADHD-like behavior are more likely to experience adverse events (e.g., poor school performance and unemployment) (Verheul et al., 2015). By experiencing the negative consequences of ADHD from early childhood, those individuals may develop a higher resistance to failure and ways to cope with adversity and achieve success against significant odds (Wilmshurst et al., 2011). High-functioning adults with ADHD-like behavior may exhibit greater resilience to disappointments (Verheul et al., 2015). Importantly, resilience to disappointments and the ability to “bounce back” by continually

(re)assessing and adapting to changing and stressful situations is not only common among individuals who exhibit ADHD (Young, 2005), but it is also a prerequisite for entrepreneurs who need to persevere in the face of high risk and resource constraints (Markman, Baron, & Balkin, 2005).

Previous research has associated ADHD with adverse job-related outcomes (Barkley et al., 2006). Specific ADHD symptoms, such as sensation seeking and lack of premeditation, could attract individuals to entrepreneurship (Wiklund et al., 2017). The traits that make it difficult to fit into most regular vocations could fit well with the high uncertainty environment and lack of established routines associated with entrepreneurship (Wiklund et al., 2017). Although most people associate ADHD with adverse job-related outcomes, this does not necessarily mean that entrepreneurs cannot benefit from ADHD by achieving successful outcomes in their businesses and the general world. A person with entrepreneurial qualities is prepared to take advantage of transformational career opportunities, understand the path of change, become aware of new job needs, and contribute to creating new jobs (Fouladi & Baghbani, 2014). We argue that no matter what disorders individuals suffer from due to childhood adversities, society needs them to heal and tap into their powers of entrepreneurship to be a powerhouse in innovation.

CHAPTER 3: HYPOTHESIS DEVELOPMENT

3.1 Conceptual Framework and Model

This section introduces a theoretical framework of how the healing dimensions of ACEs influence the decision to become an entrepreneur. This study suggests that entrepreneurship is unique among people who have experienced ACEs and that those individuals are influenced to become entrepreneurs when exposed to healing mechanisms. We developed a conceptual model that illustrates how healing moderates the relationship between two of the three ACEs (abuse and neglect) and self-efficacy and resilience, respectively. We also examined how the two ACEs relate to entrepreneurial intentions through self-efficacy and resiliency.

3.1.1 Conceptual Framework

Fishbein's (1975) reasoned action framework has become one of the most famous conceptual frameworks for explaining, calculating, and modifying human behavior. This study uses this framework to demonstrate how healing childhood experiences can be a corrective action in shaping adult behavior toward entrepreneurial intentions. Fishbein's framework shows how behavioral, normative, and control beliefs provide the basis for attitudes toward behavior, subjective norms, and perceived behavioral control. It also shows that these three factors jointly account for much variance.

Intentions and perceived control can predict actual behavior (Ajzen, 2012). Our behavioral patterns from our childhood heavily influence the reasons for our present adult behaviors.

Despite being abused and neglected as children, when we become adults, we can repair the foundation. Fishbein pioneered reasoned action to explain human social behavior by focusing on readily desired considerations (Ajzen, 2012). He believed that by focusing on people's desire

considerations, they could better understand why people make their own decisions. Fishbein's framework allows future decision-makers to make better decisions regardless of past trauma.

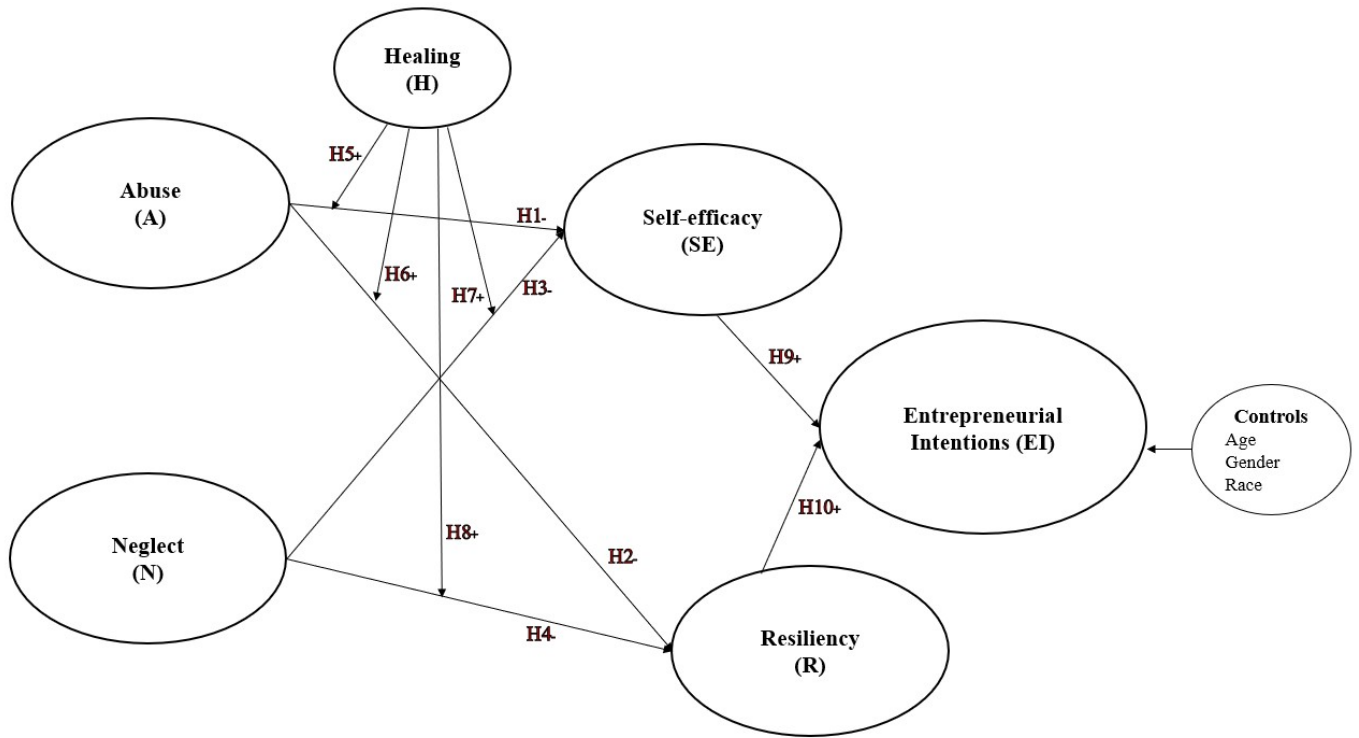
The dictum that “attitude is the most distinctive and indispensable concept” in social psychology is as true today as it was many years ago when Allport (1968, p. 59) reviewed its role in theory and research on human social behavior (Ajzen, 2012). Personal childhood experiences shape people's attitudes toward entrepreneurial intentions. Fishbein’s summation theory of attitude, later renamed the expectancy-value model (Fishbein & Ajzen, 1975), states, “People’s evaluations of or attitudes toward an object are determined by their readily accessible beliefs about the object, where a belief is defined as the subjective probability that the object has a particular attribute” (Ajzen, 2012, p. 12).

Having been encouraged and confident as a child, a person believes they can succeed as an entrepreneur. Accordingly, the present concept of perceived behavioral control is best suited to Bandura's (1977, 1982) concept of perceived self-efficacy, which “is concerned with judgments of how well one can execute courses of action required to deal with prospective situations (Bandura, 1982, p. 122). Applying Fishbein's summation theory of attitude to entrepreneurial intentions, we argue that it is possible to isolate the negative past from the present consciously. Attitudes are, of course, such residues of experience (Campbell, 1963), as are subjective norms and perceived self-efficacy (Ajzen, 1991).

3.1.2 Conceptual Model

The conceptual model shown in Figure 3.1 summarizes the hypothesized relationships for this research study.

Figure 1 - Conceptual Model of Healing Entrepreneurial Intentions



3.2 Theory and Hypothesis Development

Theory and hypothesis development are essential components of this research on healing and entrepreneurial intentions. They provide a structured framework, guide research design, help formulate testable hypotheses, enhance the generalizability of findings, and contribute to the overall knowledge base in these fields. In this research on healing and entrepreneurial intentions, theories such as perceived behavioral control and the theory of planned behavior are used to explain the relationship between individual beliefs, intentions, and actions. Hypotheses are formulated to evaluate the influence of factors such as self-efficacy, perceived control, and subjective norms on entrepreneurial intentions while also considering the potential moderating role of healing practices in this process.

3.2.1 Theoretical Development

Theoretically, perceived behavioral control encompasses external factors such as availability, time, and money and internal factors such as ability, skills, information, and willpower (Rossi & Armstrong, 1999). Based on the presumption that intention is the best predictor of behavior (Ajzen, 1991), this study aims to determine whether adults who were abused and neglected as children have a negative attitude toward entrepreneurial intentions as adults.

Current literature reviews reveal a growing use of Ajzen and Fishbein's theory of reasoned action (Fishbein & Ajzen, 1980). On the contrary, the direct association between entrepreneurial intentions and entrepreneurial behavior stems from the theory of planned behavior, which postulates that intentions are a good predictor of actual behavior (Ajzen, 1991). Intentions are assumed to capture the motivations that predict subsequent behavior, i.e., what people are willing to try or how much effort they will exert to perform the behavior (Rossi & Armstrong, 1999). While examining moderators for entrepreneurial intentions to behavior provides new insights, it is always essential to provide an appropriate context for the study (Neneh, 2019). This is particularly important as prior studies (e.g., Shinnar et al., 2018) have shown that context could play a vital role in determining whether an individual translates their entrepreneurial intentions into actions (Neneh, 2019).

Having been abused or neglected as a child can either force a person to enter entrepreneurship because they have a lot to prove or make them less likely to do so since failure is all they know. According to the “career choice” perspective, an individual’s decision to become an entrepreneur is assumed to be dependent on their prior decisions (Sesen, 2013, p.625). We argue that a person who has never been exposed to entrepreneurship is less likely to

have the intention of entrepreneurship in their future decisions. In Ajzen's (1991) theory of planned behavior model, planned behaviors are the outcomes of conscious intentions, while those intentions are combinations of attitudes toward the behavior, subjective norms shaped by the environment, and perceived behavioral control (Ajzen, 1991; Sesen, 2013). For example, attitudes toward the behavior refers to a person's evaluation of the behavior, after which an individual's attraction to the notion of starting a business venture emerges (Sesen, 2013). If healing is not prioritized, abused and neglected children are less likely to be able to make sound decisions as adults, such as choosing entrepreneurship as a career. Therefore, being self-aware of triggers can assist with turning intentions into action for individuals who have figured out healing mechanisms to cope with ACEs.

3.2.2 Hypothesis

3.2.2.1 Childhood Abuse Experience and Self-efficacy

A childhood abuse experience negatively affects health functioning and self-concept (Sachs-Ericsson et al., 2011). We argue that for abused children to succeed and thrive into adulthood, they must overcome many obstacles. There is an association between ADHD symptoms and poorer coping self-efficacy among adults who have experienced child abuse (Singer et al., 2016). Abuse as a child stunts the brain. Learning problems (e.g., problems with inattention and deficits in executive functions) may occur in the child (Petersen, Joseph, Feit, & National Research Council, 2014). In time, this can damage an adult's self-worth and belief in their capabilities. In support, past studies have shown that individuals who had experienced physical or sexual abuse during childhood showed significantly elevated inattention symptoms (Singer et al., 2016). In addition, children with high-intensity ADHD display lower self-efficacy

beliefs in regulating negative emotions compared to the group with low-intensity symptoms (Gambin & Świącicka, 2015).

This study suggests that the more abuse a person has experienced in their younger years, the less their self-efficacy in their adult years. Despite this, not all abused children grow up to have low self-efficacy as adults. We propose the following hypothesis based on our observations:

H1: An increase in childhood abuse experience will lead to a decrease in self-efficacy.

3.2.2.2 Childhood Abuse Experience and Resiliency

Children who have experienced abuse are at increased risk for several problematic developmental, health, and mental health outcomes, including problems relating to peers (e.g., peer rejection), internalizing symptoms (e.g., depression, anxiety), externalizing symptoms (e.g., oppositional defiant disorder, conduct disorder, aggression), and posttraumatic stress disorder (PTSD) (Petersen, Joseph, Feit, & National Research Council, 2014). The issue of adverse childhood experiences does not end there. As adults, these individuals continue to show an increased risk for psychiatric disorders, substance use, severe medical illnesses, and lower economic productivity (Petersen, Joseph, Feit, & National Research Council., 2014). However, not every abused child develops these issues as an adult. By examining compensatory resources in children and their environment, an ecological-transactional framework can aid in understanding children who exhibit resilient outcomes despite abuse (Cicchetti & Toth, 2009; Luthar et al., 2000). Moreover, results from a study of adults who were the subjects of substantiated cases of child abuse as children indicated that 22 percent of abused individuals met the criteria for resilience (McGloin & Widom, 2001).

Much literature has documented the maladaptive outcomes associated with childhood victimization, but little is known about resilience (McGloin & Widom, 2001). Protective factors

supporting resilience have been examined at the individual, family, and social environment levels, measured in childhood, adolescence, and early adulthood (Petersen, Joseph, Feit, & National Research Council., 2014). In a review of protective factors for resilience following child abuse and neglect, Afifi and Macmillan (2011) identified three protective factors that are best supported by findings from longitudinal and cross-sectional studies, including a stable family environment, supportive familial relationships, and personality traits that support social skills (Petersen, Joseph, Feit, & National Research Council., 2014). A supportive family environment, such as one free of violence and substance abuse, and positive and supportive familial relationships can help children develop the skills and resilience to cope with difficult emotions, challenges, and setbacks. We propose the following hypothesis:

H2: An increase in childhood abuse experience will lead to a decrease in resiliency.

3.2.2.3 Childhood Neglect Experiences and Self-efficacy

When neglect is prevalent, rigid and dysfunctional low self-efficacy may result from negative parent-child interactions. On the other hand, positive beliefs about oneself are likely to be formed with positive parent-child interactions. Some families' culture involves chaos, leading to a child losing their worth and growing up with the same self-worth in adulthood. The effects of neglect on children can be significant and long-term, with children's physical and mental health and psychosocial and cognitive development affected (Dubowitz, 2009). When healing mechanisms are not formed early on, cognitive development can severely impact self-efficacy in adulthood. Some parents/caregivers may have physical health, cognitive, mental health, or substance abuse concerns that limit their ability to provide safe and adequate care for their children (Slack et al., 2011). This is because their lives are so disorganized and plagued by crises that meeting even the basic needs of their children consistently is nearly impossible (Hornor,

2014). Because of this perception of low parental self-efficacy, the child's need signal will seem threatening and stressful (De Paul & Guibert, 2008). Until healing measures are taken, the cycle of neglect continues for generations.

Families of neglected children are more likely to live in poverty, be clients of social services, and receive state support, and their parents are more likely to be unemployed (Davidson-Arad et al., 2010). Due to their adverse childhood experiences and the cycle of neglect, these children grow up with a skewed sense of self-efficacy. The effects of neglect early in life can linger into adulthood, affecting career plans and causing lifelong disabilities. To achieve high self-efficacy as an adult, one must be guided to develop fundamental characteristics that maintain growing self-esteem in early life. Therefore, we propose the following hypothesis:

H3: An increase in childhood neglect will lead to a decrease in self-efficacy.

3.2.2.4 Childhood Neglect Experiences and Resiliency

Studies suggest that resilience may mediate or moderate the relationship between neglect and adverse outcomes (Fritz et al., 2018). Researchers tend to conclude that understanding resilience in the context of neglect is limited since neglect or the likelihood of neglect varies by individual circumstances. This is important because the consequences of childhood victimization may vary by the type of neglect experienced, the severity and chronicity of the maltreatment, the child's cognitive appraisal of the event, and the family and community response to the maltreatment (Widom, 2000). Resiliency cannot be measured according to levels of childhood maltreatment due to study limitations (McGloin & Widom, 2001). Yet, regardless of the level of neglect experienced in childhood, it is likely to reduce adult resilience.

Resilience involves acting with a clear goal and an understanding of how to accomplish it. The aim is to increase resiliency in the face of adversity regardless of the levels of past

neglect. However, there are several factors to consider. Firstly, a sense of self-esteem and self-confidence; secondly, a belief in one's self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem-solving approaches (Rutter, 1985). The concept of resilience varies according to individual circumstances, so our hypothesis focuses on understanding how individuals cope with adversity in a specific way. The research findings suggest that the protective factors likely to foster such a cognitive set include two key features: secure, stable affectional relationships and experiences of success and achievement (Rutter, 1985). We propose the following hypothesis:

H4: An increase in childhood neglect will lead to a decrease in resiliency.

3.2.2.5 Healing, Childhood Abuse Experience, and Self-Efficacy

Strong self-efficacy supports recovery from traumatic experiences, but previously experienced life adversities may impair self-efficacy (Bandura et al., 1982). Taking healing measures into consideration can minimize the severity of the impact of child abuse on adult issues later in life, thereby increasing self-efficacy. Bandura (1977b) provides guidelines for measuring self-efficacy beliefs for different domains of functioning. This theory states that psychological procedures, whatever their form, alter the level and strength of self-efficacy (Bandura, 1977b). Consistent with Bandura's theory, this study suggests that healing can help reduce childhood abuse's negative impact on self-efficacy. Healing can also help to increase self-efficacy, empowering individuals to take control of their lives and reach their goals.

Survivors of child abuse need all the help they can get to develop positive coping mechanisms. This can help them have more control over their emotions and reactions when making sound decisions. It is possible conceptually to have high self-efficacy about a capability that one does not particularly esteem, as well as the reverse (Bandura et al., 1999). Self-efficacy

has been a widely used construct for self-assessment of the result of communication skills, as it is believed to directly influence personal performance in specific contexts, considering the changes that can occur in behavior (Axboe, Christensen, Kofoed, & Ammentorp, 2016). Self-worth and self-esteem grow when a person heals from past abuse in childhood. Experiencing childhood abuse can significantly affect an individual's self-confidence and belief in their abilities. Therefore, it is essential to seek healing methods to transform the negative impact into a positive one.

When someone experiences abuse, they may feel powerless and unable to control their life. This can lead to a decrease in confidence and an increase in self-doubt. In addition, it is essential for individuals who have experienced abuse to seek support and resources to help them rebuild their sense of self-efficacy. This may include therapy, support groups, and other forms of professional help. By improving their self-efficacy, survivors of abuse can regain their sense of control and move forward positively. Therefore, we propose the following hypothesis:

H5: Healing moderates the relationship between childhood abuse experience and self-efficacy, such that the relationship between childhood abuse experience and self-efficacy becomes less negative when both childhood abuse experience and healing are high.

3.2.2.6 Healing, Childhood Abuse Experience, and Resiliency

Early resilience theories emphasize identifying child characteristics associated with positive outcomes in the face of adversity (Rutter, 1985). However, going through abuse at a young age creates a significant risk for various dissocial behaviors, including police problems and substance abuse (Rosenman & Rodgers, 2006). While it is certainly not guaranteed, those who have faced adversity in their youth are statistically more likely to struggle with these issues in adulthood. People can overcome challenges and improve their thinking about life when they

turn negative adversity into a positive footstool for growth. This approach is consistent with what has been termed the postmodern or new-science perspective, which also recommends a shift away from problem-oriented approaches to those focusing on strengths that allow individuals to survive and grow even in the face of adversity (Richardson, 2002).

Most resilience research has been conducted with these younger populations, and little is known about how resilience operates in adulthood (Campbell-Sills et al., 2006). One can speculate because raw feelings are developed during childhood, and decisions are made based on the cards dealt. Bonanno (2008) argues that because most research into trauma and loss has only included treatment-seeking populations, we continue to know very little about the process of resilient adaptation in adulthood. Healing is, however, the key to picking up the pieces in adulthood and moving forward. The experiences of abuse in children can be moderated by the process of healing, which also contributes to positive resilient factors. Building resilience in the face of abuse takes immense strength and courage. Individuals who have survived abuse often experience enduring emotional and psychological impacts. After conducting an autobiographical interview with adult survivors, Lisak (1994) identified fifteen psychological themes: anger, betrayal, fear, homosexuality issues, helplessness, isolation and alienation, legitimacy, loss, masculinity issues, negative childhood peer relations, negative schemas about people, negative schemas about the self, problems with sexuality, self-blame/guilt, and shame/humiliation. However, acquiring the skills to manage and recover from these traumatic events can significantly improve a person's well-being. We propose the following hypothesis:

H6: Healing moderates the relationship between childhood abuse experience and resilience, such that the relationship between childhood abuse experience and resilience becomes less negative when both childhood abuse experience and healing are high.

3.2.2.7 Healing, Childhood Neglect Experience, and Self-Efficacy

Because trauma causes negative automatic associations with various environmental and interpersonal stimuli, providing corrective experiences to similar stimuli becomes essential to weaken trauma reminders, reduce fear, and provide corrective experiences (Hayes et al., 2012). By undergoing these corrective experiences, individuals can heal from childhood neglect and develop stronger self-confidence and self-efficacy. The concept of corrective experiences has a long history and an important place in theories of change in psychotherapy (Hayes et al., 2012). Campbell-Sills and colleagues (2006) predicted that resilience would have a moderately positive relationship to conscientiousness, mainly because highly conscientious persons would be more likely to have strong self-efficacy and would take an active problem-solving approach to deal with stress. Task-oriented coping is a generally adaptive manner of dealing with stress, mainly when the stressor is controllable (Zeidner & Saklofske, 1996). Children who are neglected often carry the belief into adulthood that their emotions and necessities are insignificant, as seeking assistance is perceived as a display of vulnerability.

Individuals with a keen sense of self-efficacy are less prone to experiencing such emotions. Painful experiences and lack of nurture in dysfunctional families wound the inner child and contaminate adult experiences (Kneisl, 1991). Healing the inner child by grieving neglected childhood developmental needs is a lengthy process that improves the quality of one's life (Kneisl, 1991). It helps to develop self-acceptance, self-compassion, and a sense of self-worth. It also teaches us how to care for ourselves better and to create healthy relationships. Finally, it allows us to heal and grow in a safe and nurturing environment.

A person with a powerful sense of positive self-efficacy believes in their abilities and is confident in their capacity to succeed. Indeed, there is something special about those who

approach challenges with a growth mindset and view obstacles as opportunities for learning and growth. When faced with a challenging task, people with positive self-efficacy remind themselves of past successes and draw upon inner strength to persevere. Because of their low self-efficacy beliefs, minority students' academic performance declines over time, and many fail high school (O'Hare, 1992), influencing how they make choices, make efforts, persevere with challenging tasks, and experience anxiety. Students at risk can still achieve their goals and positively impact the world if they receive support at an early age. With hard work and dedication, they can overcome any obstacle. Thus, developing a sense of positive self-efficacy can help them find innovative ways to succeed. We propose the following hypothesis:

H7: Healing moderates the relationship between childhood neglect and self-efficacy, such that childhood neglect and self-efficacy become less negative when both childhood neglect and healing are high.

3.2.2.8 Healing, Childhood Neglect Experience, and Resiliency

The healing process of childhood neglect can have a profound impact on resiliency. By addressing the emotional wounds caused by neglect, individuals can overcome adversity. Outcomes interpreted as successful raise self-efficacy, whereas those interpreted as failures lower self-efficacy (Pajares, 2003). When individuals cultivate resilience, they foster a powerful sense of self-assurance, allowing them to navigate challenging circumstances and effectively rebound from adversity adeptly. Resiliency, for these adults, is a process that is chosen and fostered (Buckley, Thorngren, & Kleist, 1997). By choosing to practice patience, self-compassion, and a commitment to growth, one can turn the experience of childhood neglect into a foundation of strength and positive resiliency.

Resiliency involves strengthening one's positive qualities rather than trying to undo long-standing damage. We argue that the ability to bounce back from challenges, triumph over obstacles, and maintain a positive outlook despite negativity is linked to achieving a positive adjustment to healing. Abuse can be in the form of physical, sexual, and emotional abuse; poverty may also include what happens when one goes through divorce, abandonment, and neglect. Watt, David, Ladd, and Shamos (1995) studied adults who had managed not only to survive extreme stresses in early life but thrived despite them. Taken together, we propose the following hypothesis:

H8: Healing moderates the relationship between childhood neglect and resilience, such that the relationship between childhood neglect and resilience becomes less negative when both childhood neglect and healing are high.

3.2.2.9 Self-Efficacy

A person with high entrepreneurial intentions can use calculated risk to enhance self-efficacy and identify new business opportunities for running a new venture (Zhao & Seibert, 2006). Belief in one's efficacy provides the foundation for human motivation, well-being, personal achievements, and control over one's social environment (Mishra & Singh, 2022). We argue that individuals with high self-efficacy are more likely to succeed in entrepreneurship and face the challenges of starting a new business. People with high self-efficacy are also more intrinsically interested in the task, more willing to complete it, and more consistent and perseverant in adversities and setback environments (Mishra & Singh, 2022). Because an individual's self-efficacy belief is a decisive factor in realizing entrepreneurial activities, it aids in developing the cognitive capacity to attain stated goals (Dheer & Lenartowicz, 2019; Wilson

et al., 2007). Therefore, a high entrepreneurial self-efficacy might result in a strong desire to start a new venture (Mishra & Singh, 2022).

One of the most important personal factors significantly influencing entrepreneurial intention is entrepreneurial self-efficacy (Zhao et al., 2005). Self-efficacy influences almost everything people do, such as how we think, motivate ourselves, feel, behave, and perform, thus representing a core cognitive component underlying people's intentional actions: effort, perseverance, resilience, and stress (Bandura, 1997; Bandura et al., 1999). A person's self-efficacy plays a significant role in determining their intentional behavior. This behavior, in turn, affects their likelihood of becoming an entrepreneur. In the entrepreneurship arena, self-efficacy is viewed as an essential factor and has been linked to entrepreneurs' escalation of commitment (Kuratko & Hodgetts, 2007), decision-making (Chen et al., 1998), intentions to pursue opportunities (Boyd & Vozikis, 1994; Zhao et al., 2005), choices about whether to start new ventures, and perseverance over time (Hallam et al., 2015). Self-efficacy is also vital in entrepreneurship, affecting decision-making, commitment to opportunities, and perseverance.

When a person attributes the cause of performance to themselves, the initial self-efficacy influences behavior and performance, increasing self-efficacy when the performance in question yields success and decreasing self-efficacy when the outcome is a failure (Saks, 1995; Tay et al., 2006). In other words, when someone takes credit for their initial self-confidence, their self-efficacy depends on the outcome's success or failure. Entrepreneurs often take pride in their ability to achieve goals independently, but having a role model can significantly accelerate their entrepreneurial intentions and self-efficacy. When facing a career choice, individuals compare their own situations and experiences to those of their role models (Shao-hui et al., 2011). This kind of comparison is associated with evaluating their motives and actions, such that they often

find in the role model an image of themselves and what they could achieve (Buunk & Gibbons, 2007). When the role is a career role, such as an entrepreneur, role models can help shape both the outcome expectations and self-efficacy of the individual, leading to intentions of pursuing the said career (Nauta et al., 1998). Having a role model significantly influences an individual's expectations and self-efficacy when pursuing a career as an entrepreneur. We propose the following hypothesis:

H9: An increase in self-efficacy will lead to an increase in entrepreneurial intentions.

3.2.2.10 Resiliency

Those who have shown resilience and can be role models may also thrive from a need for nobility and altruism to give back to society, which has been cited as a part of resilience (Richardson, 2002); therefore, they might be especially willing to help aspiring entrepreneurs (Bullough et al., 2014). How a person responds to a child who has lost hope during times of uncertainty can significantly impact their career decisions as an entrepreneur. Usually, people who aspire to change their life's direction will pay it forward positively to others. Many individuals require direction from a mentor or someone who can relate to their aspirations. As it is not always possible to change the social context of children in a supportive way, it seems reasonable to focus on increasing resiliency and the capacity to process challenging experiences (Cohrdes & Mauz, 2020).

People with a high tolerance for resilience are described as able to cope with challenging circumstances in tense situations. Since both self-efficacy and resilience can be developed (Wilson et al., 2007), educators should work to foster them through entrepreneurship and business development training (Bullough et al., 2014). Rather than resisting change, resilient people work hard to achieve goals that will give them greater chances of success, such as

becoming an entrepreneur. In addition, potential entrepreneurs can learn by modeling others (Bandura, 1977b) who have successful businesses born out of turbulent times (Bullough et al., 2014). This indicates that mentoring and speaking events by those who have found positive personal growth due to learning from adverse events (McMillen, 1999) and training might help boost aspiring entrepreneurs' self-efficacy, coping, and resilience (Bullough et al., 2014). Thus, attending mentoring and speaking events led by successful individuals can significantly benefit aspiring entrepreneurs, improving self-efficacy and resilience. Entrepreneurial aspirations can also be realized with the guidance and influence of a capable mentor or leader. We propose the following hypothesis:

H10: An increase in resiliency will lead to increased entrepreneurial intentions.

3.2.3 Hypothesis List

Our hypothesis list guides the study process and gives it a clear direction. Additionally, it allows us to assess specific hypotheses and analyze the results, ensuring that the findings are supported by evidence. Lastly, the hypothesis list facilitates the organization and structure of the study, making it easier for readers to understand the goals and outcomes of the study. An example of specific hypotheses included in the hypothesis list is hypothesis 1: An increase in childhood abuse experience will lead to a decrease in self-efficacy. We have drawn informed conclusions based on the evidence gathered. Refer to Table 1 for a detailed list of hypotheses.

Table 1 Hypotheses List

Table 3.1, Hypotheses List		
Variables	Hypothesis	Increase/Decrease
H ₁ - Abuse to Self-Efficacy	An increase in childhood abuse experience will lead to a decrease in self-efficacy.	-
H ₂ - Abuse to Resiliency	An increase in childhood abuse experience will decrease resiliency.	-
H ₃ - Neglect to Self-Efficacy	An increase in childhood neglect will lead to a decrease in self-efficacy.	-
H ₄ - Neglect to Resiliency	An increase in childhood neglect will lead to a decrease in resiliency.	-
H ₅ - Abuse x Healing to Self-Efficacy	Healing moderates the relationship between childhood abuse experience and self-efficacy, such that the relationship between childhood abuse experience and self-efficacy becomes less negative when both childhood abuse experience and healing are high.	+
H ₆ - Abuse x Healing to Resiliency	Healing moderates the relationship between childhood abuse experience and resilience, such that the relationship between childhood abuse experience and resilience becomes less negative when both childhood abuse experience and healing are high.	+
H ₇ - Neglect x Healing to Self-Efficacy	Healing moderates the relationship between childhood neglect and self-efficacy, such that the relationship between childhood neglect and self-efficacy becomes less negative when both childhood neglect and healing are high.	+
H ₈ - Neglect x Healing to Resiliency	Healing moderates the relationship between childhood neglect and resilience, such that the relationship between childhood neglect and resilience becomes less negative when both childhood neglect and healing are high.	+
H ₉ - Self-Efficacy	An increase in self-efficacy will lead to an increase in entrepreneurial intentions.	+
H ₁₀ - Resiliency	An increase in resiliency will lead to an increase in entrepreneurial intentions.	+

CHAPTER 4: RESEARCH METHODOLOGY

4.1 Research Methodology

This study used an internet-based quantitative survey to collect data. Internet-based surveys are more cost-effective than other data collection methods because they do not require researchers to travel to locations or hire physically (Regmi et al., 2016). Moreover, respondents were able to take the survey at their convenience, which increased response rates.

4.2 Population

This study focuses on individuals from the United States of America. The participants are eighteen and older, with a mixed generational representation across all demographic categories. Participants were asked to complete a questionnaire (see Appendix V) to assess their adverse childhood experiences, resiliency, self-efficacy, and entrepreneurial intentions.

4.3 Sample Population & Hypothesis

A Qualtrics survey platform and Amazon Mturk were used to collect survey responses. Once approval was obtained from the Institutional Review Board (IRB), the survey was distributed to a network of social media users. To explain the study to participants, an informational letter was included at the beginning of the questionnaire explaining the study's purpose, duration, confidentiality assurances, and data protection assurances (see Appendix III). As part of the survey, participants were required to read and agree to a consent form (see Appendix IV).

Our study used 392 of 407 targeted participants. The remaining 15 participants were not included in the study for various reasons. Some participants dropped out or withdrew from the study before data collection was completed. Others provided incomplete or inaccurate responses, rendering their data unusable for analysis. However, the high participation rate of 96.3% in our

study strengthened our findings' validity. The topic of healing childhood adversity is heavy, so it was important to have enough participants for the study to be validated.

During my research, I sought a meaningful sample size of ACEs. As a result of the study, I chose to use scales that have been proven to be reliable in previous studies. This was done to ensure that the sample included a wide variety of ACEs, such as physical, emotional, and sometimes even a variety of minor abuses. As a final check, I wanted to make sure that the sample size was large enough to accurately represent the population in the sample. To achieve a meaningful sampling of ACEs, I developed a questionnaire that covered the various types of ACEs that could be encountered. Furthermore, I sought a sufficiently large sample size to minimize sampling error and increase the reliability of the findings.

To find out how common ACEs were in the general population, I wanted to get a good sample of them. Using surveys, I collected data from anyone who wanted to participate. The results of my study indicate that ACEs are prevalent in society, and those who are intentional about entrepreneurship may be exploring ways to heal childhood trauma.

SPSS was used to analyze our hypotheses. Our hypotheses were evaluated using a one-way analysis of variance (ANOVA). Our results indicate that out of 10, 6 hypotheses are supported. Our hypotheses are supported by a significant p-value of 0.000. This indicates that our results are reliable and trustworthy. Our findings can be used to inform further studies in this field.

4.4 Instruments

In this study, scales that have already been evaluated in previous literature were used. These scales were selected based on their relevance to the study topic and their ability to measure the desired constructs effectively. Using established scales eliminated any concerns about the

reliability of measurement instruments, ensuring that the results could be compared to existing literature. Furthermore, existing research was used to build on this study and to learn more about related topics.

The questionnaire had fifty items. Six items measured abuse, eight measured neglect, twelve measured healing, eight measured self-efficacy, six measured resilience, and ten measured entrepreneurial intentions. The items were scored on a Likert scale. The data collected was then analyzed to determine the relationship between abuse, neglect, healing, self-efficacy, resilience, and entrepreneurial intentions. For a detailed description of the instruments used, refer to Table 2 below.

Table 2 Measures and Scales

Table 4.2, Measures and Scales List				
Construct	Scales	Number of Items on Scales	Likert Scale	References
Abuse (A)	Childhood Abuse and Trauma (CAT) Scale - Punishment Subscale	6-item scale	5-point Likert scale	Reference: Sanders, B., & Becker-Lausen, E. (1995). The measurement of psychological maltreatment: Early data on the child abuse and trauma scale. <i>Child abuse & neglect</i> , 19(3), 315-323.
Neglect (N)	Neglect Scale (NS) - Form A8	8-item scale	4-point Likert scale	Reference: Straus, M. A., Kinard, E., & Williams, L. M. (1997). The neglect scale. 315-323.
Healing (H)	Self-Healing Assessment Scale (SHAS)	12-item scale	4-point Likert scale	Reference: Wu, Y. C., Hsu, H. I., Tung, H. H., Pan, S. J., & Lin, S. W. (2021, April). Psychometric properties of the self-healing assessment scale for community-dwelling older adults. In <i>Healthcare</i> (Vol. 9, No. 4, p. 484). MDPI.
Self-Efficacy (SE)	New General Self-Efficacy (NGSE) Scale	8-item scale	5-point Likert scale	Reference: Chen, G., Gully, S. M., & Eden, D. (2001). Validation of a new general self-efficacy scale. <i>Organizational research methods</i> , 4(1), 62-83.
Resilience (R)	Brief Resilience Scale (BRS)	6-item scale	5-point Likert scale	Reference: Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. <i>International journal of behavioral medicine</i> , 15, 194-200.
Entrepreneurial Intentions (EI)	Individual Entrepreneurial Intentions Scale (IEIS)	10-item scale	6-point Likert scale	Reference: Thompson, E. R. (2009). Individual entrepreneurial intent: Construct clarification and development of an internationally reliable metric. <i>Entrepreneurship theory and practice</i> , 33(3), 669-694.

4.5 Data Collection Procedures

Qualtrics created surveys, and Amazon Mturk provided administrative tools, like recruitment and payroll. They worked together to collect data efficiently and accurately. With controls for repeat respondents and partial participation, the target sample population in Mturk was set at 110%. Controlling repeat respondents and partial participation allowed us to collect more reliable and representative data from the target sample population within Mturk.

Participants were required to complete the consent form before the end of the survey. The consent form provided valuable information to the participants, and the survey needed to be completed to collect all the data they needed. Participants were instructed to read the entire document carefully before agreeing to participate to ensure they understood the study and their rights as participants. To proceed with the survey, participants were asked to agree or disagree with the consent form. If they agreed, they were directed to the first question of the survey. If they disagreed, they were thanked for their time and allowed to leave.

4.6 Procedures

This paper focuses on the conceptual model in Figure 3.1 as well as the literature-based primary factors and hypotheses. Through comprehensive data analysis, this study proved the face validity and internal reliability of a validated survey instrument as well as its constructs. Our hypothesis was supported by the survey results, which showed that the conceptual model was effective in explaining the impact of healing adverse childhood experiences on entrepreneurs' intentions. To gain a deeper understanding of the implications, several simulations and analyses were conducted.

CHAPTER 5: ANALYSIS AND RESULTS

5.1 Analysis

A statistical analysis of the data was conducted using SPSS 26 and Smart-PLS. As a first step, we examined the data to determine if any missing data existed, and appropriate adjustments were made. It was necessary to reverse-code negative items to ensure accuracy and reliability. Reverse coding interpreted negative items consistently, reducing confusion and misinterpretation.

5.1.1 Exploratory Factor Analysis (EFA)

As part of the further cleaning of the data, SPSS 26 was used to conduct an exploratory factor analysis (EFA) and a reliability analysis. The EFA provided a valuable tool for understanding the relationships between variables and for grouping them into meaningful categories. This provided insight into the data structure and helped to identify the variables that were most significant to the study. The Smart-PLS software aggregated items in each scale and calculated descriptive statistics based on that aggregated total. In addition, Smart-pls was used to run normality tests and to generate Q-Q plots. Regression analysis was conducted using Smart-Pls to evaluate whether the independent and moderating variables influenced the dependent variables as predicted. To support the hypotheses, we performed a slope analysis. We calculated the rate of change between two variables by determining the difference in values for each variable and dividing it by the corresponding difference in time or distance. The resulting slope provided insights into the relationship between the variables and helped support or refute the initial hypotheses.

5.1.2 Confirmatory Factor Analysis (CFA)

As part of validating the data, we conducted a confirmatory factor analysis (CFA) to ensure that the scales used in the study were reliable and valid. The CFA results indicated that they were. To assess reliability, Cronbach's alpha was calculated for each scale, with values above 0.7 indicating acceptable internal consistency. For validity, convergent validity was evaluated by examining the factor loadings, which should be above 0.5, and discriminant validity was assessed by comparing the average variance extracted (AVE) with the square of the correlation between factors, with values greater than 0.5, indicating good discriminant validity. Results can be found below in Table 3.

Table 3 Confirmatory Factor Analysis (CFA) Results

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Abuse	0.772	0.793	0.851	0.588
Entrepreneurial Intentions	0.917	0.957	0.932	0.661
Healing	0.861	0.863	0.896	0.59
Neglect	0.907	0.912	0.924	0.604
Resiliency	0.728	0.737	0.846	0.647
Self-Efficacy	0.774	0.775	0.846	0.525

5.2 Results

We include descriptive statistics with a summary of key quantitative measures (mean, median, mode, standard deviation, etc.) relevant to the data. We ran statistical analyses, including t-tests and regression analyses. We then interpret the results by explaining their meaning and implications. Lastly, we discuss whether the results support or contradict our hypotheses.

5.2.1 Descriptive Statistics

Descriptive statistics, based on mean and standard deviation, were performed on each variable. The mean, which is the average of the data points, measures central tendency. The standard deviation, on the other hand, quantifies the data dispersion or variability. As shown in Table 4 below, descriptive statistics results are provided for all aggregated variables, including means and standard deviations. Data points with high values of mean, such as self-efficacy, tend to be larger, while data points with low values, such as abuse, tend to be smaller. In this study, self-efficacy data points are spread out over a wider range, whereas abuse data points are closer to the mean.

Table 4 Descriptive Statistics

Descriptive Statistics							
	Range		Minimum	Maximum	Mean	Std. Deviation	
	N	e					
Abuse	39	2	4.00	0.00	4.00	1.7653	0.81208
Neglect	39	2	3.00	1.00	4.00	2.4920	0.73224
Healing	39	2	3.00	1.00	4.00	2.9743	0.56904
Self-Efficacy	39	2	4.00	1.00	5.00	3.8122	0.63763
Resiliency	39	2	4.00	1.00	5.00	3.5906	0.66716
Entrepreneurial Intentions	39	2	4.80	1.00	5.80	3.1265	1.09391
Valid N (listwise)	39						

5.2.2 Test of Normality

Using SPSS 26 to test normality, we checked for skewness and kurtosis, both ranging from -1 to 1 for the dependent variables. The range of -1 to 1 for skewness and kurtosis is commonly used to determine distribution normality. If the values fall within this range, it suggests that the data is symmetrical and has a moderate peaking level. In addition to checking skewness and kurtosis, a Shapiro-Wilk test and a Kolmogorov-Smirnov test were conducted. All variables showed significant levels in both tests. Tests such as these provide a more robust assessment of whether the data follow a normal distribution, which the results demonstrate. Table 5 shows the results of the normality test. Appendix VI shows histograms and Q-Q plots of data distribution for each variable.

Table 5 Tests of Normality

Tests of Normality						
	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Abuse	0.062	392	0.001	0.988	392	0.002
Neglect	0.079	392	< 0.001	0.980	392	< 0.001
Healing	0.107	392	< 0.001	0.961	392	< 0.001
Self-Efficacy	0.104	392	< 0.001	0.977	392	< 0.001
Resiliency	0.080	392	< 0.001	0.983	392	< 0.001
Entrepreneurial Intentions	0.084	392	< 0.001	0.976	392	< 0.001
a. Lilliefors Significance Correction						

5.3 Construct Validity and Correlation Analysis

The scales used for this study are widely used to assess healing, abuse, neglect, self-efficacy, resiliency, and entrepreneurship, and the results have been consistent, accurately assessed, and reliable in previous literature. It was important for us to compare the study results with existing literature to complement our knowledge.

5.3.1 Cronbach's Alpha Coefficients

Cronbach's alpha coefficients determined the reliability of the scales; they are widely used in research to assess the internal consistency and reliability of measurement scales (Collins, 2007). Considering that the general threshold rule is .07 and higher, the coefficient alphas for this study ranged between 0.72 and .91. Although a high value of alpha (> 0.90) may suggest redundancies (Tavakol & Dennick, 2011), the coefficient alpha for this study is solid. This suggests that the scales are reliable and can be used to measure the same construct. Furthermore, the results indicate that the respondents were able to complete the survey accurately and without any bias.

5.3.2 Correlation Analysis

A study by Howells and Smith (2019) used correlation analysis to examine the relationship between sleep duration and academic performance among college students. In another study by Kagwe (2019), correlation analysis was used to explore factors related to intention to leave and job satisfaction in a large psychiatric hospital. As demonstrated in these studies, correlation analysis is useful in interpreting relationships between variables. Based on the above literature reviews, we created Table 6 to illustrate how correlation analysis is interpreted.

Table 6 Correlation Interpretations

Table 6 Correlation Interpretations																				
1	0.9	0.8	0.7	0.6	0.5	0.4	0.3	0.2	0.1	0.0	-0.1	-0.2	-0.3	-0.4	-0.5	-0.6	-0.7	-0.8	-0.9	-1.0
Perfect Positive correlation																				
Very strong positive correlation																				
	Strong positive correlation																			
		Moderate positive correlation																		
			Weak positive correlation																	
				Little to no positive correlation																
					No correlation															
						Little to no negative correlation														
							Weak negative													
								Moderate negative correlation												
									Strong negative correlation											
										Perfect negative correlation										
										Healing x Neglect					Sig of .746 - Pearson Correlation .016					
										Healing x Abuse					Sig of .961 - Pearson Correlation -.002					
										Healing x Abuse -> Self-Efficacy					Sig of .001 - Pearson Correlation .629					
										Healing x Neglect -> Resiliency					Sig of .001 - Pearson Correlation .306					

5.3.3 Correlations

In our study, we observed two important relationships of correlation coefficients: one for healing and abuse and the other for healing and neglect. Healing and abuse have a significance level of 0.961 and a Pearson correlation of -0.002. A Pearson correlation coefficient of -0.002 suggests a very weak negative correlation. The significance level of 0.961 is high, indicating that the correlation is not statistically significant. This suggests that the observed correlation could have occurred by random chance.

The second relationship we examined is healing and neglect. The exceptionally low Pearson correlation of 0.016 indicates that there is little to no linear relationship between the variables. The correlation needs to be stronger and more significant. A significance level of 0.746 is extremely high. Typically, if the p-value is greater than the chosen significance level (commonly 0.05), we fail to reject the null hypothesis. In this context, it suggests that there is a high probability of observing a correlation as weak as 0.016 by random chance alone. Therefore, the correlation is not statistically significant.

5.3.4 Correlation - Statistically Significant

A strong positive correlation exists between healing, abuse, and self-efficacy, as indicated by the Pearson correlation coefficient of 0.629. The significance level (sig.) is associated with hypothesis testing and indicates the probability of observing the correlation coefficient if there is no true correlation in the population. A significance level of 0.001 (or 0.1%, written as .001) is incredibly low. This means that the likelihood of observing a correlation as strong as 0.629 due to random chance is extremely low. The correlation coefficient of 0.629 indicates a strong positive relationship between healing, abuse, and self-efficacy. As one variable (healing or abuse) increases, self-efficacy tends to increase as well.

Lastly, we examined healing, neglect, with resiliency. In this case, we have a correlation between healing and neglect with a significance level (sig.) of 0.001 and a Pearson correlation coefficient of 0.306. The significance level (sig.) of 0.001 indicates that the probability of obtaining a correlation as extreme as the one observed (or more extreme) due to random chance is extremely low. In social sciences and psychology, a significant level of 0.001 is considered highly significant. The positive correlation (0.306) suggests that as the variable "healing" increases, the variable "neglect" also tends to increase. The incredibly low p-value (0.001) suggests that this correlation is not likely due to random chance, strengthening the reliability of the observed relationship. For the remaining variables, see Table 7.

Table 7 Correlation Analysis

Correlation Analysis							
		Healing	Neglect	Abuse	Self-Efficacy	Resiliency	Entrepreneurial Intentions
Healing	Pearson Correlation						
	N	392					
Neglect	Pearson Correlation	0.016					
	Sig. (2-tailed)	0.746					
	N	392	392				
Abuse	Pearson Correlation	-0.002	** .201				
	Sig. (2-tailed)	0.961	<.001				
	N	392	392	392			
Self-Efficacy	Pearson Correlation	**0.629	0.018	-0.30			
	Sig. (2-tailed)	<0.001	0.718	0.555			
	N	392	392	392	392		
Resiliency	Pearson Correlation	**0.306	**-.340	**-.196	** .451		
	Sig. (2-tailed)	<0.001	<.001	<.001	<.001		
	N	392	392	392	392	392	
Entrepreneurial Intentions	Pearson Correlation	**0.263	** .253	** .493	0.043	**-.158	
	Sig. (2-tailed)	<0.001	<0.002	<0.003	0.398	0.002	
	N	392	392	392	392	392	392
**. Correlation is significant at the .01 level (2-tailed).							

5.4 Hypothesis Testing

This study used regression analysis as a hypothesis-testing method to test the validity of the hypothesis. As part of the research process, regression analysis was performed to uncover a relationship between variables such as abuse and self-efficacy and neglect and resilience. To test hypotheses about the moderator of healing based on the relationships between the independent variables, neglect and abuse, regression analysis was an effective tool for quantifying relationships between constructs. Our regression analysis revealed patterns and associations between neglect and abuse and self-efficacy and resiliency that provided insight into the influence healing has on entrepreneurial intentions. You can find the results in Table 8 below.

Hypothesis 1: This study suggested that an increase in childhood abuse experience will lead to a decrease in self-efficacy. In this case, the mean of -0.049 suggests a negative relationship between abuse and self-efficacy. With a t-statistic of 0.894, we are less than one standard deviation away from the null hypothesis mean. This suggests that the observed difference is small relative to the variability in our data. The p-value of 0.372 is greater than the conventional significance level of 0.05. Therefore, we do not have enough evidence to reject the null hypothesis, and the analysis does not provide convincing evidence to support a significant relationship between abuse and self-efficacy in the population. Thus, Hypothesis 1, abuse to self-efficacy, is not supported.

Hypothesis 2: In this study, we found that childhood abuse decreases resilience. Based on the t-statistic of 2.921, the sample mean is significantly different from zero. Accordingly, the observed effect is unlikely to have arisen by chance since the p-value is less than the conventional significance level of 0.05. There is evidence to reject the null hypothesis that abuse does not correlate with resilience when the p-value is 0.004. Based on the t-statistic and p-value, abuse and resilience are statistically related. As a result of the negative mean, our sample indicates lower resilience among abuse victims. Thus, Hypothesis 2, abuse to resiliency, is supported.

Hypothesis 3: In this study, we hypothesized that an increase in childhood neglect would lead to a decrease in self-efficacy. As a result of the p-value of 0.418, we are unable to reject the null hypothesis. In our sample, it needs to be clarified whether neglect is associated with self-efficacy. According to the t-statistic (0.81), self-efficacy in our sample is slightly higher on average than what the null hypothesis would predict, but this difference is not statistically significant. Thus, Hypothesis 3, neglect of self-efficacy, is not supported.

Hypothesis 4: In this study, we hypothesized that an increase in childhood neglect would lead to a decrease in resiliency. The p-value of our study is zero, which is lower than the conventional significance level of 0.05. Therefore, we would reject the null hypothesis. According to the t-statistic of 7.614, the sample mean differs significantly from the population means under the null hypothesis. From this, we conclude that there is a relationship between neglect and resilience in our sample. Thus, Hypothesis 4, neglect to resiliency, is supported.

Hypothesis 5: In this study, we hypothesized that healing moderates the relationship between childhood abuse experience and self-efficacy, such that the relationship between childhood abuse experience and self-efficacy becomes less negative when both childhood abuse experience and healing are high. The t-statistic of 3.869 and p-value of 0 indicate that there is a significant relationship between healing abuse and self-efficacy. Of course, this is true because healing abuse can significantly impact an individual's self-efficacy by eroding their belief in their abilities and undermining their confidence. For example, survivors of healing abuse may struggle with low self-esteem, self-doubt, and a lack of trust in their own judgment and decision-making skills. This can have a profound effect on their ability to set and achieve goals, manage challenges, and maintain healthy relationships. Thus, Hypothesis 5, is supported.

Hypothesis 6: We hypothesized that healing moderates the relationship between childhood abuse experience and resilience, such that the relationship between childhood abuse experience and resilience becomes less negative when both childhood abuse experience and healing are high. To relate this to the context of healing abuse and resiliency, based on the t-statistic of .953 and p-value of .341, it seems, according to our sample, there is not enough evidence to conclude that the mean resilience differs significantly from the hypothesis. It is, therefore, possible that the observed difference in resiliency was due to chance. Furthermore,

healing abuse does not have a strong statistical relationship with resiliency. Thus, Hypothesis 6, healing abuse to self-efficacy, is not supported.

Hypothesis 7: Our study hypothesized that healing moderates the relationship between childhood neglect and self-efficacy, such that the relationship between childhood neglect and self-efficacy becomes less negative when both childhood neglect and healing are high. The p-value (0.118) is greater than the common significance level of 0.05, so we cannot reject the null hypothesis. Therefore, there is not enough evidence to conclude that healing neglect differs between groups statistically significantly. Even though the difference may not be statistically significant, it is important to consider the effect size (the magnitude of the difference). Small p-values do not necessarily indicate a large or meaningful effect. Even when the effect size is small, a large sample size can sometimes yield a statistically significant result. The observed difference may still be relevant in real-world terms even if it is not statistically significant. Thus, Hypothesis 7, healing neglect to self-efficacy, is not supported.

Hypothesis 8: Our study suggests healing moderates the relationship between childhood neglect and resilience, such that the relationship between childhood neglect and resilience becomes less negative when both childhood neglect and healing are high. With a t-statistic of 3.918, the difference between the groups (or the relationship between healing neglect and resiliency) is statistically significant. The null hypothesis is strongly refuted by a p-value of 0 (or remarkably close to 0). Our p-value of 0 suggests that there is an exceptionally low probability that these results could have been observed if there was no relationship between healing neglect and resilience. Thus, Hypothesis 8, healing neglect to resiliency, is supported.

Hypothesis 9: Our study suggests that an increase in self-efficacy will lead to entrepreneurial intentions. Based on a p-value of 0, we reject the null hypothesis because the

result is statistically significant at any conventional significance level (e.g., 0.05). Under the null hypothesis, a t-statistic as extreme as 3.879 (or more extreme) is very unlikely. Based on the information, we interpret self-efficacy as having a relationship with entrepreneurial intention. Thus, Hypothesis 9, self-efficacy to entrepreneurial intentions, is supported.

Hypothesis 10: This study suggests that an increase in resiliency is associated with an increase in entrepreneurship. An absolute t-statistic (6.206) indicates that the null hypothesis is more likely to be rejected. If the null hypothesis holds, the observed results (or extreme ones) are probabilities. The null hypothesis can be rejected (usually less than 0.05). Having a p-value of 0.000, our sample's average resilience score is -0.289, with a standard deviation of 0.046, suggesting a wide range. Individuals' resilient scores depend heavily on entrepreneurial intent due to many factors. Entrepreneurial intentions do not significantly differ from resilience scores. This is because a variety of factors, such as personality and risk tolerance, can influence resiliency scores. Entrepreneurial intent, on the other hand, is more linked with individual goals and aspirations. Entrepreneurial people are more likely to have higher resilience scores. Thus, Hypothesis 10, resiliency to entrepreneurial intentions, is supported. A summary of the results for each hypothesis (supported and not supported) are presented in table 9 below.

Table 9 Supported and Not Supported Hypothesis Summary

Hypothesis	Supported/Not Supported
H ₁ - Abuse -> Self-Efficacy	Not Supported
H ₂ - Abuse -> Resiliency	Supported
H ₃ - Neglect -> Self-Efficacy	Not Supported
H ₄ - Neglect -> Resiliency	Supported
H ₅ - Healing x Abuse -> Self-Efficacy	Supported
H ₆ - Healing x Abuse -> Resiliency	Not Supported
H ₇ - Healing x Neglect -> Self-Efficacy	Not Supported
H ₈ - Healing x Neglect -> Resiliency	Supported
H ₉ - Self-Efficacy -> Entrepreneurial Intentions	Supported
H ₁₀ - Resiliency -> Entrepreneurial Intentions	Supported
Healing -> Resiliency	Supported
Healing -> Self-Efficacy	Supported

5.4.1 Slope Analysis

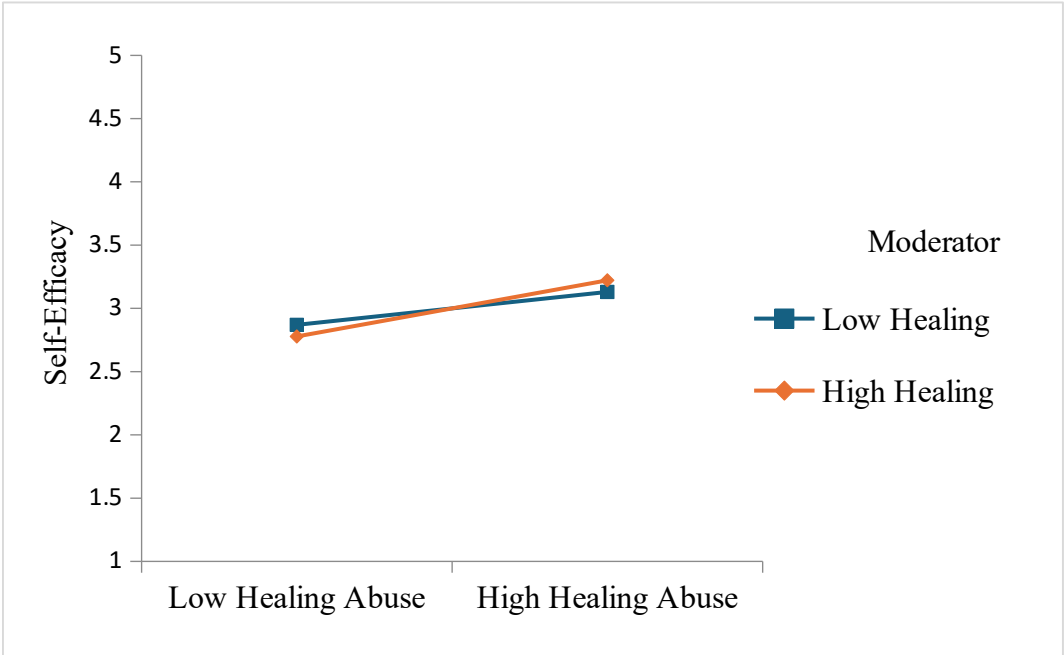
A slope analysis was performed because there is a moderator in our research study. To conduct a slope analysis, first, the moderator, which is healing, was identified and defined. Then, we collected data on the independent variable(s), the moderator(s), and the dependent variable. Next, statistical techniques such as regression analysis or ANOVA were run with SPSS while controlling for the moderator(s). This analysis helped determine if the moderator had a significant impact on the relationship between the independent and dependent variables. In

addition, we used a template created by Jeremy Dawson. This allowed us to visualize the data analysis results easily.

5.4.2 Slope Assessment

Figure 2 shows the interaction term of abuse x healing on self-efficacy. The results suggest that healing reduces the negative affect of abuse on self-efficacy, providing further support for Hypothesis 5.

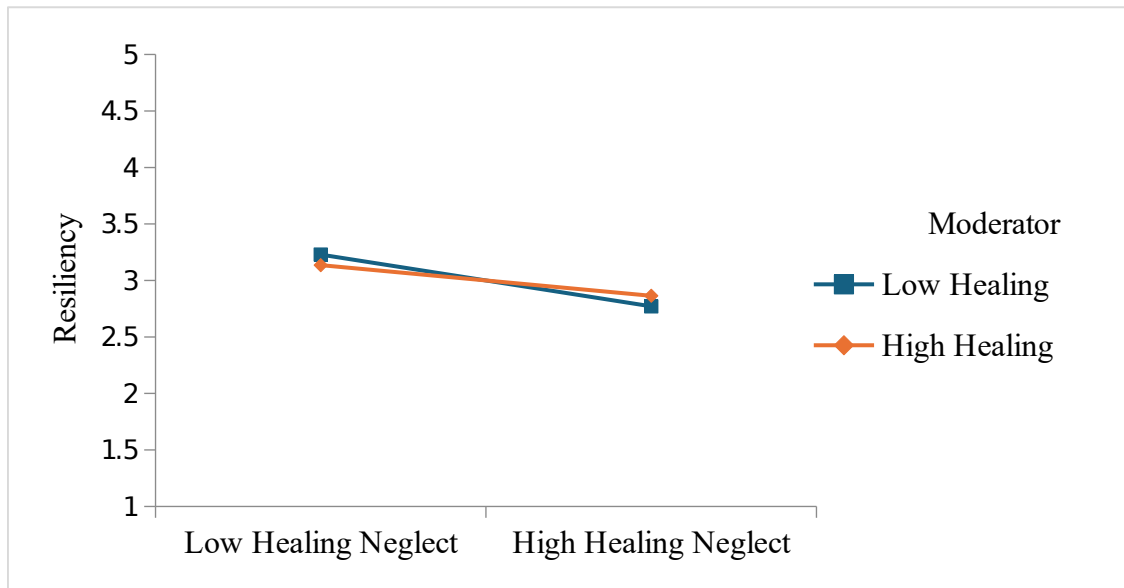
Figure 2 - Slope Assessment



5.4.3 Slope Assessment

Figure 3 shows the interaction term of neglect x healing on resiliency. The results suggest that healing reduces the negative affect of neglect on resiliency, providing further support for Hypothesis 8.

Figure 3 - Slope Assessment



CHAPTER 6: DISCUSSION & CONCLUSION

6.1 Discussion

Although few studies have examined healing, abuse, neglect, and entrepreneurial intentions simultaneously, the studies that have been conducted have shown that individuals who are empowered and have a keen sense of self-belief are more likely to have entrepreneurial intentions. On the other hand, individuals who have experienced abuse or neglect may have lower entrepreneurial intentions due to feelings of insecurity and a lack of confidence in their abilities. In this study, we examined how healing childhood adversities impacts entrepreneurial intentions. To measure entrepreneurial intentions, we used a validated survey that assesses individuals' attitudes, beliefs, and motivations toward starting and running their businesses. In the survey, entrepreneurs were asked about their desire to become entrepreneurs, their perception of entrepreneurship's feasibility, and their intent to begin a business soon. As discussed in section 5.4, the following hypotheses are supported:

- H₂ - Abuse and Resiliency
- H₄ - Neglect and Resiliency
- H₅ - Abuse x Healing on Self-Efficacy
- H₈ - Neglect x Healing on Resiliency
- H₉ - Self-Efficacy and Entrepreneurial Intentions
- H₁₀ - Resiliency and Entrepreneurial Intentions

This research suggests that entrepreneurial intentions should be guided by healing childhood neglect and abuse. Incorporating healing practices into entrepreneurial intentions has been suggested to increase self-efficacy and resilience. Increased self-efficacy and resilience in entrepreneurial intentions can lead to greater confidence in one's abilities, the ability to persevere

in the face of challenges, and a higher likelihood of taking calculated risks (Bullough et al., 2014). These qualities can be instrumental in overcoming obstacles, adapting to change, and succeeding in the entrepreneurial journey.

6.2 Theoretical Implications

Healing abuse to resiliency is a significant variable in the conceptual model, as is healing neglect to self-efficacy. We hypothesized that when individuals who have experienced childhood abuse participate in healing processes, the negative impact of the abuse on resilience is mitigated. In other words, if childhood abuse experience is combined with high engagement in healing processes, the negative correlation between childhood abuse and resilience will diminish. Contrary to what was hypothesized, the relationship between healing abuse and resiliency was in the opposite direction. This finding contradicts the findings of many previous studies assessing the effects of healing abuse on entrepreneurial intentions. To understand why these relationships were not in the expected direction, further research can be conducted.

Our study supports hypotheses 5 & 8, healing abuse to self-efficacy and healing neglect to resiliency. We hypothesized that when both childhood abuse experience and healing are high, the relationship between childhood abuse experience and self-efficacy becomes less negative. Healing from childhood abuse can positively impact self-efficacy (Sachs-Ericsson et al., 2011). Individuals can develop a greater sense of self-worth, resilience, and belief that they can overcome challenges by addressing and working through their past abuse. When self-efficacy is restored, childhood abuse can be mitigated.

The relationship between resiliency, entrepreneurial intentions, and healing from adverse childhood experiences is nuanced. Resiliency and successful healing can lead to increased self-efficacy and a positive mindset, fostering entrepreneurship as individuals seek to build a better

future for themselves despite past challenges. Although many factors contribute to the decision to become an entrepreneur, it is important to recognize the diversity of individual experiences.

6.3 Practical Implications

There is no one-size-fits-all answer to healing. It is critical to seek professional support and maintain ongoing self-care practices while addressing past neglect and abuse, both of which can have positive consequences for entrepreneurial intentions. Neglect and abuse in the past can have a transformative effect on entrepreneurial intentions. Some individuals can transform their trauma into a positive force for entrepreneurial success, while others might have difficulties rebounding from trauma, and their entrepreneurial intentions may be thwarted until they have healed.

The healing of neglect and abuse can improve emotional resilience (Lee et al., 2018). The journey of an entrepreneur is often troubled with challenges, setbacks, and uncertainties. An individual's ability to handle emotional challenges with a positive mindset, adaptability, and perseverance is determined by their level of emotional resilience (Lee et al., 2018). Our study found a positive and significant correlation between resilience and entrepreneurial intentions. Participants who scored higher in resilience measures also reported higher levels of intention to start their businesses. This suggests that individuals with greater resilience are more likely to pursue entrepreneurial opportunities and take on the challenges and uncertainties that come with starting a new venture.

A greater level of self-efficacy is associated with an increased level of entrepreneurial intent, according to our study. It is imperative to overcome neglect and abuse to develop a higher sense of self-efficacy and confidence. Taking risks, making decisions, and leading a business effectively require a powerful sense of self-belief. When individuals have a high sense of self-

efficacy, they trust their judgment and make confident decisions. This self-belief allows them to take calculated risks and lead a business effectively, as they are not constantly second-guessing themselves or seeking validation from others. It has been demonstrated that individuals with higher levels of self-efficacy are more likely to have strong entrepreneurial intentions. The reason for this is that they believe in their abilities and are confident that they will overcome challenges and succeed in starting and running their businesses. An individual's sense of self-efficacy motivates them to pursue entrepreneurial opportunities and take action to turn their ideas into reality (Bullough et al., 2014).

6.4 Limitations

In this study, we quantitatively used scales from previous research. While quantitative methods helped understand and interpret the results, qualitative methods would have been better for individuals involved in the study. Qualitative methods would have been more suitable because they allow for in-depth exploration and understanding of individuals' experiences, perspectives, and emotions (Olubiyi et al., 2019). These methods would have provided valuable insights into the distinctions and complexities of the participants' experiences, which quantitative methods alone may not capture. Additionally, qualitative methods would have provided a platform for participants to share their stories and have their voices heard, empowering them and promoting a more inclusive and ethical research approach.

It is important to acknowledge that measuring self-efficacy and entrepreneurial intentions can be challenging. Self-efficacy is a subjective construct that can vary from person to person, making standardized measurements difficult. Similarly, entrepreneurial intentions can be influenced by various factors, such as external circumstances and personal motivation, making them challenging to capture and measure accurately. Therefore, researchers and practitioners

should consider these limitations when interpreting the relationship between self-efficacy and entrepreneurial intentions.

A further limitation is that self-efficacy and resiliency may not be sufficient for addressing the deeply ingrained issues of child abuse and neglect that exist in some cases. Alternative approaches for addressing deeply ingrained issues in child abuse and neglect could include specifically exploring trauma-informed therapies such as EMDR (eye movement desensitization and reprocessing) or TF-CBT (trauma-focused cognitive behavioral therapy) (Diehle et al., 2015). Future studies that focus on resolving traumatic memories, improving coping skills, and fostering healthy relationships will provide a more comprehensive understanding of the importance of healing adverse childhood experiences to entrepreneurship.

There are only two moderators of entrepreneurial intentions measured in this study: resiliency and self-efficacy. In other studies, however, social support, coping strategies, and individual personality traits have also been found to affect entrepreneurial intentions. Self-efficacy and resilience may play a significant role in entrepreneurial intentions, but they may not be the most influential factors. Future research can conduct interviews with individuals who have experienced adverse childhood experiences to learn more about healing from past childhood adversities. This would allow researchers to assess their self-perceived self-efficacy level and explore how it relates to their entrepreneurial intentions. Another method could involve longitudinal studies, tracking individuals over time to observe any changes in self-efficacy and resilience and how they correlate with entrepreneurial intentions.

The effect of healing adverse childhood experiences on entrepreneurial intentions is statistically limited. This is because most of the research on this topic has been done on small sample sizes, making it difficult to draw concrete conclusions. Additionally, these studies have

focused on young adults, which may not accurately reflect the experiences of older entrepreneurs. Another potential reason for statistical limitations could be the reliance on self-reported data, which can be prone to biases and inaccuracies. To overcome these limitations, future research could consider using longitudinal studies with larger and more diverse samples, incorporating objective measures of entrepreneurial intentions and rigorous statistical analysis techniques such as multivariate regression models.

One of the most important limitations of this study is that the participants needed to be more generalized. Different perspectives, experiences, and cultural contexts can enrich an understanding of the research topic when respondents come from diverse backgrounds. However, the diversity of the findings may limit their generalizability since they may only apply to a select population or context. For instance, this study included both entrepreneurs and those who did not intend to become entrepreneurs. The healing of adverse childhood experiences might be beneficial to someone who wishes to become an entrepreneur. For this reason, future research should focus on a specific group of participants to better understand the individual effects of entrepreneurial intentions.

6.5 Conclusion

The connection between healing from adverse childhood experiences and entrepreneurial intentions is evident. Developing the emotional and psychological foundation necessary for successful entrepreneurship and fostering personal and professional growth begins with addressing and overcoming past traumas. Unaddressed childhood traumas can have long-term effects on entrepreneurial endeavors. These traumas can create barriers such as low self-efficacy and low resiliency, which can lead to poor decision-making, anxiety, depression, and low self-esteem. These barriers can prevent people from achieving their goals and reaching their full

potential. Without addressing these traumas, individuals may find it challenging to fully engage in the entrepreneurial journey and reach their full potential.

I began my accounting career twenty-three years ago. My interest in becoming an entrepreneur began six years ago after I sought therapy for childhood adversities. Addressing past childhood adversities through therapy allowed me to develop a deeper understanding of myself and my motivations. It was through this process that I realized my desire to become an entrepreneur, as it provided me with the opportunity to create my path and overcome the limitations that my childhood experiences had imposed on me. After therapy helped me overcome childhood hardships, I gained clarity and a sense of self. My determination to overcome these adversities enabled me to discover my true passion for entrepreneurship and escape their limitations. As part of my therapy, I addressed specific childhood adversities, such as feeling like I was not good enough. My recovery from these experiences led to newfound self-efficacy and resilience, which fueled my desire to be an entrepreneur.

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APPENDIX I. Definition of Constructs

Definition of Constructs		
Variables	Definition	References
Entrepreneurial Intentions	Entrepreneurial intention (EI) is defined as “the conscious state of mind that precedes action and directs attention toward entrepreneurial behaviors such as starting a new business and becoming an entrepreneur.”	Moriano, J. A., Gorgievski, M., Laguna, M., Stephan, U., & Zarafshani, K. (2012). A cross-cultural approach to understanding entrepreneurial intention. <i>Journal of Career Development</i> 39(2), 162-185.
Adverse Childhood Experiences (ACEs)	Adverse childhood experiences have been described as potentially traumatic events that can have lasting adverse effects on health and well-being; this includes maltreatment and abuse as well as living in an environment that is harmful to their development.	Boullier, M., & Blair, M. (2018). Adverse childhood experiences. <i>Paediatrics and Child Health</i> , 28(3), 132-137.
Emotional Abuse	This refers to behaviors that harm a child’s self-worth or emotional well-being. Examples include name-calling, shaming, rejecting, withholding love, and threatening.	ACE definitions CDC-Kaiser ACE Study 1998: https://www.cdc.gov/violenceprevention/acestudy/about.html
Physical Abuse	The intentional use of physical force can result in physical injury. Examples include hitting, kicking, shaking, burning, or other shows of force against a child.	ACE definitions CDC-Kaiser ACE Study 1998: https://www.cdc.gov/violenceprevention/acestudy/about.html

APPENDIX I. Definition of Constructs (continued)

The definition of constructs (continued)		
Variables	Definition	References
Neglect	The failure to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, access to medical care, and having feelings validated and appropriately responded to.	ACE definitions CDC-Kaiser ACE Study 1998: https://www.cdc.gov/violenceprevention/acestudy/about.html
Self-efficacy	The belief in one's effectiveness in performing specific tasks	Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. <i>Psychological Review</i> , 84(2), 191
Resilience	The ability to bounce back or cope despite substantial adversity	Ponce-Garcia, E., Madewell, A. N., & Kennison, S. M. (2015). The development of the scale of protective factors: Resilience in a violent trauma sample. <i>Violence and Victims</i> , 30(5), 735-755.
Healing	An energy-requiring process to decrease physical symptoms, reach emotional well-being, regain functions, and re-establish activities.	Allvin, R., Berg, K., Idvall, E., & Nilsson, U. (2007). Postoperative recovery: A concept analysis. <i>Journal of Advanced Nursing</i> , 57(5), 552-558.

APPENDIX II. Amazon Mechanical Turk

Influences that contribute to entrepreneurial intentions.

Requester: Chabela McFashion

Reward: \$1.50 per task

Tasks available: 0

Duration: 4 Hours

Qualifications Required: None

Survey Link Instructions (Click to expand)

Survey link:	https://fiu.qualtrics.com/jfe/form/SV_3wVZ7GDKEf4c514
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Provide the survey code here:

e.g. 123456

Submit

APPENDIX III. Informational Letter

Online platform used for recruitment & percentage utilized: Amazon Mturk is used for 100% of recruitment.

Material Study Title: What Is the Impact of Healing Adverse Childhood Experiences on Entrepreneurial Intentions?

Recruitment text: The survey is fully online and supports academic research. Scientists' research answers important questions that might improve the way we do things in the future. Research in this area aims to develop a better understanding of how healing from adverse childhood experiences, understanding self-efficacy, and applying resilience can impact an individual's entrepreneurial intentions.

Participants in this study must be eighteen or older and from the United States. Questions about past childhood experiences may be uncomfortable. Topics may include family challenges, neglect, and abuse while growing up. Participation is strictly voluntary. If emotional discomfort arises, subjects may leave at any time.

After reading a brief introduction to the study, you will be asked to consent to participate. Our next step will be to ask you about your childhood experiences, resilience, and self-efficacy before the age of eighteen. It may take approximately thirty minutes for you to complete this survey. It is important to note that we are not collecting direct, personally identifying information about you.

APPENDIX IV. Summary Consent Adult Online



ADULT ONLINE CONSENT TO PARTICIPATE IN A RESEARCH STUDY

What is the Impact of Healing Adverse Childhood Experiences on Entrepreneurial Intentions?

SUMMARY INFORMATION

Things you should know about this study:

- **Purpose:** The study aims to learn characteristics that impact entrepreneurial Intentions.
- **Procedures:** If you choose to participate, you will be asked questions about entrepreneurial intentions and past childhood experiences such as abuse, and neglect.
- **Duration:** This will take about 30 minutes.
- **Risks:** The main risk or discomfort from this research is emotional discomfort.
- **Benefits:** The main benefit is to help build resilience to setbacks to become innovators and start successful businesses that contribute to society's economic growth.
- **Alternatives:** No known alternatives are available to you other than not participating.
- **Participation:** Taking part in this research project is voluntary.

Please carefully read the entire document before agreeing to participate.

APPENDIX V. Survey Questions



Please answer the following demographic questions.

D1. Are you a United States citizen?

Yes

No

← Previous

→ Next

APPENDIX V Survey Questions 2-3



D2. Which gender do you most closely identify with?

Male

Female

D3. How old are you?

18-24 years old

25-34 years old

35-44 years old

45-54 years old

55 years and older

APPENDIX V Survey Question 4

D4. Select a race with which you identify most strongly.

Black or African American

Hispanic or Latino

Asian

White

Other

← Previous

→ Next

APPENDIX V Survey Question 5



Please answer the following questions about abuse and how you felt your parents or primary caregiver treated you when you were a child or teenager.

CAT5. Were you expected to follow a strict code of behavior in your home?

Never

Rarely

Sometimes

Very often

Always

APPENDIX V Survey Questions 6-7

CAT6. When you were punished as a child or teenager, did you understand the reason you were punished?

Never

Rarely

Sometimes

Very often

Always

CAT7. When you didn't follow the rules of the house, how often were you severely punished?

Never

Rarely

Sometimes

Very often

Always

APPENDIX V Survey Questions 8-9

CAT8. When you were punished as a child or teenager, did you feel the punishment was deserved?

Never

Rarely

Sometimes

Very often

Always

CAT9. When you were punished as a child or teenager, did you feel "the punishment fit the crime"?

Never

Rarely

Sometimes

Very often

Always

APPENDIX V Survey Question 10

CAT10. Did your parents ever hit or beat you when you did not expect it?

Never

Rarely

Sometimes

Very often

Always

← Previous

→ Next

APPENDIX V Survey Question 11



Determine how well each statement describes your childhood or teen years with your parents.

NS11. Did not keep me clean.

Strongly agree

Agree

Disagree

Strongly disagree

APPENDIX V Survey Questions 12-13

NS12. Did not make sure I went to school.

Strongly agree

Agree

Disagree

Strongly disagree

NS13. Did not care if I got into trouble in school.

Strongly agree

Agree

Disagree

Strongly disagree

APPENDIX V Survey Questions 14-15

NS14. Did not give me enough clothes to keep me warm.

Strongly agree

Agree

Disagree

Strongly disagree

NS15. Did not help me when I had problems.

Strongly agree

Agree

Disagree

Strongly disagree

APPENDIX V Survey Questions 16-17

NS16. Did not comfort me when I was upset.

Strongly agree

Agree

Disagree

Strongly disagree

NS17. Did not help me to do my best.

Strongly agree

Agree

Disagree

Strongly disagree

APPENDIX V Survey Question 18

NS18. Did not help me with homework.

Strongly agree

Agree

Disagree

Strongly disagree

← Previous

→ Next

APPENDIX V Survey Question 19



Choose the answer that most closely describes you to the following statements focused on "healing".

SHAS19. I perceive my self-healing as good.

Totally agree

Agree

Disagree

Totally disagree

APPENDIX V Survey Questions 20-21

SHAS20. I have a good health status.

Totally agree

Agree

Disagree

Totally disagree

SHAS21. I have good daily living functions.

Totally agree

Agree

Disagree

Totally disagree

APPENDIX V Survey Questions 22-23

SHAS22. I have a good lifestyle.

Totally agree

Agree

Disagree

Totally disagree

SHAS23. I have good management of my health status.

Totally agree

Agree

Disagree

Totally disagree

APPENDIX V Survey Questions 24-25

SHAS24. I can reach a peaceful mindset.

Totally agree

Agree

Disagree

Totally disagree

SHAS25. I am in a pleasant mood most of the time.

Totally agree

Agree

Disagree

Totally disagree

APPENDIX V Survey Questions 26-27

SHAS26. I feel a positive vitality every day.

Totally agree

Agree

Disagree

Totally disagree

SHAS27. My interpersonal relationship is good.

Totally agree

Agree

Disagree

Totally disagree

APPENDIX V Survey Questions 28-29

SHAS28. I have good social support.

Totally agree

Agree

Disagree

Totally disagree

SHAS29. My economic status is good.

Totally agree

Agree

Disagree

Totally disagree

APPENDIX V Survey Question 30

SHAS30. My community living environment is good.

Totally agree

Agree

Disagree

Totally disagree

← Previous

→ Next

APPENDIX V Survey Question 31



**FLORIDA
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UNIVERSITY**

Please select the answer that best describes your self-efficacy experience.

NGSE31. I will be able to achieve most of the goals that I have set for myself.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

APPENDIX V Survey Questions 32-33

NGSE32. When facing difficult tasks, I am certain that I will accomplish them.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

NGSE33. In general, I think that I can obtain outcomes that are important to me.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

APPENDIX V Survey Questions 34-35

NGSE34. I believe I can succeed at most any endeavor to which I set my mind.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

NGSE35. I will be able to successfully overcome many challenges.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

APPENDIX V Survey Questions 36-37

NGSE36. I am confident that I can perform effectively on many different tasks.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

NGSE37. Compared to other people, I can do most tasks very well.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

APPENDIX V Survey Question 38

NGSE38. Even when things are tough, I can perform quite well.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

← Previous

→ Next

APPENDIX V Survey Question 39



Choose the statement that best describes your resilience.

BRS39. I tend to bounce back quickly after hard times.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

APPENDIX V Survey Questions 40-41

BRS40. I have a hard time making it through stressful events.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

BRS41. It does not take me long to recover from a stressful event.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

APPENDIX V Survey Questions 42-43

BRS42. It is hard for me to snap back when something bad happens.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

BRS43. I usually come through difficult times with little trouble.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

APPENDIX V Survey Question 44

BRS44. I tend to take a long time to get over setbacks in my life.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

← Previous

→ Next

APPENDIX V Survey Question 45



Consider how true or untrue the following statements are with regard to your entrepreneurial intentions.

IEIS45. Intend to set up a company in the future.

Very untrue

Untrue

Slightly untrue

Slightly true

True

Very true

APPENDIX V Survey Question 46

IEIS46. Plan your future carefully.

Very untrue

Untrue

Slightly untrue

Slightly true

True

Very true

APPENDIX V Survey Question 47

IEIS47. Read business newspapers.

Very untrue

Untrue

Slightly untrue

Slightly true

True

Very true

APPENDIX V Survey Question 48

IEIS48. Never search for business start-up opportunities.

Very untrue

Untrue

Slightly untrue

Slightly true

True

Very true

APPENDIX V Survey Questions 49-50

IEIS49. Read financial planning books.

Very untrue

Untrue

Slightly untrue

Slightly true

True

Very true

IEIS50. Are saving money to start a business.

Very untrue

Untrue

Slightly untrue

Slightly true

True

Very true

PPENDIX V Survey Question 51

IEIS51. Do not read books on how to set up a firm.

Very untrue

Untrue

Slightly untrue

Slightly true

True

Very true

APPENDIX V Survey Question 52

IEIS52. Plan your finances carefully.

Very untrue

Untrue

Slightly untrue

Slightly true

True

Very true

APPENDIX V Survey Question 53

IEIS53. Have no plans to launch your own business.

Very untrue

Untrue

Slightly untrue

Slightly true

True

Very true

APPENDIX V Survey Question 54

IEIS54. Spend time learning about starting a firm.

Very untrue

Untrue

Slightly untrue

Slightly true

True

Very true

← Previous

→ Next

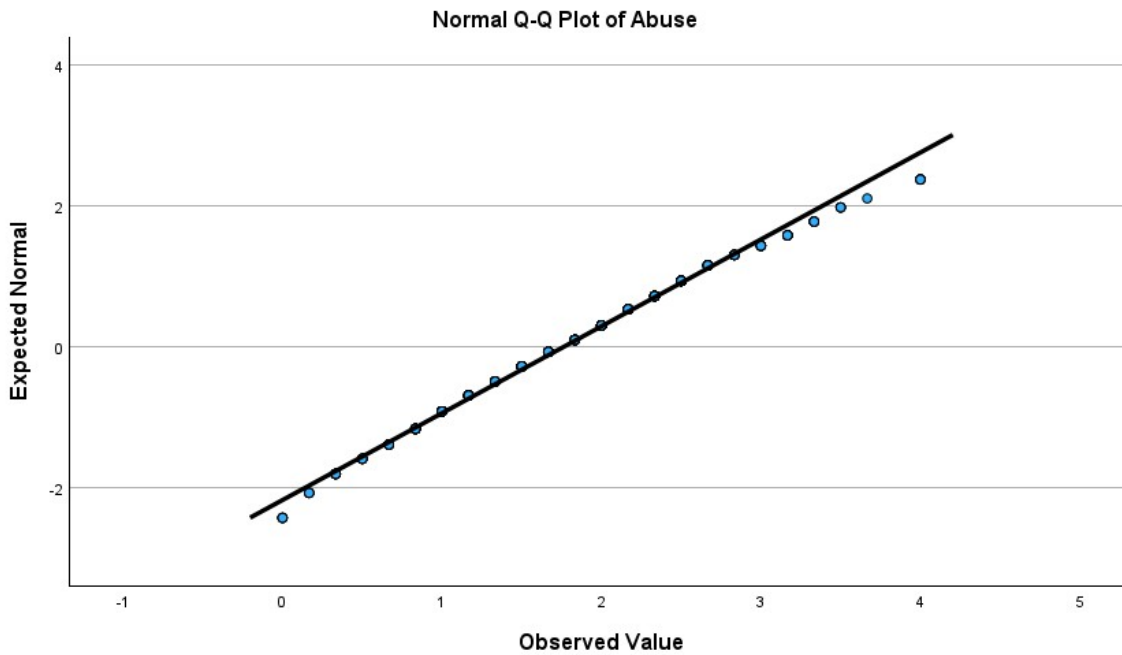
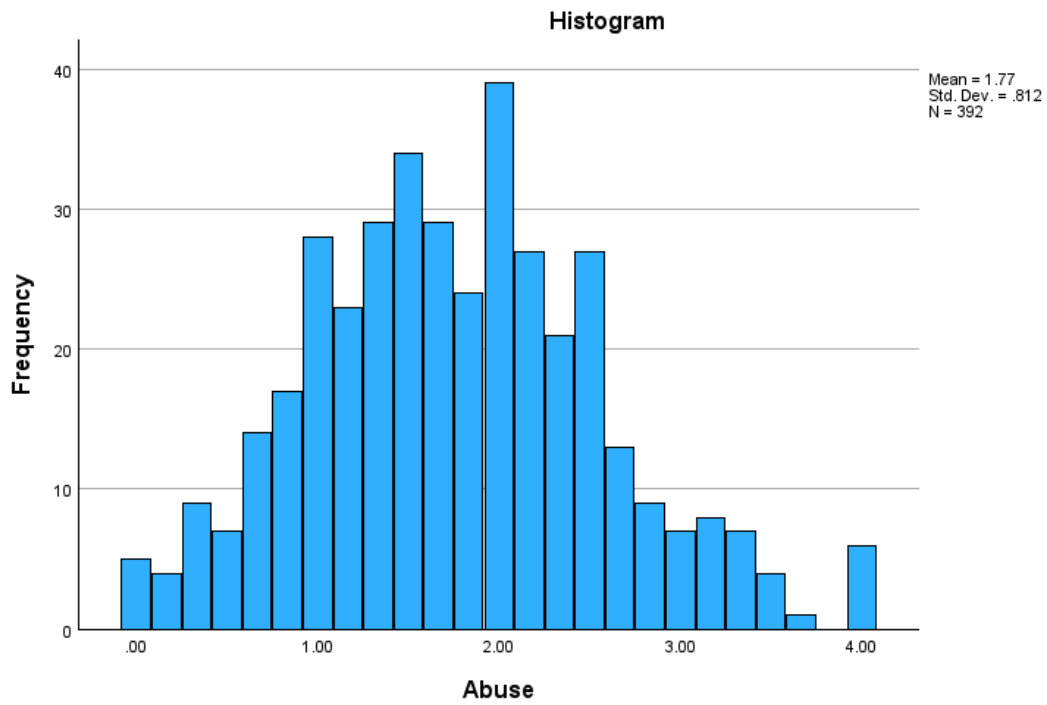
APPENDIX V Survey Question



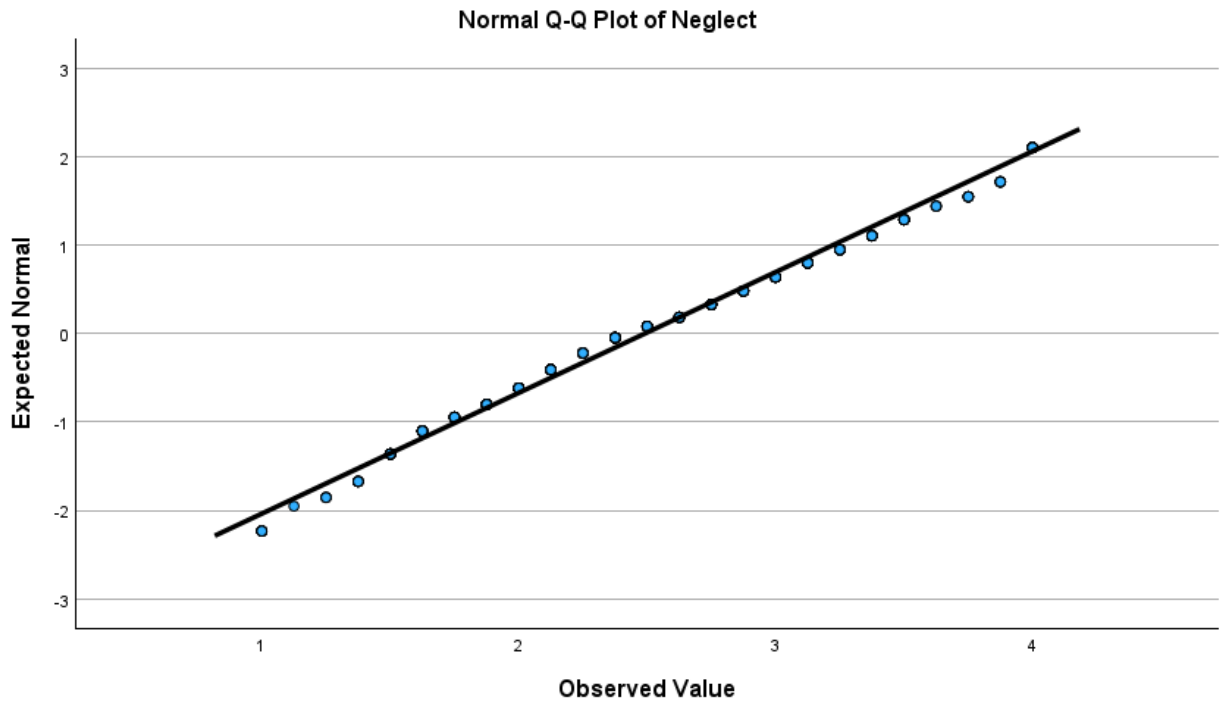
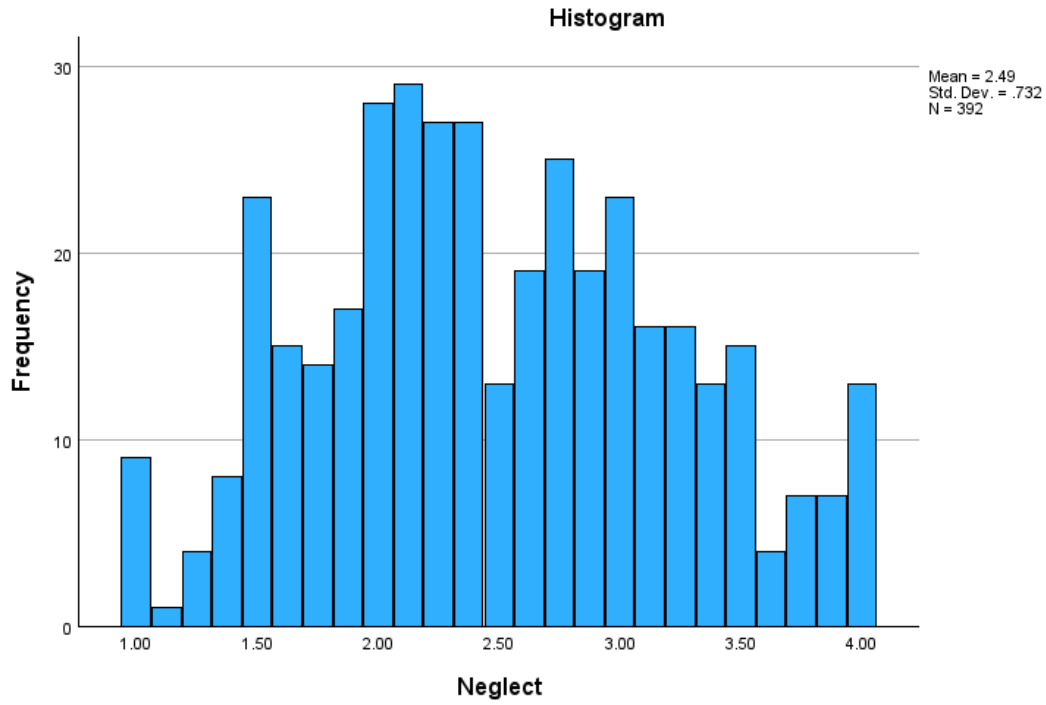
We thank you for your time spent taking this survey.
Your response has been recorded.

Entrepreneurial Intentions

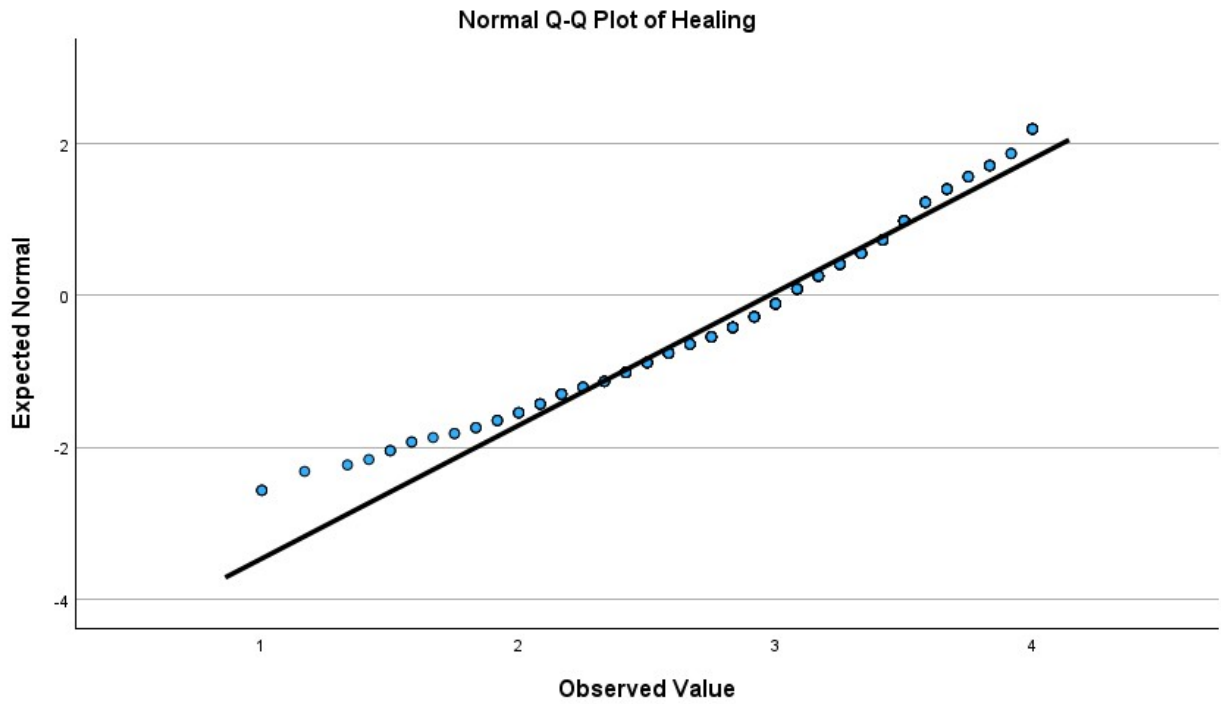
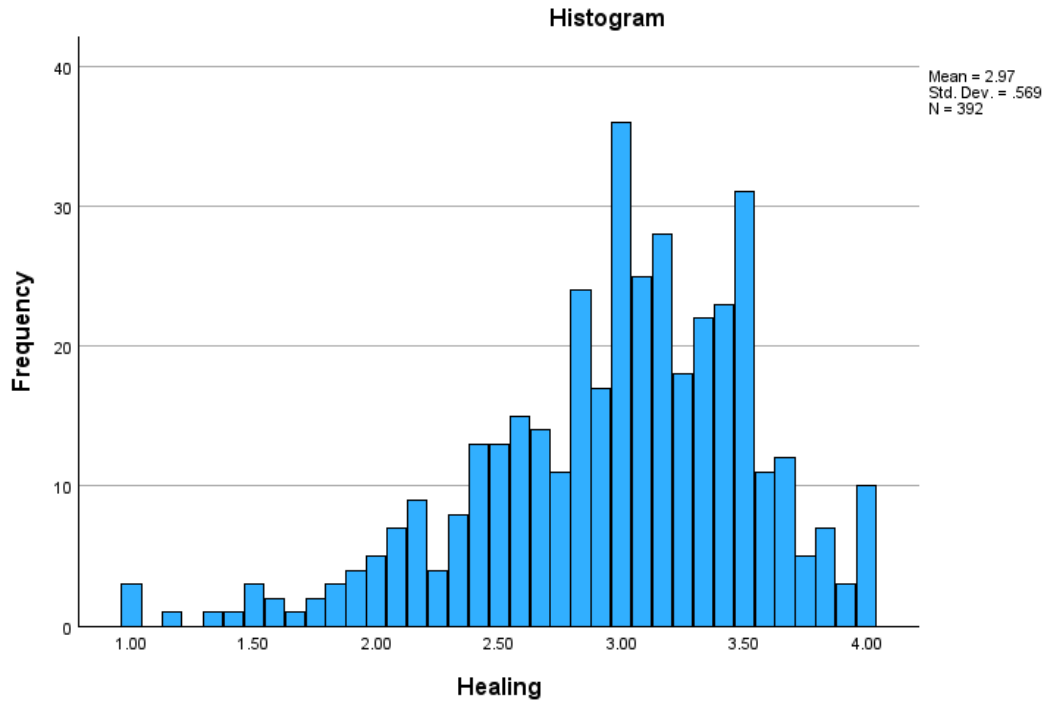
APPENDIX VI. Histograms and Q-Q Plots - Abuse



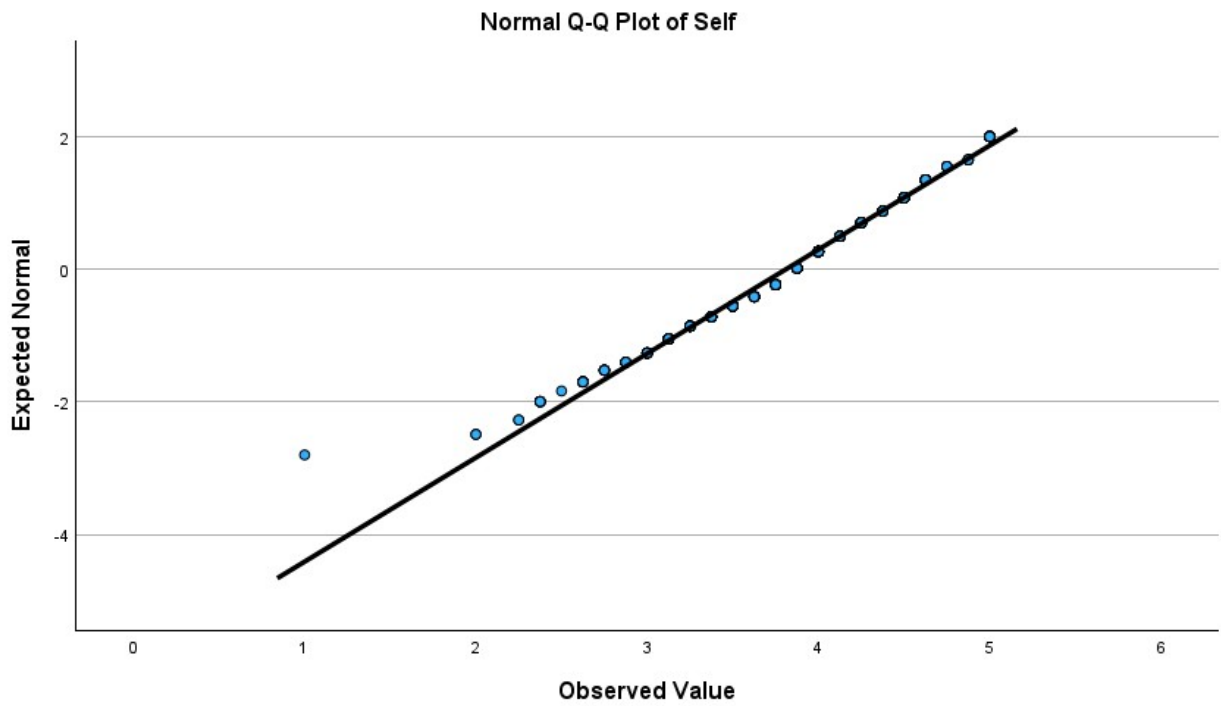
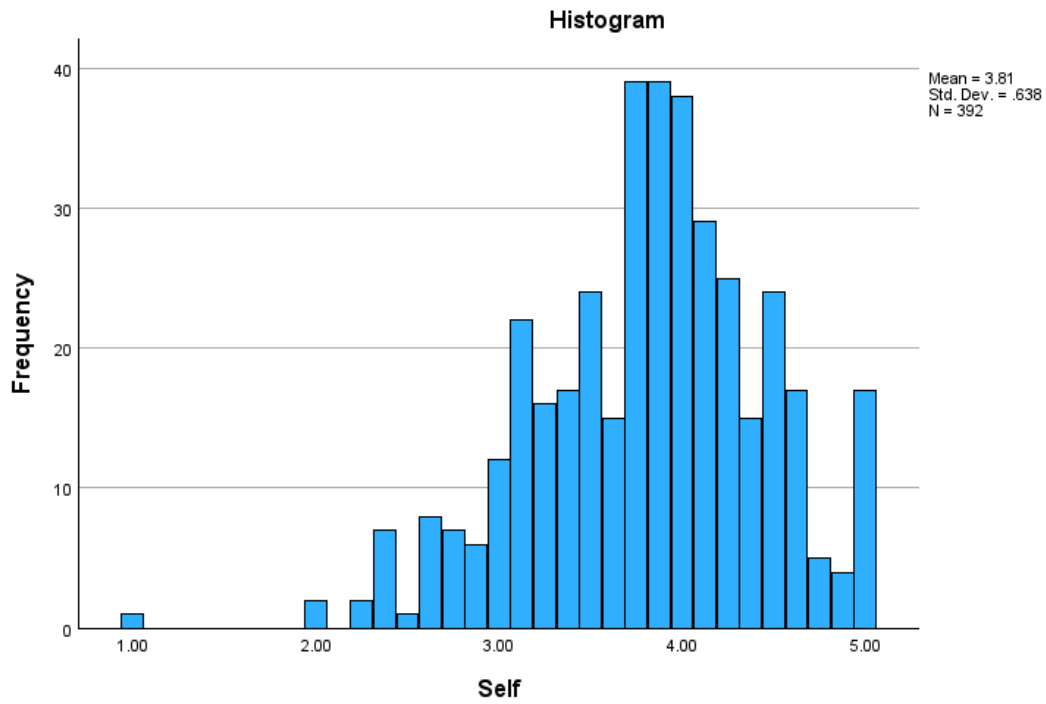
APPENDIX VI. Histograms and Q-Q Plots - Neglect



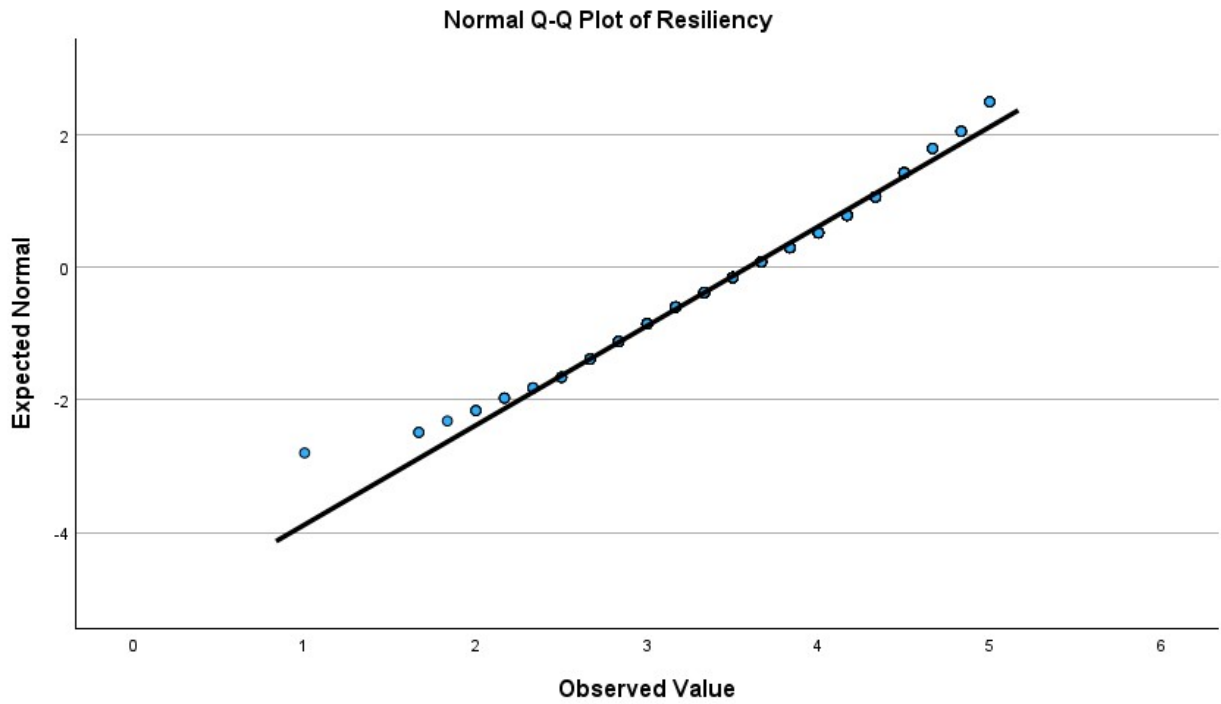
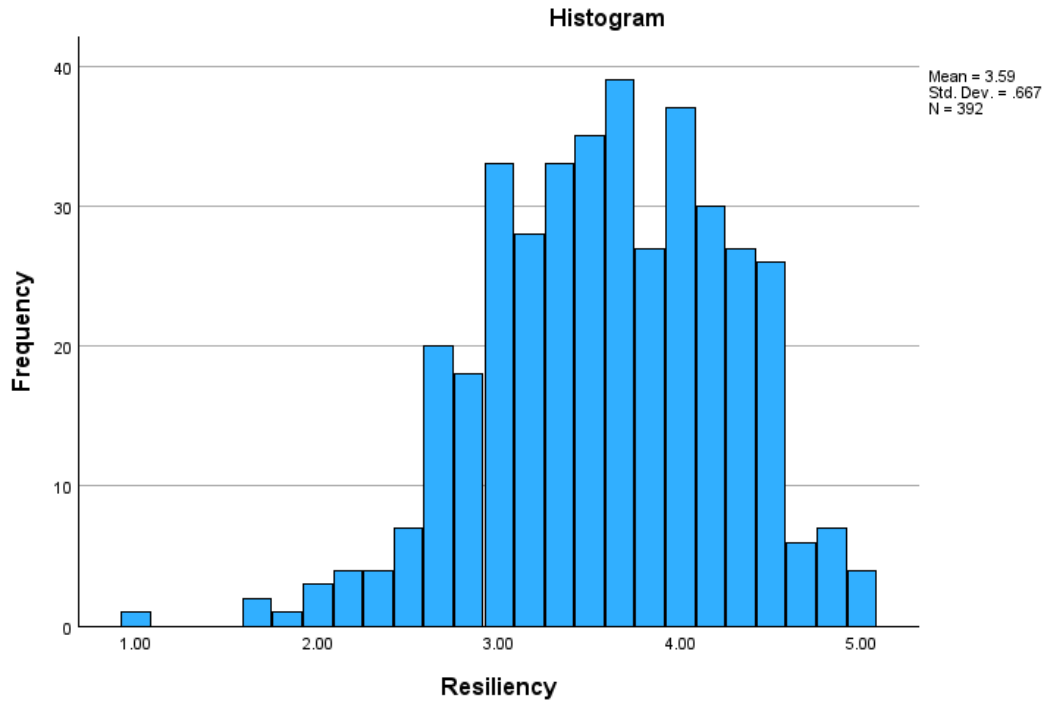
APPENDIX VI. Histograms and Q-Q Plots - Healing



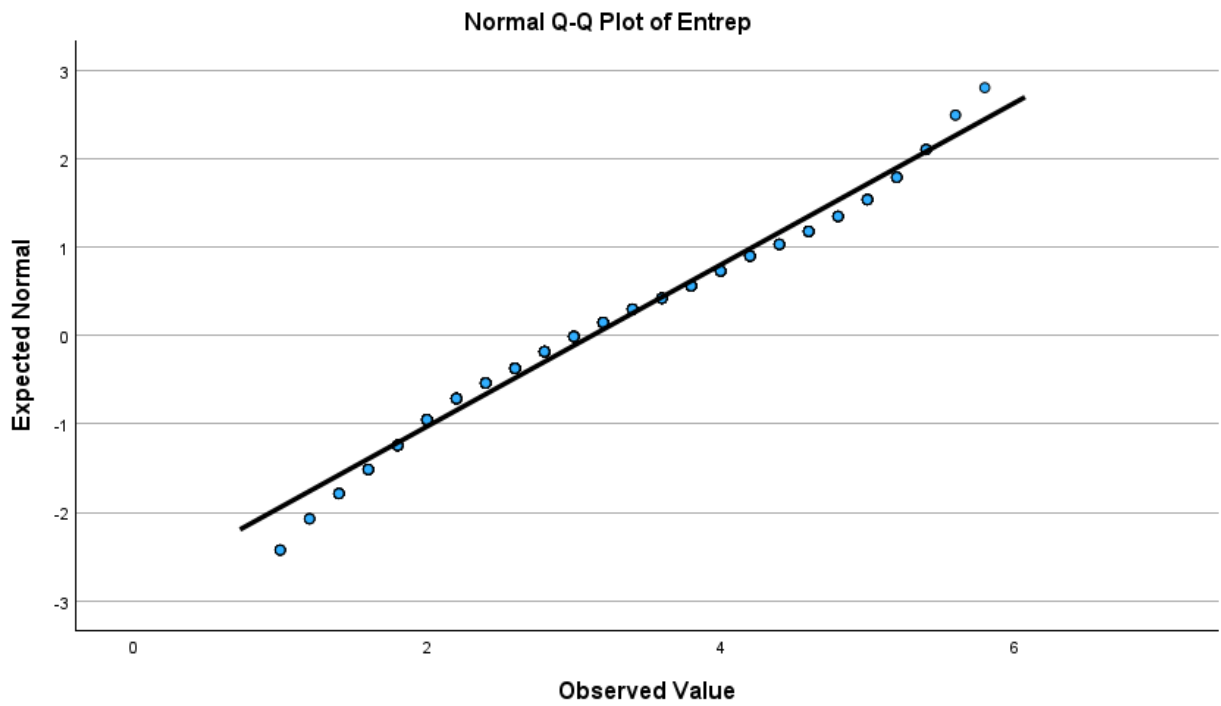
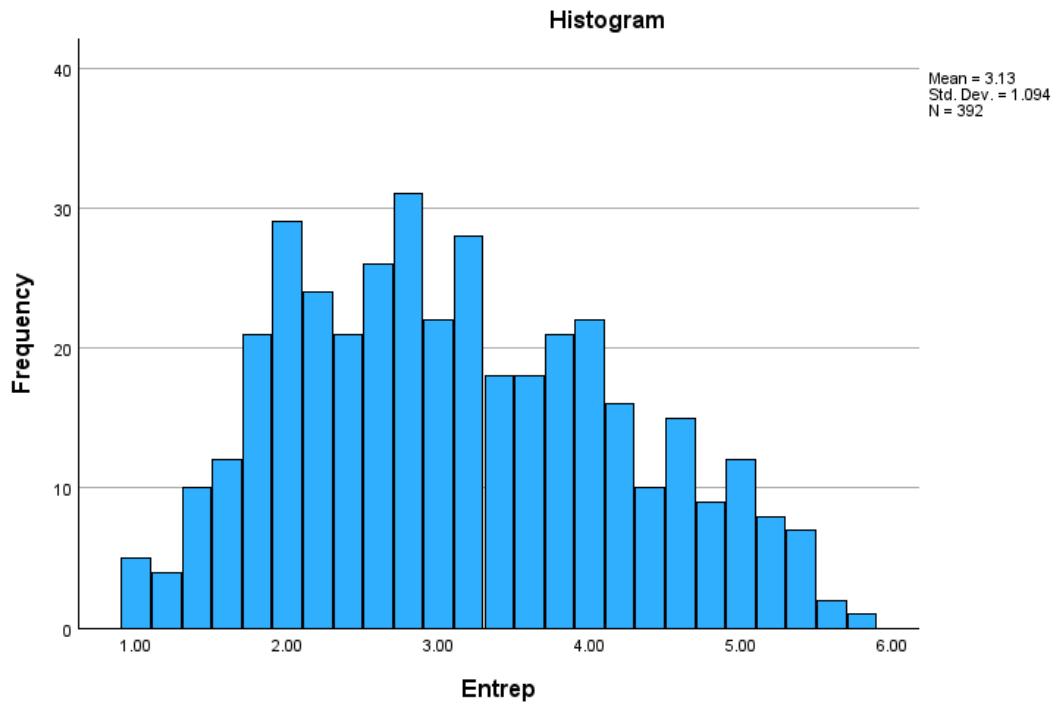
APPENDIX VI. Histograms and Q-Q Plots - Self-Efficacy



APPENDIX VI. Histograms and Q-Q Plots - Resiliency



APPENDIX VI. Histograms and Q-Q Plots - Entrepreneurial Intentions



APPENDIX VII. Path Coefficient - Mean STDEV, T Values, P Values

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values	
Abuse -> Resiliency	-0.135	-0.137	0.046	2.921	0.004	Supported
Abuse -> Self-Efficacy	-0.05	-0.049	0.056	0.894	0.372	Not Supported
Healing -> Resiliency	0.156	0.158	0.05	3.095	0.002	Supported
Healing -> Self-Efficacy	0.537	0.543	0.042	12.856	0	Supported
Neglect -> Resiliency	-0.371	-0.374	0.049	7.614	0	Supported
Neglect -> Self-Efficacy	-0.044	-0.045	0.054	0.81	0.418	Not Supported
Resiliency -> Entrepreneurial Intentions	-0.283	-0.289	0.046	6.206	0	Supported
Self-Efficacy -> Entrepreneurial Intentions	0.186	0.19	0.048	3.879	0	Supported
Healing x Abuse -> Resiliency	0.043	0.039	0.045	0.953	0.341	Not Supported
Healing x Abuse -> Self-Efficacy	0.177	0.176	0.046	3.869	0	Supported
Healing x Neglect -> Resiliency	-0.185	-0.182	0.047	3.918	0	Supported
Healing x Neglect -> Self-Efficacy	0.072	0.072	0.046	1.563	0.118	Not Supported

VITA

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