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ORIGINAL PAPER

The mediating role of adaptive and maladaptive cognitive emotion regulation strategies in the relationship between childhood maltreatment and psychological resilience

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Abstract
Childhood maltreatment significantly impacts psychological development and resilience. The adaptive and maladaptive cognitive emotion regulation strategies play a crucial role in the relationship between childhood maltreatment and psychological resilience. The first aim of this study was to investigate gender differences in the subdimensions of childhood maltreatment, and the second aim was to explore the role of adaptive and maladaptive cognitive emotion regulation strategies in the relationship between childhood maltreatment and psychological resilience. The sample of the study consisted of 355 university students aged 18 to 35. The participants completed the Demographic Information Form, Childhood Trauma Questionnaire, Psychological Resilience Scale for Adults, and Cognitive Emotion Regulation Scale. In the data analysis, t-tests, Pearson correlation analysis, and mediation analysis using the Process macro (Model 4) were performed. The t-test results revealed gender differences in the dimensions of sexual abuse, emotional abuse, and physical neglect. Specifically, females scored higher in the sexual abuse subdimension, while males had higher scores in the emotional abuse and physical neglect subdimensions. The Pearson correlation analysis revealed that childhood maltreatment was negatively correlated with psychological resilience (r = -.51, p < .01) and adaptive cognitive emotion regulation strategies (r = -.21, p < .01), while positively correlating with maladaptive cognitive emotion regulation strategies (r = .25, p < .01). In the mediation analyses, it was concluded that adaptive and maladaptive cognitive emotion regulation strategies significantly mediated the relationship between childhood maltreatment and psychological resilience (β = -.14, SE = .04, 95% CI [-.22, -.06]; β = -.07, SE = .02, 95% CI [-.12, -.03], respectively). This study emphasizes the importance of understanding of how childhood maltreatment impacts resilience, focusing on cognitive emotion regulation strategies, offering valuable insights for both theoretical understanding and practical interventions in promoting well-being.

Keywords: childhood maltreatment, psychological resilience, adaptive cognitive emotion regulation strategies, maladaptive cognitive emotion regulation strategies.

Çocukluk dönemi kötü muamele ve psikolojik dayanıklılık arasındaki ilişkide uyumlu ve uyumsuz bilişsel duygu düzenleme stratejilerinin aracı rolü

Öz
Çocukluk dönemi kötü muamele (istismar/ihmal), bireylerin psikolojik gelişimini ve dayanıklılığını önemli ölçüde etkilemektedir. Uyumlu ve uyumsuz bilişsel duygu düzenleme stratejileri, çocukluk dönemi kötü muamele ile psikolojik dayanıklılık arasındaki ilişkide kritik bir rol oynamaktadır. Bu çalışmanın ilk amacı, çocukluk dönemi kötü muamelenin alt boyutlarında cinsiyet farklılıklarını incelemek, ikinci amacı ise çocukluk dönemi kötü muamele ile psikolojik dayanıklılık arasındaki ilişkide uyumlu ve uyumsuz bilişsel duygu düzenleme stratejilerinin rolünü araştırmaktır. Çalışmanın örneklemi, 18 ile 35 yaşları arasında 355 üniversite öğrencisinden oluşmaktadır. Katılımcılar, Demografik Bilgi Formu, Çocukluk Çağı Travmaları Ölçeği, Yetişkinler için Psikolojik Dayanıklılık Ölçeği ve Bilişsel Duygu Düzenleme Ölçeği'ni doldurmuşlardır. Veri analizinde t-test, Pearson korelasyon analizi ve Process makrosu (Model 4) ile aracılık değişkeni analizi kullanılmıştır. T-testi sonuçları, cinsiyetler arasında cinsel istismar, duygusal istismar ve fiziksel ihmal boyutlarında farklar olduğunu ortaya koymuştur. Özellikle, cinsel istismar alt boyutunda kadınların ortalama puanları erkeklerden daha yüksekken, duygusal istismar ve fiziksel ihmal alt boyutlarında ise erkeklerin ortalama puanları daha yüksektir. Pearson korelasyon analizi, çocukluk dönemi kötü muamelenin psikolojik dayanıklılık (r = -.51, p < .01) ve uyumlu bilişsel duygu düzenleme stratejileriyle (r = -.21, p < .01) negatif, uyumsuz bilişsel duygu düzenleme stratejileriyle (r = .25, p < .01) ise pozitif bir ilişkiye sahip olduğunu göstermiştir. Aracılık analizlerinde, uyumlu ve uyumsuz bilişsel duygu düzenleme stratejilerinin, çocukluk dönemi kötü muamele ile psikolojik dayanıklılık arasındaki ilişkide anlamlı aracılık rolünün olduğu sonucuna ulaşılmıştır (sırasıyla, β = -.14, SE = .04, 95% CI [-.22, -.06]; β = -.07, SE = .02, 95% CI [-.12, -.03]). Bu çalışma, çocukluk dönemi kötü muamelenin psikolojik dayanıklılık üzerindeki etkisini, bilişsel duygusal düzenleme stratejilerine odaklanarak anlamanın önemini vurgulamakta ve psikolojik iyilik halini desteklemeye yönelik teorik anlayış ve pratik müdahaleler için değerli bilgiler sunmaktadır.

Anahtar Kelimeler: çocukluk çağı istismarı/ihmali, psikolojik dayanıklılık, uyumlu bilişsel duygu düzenleme stratejileri, uyumsuz bilişsel duygu düzenleme stratejileri

INTRODUCTION

Attitudes and behaviors that lead to serious physical and psychosocial consequences and violate a child's basic rights are referred to as 'child maltreatment' (World Health Organization [WHO], 1999). In the literature, childhood maltreatment is often categorized into physical, sexual, and emotional abuse, as well as neglect (Bernstein et al., 1994). Epidemiological studies indicate a high prevalence of childhood maltreatment experiences (Redican et al., 2022; Zhang et al., 2020). The WHO (2022) reports that one in five women and one in thirteen men have ex-

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perienced sexual abuse during childhood, while approximately three out of four children between the ages of 2-4 years have been subjected to physical punishment and/or psychological violence by their caregivers. A study conducted by the Turkish Statistical Institute (TSI, 2021) in 2019 revealed that 15.2% of 206,498 children had experienced sexual abuse, and 57.6% had been victims of violence. An epidemiological study conducted in Turkey on childhood maltreatment found that emotional abuse occurs in 70.5%, physical abuse in 58.3%, and neglect in 42.6% of cases. The frequency of experiencing multiple forms of childhood maltreatment is reported to be 78.6% (Sofuoğlu et al., 2014). Another study conducted in Turkey shows that 89.7% of mothers have at least once subjected their children to maltreatment, and 79.5% have engaged in emotional abuse or neglect (Karasu & Bilgen, 2017). When examining childhood maltreatment experiences in the literature by gender, it is evident that gender differences exist depending on the sub-dimensions of childhood maltreatment. Studies have shown that females are more likely to experience certain forms of childhood maltreatment, such as sexual abuse (Bernstein et al., 2003; Scher et al., 2004; Vila-Badia et al., 2021). The higher prevalence of sexual abuse among females has led to the consideration of gender as a risk factor in this context. According to the WHO (2022), 120 million young females under the age of 20 have been subjected to some form of forced sexual intercourse. However, males are more frequently subjected to experiences like physical abuse and physical neglect (Alsancak, 2016; Sofuoğlu et al., 2014). Studying childhood maltreatment and its relationship with gender is crucial because gender plays a significant role in the prevalence, nature, and consequences of childhood maltreatment. The differences in abuse and neglect between males and females can be attributed to societal and gender-based factors, such as traditional gender roles, gender biases and inequality (WHO, 2022). The incidence of childhood maltreatment is shaped by various interconnected social and gender factors, with existing gender norms reinforcing male dominance and often putting women in more vulnerable positions (Fonseca et al., 2012). These challenges are exacerbated by cultural beliefs, gender disparities, and the tendency to underreport abuse, especially within family settings. The gender differences may stem from these socio-cultural influences, highlighting the importance of adopting a gender-sensitive perspective when addressing childhood maltreatment (Çetintaş et al., 2021; Fonseca et al., 2012; Klevens et al., 2018).

These forms of childhood maltreatment vary by gender and negatively impact both the physical and psychological health of children and adults (Mersky et al., 2012), thereby impairing psychological adjustment (Roche et al., 1999). Additionally, such experiences represent a significant risk factor for psychopathology, with numerous studies demonstrating a relationship with anxiety, mood disorders, and trauma-related disorders (Gardner et al., 2019; Humphreys et al., 2020). Research indicates that individuals with a history of childhood maltreatment often struggle to maintain emotional balance and adapt to stressors (Çıtak & Erten, 2021; Downey & Crummy, 2022). Childhood maltreatment negatively impacts psychological health and plays a significant role in psychological resilience during adulthood (Dong et al., 2020; Southwick & Charney, 2012).

Psychological resilience is a crucial factor in maintaining psychological health in the face of negative experiences. It is described as a dynamic process that requires successful adaptation to challenging life situations (American Psychological Association [APA], 2020). It involves various individual and environmental factors, rather than being a stable personality trait (Feder et al., 2019; Graber et al., 2015). High psychological resilience is associated with greater functionality and fewer emotional and behavioral problems (Goldstein et al., 2013). Recent studies on psychological resilience have primarily focused on psychological flexibility, self-regulation, emotional awareness, positive and problem-focused coping strategies, and the ability to recognize and regulate emotions (Hamby et al., 2018; Meyer et al., 2019). Coping strategies, such as cognitive restructuring, active planning, acceptance, and seeking social support, contribute to psychological health by acting as protective mechanisms against various risks (Mestre et al., 2017; Mouatsou & Koutra, 2021). The ability to regulate emotional responses, evaluate situations positively, and engage in supportive social interactions is key in coping with negative experiences (Fletcher & Sarkar, 2013; Graber et al., 2015; Pietrzak & Cook, 2013).

Another variable addressed in this study, and associated with psychological resilience, is emotion regulation—a broad concept encompassing biological, social, and behavioral processes. It is defined as the ability to adjust one's emotional state in response to environmental changes (Garnefski et al., 2001). Emotion regulation involves both unconscious/automatic processes (Bargh & Williams, 2007) and conscious/effortful processes (Tugade & Frederickson, 2004). While automatic processes are related to physiological and behavioral responses, such as psychophysiological reactions and unwanted motor movements (Mauss et al., 2006), conscious processes are linked to cognitive assessments, including personal interpretations and attributions (Scherer et al., 2001). Emotion regulation is also closely related to coping strategies. In the literature, coping strategies are often categorized as problem-focused or emotion-focused (Gross, 2015). Additionally, reappraisal and suppression strategies have frequently been studied, demonstrating their effectiveness in emotion regulation (Webb et al., 2012; Wolgast et al., 2011). However, other coping mechanisms in emotion regulation, such as behavioral avoidance, experiential avoidance, rumination, acceptance, problem-solving (Webb et al., 2012), changing perspective by restructuring a situation (Wolgast et al., 2011), and engaging in distracting activities (Sheppes & Levin, 2013), are also important. Garnefski et al. (2001) argued that the classification of coping strategies is overly general, and it is crucial to separately consider cognitive, emotional, behavioral, and other processes. They also emphasized that cognitive evaluation processes often precede behavioral processes in emotion regulation, highlighting the importance of cogni-

tive emotion regulation strategies. Cognitive emotion regulation refers to the use of cognitive strategies to regulate emotions in stressful situations. These strategies are generally categorized as adaptive or maladaptive in the literature (Muñoz-Navarro et al., 2021). Adaptive cognitive emotion regulation strategies include positive refocusing, positive reappraisal, putting things into perspective, refocusing on planning, and acceptance, while maladaptive strategies include rumination, self-blame, blaming others, and catastrophizing (Garnefski et al., 2001). Individuals who employ adaptive cognitive emotion regulation strategies are better able to cope with stressors and tend to exhibit better psychological health (Chen & Cheung, 2021; Cloitre et al., 2019). Cognitive emotion regulation strategies such as cognitive reappraisal have been found to negatively correlate with psychological symptoms (Cardi et al., 2021; Chesney et al., 2019). Individuals who struggle with emotion regulation and frequently use maladaptive cognitive emotion regulation strategies, such as rumination, may experience heightened stress, depression, anxiety, physical symptoms, and trauma-related experiences (Chesney et al., 2019; Garnefski et al., 2017; Shepherd & Wild, 2014; Stikkelbroek et al., 2016). Adaptive cognitive emotion regulation strategies promote psychological resilience, while maladaptive strategies act as risk factors, negatively affecting resilience (Berking et al., 2008; Zhang et al., 2021).

While existing studies in the literature frequently examine childhood maltreatment, psychological resilience, and cognitive emotion regulation strategies separately, research that simultaneously investigates all three variables remains limited (Çıtak & Erten, 2021; Dong et al., 2020; Hong et al., 2018; Huh et al., 2017; Southwick & Charney, 2012). In the studies where these variables have been examined together, they have mostly been explored correlational, and there is a lack of sufficient research on the mediating role of adaptive and maladaptive strategies (Güler et al., 2023; Hong et al., 2018; Lee et al., 2019). Additionally, most studies on emotion regulation focus on "difficulties or deficits in emotion regulation/emotion dysregulation" (Aydın & Süslü, 2023; Burns et al., 2012; Carvalho Fernando et al., 2014). Difficulties in emotion regulation are indicative of the inability to accept emotional experiences, challenges in goal-directed behavior, problematic impulse control, low emotional openness and awareness, and limited use of positive emotion regulation strategies (Gratz & Roemer, 2004). Individuals who struggle with regulating their emotions and possess weak emotion regulation skills may exhibit emotional and behavioral problems when faced with adverse life events (Cardi et al., 2021; Chesney et al., 2019; Garnefski et al., 2017). Studies have shown that difficulties in emotion regulation are positively associated with childhood maltreatment and negatively associated with psychological resilience. Difficulties in emotion regulation encompass various processes of emotion regulation, such as cognitive and behavioral aspects; however, emotion regulation is a broad concept, making it essential to address separate processes, such as cognitive and behavioral aspects (Garnefski et al., 2001). Therefore, cognitive emotion regulation strategies have been addressed in this study.

One example of studies that address childhood maltreatment, psychological resilience, and cognitive emotion regulation strategies together is the study conducted by Güler et al. (2023). This study demonstrates that as childhood maltreatment increases, the use of strategies such as self-blame, catastrophizing, and blaming others also increases. Conversely, strategies like refocusing on the plan, positive reappraisal, and putting things into perspective tend to decrease. Additionally, the study found that psychological resilience was positively associated with strategies like refocusing on the plan and positive reappraisal, while it was negatively associated with strategies such as self-blame and catastrophizing. Another study conducted by Kaya and Eroğul (2016) examined the mediating role of adaptive and maladaptive cognitive emotion regulation strategies and automatic thoughts in the relationship between childhood maltreatment, psychological resilience, and behavioral problems in adolescents. The findings of this study indicated that both adaptive and maladaptive emotion regulation strategies played a mediating role in the relationship between childhood maltreatment and psychological resilience.

Firstly, in light of the information provided above, given the widespread nature of childhood maltreatment, it is crucial to understand how gender may influence childhood maltreatment. Therefore, the first objective of the study is to examine how different types of childhood maltreatment vary according to gender. Examining the subdimensions of childhood maltreatment by gender is important as it can provide comprehensive information on the childhood maltreatment experiences of females and males in Turkey.

Another aim of the study is to uncover the relationship between the variables and explore the role of adaptive and maladaptive cognitive emotion regulation strategies in the relationship between childhood maltreatment and psychological resilience. The model for the study is outlined below (Figure 1). The decision to include a mediation analysis in this study is based on the theoretical understanding that adaptive and maladaptive cognitive emotion regulation strategies may play a significant role in the relationship between childhood maltreatment and psychological resilience. Childhood maltreatment has been shown to negatively impact cognitive emotional regulation strategies, and such disturbances in emotion regulation can subsequently affect an individual's psychological resilience (Güler et al., 2023; Kaya & Eroğul, 2016). By examining the mediating role of these cognitive emotion regulation strategies, we aim to uncover the mechanisms through which childhood maltreatment influences resilience. Specifically, adaptive cognitive emotion regulation strategies may buffer the negative effects of childhood maltreatment, while maladaptive cognitive emotion regulation strategies may exacerbate these effects. This mediation analysis provides valuable insight into how adaptive and maladaptive cognitive emotion regulation strategies can either mitigate or intensify the psychological consequences of childhood maltreatment, thus offering a deeper understanding of the pathways linking childhood maltreatment to resilience outcomes. Additionally, this study is important as it provides insights into cognitive pro-

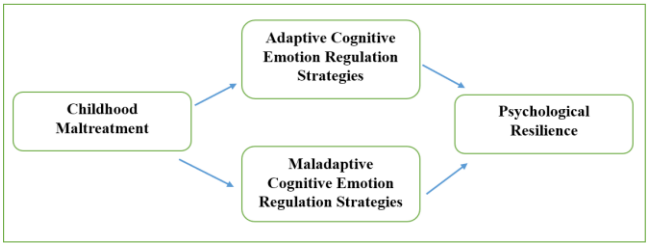

Figure. 1 The Proposed Model

cesses, and cognitive emotion regulation strategies can be utilized by professionals in the field of psychology to enhance psychological resilience through cognitive interventions. This study is expected to contribute to the field by revealing the role of cognitive emotion regulation strategies in the relationship between childhood maltreatment and psychological resilience, offering valuable insights for both research and practical applications in psychology. Furthermore, this study is valuable in that it examines all the variables together, considers adaptive and maladaptive cognitive emotion regulation strategies as mediators, and focuses on one aspect of emotion regulation (cognitive).

In line with this, the hypotheses of the study are 1) The subdimensions of childhood maltreatment will differ by gender; 2) Childhood maltreatment is negatively correlated with psychological resilience and adaptive cognitive emotion regulation strategies but positively correlated with maladaptive cognitive emotion regulation strategies; 3) Psychological resilience is positively correlated with adaptive cognitive emotion regulation strategies but negatively correlated with maladaptive cognitive emotion regulation strategies; and 4) Adaptive and maladaptive cognitive emotion regulation strategies mediate the relationship between childhood maltreatment and psychological resilience.

METHODS

Participants

In the study, G-Power 3.1 was used to perform a power analysis to determine the minimum number of participants required. With an effect size of 0.05 and an alpha level of 0.05, it was determined that a minimum of 312 participants was necessary to achieve 95% power. The initial sample consisted of 398 students from a state university. The inclusion criterion was being a volunteer university student aged between 18 and 35. Two individuals outside this age range and 25 individuals who left most items on the scales blank or skipped several pages were excluded. Additionally, 16 participants identified as outliers were excluded from the analysis. As a result, the final sample size was 355 participants. Among the participants, 59.4% (N = 211) were female, and 40.6% (N = 144) were male. The mean age of participants was 20.99 years (SD = 2.05). Regarding academic background, 51.3% of participants were from the Faculty of Law, 16.4% from the Faculty of Economics and Administrative Sciences, 15.6% from the Faculty of Arts and Sciences, 9.3% from the Faculty of Fine Arts, and 6.2% from the Faculty of Communication. Furthermore, 98.9% of participants were single. In terms of socioeconomic status, 82.1% of participants identified their socioeconomic level as average, 11.4% as below average, and 6.5% as above average.

Measures

Demographic Information Form The Demographic Information Form includes questions about gender, age, faculty of study, marital status, and perceived socioeconomic status.

Childhood Trauma Questionnaire This questionnaire, developed by Bernstein et al. (1994) and adapted in Turkish by Şar et al. (2021), is a self-report questionnaire comprising of 33 items and six sub-dimensions, rated on a 5-point Likert scale. It aims to retrospectively assess experiences of childhood abuse and neglect. The original questionnaire consists of five subdimensions: physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect. Şar et al. (2021) added a five-item subdimension called "overprotection-overcontrol." As a result of the analyses conducted for the adaptation study of the scale, it was found that the internal consistency coefficient was .87. The internal consistency values for each subdimension were calculated as .94 for physical abuse, .89 for sexual abuse, .95 for emotional abuse, .92 for physical neglect, .94 for emotional neglect, and .91 for overprotection-overcontrol (Şar et al., 2021). In the current study, Cronbach's alpha coefficient was .77. The internal consistency values for the subdimensions were calculated as .65 for physical abuse, .84 for sexual abuse, .69 for emotional abuse, .60 for physical neglect, .82 for emotional neglect, and .78 for overprotection-overcontrol.

Resilience Scale for Adults This scale, designed to measure psychological resilience, was developed by Hjemdal et al. (2001) and adapted into Turkish by Basım and Çetin (2011). It is a self-report scale consisting of 33 items and six sub-dimensions, measured on a 5-point Likert scale. The sub-dimensions of the scale are self-perception, perception of the future, social competence, structural style, family cohesion, and social resources. As a result of the analyses conducted for the adaptation study of the scale, the internal consistency coefficients were found to range from .66 to .81 for the student group and from .68 to .79 for the employee group. Internal consistency values were calculated as .72 for self-perception, .75 for perception of the future, .68 for structural style, .78 for social competence, .81 for family cohesion, and .77 for social resources across all groups (Basım & Çetin, 2011). In the present study, Cronbach's alpha coefficient for this scale was .88. The internal consistency values of the subdimensions were calculated as .75 for self-perception, .72 for perception of the future, .46 for structural style, .69 for social competence, .79 for family cohesion, and .75 for social resources.

Cognitive Emotion Regulation Scale This scale, developed by Garnefski et al. (2001) and adapted into Turkish by Tuna and Bozo (2012), is a self-report measure consisting of 36 items and nine sub-dimensions, rated on a 5-point Likert scale. The scale aims to measure cognitive

emotion regulation strategies used in response to negative life events. The subdimensions include self-blame, acceptance, rumination, positive refocusing, refocus on planning, positive reappraisal, putting into perspective, catastrophizing, and blaming others. Positive refocusing, positive reappraisal, putting into perspective, refocus on planning, and acceptance are considered adaptive cognitive emotion regulation strategies, while rumination, self-blame, catastrophizing, and blaming others are considered maladaptive cognitive emotion regulation strategies. The internal consistency coefficients for the subdimensions of the standardized scale ranged from .72 to .83. The internal consistency values for these sub-dimensions were calculated as .72 for self-blame, .74 for acceptance, .82 for rumination, .81 for positive refocusing, .81 for refocus on planning, .79 for positive reappraisal, .75 for putting into perspective, .83 for catastrophizing, and .82 for blaming others (Tuna & Bozo, 2012). In the current study, Cronbach's alpha coefficients were .83 for adaptive cognitive emotion regulation strategies and .80 for maladaptive cognitive emotion regulation strategies. The internal consistency values for the subdimensions were calculated as .75 for self-blame, .56 for acceptance, .74 for rumination, .80 for positive refocusing, .76 for refocus on planning, .77 for positive reappraisal, .75 for putting into perspective, .77 for catastrophizing, and .78 for blaming others.

Procedure

After receiving the necessary approvals from the Ethics Committee of Ankara Hacı Bayram Veli University (E-11054618-302.08.01-80635), data were collected in April 2022. The convenient sampling method was employed in the study. This method refers to the process in which the researcher collects data from the most accessible participants until the planned sample size is achieved. The scales were administered to students in a paper-and-pencil format during face-to-face sessions within their course hours. Prior to data collection, participants were informed about the voluntary nature of their participation and the content of the study. Participants were initially provided with an Informed Consent Form. Subsequently, the Demographic Information Form, Childhood Trauma Questionnaire, Resilience Scale for Adults, and Cognitive Emotion Regulation Scale were administered. The entire process of administering all scales took approximately 15 minutes.

Data Analysis

The analyses were conducted using SPSS 26 software. Skewness and Kurtosis values were examined to assess whether the scales followed a normal distribution. The data were found to be normally distributed, which permitted the use of parametric tests. *T*-test was employed to analyze gender differences. Relationships between variables were explored using Pearson's correlation analysis. To examine the mediating role of adaptive and maladaptive cognitive emotion regulation strategies, the Process macro extension was utilized, and Model 4 was tested using parallel multiple mediation analysis. The bootstrapping method was applied to assess the significance of indirect effects, with a 95% confidence interval. Results were evaluated at a significance level of $p < .05$.

RESULTS

Prior to testing the hypotheses, the analysis of missing data and the data imputation process were conducted using the Expectation Maximization (EM) method. In this process, the assumption that the missing data were not systematically distributed was tested using Little's MCAR test. The results indicated no systematic error in the missing data ($p > .05$), which allowed for data imputation using this method.

The normality assumption of the final data was examined through skewness and kurtosis values. In the current study, the Skewness and Kurtosis values were 1.00 and .67 for the Childhood Trauma Scale, -.30 and .05 for the Resilience Scale for Adults, -.06 and -.14 for Adaptive Cognitive Emotion Regulation Strategies, and .04 and .01 for Maladaptive Cognitive Emotion Regulation Strategies. Values within the range of -1.5 to +1.5 were considered indicative of normal distribution (Tabachnick & Fidell, 2013).

Childhood Maltreatment Results by Gender

T-test analysis was conducted to examine childhood maltreatment by gender on the total score. The analysis revealed no significant gender differences in childhood maltreatment ($p > .05$). However, significant differences were found in the subdimensions of childhood maltreatment. While no significant differences by gender were observed in the dimensions of physical abuse [$t(353) = -1.21$, $p > .05$], emotional neglect [$t(353) = -.89$, $p > .05$], and over-protection-overcontrol [$t(353) = -.31$, $p > .05$], significant differences were found in the dimensions of sexual abuse [$t(353) = 2.33$, $p < .05$], emotional abuse [$t(353) = -1.89$, $p < .05$], and physical neglect [$t(353) = -2.91$, $p < .01$]. Specifically, in the sub-dimension of sexual abuse, females ($M = 5.82$, $SD = 2.41$) had higher mean scores than males ($M = 5.35$, $SD = 1.38$). For emotional abuse, males ($M = 7.06$, $SD = 2.80$) had higher mean scores than females ($M = 6.53$, $SD = 2.20$). Similarly, males had higher mean scores in the subdimension of physical neglect ($M = 6.71$, $SD = 2.14$) compared to females ($M = 6.09$, $SD = 1.76$). The results are presented in Table 1.

Correlations Between Variables

The correlation analysis revealed that there was a negative correlation between childhood maltreatment and psychological resilience ($r = -.51$, $p < .01$) as well as between childhood maltreatment and adaptive cognitive emotion regulation strategies ($r = -.21$, $p < .01$), while there was a positive correlation between childhood maltreatment and maladaptive cognitive emotion regulation strategies ($r = .25$, $p < .01$). Additionally, there was a positive correlation between psychological resilience and adaptive cognitive e-

Table 1. T-Test Results by Gender

		N	M	SD	T
Childhood Maltreatment	Female	211	41.67	9.65	-1.62
	Male	144	43.41	10.31	
Physical Abuse	Female	211	5.40	1.08	-1.21
	Male	144	5.58	1.58	
Sexual Abuse	Female	211	**5.82**	2.41	2.33*
	Male	144	5.35	1.38	
Emotional Abuse	Female	211	6.53	2.20	-1.89*
	Male	144	**7.06**	2.80	
Physical Neglect	Female	211	6.09	1.76	-2.91**
	Male	144	**6.71**	2.14	
Emotional Neglect	Female	211	8.91	3.63	-.89
	Male	144	9.26	3.85	
Overprotection-Overcontrol	Female	211	8.93	3.58	-.31
	Male	144	9.44	3.61	

*$p < .05$, **$p < .01$

motion regulation strategies ($r = .45$, $p < .01$), and a negative correlation between psychological resilience and maladaptive cognitive emotion regulation strategies ($r = -.24$, $p < .01$). However, there was no significant relationship between adaptive and maladaptive cognitive emotion regulation strategies ($r = .02$, $p > .05$). The results are presented in Table 2.

Table 2. Correlation Coefficients Between Variables

	1	2	3	4
1.Childhood Maltreatment	-			
2.Psychological Resilience	-.51**	-		
3.Adaptive Cognitive Emotion Regulation Strategies	-.21**	.45**	-	
4.Maladaptive Cognitive Emotion Regulation Strategies	.25**	-.24**	.02	-

*$p < .05$, **$p < .01$

Results of Mediation Analysis

In the study, the mediating role of adaptive and maladaptive cognitive emotion regulation strategies in the relationship between childhood maltreatment (X) and psychological resilience (Y) was examined. The confidence intervals, indirect and total effects are presented in Table 3.

Table 3. Analysis Results Regarding the Mediating Role of Adaptive and Maladaptive Cognitive Emotion Regulation Strategies

Indirect Effects	β	SE	95% CI
Maltreatment → Adaptive Strategies → Resilience	-.14	.04	[-.22, -.06]
Maltreatment → Maladaptive Strategies → Resilience	-.07	.02	[-.12, -.03]
Total Effects			
Maltreatment → Adaptive/Maladaptive Strategies → Resilience	-.21	.04	[-.30, -.12]

CI: Confidence Interval

The analysis results indicated that childhood maltreatment was negatively associated with psychological resilience ($\beta = -.51$, $p < .001$). Childhood maltreatment was negatively associated with adaptive cognitive emotion regulation strategies ($\beta = -.21$, $p < .001$) and positively associated with maladaptive cognitive emotion regulation strategies ($\beta = .25$, $p < .001$). Adaptive cognitive emotion regulation strategies were positively associated with psychological resilience ($\beta = .37$, $p < .001$), while maladaptive cognitive emotion regulation strategies were negatively associated with psychological resilience ($\beta = -.12$, $p < .01$). With the inclusion of adaptive and maladaptive cognitive emotion regulation strategies as mediators, a significant negative relationship between childhood maltreatment and psychological resilience was found ($\beta = -.39$, $p < .001$). The indirect effect of childhood maltreatment on psychological resilience was found to be significant through adaptive cognitive emotion regulation strategies ($\beta = -.14$, $SE = .04$, *95% CI* [-.22, -.06]) and maladaptive cognitive emotion regulation strategies ($\beta = -.07$, $SE = .02$, *95% CI* [-.12, -.03]). The total indirect effect of childhood maltreatment on psychological resilience was found to be significant through mediators ($\beta = -.21$, $SE = .04$, 95% *CI* [-.30, -.12]). The model, which included the mediator variables, was significant and explained 39% of the variance in psychological resilience. In conclusion, the model suggested significant mediating roles of adaptive and maladaptive cognitive emotion regulation strategies (see Figure 2).

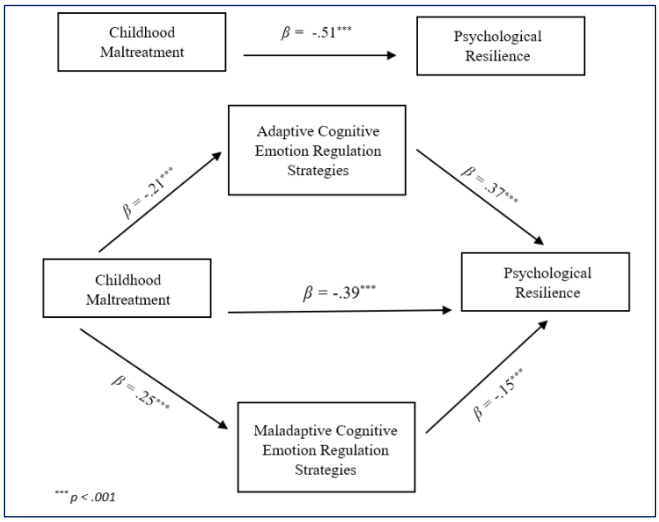

Figure 2. Mediating Role of Adaptive and Maladaptive Cognitive Emotion Regulation Strategies

DISCUSSION

The aim of this study was to examine gender differences in childhood maltreatment and to explore how adaptive and maladaptive cognitive emotion regulation strategies mediate the relationship between childhood maltreatment and psychological resilience. The results of this study did not show significant gender differences in the overall childhood maltreatment scores. However, significant differences were observed in specific subdimensions, namely sexual abuse, emotional abuse, and physical neglect. These findings align with previous studies conducted in Turkey, which also found no significant gender differences in total maltreatment scores (Aydın & Süslü, 2023; Demirkapı, 2014; Güleç et al., 2013). The lack of gender differences in total maltreatment scores can be attributed to the differences observed in the subdimensions of maltreatment. For example, the higher prevalence of sexual abuse among females and physical neglect among males may have neu-

tralized the overall gender difference in maltreatment scores. These findings underscore the importance of examining specific maltreatment subtypes, as they reveal gendered patterns of maltreatment (Bernstein et al., 2003; MacMillan et al., 2013).

The present study found that sexual abuse scores were higher among females, a finding consistent with existing literature (Bernstein et al., 2003; Chandraratne et al., 2018; Vila-Badia et al., 2021). Previous research has indicated that the occurrence of sexual abuse is influenced by a variety of interconnected social and gender-related factors, which are shaped by prevailing gender ideologies and societal sexual norms (Reddock et al., 2022; Zhu et al., 2023). Zhu et al. (2023) state that these norms have long reinforced male superiority, shaping the ways in which individuals perceive their bodies, sexuality, and sexual rights, often placing women in more vulnerable positions. In the context of Turkey, sexual abuse presents a multifaceted issue shaped by gender inequalities, cultural norms, and gender-based violence. Traditional gender roles depict women as passive and protected, while men are perceived as strong and dominant (Çetintaş et al., 2021). These gender biases, societal norms, and inequalities significantly contribute to the underreporting of maltreatment such as sexual abuse. It is particularly important to consider the risk of underreporting, especially within families, and among both female and male children (Gilbert et al., 2009; Sofuoğlu & Nalbantçılar, 2018). This underreporting further can complicate the recognition in cases of sexual abuse (Gilbert et al., 2009). In conclusion, the higher prevalence of sexual abuse among females in the current study may be attributed to several socio-cultural factors, including gender inequalities and traditional societal roles. The findings highlight the need for a more nuanced approach to understanding childhood maltreatment, which considers specific gendered experiences of abuse and neglect.

The present study found that emotional abuse and physical neglect scores were higher among males. This finding contrasts with some studies in the literature that report a higher incidence of these forms of maltreatment in females (Chiu et al., 2013; Scher et al., 2004; Sunley et al., 2020). However, other studies support the findings of the current study, indicating that emotional abuse and physical neglect are more prevalent in males (Alsancak, 2016; Chandraratne et al., 2018; Ulukuş et al., 2019). For example, Ulukuş et al. (2019) found that while the rates of physical abuse, sexual abuse, and emotional neglect were higher in females, the rates of emotional abuse and physical neglect were more common in males. Furthermore, Alsancak (2016) reported that males experience physical neglect at rates twice as high as females. One possible explanation for the higher prevalence of this maltreatment in boys is the societal norm that often places less emphasis on emotional caregiving for boys, encouraging them to be more self-sufficient and resilient. This cultural expectation may lead to their basic needs, particularly those related to physical care, being overlooked or undervalued (Fonseca et al., 2012). The study conducted by Chandraratne et al. (2018) shows that the estimated prevalence of childhood emotional abuse was 27.9%, with reported emotional abuse being more prevalent among males than females. Boys are more often raised in environments where stricter, authoritarian disciplinary practices are more common. Such environments may inadvertently foster both emotional abuse and physical neglect (Fonseca et al., 2012). These findings are in line with Klevens et al. (2018), who suggested that gender inequality could significantly influence the occurrence of physical neglect in children. Gender roles and expectations may shape the caregiving practices of parents and caregivers, contributing to differential neglect patterns based on gender. Given that boys are more likely to experience emotional abuse and physical neglect, it is important to uncover the gender-related factors that may influence this finding. However, it should be noted that, in addition to these gender biases, societal norms, and inequalities, factors such as attachment issues, mental health problems, socioeconomic challenges (e.g., low income) also play a significant role in influencing childhood maltreatment (APA, 2009; Pritchard, 2004; WHO, 2022).

Additionally, in the current study, all subdimensions of maltreatment and the total score average, except for sexual abuse, were higher in males. The findings indicate that male participants experienced more abusive incidents. Moreover, individuals exposed to one type of abuse might experience other forms of maltreatment simultaneously, as abuse experiences can often co-occur across multiple dimensions (Curran et al., 2018; Ünal, 2008). This highlights the complex nature of maltreatment, where different types of abuse may overlap, intensifying the impact on the individuals involved. Therefore, a comprehensive approach to addressing maltreatment should consider the potential co-occurrence of various maltreatment types.

In the present study, a negative relationship was found between childhood maltreatment and psychological resilience. As childhood maltreatment increased, a significant decrease in psychological resilience was observed. Numerous studies in the literature support this finding (Crosta et al., 2018; Herman, 2015; Holl et al., 2017; Türk-Kurtça & Kocatürk, 2020). Individuals who experience physical, emotional, or sexual abuse and neglect during childhood face adverse early life experiences that are known to contribute to the persistence of psychological problems in adulthood and negatively impact resilience (Färber & Rosendahl, 2018; Pretsch et al., 2012). Stressful and challenging childhood experiences, particularly maltreatment, are risk factors for psychological resilience (Bonanno, 2005). Beaujolais et al. (2021) states that one of the enduring factors that negatively influence psychological resilience is maltreatment by primary caregivers or parents. Positive childhood experiences significantly contribute to the formation and enhancement of psychological resilience (Hjemdal et al., 2001). Among the critical factors in the development of psychological resilience is the presence of adequate caregiving warmth. Protective and nurturing experiences during childhood can significantly affect an individual's psychological well-being in later life (Luthar et al., 2019). In a study by Southwick and Charney (2012), neglect was found to negatively affect the development of resilience, and excessively protective attitudes were seen to damage a child's sense of self and weaken their belief in their ability to cope with challenges. Additi-

onally, studies examining the relationship between psychological resilience and childhood maltreatment highlight the importance of family unity and integrity, as well as healthy parent-child relationships (Dong et al., 2020; Gavidia-Payne et al., 2015). These findings highlight the importance of the caregiver-child relationship and the long-lasting effects that childhood maltreatment can have on an individual's ability to adapt. Furthermore, children who have been exposed to maltreatment often lack the necessary components of healthy family relationships, such as security, care, warmth, empathy, acceptance of the child's emotions, autonomy, seeing the child as a separate individual from the caregiver, responding to the child's developmental level, and providing emotional support (Ziegler & Weidner, 2006). The "Childhood Trauma Questionnaire" used in the present study primarily addresses experiences of abuse and neglect perpetrated by the parent or caregiver, such as "people in my family said hurtful or insulting things to me." In this context, caregiver maltreatment may have impacted the outcomes on psychological resilience.

In the present study, a negative relationship was found between childhood maltreatment and adaptive cognitive emotion regulation strategies, while a positive relationship was observed between childhood maltreatment and maladaptive cognitive emotion regulation strategies. Most studies in the literature examining the relationship between childhood maltreatment and emotion regulation have focused on difficulties or deficits in emotion regulation (Aydın & Süslü, 2023; Burns et al., 2012; Carvalho Fernando et al., 2014; Choi & Oh, 2014). Aydın and Süslü (2023) identified difficulties in emotion regulation as a risk factor for resilience among university students who had experienced childhood trauma. Likewise, a study by Choi and Oh (2014) demonstrates a positive relationship between abuse and difficulties in emotion regulation, with physical abuse being particularly recognized as a risk factor for emotion regulation challenges (Teisl & Cicchetti, 2008). These findings highlight the importance of understanding the profound effects of childhood maltreatment on emotion regulation.

Studies addressing cognitive emotion regulation strategies in childhood maltreatment show that as childhood maltreatment increases, the use of maladaptive cognitive emotion regulation strategies also increases, while the use of adaptive cognitive emotion regulation strategies decreases (Carvalho Fernando et al., 2014; Huh et al., 2017; Zaorska et al., 2020). Individuals who experience abuse and neglect often face significant challenges in managing emotions, leading them to adopt maladaptive strategies such as self-blame and rumination in adulthood (Huh et al., 2017). In line with this, Mathijs et al. (2023) emphasize the harmful impact of maltreatment such as excessive protective and controlling behaviors on a child's psychological development, which in turn leads to an increased use of maladaptive cognitive emotion regulation strategies and a decreased use of adaptive ones. Zhang et al. (2020) also state that adaptive cognitive emotion regulation strategies, such as positive reappraisal, can reduce symptoms and serve as a protective factor against psychopathologies like depression. Children develop emotion regulation skills through observing others, imitation, and social cues. Parenting behaviors, particularly those involving emotional guidance and regulation, are crucial in shaping a child's ability to regulate emotions. The emotional environment within the family, which is influenced by factors such as parenting style, the quality of attachment, family emotional expression, and the dynamics of the marital relationship, plays a significant role in the development of emotion regulation (Morris et al., 2007). Early life experiences are crucial in the development of emotion regulation. In this context, it is important to recognize that childhood maltreatment is not only an issue of abuse and neglect but also involves the dynamics of the parent-child relationship (Shameli et al., 2024). All of this information suggests that children who experience maltreatment may struggle to develop adaptive cognitive emotion regulation strategies due to a lack of emotional support, inconsistent caregiving, maltreatment or exposure to harmful emotional climates at home. It is crucial for future research to examine these factors as well.

In the present study, a positive correlation was observed between psychological resilience and adaptive cognitive emotion regulation strategies, while a negative relationship was found between psychological resilience and maladaptive cognitive emotion regulation strategies. These results align with the existing literature (Min et al., 2013; Mouatsou & Koutra, 2021; Polizzi & Lynn, 2021; Ursu & Măirean, 2022). Mouatsou and Koutra (2021) emphasize that the use of adaptive emotion regulation strategies increases psychological resilience, while the use of maladaptive strategies leads to a decrease in resilience. Emotion regulation plays a crucial role in facilitating coping with challenges, and the ability to regulate emotions has been shown to be a protective factor in traumatic situations (Min et al., 2013). A study examining the relationships between psychological resilience and emotion regulation strategies found that resilience was negatively correlated with maladaptive cognitive emotion regulation strategies such as self-blame, catastrophizing, and rumination, and positively correlated with adaptive strategies like positive reappraisal, focus on planning, positive refocusing, and perspective-taking (Ursu & Măirean, 2022). These findings highlight the critical role of adaptive cognitive emotion regulation strategies in promoting psychological resilience. A study by Tobe et al. (2022) evaluated a program aimed at enhancing psychological resilience through emotion regulation, highlighting the importance of emotion regulation strategies in improving resilience. Interventions aimed at improving adaptive emotion regulation strategies could be crucial for fostering resilience, Moreover, these findings emphasize the need for future research to explore how these strategies can be cultivated through therapeutic interventions, education, or other forms of support.

The present study revealed that adaptive and maladaptive cognitive emotion regulation strategies mediate the relationship between childhood maltreatment and psychological resilience. Specifically, as childhood maltreatment experiences increase, individuals tend to use adaptive cognitive emotion regulation strategies less frequently, while maladaptive cognitive emotion regulation

strategies become more prevalent, which in turn correlate with a decline in psychological resilience. These findings underscore the critical role that cognitive emotion regulation strategies play in either enhancing or diminishing psychological resilience.

It is important to note that there is a limited body of research explicitly examining the mediating role of cognitive emotion regulation strategies between childhood maltreatment and psychological resilience (Kaya & Eroğul, 2016). Previous studies have often investigated these variables in isolation or in relation to another variables (Güler et al., 2023; Türk-Kurtça & Kocatürk, 2020; Zhang et al., 2020). A number of studies have explored the role of emotion regulation difficulties in the relationship between childhood maltreatment and resilience (Aydın & Süslü, 2023; Carvalho Fernando et al., 2014), but few have focused specifically on the mediating role of cognitive emotion regulation strategies (Kaya & Eroğul, 2016; Hong et al., 2018). A study by Kaya and Eroğul (2016) found that both adaptive and maladaptive cognitive emotion regulation strategies mediate the relationship between adversity and psychological resilience. Maltreatment experiences negatively impact emotional, cognitive, and psychological development, potentially obstructing the development of essential mechanisms for resilience in adulthood, such as coping skills, cognitive flexibility, and emotion regulation strategies (Graber et al., 2015). Furthermore, the experiences of childhood maltreatment may influence the development of crucial skills, such as the ability to recognize and express emotions, or may increase the use of maladaptive cognitive emotion regulation strategies (Morris et al., 2007). The present study's findings align with these insights, suggesting that a decrease in childhood maltreatment is linked to an increase in the use of adaptive cognitive emotion regulation strategies. This could be related to factors such as a secure environment, healthy parent-child relationships, secure attachment, and coping mechanisms, which are often present when childhood maltreatment is absent or occurs infrequently. Across multiple studies, family-related factors, including a stable home environment and nurturing relationships, are consistently identified as key elements that promote resilience (Afifi & MacMillan, 2011). This, in turn, facilitates the development and use of adaptive strategies and, ultimately, enhances psychological resilience. These findings suggest that multiple factors, such as the parent-child relationship and a supportive home environment, may play a role in this relationship (Cherian, 2024). Therefore, it is important for future studies to consider these factors in a more comprehensive manner.

The relationship between childhood maltreatment, psychological resilience, and cognitive emotion regulation strategies has significant implications for interventions aimed at promoting resilience (Jia-Yuan et al., 2022; Tobe et al., 2022). Participants who received training in emotion regulation, including techniques for appropriately expressing stress-related emotions like anger, demonstrated improved emotional control and resilience. These findings highlight the importance of cognitive reappraisal as a key factor in boosting resilience, which can have a positive impact on individuals' relationships with themselves, their children, and their partners (Tobe et al., 2022). Cognitive reappraisal is one of the adaptive cognitive emotion regulation strategies discussed in the present study. It is believed that adaptive cognitive emotion regulation strategies, by playing a mediating role in the relationship between childhood maltreatment and psychological resilience, can provide valuable insights for clinical research and practical applications. Additionally, it is evident that fostering emotion regulation could significantly enhance an individual's capacity to cope with adversity, thereby increasing psychological resilience (Jia-Yuan et al., 2022). Understanding the interaction between childhood maltreatment and psychological resilience through adaptive and maladaptive cognitive emotion regulation strategies provides valuable insights and forms a foundation for interventions aimed at enhancing resilience in individuals who have experienced childhood maltreatment.

Despite the anticipated contribution to the literature, the study has some limitations. Firstly, the generalizability of the results is limited to students from one university, and it may be applicable to students in similar universities. The data in the study were mostly collected from the law department due to practical reasons, resulting in a relatively higher number of female students. The inability to reach a similar number of male and female students from faculties and departments other than law is another limitation of the study. The study's sample includes university students aged between 18-35. The age range complicates the generalizability of the study to different age groups. Also, since the study's data are based on self-reports, there is a possibility of bias in individuals' responses. Especially in the Childhood Trauma Questionnaire, items are evaluated retrospectively, and research findings on the accuracy of recalling memories are inconsistent. The correlational nature of the study, relying on relational analyses, limits making causal inferences based on the findings. Additionally, the cross-sectional data collection method has limitations, and it is recommended that future studies employ longitudinal designs for a more reliable examination of childhood maltreatment. In this study, variables other than childhood maltreatment were only evaluated based on total scores, and it is suggested that future studies consider examining the sub-dimensions of adaptive and maladaptive cognitive emotion regulation strategies in more detail. Researchers should also explore how gendered social norms may impact the occurrence and nature of maltreatment. Further studies are essential to understand how societal and cultural expectations influence the experiences of maltreated children, which will help in developing targeted interventions to effectively support children of all genders. Moreover, interventions aimed at preventing childhood maltreatment should adopt gender-sensitive approaches to ensure both boys and girls receive appropriate support and protection. The study focused on childhood maltreatment but did not consider factors such as the number, duration, intensity, developmental period, and perpetrator of these experiences. Additionally, individuals experiencing multiple traumatic events were not separately evaluated, representing another limitation. Future studies should address these factors in the assessment of childhood maltreatment. Finally, this study focused on

the cognitive aspect of emotion regulation; however, since emotion regulation involves various processes, including emotional and behavioral dimensions, future research exploring these processes is expected to deepen the understanding of the relationship between childhood maltreatment and psychological resilience.

Conclusions

This study examined gender differences in the subdimensions of childhood maltreatment and investigated the role of adaptive and maladaptive cognitive emotion regulation strategies in the relationship between childhood maltreatment and psychological resilience. The findings of this study can significantly contribute to the understanding of these relationships. The findings suggest that a more comprehensive evaluation is needed to understand how childhood maltreatment affects psychological resilience through cognitive emotion regulation strategies. This study examined the subdimensions of maltreatment, providing valuable information on various forms of childhood maltreatment, including gender-specific experiences of maltreatment, but additional research is needed to investigate the intricate connections between maltreatment subtypes and psychological resilience, as well as how adaptive and maladaptive emotion regulation strategies differ by gender.

Numerous studies focus on clinical samples when examining these variables (Färber & Rosendahl, 2018; Min et al., 2013), making this study valuable for providing insights into the role of childhood maltreatment and cognitive emotion regulation strategies in a healthy population. Increased awareness of the relationship between childhood maltreatment, psychological resilience, and cognitive emotion regulation strategies is crucial for interventions. Future studies should further explore the connections between childhood maltreatment and cognitive emotion regulation strategies. For instance, by separately examining cognitive emotion regulation strategies such as self-blame, acceptance, rumination, catastrophizing, and blaming others, a more comprehensive understanding of the relationship between childhood maltreatment and resilience could be achieved. Additionally, exploring the role of cognitive emotion regulation strategies in the impact of childhood maltreatment on psychological resilience is expected to provide significant insights into protective and preventive factors for psychological resilience. In summary, this study is believed to contribute to research in the field and psychological practices by revealing the role of adaptive and maladaptive cognitive emotion regulation strategies in the relationship between childhood maltreatment and psychological resilience.

DECLARATIONS

Ethics Committee Approval: This study was approved by the Ethics Committee of Ankara Hacı Bayram Veli University (E-11054618-302.08.01-80635).

Conflict of Interest: All authors of this article declare that they have no conflict of interest regarding the article.

Informed Consent: Informed consent was obtained from all individual participants included in the study.

Project/Funding: The study has no financial support.

Data Sharing/Availability: The data related to this research can be shared when deemed necessary.

Authors' Contributions: [BA] conceptualized the study, determined the research questions, collected the data, conducted the statistical analyses, and wrote the original draft of the manuscript. [BPB] followed the research and writing process throughout the study, provided guidance regarding the statistical analyses, and contributed to the review, editing, and critical revision of the manuscript through ongoing feedback. Both authors reviewed and approved the final version of the manuscript.

Use of Artificial Intelligence: AI was used only for grammar and spell-checking purposes.

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