NHSJ Nursing and Health Sciences Journal

Volume 05, Number 01 (March 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

The relationship between childhood trauma and psychological resilience

Tülay Yılmaz Bingöl[1], Zeynep Özkök[2], Nermin Gürhan[3]

[1]Department of Psychiatric Nursing, Faculty of Health Sciences, Tokat Gaziosmapasa University, Türkiye
[2]Kahramanmaraş Necip Fazıl City Hospital, Türkiye
[3]UKA Congress Academy, Türkiye

Corresponding Author: Zeynep Özkök; e-mail: zeynep.ozkok271987@gmail.com

***Abstract*:**
Childhood traumas include physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect. The effects of childhood traumas on psychological resilience are emphasized. The aim of this research is to examine the effects of childhood traumas on the psychological resilience of individuals. The study was conducted as a descriptive and quantitative study. The study was conducted online between 08.11.2021 and 10.2021 using the snowball sampling method (322 female, 92 males, total: 414 participants) and with participants over the age of 18 who agreed to participate in the study. Personal Information Form, Adult Resiliency Scale (ARM) and Childhood Trauma Questionnaire-33 (CTQ-33) were used as data collection tools. It was determined that the mean score of the participants from the Childhood Trauma Questionnaire-33 was 48.45±11.68. The mean score of the Adult Resiliency Scale was determined to be 81.73±13.59. As a result, there is an inverse relationship between childhood traumas and psychological resilience. We can say that the negative experiences that children have negatively affect their psychological resilience and future lives in the long term.

Article Info:
Submitted:
16-12-2024
Revised:
13-02-2025
Accepted:
14-02-2025

***Keywords*:**
child; trauma; psychology; childhood traumas; psychological resilience

https://doi.org/10.53713/nhsj.v5i1.440

INTRODUCTION

Childhood traumas include physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect (Dong et al., 2021). Abuse is any behavior actively directed against children under the age of 18 that harms their physical, emotional, mental, and social development; failure to meet their needs, such as nutrition, care, supervision, and education, is called neglect (Güneri, 2016). Although there are some differences in the definition and classification of child abuse, there are four types of child abuse commonly mentioned in research: physical abuse, emotional abuse, sexual abuse, and child neglect. Physical abuse is behavior that causes any injury to the child (e.g. pulling hair, hitting), emotional abuse is behavior that causes children to feel unloved, worthless, and unwanted (e.g., insults, yelling), sexual abuse includes forcing sexual activities such as genital or oral contacts, exhibitionism, and child pornography, and neglect includes poor care of children's physical and emotional needs (Mohammadi et al., 2014). Recently, another concept has entered the literature as Overprotection-Overcontrol (OP-OC). OP-OC is a negative parenting behavior in which parents become overly involved in their children's activities. These parents try to limit their children's independence by not allowing them the opportunity to explore the world individually. OP-OC parents' failure to emancipate their children is associated with a decline in children's self-efficacy and increased perceived vulnerability to threats (Wood et al., 2003). Additionally, Şar et al. (2021) stated in their study that OP-OC is probably dominated by other types of childhood traumas and represents restrictive, intrusive behaviors and initiatives rather than protection and care (Şar et al., 2021).

Childhood abuse and neglect is a common problem worldwide (Lang et al., 2020). International studies reported that approximately 3 in 4 children aged 2-4 regularly experience physical

Volume 05, Number 01 (March 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

punishment and/or psychological abuse at the hands of parents and caregivers, while 1 in 5 women and 1 in 13 men were sexually abused as a child (World Health Organization, 2022). Trauma, which affects all segments of society, negatively affects the health of individuals. These negative effects can last a lifetime and cause great harm to societies (Güloğlu et al., 2016). The effects of childhood traumas on mental health include Post-Traumatic Stress Disorder (PTSD) and depression (Roesler et al., 1994), running away from home and committing crimes (Kaufman & Widom, 1999), having difficulties in establishing social relationships and antisocial behavior, and decreased self-esteem (Abukan, 2019), anxiety, fear, sexual problems and suicidality (Schaaf & McCanne, 1998), dissociative symptoms (Zoroglu et al., 2003), obsessive-compulsive disorder and panic disorder (Caspi et al., 2008). In the meta-analysis study conducted by Li et al. (2016), it was found that the risk of major depressive disorder and anxiety disorder increased in adults who were exposed to maltreatment in childhood (Li et al., 2016). Just as childhood traumas cause mental disorders in individuals, in the study conducted by Gamzeli & Kahraman (2018), it was determined that the psychological resilience levels of individuals who suffered childhood traumas were low (Gamzeli & Kahraman, 2018).

Psychological resilience is defined as recovery or recovery from the effects of negative experiences and is associated with the emergence of psychological problems (Gamzeli & Kahraman, 2018). Psychological resilience can be defined as the ability to remain strong in the face of negative experiences. It also includes the individual's adaptation to the change in their life in the process that occurs due to the interaction of risk factors and protective factors when faced with a negative situation (Karaırmak, 2006). Although psychological resilience is not specific to the child, it results from the complex interaction between the child's genetics, natural temperament, knowledge and skills, past experiences, social supports, cultural and social resources (Traub & Boynton-Jarrett, 2017). Low psychological resilience can lead to depression and mental health problems (stress, depression, and anxiety symptoms) in children and adolescents (Wu et al., 2020). In the light of all this information, we, as the authors, think that parental attitudes may also have an effect on the negative impact on the resilience of children and adolescents and the development of childhood traumas. Accordingly, our aim in our study is to determine the effect of childhood traumas on psychological resilience and to evaluate these two concepts in a broad context. In line with these aims, we wanted to guide the study with the following questions: According to sociodemographic data, what are the levels of childhood traumas and psychological resilience of individuals? Is there a significant relationship between childhood traumas and psychological resilience? How do parental attitudes affect childhood traumas and psychological resilience in individuals?

METHOD

Type of Study and Data Collection

The study was planned and implemented as descriptive and correlational research. The data of the study was conducted between 08.11.2021-10.2021. The study's data were collected from individuals who volunteered and agreed to participate in the study. Participants' consent to participate was obtained both verbally and through the application. The participants were people who could understand what they read and were over the age of 18. In this direction, the study was conducted on a voluntary basis using the snowball sampling method via the online Google Forms platform. In this context, our study was conducted with a total of 414 individuals (322 female, 92 male) over the age of 18 who agreed to participate.

Data Collection Tools

Personal Information Form

The form consists of a total of 21 questions created by the researchers, examining sociodemographic data such as age, gender, educational level, family-related information, economic level, physical status, psychological status, social status, and communication within the family and the environment.

Adult Resilience Measure (ARM)

The adult form was created by Arslan (2015) based on the Child and Youth Resilience Measure (CYRM-28). The measure was first translated into Turkish by Gökmen Arslan, and its validity and reliability study of the translated version of the measure was conducted. This measure is a scale that makes it possible to examine psychological resilience in a multidimensional way. The measurement tool, which has a five-point Likert structure, is rated between "It describes me completely (5)" and "It does not describe me at all (1)". A high score indicates a high level of psychological resilience. The Cronbach's alpha value of the measure was calculated as 0.94 (Arslan, 2015). The Cronbach's alpha value of the measure in the present study was determined to be 0.91.

Childhood Trauma Questionnaire-33 (CTQ-33)

The 28-item version of the Childhood Traumas Questionnaire-28 (CTQ-28) was expanded and revised by Vedat Şar and his colleagues in 2021 and took its final form as the 33-item version of the Childhood Traumas Questionnaire-33 (CTQ-33). Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, Sexual Abuse, and Overprotection-Overcontrol are the subscales of the Childhood Trauma Questionnaire-33 (CTQ-33). The questionnaire is also a five-point Likert scale and includes Denial (Minimization) scores. The Cronbach's alpha value of CTQ-33 was determined to be 0.87 (Şar et al., 2021). The Cronbach's alpha values of the subscales of the questionnaire were calculated as 0.88 for Emotional Abuse, 0.81 for Physical Abuse, 0.77 for Physical Neglect, 0.89 for Emotional Neglect, 0.90 for Sexual Abuse, and 0.84 for the Overprotection-Overcontrol (Şar et al., 2021). The Cronbach's alpha value of the questionnaire in the present study was determined to be 0.87. The Cronbach's alpha values of the subscales of the questionnaire in the current study were calculated as 0.84 for Emotional Abuse, 0.80 for Physical Abuse, 0.75 for Physical Neglect, 0.70 for Emotional Neglect, 0.92 for Sexual Abuse, 0.80 for Overprotection-Overcontrol. The Cronbach's alpha value for the denial was also determined to be 0.46.

Ethics

In order to conduct the research, ethical approval (Decision Number: 17.04; date 08.11.2021) and preliminary application approval were obtained from Tokat Gaziosmanpaşa University Social and Human Sciences Research Ethics Committee. Ethics permission number: 55344.

Data Analysis

SPSS (Statistical Package for Social Sciences) for Windows 25.0 program was used to analyze the data. Number, percentage, minimum, maximum, median, mean, and standard deviation were used in the analysis of descriptive data. Kurtosis and skewness (+1,-1) values were examined to determine the normal distribution of the data. Kolmogorov-Smirnov test statistics and p-value, skewness, and kurtosis coefficients were examined, and in line with the recommendation of Tabachnick et al. (2013), if the p-value is greater than 0.05 or the skewness and kurtosis coefficients are within ±2 limits, the distribution of the data is considered to be within normal limits. (Tabachnick et al., 2013). In the evaluation of normally distributed data, parametric tests, independent samples t-test, One-Way ANOVA, Post-Hoc test (Tukey HSD), and Tamhane's test were used. Pearson Correlation analysis was performed to examine the relationship between the data. Regression analysis was performed on predictive power. In the statistical tests performed, a 95% confidence interval and $p< 0.05$ significance level were taken as values.

RESULT

It was determined that 77.8% of the participants in the study were women, 54.1% of them were single, 7% of them had a psychiatric diagnosis, 20.5% of them were smoking, 47.3% of them were living in the city, and 71.3% of them were university graduates. It was determined that 81.2% of the participants' parents were married and living together, and 27.1% of them had oppressive/authoritarian parents. 42.8% of the participants said they had a good childhood, 47.3% said they were satisfied with their life, 66.4% said they had an extroverted, easy-to-adapt personality, 88.9% said their friendships were positive, and 93.2% said they had close friends. It was determined that the average age of the participants was 28.23±8.50.

Volume 05, Number 01 (March 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

The ARM and CTQ-33 mean scores of the participants are presented in Table 1. According to Table 1, the CTQ-33 mean score is 48.45±11.68, the mean score of the subscale of emotional abuse is 8.24±3.86, the mean score of the subscale of physical abuse is 6.15±2.31, the mean score of the subscale of physical neglect is 7.97±2.56, the mean score of the subscale of emotional neglect is 9.29±2.39, the mean score of the subscale of sexual abuse is 6.01±2.71, and the mean score of the subscale of OP-OC is 10.77±3.90. Additionally, the mean score of the subscale of denial was determined to be 0.40±0.66. The mean score of the ARM was calculated as 81.73±13.59 (Table 1).

Table 1. Mean scores of the ARM, CTQ-33, and its subscales (n=414)

Data Collection Tools	Subscales	Mean±SD	Median	Min.-Max
	Emotional Abuse	8.24±3.86	7	5-25
	Physical Abuse	6.15±2.31	5	5-23
	Physical Neglect	7.97±2.56	8	5-14
	Emotional Neglect	9.29±2.39	9,5	5-15
	Sexual Abuse	6.01±2.71	5	5-25
	Overprotection-Overcontrol	10.77±3.90	10	5-22
	Denial	0.40±0.66	0	0-2
	Total Score	48.45±11.68	47	30-96
Adult Resilience Measure (ARM)	Total Score	81.73±13.59	83	40-105

SD: standard deviation; ARM: Adult Resilience Measure; CTQ-33: Childhood Trauma Questionnaire-33

The relationship between the mean scores of the ARM, CTQ-33, and its subscales according to the sociodemographic characteristics of the participants is presented in Table 2. According to Table 2, those who are single, those who currently have a psychiatric diagnosis, those whose parents are divorced, those who did not have a good childhood, those who are dissatisfied with their lives, those who defined their personality structure as introverted, having difficulties in adaptation, and slow to adapt, those who had negative friendships, and those who did not have close friends had statistically significantly higher mean scores in the subscale of emotional abuse. They were more likely to experience emotional abuse ($p < 0.05$). As the participants' ages increase, their mean score from the subscale of physical neglect increases significantly ($r=0.131$, $p<0.05$). In the present study, it was found that the mean scores of the CTQ-33's subscale of physical abuse of those whose parents were divorced, those who did not have a good childhood, those who were dissatisfied with their lives, and those who had negative friendships were significantly higher ($p<0.05$). As the number of close friends of the participants increases, the average score of emotional abuse and OP-OC decreases significantly ($r=-0.120$, $p<0.05$). It was determined that the mean scores of the CTQ-33's subscale of sexual abuse of those who were female, single, had a current psychiatric diagnosis, had a previous psychiatric diagnosis, had divorced parents, did not have a good childhood, and were dissatisfied with their lives were statistically significantly higher ($p<0.05$). It was determined that the mean CTQ-33 scores were higher in those who currently or previously had a psychiatric diagnosis, those whose parents were divorced, those who were the middle child, those who did not have a good childhood, and those who were dissatisfied ($p<0.05$). It was determined that the ARM mean scores of those who were married, those who did not currently have a psychiatric diagnosis, those who smoked, those who were satisfied with their lives, those who defined their personality structure as extroverted, easygoing, and adaptable, those who had positive friendships, and those who had close friends were significantly higher ($p<0.05$). It was found that the ARM mean scores of those who were only children and those who did not have a good childhood were significantly lower ($p<0.05$) (Table 2).

Volume 05, Number 01 (March 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

Table 2. Mean scores of the ARM and CTQ-33 according to participants' sociodemographic characteristics (n=414)

	CTQ-33							ARM
	Emotional Abuse	Physical Abuse	Physical Neglect	Emotional Neglect	Sexual Abuse	Overprotection-Overcontrol	Total	
Age								
r=	-0.072	0.003	0.131	-0.021	-0.030	-0,077	-0,031	0,016
p=	0,144	0,943	0,008	0,677	0,541	0,120	0,527	0,739
Gender								
Female	8,32±4,04	6,04±2,23	7,78±2,53	9,30±2,42	6,21±2,97	10,90±4,04	48,57±11,99	81,88±13,07
Male	7,97±3,13	6,51±2,53	8,64±2,56	9,27±2,30	5,32±1,28	10,31±3,34	48,04±10,54	81,19±15,34
t=	0,869	-1,690	-2,840	0,104	4,152	1,409	0,384	0,392
p=	0,386	0,092	0,005	0,917	0,000	0,160	0,701	0,696
Marital status								
Married	7,61±3,48	5,92±1,88	8,30±2,66	9,34±2,28	5,67±2,01	10,41±3,72	47,26±10,38	84,40±12,35
Single	8,78±4,08	6,34±2,61	7,70±2,44	9,25±2,48	6,30±3,17	11,07±4,04	49,46±12,60	79,46±14,20
t=	-3,160	-1,927	2,407	0,374	-2,448	-1,730	-1,951	3,777
p=	0,002	0,055	0,017	0,709	0,015	0,084	0,052	0,000
Do you currently have an ongoing psychiatric diagnosis?								
Yes	11,00±4,80	6,96±3,54	8,82±3,42	8,89±2,60	7,79±3,88	13,48±3,77	56,96±12,45	76,82±13,10
No	8,03±3,70	6,09±2,18	7,91±2,47	9,32±2,37	5,88±2,56	10,56±3,84	47,81±11,38	82,10±13,57
t=	4,057	1,970	1,409	0,535	2,608	3,943	4,147	-2,022
p=	0,000	0,050	0,169	0,353	0,014	0,000	0,000	0,044
Your parents' relationship status								
Married and living together	8,07±3,71a	6,01±2,11a	7,75±2,44a	9,30±2,35	5,86±2,29a	10,63±3,80a	47,64±11,16a	82,19±13,67
Married but living separately	9,00±3,28a	6,18±2,31a	8,63±3,07ab	9,45±2,20	7,36±5,37a	12,90±4,08ab	53,54±10,24a	74,27±15,22
Divorced	14,50±5,23b	9,25±3,53b	8,87±2,23ab	9,12±3,44	12,00±7,48b	15,00±5,39b	68,75±18,27b	72,00±15,08
One or both of them died	8,25±3,93a	6,52±2,87a	9,00±2,87b	9,20±2,54	5,79±2,24a	10,59±3,88a	49,37±11,27a	81,81±12,02
F=	7,728	5,906	4,664	0,062	15,855	4,518	10,022	2,630
p=	0,000	0,001	0,003	0,980	0,000	0,004	0,000	0,050
How do you perceive your parents' attitude towards raising children?								
Democratic	7,02±2,62a	5,69±1,59a	7,23±2,09a	8,58±2,35a	5,93±2,39	8,93±2,94a	43,41±8,45a	85,61±12,69a
Apathetic/ Rejecting	11,86±4,46b	6,55±2,24ab	10,58±2,24b	9,79±2,32ab	6,24±2,30	10,96±4,87abc	56,00±10,90b	70,65±13,41b
Overprotective	7,53±3,07a	5,81±2,05a	7,20±2,36a	9,03±2,06a	5,79±2,05	11,09±3,31b	46,46±9,72a	85,74±11,11a
Extremely Tolerant	6,51±2,48a	6,00±2,33ab	7,63±2,65ac	8,93±2,58a	5,95±2,51	8,59±2,49a	43,63±11,09a	88,34±10,41a
Oppressive/ Authoritarian	9,56±4,40b	6,80±2,97b	8,88±2,59c	10,17±2,38b	6,40±3,77	12,89±3,98c	54,72±12,33b	76,25±13,38b
Perfectionist	8,83±4,66ab	6,16±1,79ab	7,54±1,99a	9,22±2,41ab	5,41±0,99	10,93±4,58abc	48,12±12,15ab	77,03±14,48a
F=	14,369	3,260	14,649	5,774	0,939	16,569	17,602	16,285
p=	0,000	0,007	0,000	0,000	0,456	0,000	0,000	0,000
How would you describe your own personality structure?								
Outgoing, easy-going, and adaptable	7,75±3,38	6,17±2,37	7,96±2,53	9,16±2,37	5,86±2,39	10,29±3,71	47,22±11,13	84,14±13,30
Introverted, having difficulties in adaptation, and slow to adapt	9,21±4,51	6,10±2,19	8,00±2,61	9,54±2,42	6,31±3,24	11,70±4,11	50,89±12,37	76,94±12,93
t=	-3,362	0,276	-0,163	-1,527	-1,463	-3,506	-3,056	5,248
p=	0,001	0,782	0,870	0,128	0,145	0,001	0,002	0,000
Do you have any close friends?								
Yes	8,11±3,78	6,12±2,32	7,91±2,57	9,29±2,41	5,94±2,55	10,66±3,81	48,05±11,53	82,63±13,01
No	10,03±4,51	6,53±2,15	8,82±2,17	9,35±2,05	7,00±4,33	12,28±4,88	54,03±12,47	69,32±15,48
t=	-2,557	-0,908	-1,809	-0,143	-1,274	-2,134	-2,636	5,154
p=	0,011	0,364	0,071	0,886	0,213	0,033	0,009	0,000

a-c: There is no statistically significant difference between values with the same letter; t: Independent samples t-test; F= One-way ANOVA; r= Pearson's correlation coefficient; p-value significant at 0.05 level. Bold values were considered meaningful. ARM: Adult Resilience Measure; CTQ-33: Childhood Trauma Questionnaire-33

The relationships between the participants' ARM and CTQ-33 mean scores are presented in Table 3. In the present study, statistically significant and negative correlations were determined between the mean scores of the ARM and CTQ-33's subscales of emotional abuse (r = -0.541), physical abuse (r = -0.286), physical neglect (r = -0.415), emotional neglect (r = -0.266), sexual abuse (r). = -0.182), and OP-OC (r= -0.437) (p<0.05). As the mean scores of the participants on emotional abuse, physical abuse, physical neglect, emotional neglect, sexual abuse, and overprotection-overcontrol increase, the mean score of the ARM decreases (p<0.05). Additionally, it was determined that there was a statistically significant and negative correlation between the mean

Volume 05, Number 01 (March 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

scores of the CTQ-33 (r= -0.570) and ARM (p<0.05). Accordingly, as the CTQ-33 mean score increases, the ARM mean score decreases (p<0.05) (Table 3).

Table 3. Relationships between the participants' mean scores on the ARM, CTQ-33, and its subscales (n:414)

		ARM
Emotional Abuse	r	-0.541**
	p	0.000
Physical Abuse	r	-0.286**
	p	0,000
Physical Neglect	r	-0.415**
	p	0.000
Emotional Neglect	r	-0.266**
	p	0.000
Sexual Abuse	r	-0.182**
	p	0.000
Overprotection-Overcontrol	r	-0.437**
	p	0.000
Denial	r	0.406**
	p	0.000
CTQ-33 Total	r	-0.570**
	p	0.000

Adult Resilience Measure; CTQ-33: Childhood Trauma Questionnaire-33; OP-OC:Overprotection-Overcontrol; r= Pearson correlation coefficient; p-value significant at 0.05 level; **: The correlation is significant at the 0.01 level.

Simple linear regression was performed to determine the predictive power of childhood traumas on adult resilience, and the model's predictive power was found to be high (R2=0.325, p<0.001). It was determined that childhood traumas had a negative impact on adult resilience (B: -0.663; t=-14.072; p<0.001), and 32% of the adult resilience (R2:0.325) was explained by childhood traumas (Table 4).

Table 4. Regression Analysis Results Regarding the Predictive Power of Childhood Traumas on Adult Resilience

Model	Unstandardized coefficient		Standardized coefficient	F	t	p	R^2
	B	SE	β				
(Invariant)	113.871	2.349		198.008	48.471	0.000	0.325
Childhood Traumas	-0.663	0.047	-0.570		-14.072	0.000	

Dependent Variable: Adult Resilience

DISCUSSION

This study aims to determine the relationship between childhood traumas and psychological resilience in individuals. According to the results of this research, it was determined that the mean scores of the CTQ-33's subscales of OP-OC and emotional neglect were high, while the mean score of the CTQ-33's subscale of sexual abuse was low. In parallel with the present study, in the study conducted by Şar et al. (2021) with 783 individuals and in the study conducted by Gedik (2021) with 886 individuals to examine the mediating role of psychological resilience in the relationship between childhood traumas and personality patterns, it was found that the highest mean scores were in the CTQ-33's subscales of OP-OC and emotional neglect. In the study of Cheng et al. (2018) with 160 individuals, which was conducted to examine the relationship between childhood traumas and substance addiction, it was found that the rate of emotional neglect was the highest and the rate of sexual abuse was the lowest. Based on the results of this study, it is possible to discuss two

Volume 05, Number 01 (March 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

situations: the first is that the levels of sexual abuse are low, and the second is that the levels of OP-OC and emotional neglect are high. In the present research, the level of sexual abuse is low; however, the reason for this is not known for sure, it is thought to be due to the influence of cultural structure. As a matter of fact, in a study on child abuse and neglect, it was found that 55% to 69% of adults did not tell anyone about the sexual abuse they experienced during childhood (Hernandez et al., 2013). In addition, the current research represents the Turkish society. Türkiye is a country that has a collective social structure and is connected to its cultures. Due to parents' dominant instincts to control and protect their children, it is thought that reporting sexual abuse experienced during childhood to anyone or the relevant institutions is not at the desired level.

In the current study, it was determined that the mean score of the CTQ-33's subscale of physical neglect increased statistically significantly as the participants' ages increased. Contrary to the present research's results, in Bağrıaçık's (2019) study with 271 individuals, no significant difference was found between the age groups of the participants and the mean scores of the CTQ-33's subscales. Childhood trauma is a situation that affects not only the time period in which the event occurred, but also the entire life of the individual. As age increases, the knowledge and experiences gained by the individual in the university environment do not completely erase the traces of traumatic experiences; however, the individual may partially reduce their effects (Zeren et al., 2012). The results of the present study presented that physical neglect was significantly higher in individuals who perceived their parents' attitude as apathetic/rejecting. Accordingly, it can be rational to think that the lifelong effects of abuse and neglect, as well as the apathetic/rejecting parental attitude, have an effect on the increase in the mean score of the CTQ-33's subscale of physical neglect, as age increases.

Gender is a crucial factor. A significant portion of our research consists of women (77.8%). No significant difference was detected between the mean scores of the ARM and CTQ-33 according to gender. However, it was determined that the mean scores of the CTQ-33's subscales of sexual abuse in women and physical neglect in men were significantly higher. There are many studies on gender in the literature. In the study of Öztürk et al. (2020), it was found that physical neglect was higher in men. In a study conducted with 4339 students, it was determined that 65% of female students and 23% of male students were abused at some point in their lives (Priebeve & Svedin, 2008). Some studies in the literature presented that men were sexually abused at a higher rate than women (Pereda et al., 2009; Akbaş, 2014). Khamis (2000) reported in his study that no male reported sexual abuse, the participants were boys aged 12-16 who were interviewed by school counselors, so they might have been reluctant to disclose their history of sexual abuse due to discomfort or embarrassment. As a matter of fact, although the rate of male participants in the current study is 22.8%, it is thought-provoking that childhood traumas are at similar levels according to gender. Apart from this, there are also studies in the literature showing that there is no statistical difference in childhood traumas in terms of gender (Çavuşoğlu, 2020). It is thought that differences in parents' child-rearing styles (Öztürk et al., 2020) and the cultural structure of societies might have been the factors in the different results of childhood traumas depending on gender. In addition, it is thought to be an important factor that although there are signs of hymen damage in girls in Turkish society, there is no such risk in boys.

It was found that the mean scores of the CTQ-33 and its subscales of emotional abuse, sexual abuse, and OP-OC were high and the mean scores of the ARM were low in those with a psychiatric diagnosis. It is common for children exposed to emotional abuse to withdraw from their families, develop a dependent personality, develop feelings of worthlessness, maladjustment, and engage in aggressive behavior (Zeren et al., 2012), and these situations may cause psychiatric disorders in individuals. The detection of a psychiatric diagnosis in 7% of the participants in the present study (58.6% depression and anxiety disorder) and the developmental traumatic effect of overprotection-overcontrol (Parker, 1983) support the finding. Despite this, although childhood traumas negatively affect psychological resilience, it should not be forgotten that an individual's high level of psychological resilience reduces or prevents psychopathologies that may occur (Philippe et al., 2011). In this respect, individuals should be supported to increase their level of psychological resilience.

Volume 05, Number 01 (March 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

When examined according to the parents' relationship status, it was determined that the mean scores of the CTQ-33 and its subscales of emotional abuse, physical abuse, sexual abuse, and overprotection-overcontrol were significantly higher for those with divorced parents, and the mean scores of the subscale of physical neglect for those with one or both parents deceased were significantly higher. Single parenthood, lack of social support, and fragmented family structures are among the factors that increase the experience of neglect and abuse in children (Ünal, 2008). Accordingly, emotional abuse and physical abuse are seen at higher rates due to lack of communication, fragmented family structure, neglect of the child, and lack of love and affection (Zeren et al., 2012). Additionally, Finkelhor (1997) stated that children whose parents are divorced, living separately, or living with a single parent for a long time are at high risk of sexual abuse.

It was determined that those who perceived their parents as apathetic/rejecting, oppressive/authoritarian had high mean scores on the CTQ-33 and its subscales of emotional abuse, physical abuse, emotional neglect, physical neglect, OP-OC, and low mean scores on the ARM. In a study conducted with adolescents, it was found that adolescents who were raised under pressure and excessive discipline by their parents experienced more trauma, and as the tendency of parents to display democratic and egalitarian attitudes increased, the rate of adolescents experiencing trauma decreased (Beşer et al., 2019). In this context, it can be said that people who are tolerant and democratic have high levels of psychological resilience. As a matter of fact, in another study conducted with 297 adolescents, it was found that there was a high negative relationship between childhood traumas and democratic parental attitudes (Türker, 2021). The results of the current study are parallel to the literature.

It was determined that the mean scores of the CTQ-33's subscales of emotional abuse and OP-OC were significantly higher for those who defined their personality structure as introverted, having difficulties in adaptation, and slow to adapt, and the mean scores of the ARM of those who defined their personality structure as outgoing, easy-going, and adaptable were significantly higher. In Çetin's (2008) study, it was stated that extroverts established closer and more intimate relationships than introverts, and were perceived as loved, friendly, cheerful, and funny by those around them, whereas introverts were perceived as quiet, timid, shy, and bored individuals. In the study of Kleiner and Marshall (1987), it was determined that individuals who experienced childhood traumas defined themselves as socially anxious, introverted, and at the same time afraid of negative evaluations and criticism. Accordingly, it can be thought that extroverts are more sociable, have stronger interpersonal relationships, and have higher levels of psychological resilience. Considering that overprotective parenting is associated with introversion, anxiety, social withdrawal (Kagan, 1994; Maccoby & Martin, 1983), and with emotional abuse, neglect, and other types of traumas (Şar et al., 2021), the literature supports the findings of the current study.

When examined according to the presence of close friends, it was determined that the mean scores of the CTQ-33 and its subscales of emotional abuse and overprotection-overcontrol were significantly higher for those who did not have close friends, and the mean score of the ARM of those who had close friends was significantly higher. Studies in the literature support the findings of the current study. In a study conducted with 209 individuals, it was found that there was a statistically significant positive relationship between friend support and psychological resilience levels (Aydın & Egemberdiyeva, 2018). In Wilks's (2008) study with 314 social service students, it was determined that social support positively affected psychological resilience. Parents' blocking their children's autonomy or isolating them from the experiences they can gain from the environment is called "overprotectiveness" (Erkan et al., 2002). Parents' overprotection of their children and restricting their freedom may cause social anxiety (Erkan, 2002). It is a fact that overprotection-overcontrol, which has a strong relationship with emotional abuse, may cause anxiety and prevent the person from establishing close relationships.

CONCLUSION

Negative experiences that individuals experience during childhood can negatively affect their psychological resilience levels. According to the results of the study, it was determined that there was no significant difference between the psychological resilience levels of men and women, but the

rate of physical neglect was higher in men, and the rate of emotional abuse and sexual abuse was higher in women. Early diagnosis is very important to prevent negative childhood experiences that negatively affect individuals' psychological resilience levels. While the most important task in detecting negative experiences falls on educators and healthcare professionals, the crucial duty of diagnosis and protection of future lives belongs to healthcare professionals. Healthcare professionals should closely observe the families and children they encounter in hospitals and outpatient clinics, and in case of any suspicion of child abuse or neglect, they should report the situation to the hospital police and all necessary legal authorities, and they should keep the necessary reports. In schools, which have a very important place in terms of detecting child abuse and neglect, there should be school nurses, and guidance counselors, nurses, and people in the administration should receive all relevant training on the subject. Students should be taught about private parts - good or bad touching - being able to say no, etc. Training should be provided on these issues without waiting for the risk of neglect and abuse to occur. Risk maps should be prepared for neglect and abuse, and special support training and therapies should be planned for students and parents who are determined to be in the risk group.

STUDY LIMITATIONS

The findings of our study cannot be generalized to the whole society due to the small sample size. However, a significant difficulty we encountered was that people avoided being included in the study under the name of 'childhood trauma'. Therefore, the study was explained to the participants in detail. In this context, both verbal and Google Forms consent was obtained from the participants who agreed to participate.

ACKNOWLEDGMENT

The authors thank all participants who participated in the study. The authors received no financial support for the research, authorship and/or publication of this article

REFERENCES

Abukan, B. (2020). An evaluation of the treatment of childhood traumas in the foster family. *Community and Social Service*, *31*(1), 241-260. https://doi.org/10.33417/tsh.681890

Akbaş, G. E. (2014). Childhood abuse experiences of adolescents with different socio-economic levels: Ankara Altındağ and Çankaya sample. *Society and Social Service, 25*(2), 75-96. https://dergipark.org.tr/en/download/article-file/797817

Arslan, G. (2015). Psychometric Properties of Adult Psychological Resilience Scale (APSQ): Validity and Reliability Study. *Ege Education Journal*,*16*(2), 344-357. https://dergipark.org.tr/en/download/article-file/681679

Aydın, E. (2018). *The effects of childhood traumatic experiences on psychological resilience and depression symptoms* (Publication No: 497319) (Master's Thesis) Fatih Sultan Mehmet Vakıf University, İstanbul.Ulusal Tez Merkezi | Anasayfa

Aydın, M. & Egemberdiyeva, A. (2018). Investigation of Psychological Resilience Levels of University Students. *Turkish Journal of Education*,*3* (1), 37-53. https://dergipark.org.tr/en/download/article-file/496083

Bağrıaçık, Y. (2019). *The relationship between childhood traumas and personality and psychological resilience* (Master's Thesis). Near East University, Cyprus. docs.neu.edu.tr/library/6729260667.pdf

Bakır, E., & Kapucu, S. (2017). Reflection of child neglect and abuse in research conducted in Turkey: A literature review. *Hacettepe University Faculty of Nursing Journal, 4*(2), 13-24. https://dergipark.org.tr/en/download/article-file/337185

Bayraktar, F. (2006). Bullying and Victimization in Primary School: Comparison of Bullies, Victims, Bully/Victims, and Non-Participants in Preadolescent Children. *Turkish Psychology Bulletin, 12*(38), 43-58.

https://www.academia.edu/download/36132477/Psikolojide__Goc_Calismalarindaki_Metodolojik_Problemler_ve_Cozum_Onerileri.pdf#page=53

Beşer, N. G., Arabacı, L. B., Uzunoğlu, G., Bilaç, Ö., & Ozan, E. (2018). Determination of parental attitudes and childhood traumas in adolescents pushed into crime. *Clinical Psychiatry, 22*, 219-227. https://jag.journalagent.com/z4/download_fulltext.asp?pdir=kpd&plng=eng&un=KPD-94834

Caspi, A., Vishne, T., Sasson, Y., Gross, R., Livne, A., & Zohar, J. (2008). Relationship between childhood sexual abuse and obsessive-compulsive disorder: case control study. *Israel Journal of Psychiatry and Related Sciences*, *45*(3), 177. https://www.researchgate.net/pdf

Çavuşoğlu, F. (2020). Examining Childhood Trauma Levels According to Gender Groups.*Journal of International Social Research*, *13*(73), 575-581. Results - OpenURL Connection - EBSCO

Çetin, F. (2008). *The Effects of Self-Perception, Locus of Control and Personality Structure on Conflict Resolution Approaches in Interpersonal Relations: An Applied Research* (Master's Thesis). Military Academy/Social Sciences. Ulusal Tez Merkezi | Anasayfa

Cheng, Y.C., Chen, M.S., Chou, K.R., Kuo, P.H. ve Huang, M.C. (2018). Reliability and factor structure of the Chineese version of childhood trauma questionnaire –short form in patients with substance use disorder. *Taiwanese Journal of Psychiatry (Taipei), 32* (1), 52-62. Reliability and Factor Structure of the Chinese Version of Childhood Trauma Questionnaire-short Form in in Patients with Substance Use Disorder = 中文版兒時創傷量表—簡版之因素結構與信度分析研究｜Airiti Library 華藝線上圖書館

Doğruer, N. (2019). *Psychological resilience and forgiveness in adults with childhood trauma experiences* (Master's Thesis) Near East University, Cyprus. docs.neu.edu.tr/library/6716369680.pdf

Dong, C., Xu, R., & Xu, L. (2021). Relationship of childhood trauma, psychological resilience, and family resilience among undergraduate nursing students: A cross-sectional study. *Perspect Psychiatr Care*, *57*(2), 852-859. https://doi.org/10.1111/ppc.12626

Erdoğan, E., Özdoğan, Ö. & Erdoğan, M. (2015). University students' resilience level: The effect of gender and faculty. *Procedia-Social and Behavioral Sciences, 186*, 1262-1267. https://doi.org/10.1016/j.sbspro.2015.04.047

Erkan, Y. D. D., Güçray, D. S., & Çam, Y. S. (2002). Investigation of social anxiety levels of adolescents in Tterms of parental attitudes and gender*. Journal of Çukurova University Social Sciences Institute,10* (10), 64-75. https://dergipark.org.tr/en/download/article-file/50109

Erkan, Z. (2002). *A study on social anxiety levels of adolescents, parental attitudes and risk factors in the family* (*Doctoral Thesis, Çukurova University*. Ulusal Tez Merkezi | Anasayfa

Finkelhor, D., (1997). Child sexual abuse. Challenges Facing Child Protection and Mental Health Professionals. Ullmann, E. & Hilweg, W. (Eds.), *Childhood and Trauma Separation, Abuse, War* (page 16). Child Sexual Abuse | 8 | Challenges Facing Child Protection and Mental

Gamzeli, A., & Kahraman, Ö. Ü. S. (2018). *The effect of childhood psychological trauma symptoms on psychological resilience in adults (Congress Proceedings). III. International Al-Farabi Social Sciences Congress*, 9-11 November 2018, Ankara

Gedik, G. (2021). *The Mediating Role of Psychological Resilience in the Effect of Childhood Trauma on Personality Patterns* (Publication No: 683742) (Master's Thesis, Ege University). National Thesis Center. Ulusal Tez Merkezi | Anasayfa

Güloğlu, B., Karaırmak, Ö., & Emiral, E. (2016). The role of childhood traumas on spirituality and forgiveness. *Anatolian Journal of Psychiatry, 17*(4), 309-316.

Güneri Yöyen, E. (2016). Childhood trauma and self-esteem. *International Journal of Social Sciences and Education Research. 3*(1), 267-281. https://acikerisim.gelisim.edu.tr/xmlui/bitstream/handle/11363/721/255210.pdf?sequence=1

Hernandez, A., Gallardo-Pujol, D., Pereda, N., Arntz, A., Bernstein, P. D., Gaviria, M. A., Labad, A., Valero, J., Gutiérrez-Zotes, A. J. (2013). Initial validation of the spanish childhood trauma questionnaireshort form: factor structure, reliability and association with parenting. *Journal of Interpersonal Violence. 28*(7), 1498-1518 https://doi.org/10.1177/0886260512468240

Karaarslan, İ. (2017). *Personality Typologies of Violence Tendency and Their Relationship with Childhood Trauma* (Master's Thesis). Istanbul Gelişim University. Ulusal Tez Merkezi | Anasayfa

Karaırmak, Ö. (2006). Psychological resilience, risk factors and protective factors. *Turkish Journal of Psychological Counseling and Guidance, 3 (*26) , 129-142. https://dergipark.org.tr/en/download/article-file/200210

Kaufman, J. G., & Widom, C. S. (1999). Childhood victimization, running away, and delinquency. *Journal of Research in Crime and Delinquency*, *36*(4), 347-370. https://doi.org/10.1177/0022427899036004001

Khamis, V. (2000). Child psychological maltreatment in Palestinian families. *Child Abuse & Neglect*, *24*(8), 1047-1059. https://doi.org/10.1016/S0145-2134(00)00157-5

Klein, D. F., & Gorman, J. M. (1987). A model of panic and agoraphobic development. *Acta Psychiatrica Scandinavica*, *76*(335), 87-95. https://doi.org/10.1111/j.1600-0447.1987.tb07753.x

Lang, J., Kerr, D.M., Petri-Romão, P., McKee, T., Smith, H., Wilson, N., Zavrou, M., Shiels, P., & Minnis, H. (2020). The hallmarks of childhood abuse and neglect: A systematic review. *PLOS ONE*, *15*(12), https://doi.org/10.1371/journal.pone.0243639.

McKay, M. T., Cannon, M., Chambers, D., Conroy, R. M., Coughlan, H., Dodd, P., Healy, C., O'Donnell, L. & Clarke, M. C. (2021). Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies. *Acta Psychiatrica Scandinavica*, *143*(3), 189-205. https://doi.org/10.1111/acps.13268

Mohammadi, M. R., Zarafshan, H., & Khaleghi, A. (2014). Child Abuse in Iran: a systematic review and meta-analysis. *Iran J Psychiatry*, *9*(3), 118–124.

Öztürk, E., Derin, G., & Okudan, M. (2020). Investigation of the relationship between childhood traumas, defense mechanisms and self-harming behaviors in university students. Turkey Clinics *J Foren Sci Leg Med*, *17*(1), 10-24. DOI: 10.5336/forensic.2019-71979

Parker, G. (1983). *Parental overprotection: A risk factor in psychosocial development*. Grune & Stratton. Parental Overprotection: A Risk Factor in Psychosocial Development. By Gordon Parker. New York: Grune and Stratton. 1984. Pp 325. $39.50. | The British Journal of Psychiatry | Cambridge Core

Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). *International epidemiology of child sexual abuse: A Continuation of Finkelhor (1994). Child Abuse and Neglect, 33*(6), 331–342. https://doi.org/10.1016/j.chiabu.2008.07.007

Philippe, F. L., Laventure, S., Beaulieu-Pelletier, G., Lecours, S., & Lekes, N. (2011). Ego- resiliency as a mediator between childhood trauma and psychological symptoms. *Journal of Social and Clinical Psychology, 30*(6), 583-598. https://doi.org/10.1521/jscp.2011.30.6.583

Priebe, G., & Svedin, C. G. (2008). Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures. *Child abuse & neglect*, *32*(12), 1095-1108. https://doi.org/10.1016/j.chiabu.2008.04.001

Roesler, T. A., & McKenzie, N. (1994). Effects of childhood trauma on psychological functioning in adults sexually abused as children. *The Journal of nervous and mental disease*, *182*(3), 145-150. The Journal of Nervous and Mental Disease

Şar, V., Necef, I., Mutluer, T., Fatih, P., Türk-Kurtça, T. (2021). A revised and expanded version of the Turkish Childhood Trauma Questionnaire (CTQ-33): overprotection-overcontrol as additional factor. *Journal of Trauma and Dissociation. 22*(1):35-51. https://doi.org/10.1080/15299732.2020.1760171

Schaaf, K. K., & McCanne, T. R. (1998). Relationship of childhood sexual, physical, and combined sexual and physical abuse to adult victimization and posttraumatic stress disorder. *Child abuse & neglect*, *22*(11), 1119-1133. https://doi.org/10.1016/S0145-2134(98)00090-8

Tabachnick, B. G., Fidell, L. S., & Ullman, J. B. (2013). *Using multivariate statistics* (7. Edıtıon, pp. 497-516). Pearson. https://www.pearsonhighered.com/assets/preface/0/1/3/4/0134790545.pdf

Taner, Y., & Gökler, B. (2004). Child abuse and neglect: psychiatric aspects. *Acta Medica*, *35*(2), 82-86. https://actamedica.org/index.php/actamedica/article/download/188/166

Tıraşçı, Y., & Gören, S. (2007). Child abuse and neglect. *Dicle Medical Journal, 34*(1), 70-74. https://core.ac.uk/download/pdf/25838357.pdf

Traub, F., Boynton-Jarrett, R. (2017). Modifiable resilience factors to childhood adversity for clinical pediatric practice. *Pediatrics, 139*(5), 1-14. https://doi.org/10.1542/peds.2016-2569

Volume 05, Number 01 (March 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

Türker, A. (2021). *Investigation of the relationship between childhood trauma experiences and attachment styles in adolescents, the severity of depression diagnosis and family attitudes* (Master's Thesis) Hacettepe University. Ulusal Tez Merkezi | Anasayfa

Ünal, F. (2008). Child abuse and neglect in the family. *Turkish Journal of Social Research, 1*, 9-18. TRDizin

United Nations Children's Fund. (2010). Research on Child Abuse and Domestic Violence in Turkey - Summary Report 2010. Republic of Turkey Prime Ministry Social Services and Child Protection Agency. Retrieved September 20, 2024 from türkiye'de Çocuk İstismarı Ve Aile İçi Şiddet Araştırması - Özet Raporu 2010.pdf (unicef.org)

Wilks, S. E. (2008). Resilience amid academic stress: The moderating impact of social support among social work students. *Advances in Social Work, 9*(2), 106-125. https://doi.org/10.18060/51

Wood, J. J., McLeod, BD, Sigman, M., Hwang, W.-C., & Chu, B. C. (2003). Parenting and childhood anxiety: Theory, empirical findings and future directions. *Journal of Child Psychology and Psychiatry, 44*(1), 134–151. https://doi.org/10.1111/1469-7610.00106

World Health Organization (2024). Child maltreatment. Retrieved September 22, 2024, from Child Maltreatment

Wu, Y., Yu, W., Wu, X., Wan, H., Wang, Y., Lu, G. (2020). Psychological resilience and positive coping styles among Chinese undergraduate students: a cross-sectional study. *BMC Psychology. 8(*79), 1-11. https://doi.org/10.1186/s40359-020-00444-y

Zeren, C., Yengil, E., Çelikel, A., Arık, A., & Arslan, M. (2012). Prevalence of childhood abuse among university students. *Dicle Medical Journal, 39*(4), 536-541. https://doi.org/10.5798/diclemedj.0921.2012.04.0196

Zoroglu, S. S., Tuzun, U., Sar, V., Tutkun, H., Savaçs, H. A., Ozturk, M., Alyanak, B., & Kora, M. E. (2003). Suicide attempt and self-mutilation among Turkish high school students in relation with abuse, neglect and dissociation. *Psychiatry and Clinical Neurosciences*, *57*(1), 119-126. https://doi.org/10.1046/j.1440-1819.2003.01088.x