



## The Role of Resilience and Gender in the Relationship between Adults' Childhood Traumatic Experiences and Psychological Symptoms<sup>1</sup> Yetişkinlerin Çocukluk Çağı Travmatik Yaşantıları ile Psikolojik Belirtileri Arasındaki İlişkide Yılmazlığın ve Cinsiyetin Rolü

Firdevs Savi Çakar<sup>2</sup>

### Abstract

This study examined the mediating role of resilience and gender in the relationship between adults' childhood period traumatic experiences and psychological symptoms. The participants of the research consisted of 276 adults, from whom data were collected using the Short Symptom Inventory, the Traumatic Childhood Experiences Scale, and the Adult Resilience Scale. Confirmatory factor analysis was applied, along with path analysis and mediator test. Results indicated that adults' childhood traumatic experiences had a positively significant effect on their psychological symptoms as well as a negative effect on their resilience. Furthermore, resilience had a mediating role in the relationship between childhood traumatic experiences and psychological symptoms. These findings can guide future studies that aim to determine which factors have a positive effect on adults' psychological symptoms, in order to help prevent childhood traumatic experiences and increase their resilience.

**Keywords:** Adulthood, Childhood Traumatic Experiences, Psychological Symptoms, Resilience, Gender

### Öz

Bu çalışmada yetişkinlerin çocukluk çağı travmatik yaşantıları ile psikolojik belirtileri arasındaki ilişkide yılmazlığın ve cinsiyetin aracı rolü incelenmektedir. Katılımcılar 276 yetiştikenden oluşmaktadır. Araştırmanın verileri Kısa Semptom Envanteri, Çocukluk Travmatik Yaşantıları Ölçeği ve Yetişkin Yılmazlık Ölçeği ile elde edilmiştir. Araştırmanın veri analizinde, doğrulayıcı faktör analizi, hipotez testi için yol analizi ve aracılık testi uygulanmıştır. Araştırmada, yetişkinlerin çocukluk travmatik yaşantılarının psikolojik belirtileri üzerinde pozitif yönlü anlamlı düzeyde etkisi olduğu tespit edilirken, çocukluk travmatik yaşantılarının yılmazlık üzerinde negatif yönde anlamlı düzeyde etkisi olduğu, çocukluk travmatik yaşantıları ile psikolojik belirtiler arasındaki ilişkide yılmazlığın aracılık rolü belirlenmiştir. Elde edilen bu sonuçların yetişkinlerin psikolojik belirtileri üzerinde etkili olan faktörlerin belirlenmesi, çocukluk travmatik yaşantılarının önlenmesi ve yılmazlığın artırılmasına yönelik çalışmalara yol gösterebileceği düşünülmektedir.

**Anahtar Kelimeler:** Yetişkinlik, Çocukluk Travmatik Yaşantıları, Psikolojik Belirtiler, Yılmazlık, Cinsiyet

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<sup>2</sup> Assoc. Prof. Dr.; Email: firdevssavi@hotmail.com

## Introduction

Adulthood involves the development process, during which period-specific problems emerge along with the developmental outcomes experienced by an individual in the early periods of life. While this period is experienced more healthily by some adults, others may experience problems in many fields, especially in terms of psychological symptoms. The effects of traumatic experiences during childhood are often emphasized as among the causes of emotional problems during one's adulthood. Traumatic experiences, regardless of which period they are experienced in, are experiences that have a series of short- or long-term irremediable effects in that exceed individuals' coping skills (Erdur Baker, 2014). These experiences disturb an individual's peace of mind, decrease his/her resilience, and make them more susceptible to psychological disorders (Grilon and Mashep, 2001).

Childhood experiences of abuse and neglect are associated with risk factors, laying the foundation of negative physical and mental problems later on (Grote et al., 2012). Studies that analyze the effects of childhood traumas in terms of subsequent negative consequences and their lifelong negative effects are commonly conducted today (Grilon and Mashep, 2001; Grote et al., 2012; Spinhoven et al., 2010). These studies indicate that childhood traumas among adults as primary care-giving persons are significant factors in the etiology of psychopathological problems (Allen, 2001). Mental disorders that emerge during adulthood are associated with childhood abuse and neglect, maltreatment, and other childhood traumatic experiences (Güleç et al., 2012; Middeldorp, Cath, Dyck and Boomsma, 2005). These disorders include mood (Spinhoven et al., 2010) and anxiety (Wright, Crawford and Castillo, 2009) disorders, emotional distress, and post-traumatic stress disorder (Whiffen and MacIntosh, 2005).

In analyzing the outcomes of childhood traumatic experiences during adulthood, one study concluded that, while all individuals do not experience the same consequences, some factors may decrease or increase the effect of traumatic experiences on individuals (DiGangi, 2013). These factors are considered as protective and risk factors. Risk factors increase the impact of a traumatic event, whereas protective factors reduce such effects and increase a person's ability to recover (Baker Erdur, 2014). In addition, support systems, self-esteem, and resilience level in adults play an important role in a process of adaptation and coping with the negative influence of early-period traumatic experiences. Considered as a protective factor in terms of traumatic experiences, resilience is a concept that indicates the skill of overcoming difficulties and stress situations (Masten, 2001) and the power of surviving despite all environmental negativities (Henderson and Milstein, 1996). From this aspect, traumatic

experiences and resilience are associated structures in that resilience helps reduce the effects of negative life events with its features of controlling stress and helping an individual cope with stressful situations rather than avoid them (Steinhardt and Dolbier, 2008).

Childhood traumatic experiences are common all around the world (Saveanu and Nemeroff, 2012; Spinhoven et al., 2010; Şenkal, 2013), and many individuals may face more or less the same stressful experiences during their childhood. While some of these stressful events constitute events that the child can later cope with, some of them may be so traumatic that a child fails to cope, resulting in negative effects throughout the child's whole life. From this aspect, there is a need for comprehensive studies that can help achieve the goals of preventing childhood traumatic experiences, revealing their long-term outcomes, analyzing adults' psychological symptoms, and understanding their mental health needs. Thus, the current study intends to examine the mediating role of resilience and gender in the relationship between adults' childhood traumatic experiences and later psychological symptoms.

In light of the study's findings, several hypotheses have been generated:

- (1) Childhood traumatic experiences predict psychological symptoms and adult resilience.
- (2) Adult resilience predicts psychological symptoms.
- (3) Adult resilience mediates the relationship between childhood traumatic experiences and psychological symptoms.
- (4) Childhood traumatic experiences and gender interact to predict psychological symptoms.

## **Method**

### **Participants**

A total of 276 adults voluntarily participated in the research. Their ages ranged from 35–60 years, and they all resided in Burdur, Turkey. In terms of gender and age, the sample was distributed as follows: (a) 150 women and 126 men, (b) 100 participants were within the age range of 35–40 years (c) 90 participants were within the age range of 41–45 years, and (d) 86 participants were within the age range of 46 years and above. In terms of educational level, the distribution was as follows: 76 primary and secondary school graduates, 96 high school graduates, and 104 associate/bachelor's degree/college degree graduates.

### **Data Collection Tools**

This study used the Brief Symptom Inventory (BSI), the Childhood Period Traumatic Events Scale (TES), the Adult Resilience Scale, and the Personal Information Form as the data collection tools.

### **Brief Symptom Inventory (BSI)**

This is the shortened form of the 53-item Symptom Determination List, known as the SCL-90, developed by Derogatis in 1992. The first adaptation of the scale was used by Şahin and Durak (1994), and the internal consistency coefficients of the subscales varied between .71 (somatization) and .85 (depression). The scale comes in the form of a 5-point Likert scale with the following subscales: depression, anxiety, negative self-perception, somatization, and hostility. The Cronbach's  $\alpha$  coefficient is .70 (somatization) at the lowest level and .88 (depression) at the highest level (Şahin-Hisli, Durak-Batıgün and Uğurtaş, 2002).

### **Traumatic Experiences Scale (TES)**

This is a self-reporting scale originally developed by Nijenhuis, Van der Hart, and Kruger (2002). It contains 29 types of traumatic events. The original Cronbach's  $\alpha$  value of the scale was determined as 0.86 and the test-retest value was 0.90. The total TES score shows the number of possible traumatic experiences (Nijenhuis, Van der Hart and Kruger, 2002; Şar, 2002). This scale, translated into Turkish by Şar (2002), is within the scope of language equivalence in this study ( $r = .89, p < .001$ ). In this study, the Turkish form of this scale was evaluated. The Cronbach's  $\alpha$  value was determined as 0.78 and the test-retest reliability was determined as .82.

### **Adult Resilience Scale**

This was developed by Ryan and Caltabiano in Australia (2009) to measure the resilience levels of individuals at the age of 35–60 years. The Scale's modified version was applied by Savi-Çakar, Karataş and Çakır (2014) for the Turkey sample. While the total item total correlation coefficients for reliability varied between .17 to .66, its internal consistency coefficient was .71 and its test-retest reliability was .85. The confirmatory factor analysis was conducted to test structural validity and the values obtained were as follows:  $\chi^2 = 1022.56$ ;  $sd = 257$   $\chi^2 / sd = 3.97$ ; RMSEA values were found to be 0.70; and the GFI, AGFI, NFI, and CFI, among model-data fit indicators, were found to be .92, .90, .94, and .92, respectively.

### **Procedure**

Participants were recruited by communicating with the school counseling services of the selected schools located in the Burdur City center. The Scales were applied in these schools. Within the scope of the study, we worked with voluntary parents who came to school for the parents' meetings from one primary school, one secondary school, and two high schools. The

participants were fully informed about the aim of the study, the voluntary aspect of joining, and the confidentiality of the information they will share.

### Data Analysis

Data was analyzed by SPSS 22 and Amos 22.0. The relationships among variables were examined by utilizing the Pearson product moment correlation analysis. The direct and indirect relations between variables were tested by observable variable path analysis using maximum likelihood parameter estimation with AMOS 22.

### Results

The results of the correlation analysis revealed that childhood traumatic experiences were negatively related to adult resilience and positively related to psychological symptoms. Analyses also showed that adult resilience was negatively associated with psychological symptoms. The results are presented in Table 1.

**Table 1. Pearson Product Moment Correlation**

	1	2	3
1. Psychological symptoms	-	-.53**	.39**
2. Resilience		-	-.42**
3. Childhood traumatic experience			-

\*\*p < 0.01

### Mediation analysis

The path analysis results reveal that the path model was adequate: [ $\chi^2/df = 3.13$ ]. GFI = .91, RMSEA = .010, SRMR = .06, CFI = .88, IFI = .88, NFI = .88]. Childhood traumatic experiences directly predicted adult resilience ( $\beta = -.51$ ,  $p < .001$ ), although it did not predict psychological symptoms significantly ( $\beta = .15$ ,  $p > .05$ ). Adult psychological symptoms were predicted by adult resilience ( $\beta = -.61$ ,  $p < .001$ ). Furthermore, childhood traumatic experiences indirectly predicted adult psychological symptoms ( $\beta = .09$ ,  $p < .05$ ) through adult resilience. The path analysis results are shown in Table 2

**Table 2. Results of the Mediation Analyses**

			B (SE)	$\beta$	t	Indirect Effect
Childhood traumatic experiences	c' →	Psychological symptoms	0.04 (0.02)	0.15	1.86	
Childhood traumatic experiences	a →	Adult resilience	-0.35 (0.05)	-0.51	-6.69**	ab = 0.09; z = 4.38; p = 0.00; R <sup>2</sup> = 0.28
Adult resilience	b →	Psychological symptoms	-0.25 (0.04)	-0.61	-5.73**	

ab = Indirect effect

z = Sobel test score

**Moderation Analysis**

Multiple hierarchical regression analyses were conducted in order to test the mediating role of gender in the relationship between childhood traumatic experiences and psychological symptoms (see Table 3). Regression analyses results indicated that both childhood traumatic experiences ( $\beta = 0.40$ ;  $t = 6.46$ ;  $p < 0.01$ ) and gender ( $\beta = -0.21$ ;  $t = -3.34$ ;  $p < 0.01$ ) significantly predicted psychological symptoms, but their interaction effect was not significant ( $\beta = -0.17$ ;  $t = -0.34$ ;  $p > .05$ ).

**Table 3. Results of the Hierarchical Regression Analysis**

	B	SE	$\beta$	t	R	R <sup>2</sup>
1	Constant	0.939	0.059		15.97	0.438
	Childhood traumatic experience	0.117	0.018	0.402	6.46**	
	Gender	-0.119	0.036	-0.208	-3.34**	
$F_{(2; 210)} = 28.879$ $p = 0.000$						
2	Constant	0.889	0.087		10.19	0.440
	Childhood traumatic experience	0.159	0.056	0.543	2.86**	
	Gender	-0.083	0.058	-0.145	-1.43	
	Gender x TYO	-0.029	0.037	-0.167	-0.79	
$F_{(2; 210)} = 28.879$ $p = 0.000$					$R^2$ change = 0.002 $p = 0.433$	

### Discussion

The findings of this study revealed the significant and positive relationship between childhood traumatic experiences and adult psychological symptoms. Similarly, past studies have also revealed the significant relationship between adulthood emotional disorders and childhood abuse and neglect, maltreatment, and other traumatic experiences (Middeldorp, Cath, Dyck and Boomsma, 2005). Another study reported a positive relationship between childhood traumatic experiences and subsequent problems like anxiety and depression (Friis, Wittchen, Pfister and Lieb, 2002); somatization (Güleç et al., 2012); eating disorders, substance abuse and alcoholism (Yargıç, Tutkun and Şar, 2012); and dissociative disorders, borderline personality disorder, and conversion disorder (Şar, Akyüz, Kundakçı, Kızılziltan, and Doğan, 2004). In another study, the authors revealed that exposure to emotional and sexual abuse by many people during childhood increases the risk of developing depression in adulthood (Liu, Jager-Hyman, Wagner, Alloy, and Gibb, 2012). In another study, the results indicated a significant relationship between obesity and other factors, including witnessing others' traumatic experiences during childhood, domestic violence, emotional neglect by parents, physical abuse by one's father, sexual harassment and abuse by relatives and people outside the family (Tezcan, 2009). Using a sample consisting of middle-aged women and men, the authors revealed that the participants who were

exposed to physical abuse during childhood experienced a 24% increase in their depression levels and 23% increase in their anxiety levels (Springer et al., 2007).

In terms of childhood traumatic experiences, low self-esteem is not a specific disorder, but a condition that is highly associated with psychiatric disorders. Childhood experiences are quite important in the development of self-esteem, and it has been reported that abused and neglected children tend to have low self-esteem (Joslyn and Shivakumara, 2013; Onat, Dinç, Günaydın, and Uğurlu, 2016). From this aspect, it is apparent that childhood traumas seriously affect individuals during critical periods of their lives, especially in terms of their self-perception development.

Another finding of the current research revealed a negative significant relationship between childhood traumatic experiences and resilience among adults. On the one hand, these results demonstrate consistency with the results of other studies emphasizing that traumatic experiences lead to lifelong physical, mental, sexual, or social suffering, as well as jeopardized psychological/physical health and safety. On the other hand, these experiences also prevent individuals from participating in normal psychological development processes (Şenkal, 2013). When traumatic life events occur, at certain levels, they can help improve individuals' ability to cope with problems, thereby strengthening the individual's self. However, when these events occur at an excessive level that prevents individuals from coping, they tend to disturb mental balance and lead to the development of mental illnesses (Gustafson and Sarwer, 2004). In this aspect, childhood traumatic experiences have long-term mental effects that decrease resilience due to their insurmountable, unpreventable, destructive, and irreversible impacts on children.

Meanwhile, Mak, Ng and Wong (2011) reported that individuals with psychological stability have positive cognitions related to oneself, the world, and the future; this situation contributes to the development of one's thoughts of a positive future, thus preventing depression. However, childhood negative experiences have a negative effect on individual's thoughts and belief systems; there is also a relationship between physical, emotional, and sexual abuse experiences and an individual's negative beliefs about himself/herself, other people and the world, and such a condition leads to mental symptoms (Kaysen, Samuel, Mastnak, and Resick, 2005).

Despite the fact that children exposed to maltreatment generally show more fragile/delicate profiles and are at a high risk in terms of developing dissonance and psychopathology in the future, not all individuals with abuse and neglect experiences during their childhood exhibit psychological problems in the later stages of their lives (Cicchetti, 2010). For example, one study reported that almost half of the individuals with childhood abuse



experiences in the sample did not report any psychiatric disorders during adulthood (Collishaw et al., 2007). Nearly half of these individuals showed features of psychological stability during adolescence, and one third of them showed these features during young adulthood period (DuMont, Widom and Czaja, 2007). Here, we can assume that protective factors come into play by reducing the effect of many negative life experiences and increasing resilience by strengthening one's coping ability.

By analyzing the findings related to mediator test applied in the research, the results indicated that resilience also has a mediating role in the relationship between childhood traumatic experiences and adult psychological symptoms. This finding reveals that the effects of childhood traumatic experiences on psychological symptoms decrease as resilience increases among adults. Resilience is the ability to adapt when an individual faces stressful events. Individuals with high levels of resilience tend to have better psychological health; hence, increased resilience has a direct effect on reducing psychological symptoms (Kurt, 2013). In this respect, resilience expresses an active process that enables an individual to overcome a difficult situation and remain stable during critical situations (Werner, 2004). This emphasizes resistance against environmental risks and positive psychological outcomes increase the effect of protective factors and decrease the effect of risk factors (Rutter, 2006). In this respect, resilience is a structure that protects and improves mental health.

In another finding, the current study determined that gender does not have a mediating effect on the relationship between childhood traumatic experiences and psychological symptoms. It is apparent that childhood traumatic experiences have a direct effect on adults' psychological symptoms and that both men and women bear similar risks in terms of the negative consequences of childhood traumatic experiences. In studies focused on the impact of gender on mental health problems, childhood traumatic experiences are frequently emphasized in explaining the differences among mental health problems observed in women and men. Considering childhood traumatic experiences, women are more frequently exposed to violence than men all over the world. They also face more stressful situations due to negative experiences like poverty, excessive workload, and other challenging conditions; thus, more psychological problems are observed among women (Roothman, Kirsten and Wissing, 2003).

Meanwhile, in studies that examined the long-term effects of childhood abuse and neglect, it has been reported that women, having been exposed to trauma during their childhood, more frequently experience psychological problems, low self-esteem, and interpersonal problems (Mullen, Martin, Anderson, Romans, and Herbison, 1996) as well as anxiety, depression, lifelong reiterative exposure to trauma, post-traumatic stress disorder and physical

symptoms compared with men (Spertus et al., 2003). Therefore, women are at a greater risk and gender is a risk factor in the relationship between traumatic experiences and psychological symptoms. However, in terms of the effect of traumatic experiences, the direct effect of gender is more decisive and childhood traumatic experiences directly affect psychological symptoms. Thus, in terms of the mediating role of gender, the present study concludes that there are no differences between women and men in terms of the long-term consequences of the effect of childhood traumatic experiences. In fact, the effect of trauma continues during adulthood.

### **Recommendations**

Based on the results of this research, it can be emphasized that preventive mental health studies should be conducted. Moreover, future studies should consider the negative effects of childhood traumatic experiences during both childhood and adulthood in terms of their consequences. It is necessary to generalize intervention studies toward children exposed to abuse and neglect during childhood. School, family, and community-based studies should be conducted toward children under risk in terms of childhood traumatic experiences. Studies should also focus on adults' mental health needs, the diagnoses of psychological symptoms, the provision of general mental health services, and the accessibility and efficacy of such services. Finally, future studies should consider the importance of determining the common mental health problems among adults in non-clinical samples and conducting psychological help-seeking studies to help these individuals.

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## Uzun Özet

### Giriş

Çocukluk çağı travmalarının yaşam boyu olumsuz etkilerini inceleyen çalışmalar çocukluk travmatik yaşantıları ile yetişkin ruhsal bozukluklarının ilişkili olduğu belirtilmektedir. İnsanların büyük bir kısmı çocukluk döneminde az ya da çok stres verici deneyimlerle karşılaşabilmektedir. Bu stres yaşantılarından bazıları çocuğun başa çıkabileceği düzeydeki stres yaşantılarını oluştururken, bazıları sonuçları itibariyle başa çıkılamayacak kadar ağır ve olumsuz etkileriyle çocuğun tüm yaşamını etkileyecek kadar travmatik düzeydeki yaşantılardır. Bu yönüyle çocukluk travmatik yaşantılarının önlenmesi, uzun dönem sonuçlarının ortaya konulması, yetişkinlerin psikolojik belirtilerinin incelenmesi ve ruh sağlığı ihtiyaçlarının anlaşılması açısından kapsamlı çalışmalara ihtiyaç olduğu anlaşılmaktadır. Bu doğrultuda bu çalışmada yetişkinlerde çocukluk travmatik yaşantıları ile psikolojik belirtiler arasındaki ilişkide yılmazlık ve cinsiyetin aracı rolü incelenmektedir. Bu çalışmada yetişkinlerin çocukluk çağı travmatik yaşantıları ile psikolojik belirtileri arasındaki ilişkide yılmazlığın ve cinsiyetin aracı rolü incelenmektedir.

### Yöntem

Bu araştırma ilişkisel tarama modelinde tasarlanmış, betimsel bir çalışmadır. Araştırmada yetişkinlerde çocukluk travmatik yaşantılar ve psikolojik belirtiler arasındaki ilişkinin ortaya koyulması ve bu ilişki de yılmazlık ile cinsiyetin aracı rolünün olup olmadığı incelenmektedir. Çalışma grubunu 35-60 yaş aralığındaki Burdur'da yaşayan 150 kadın ve 126 erkekten oluşmaktadır.

### Veri Toplama Araçları

Veri toplama aracı olarak Kısa Semptom Envanteri, Çocukluk Çağı Travmaları Ölçeği, Yetişkin Yılmazlık Ölçeği ve Kişisel Bilgi Formu kullanılmıştır. Verilerin analizinde, SPSS (Statistical Package Program for Social Science) 15.0 ve AMOS 22.0 programları kullanılmıştır. Doğrulayıcı faktör analizi sonucunda her biri doğrulayıcı faktör analizi ile model uyumu sağlanan alt ölçeklerin oluşturduğu yapının uyum indekslerinin kabul edilebilir seviyelerde olduğu ve modelin iyi uyum verdiği belirlenmiştir.

### Araştırmanın Teorik Modeli

Çalışmanın bağımsız değişkenleri çocukluk çağı travmatik yaşantıları, bağımlı değişkeni psikolojik belirtiler, aracı değişkenleri cinsiyet ve yetişkin yılmazlık olarak belirlenmiştir.

Araştırmanın ikinci modeli çocukluk travmatik yaşantıları ile psikolojik belirtiler arasındaki ilişkide yılmazlığın ve cinsiyetin aracı (moderatör) değişken olup olmadığını sınamak için kurulmuştur.

### **Bulgular**

Araştırmada psikolojik belirtiler ile yetişkin yılmazlık arasında negatif yönde anlamlı, çocukluk travmatik yaşantıları ile psikolojik belirtiler arasında pozitif yönde ve anlamlı düzeyde bir ilişki olduğu tespit edilmiştir. Yetişkin yılmazlık ile çocukluk travmatik yaşantıları arasında negatif yönde ve anlamlı düzeyde bir ilişki tespit edilmiştir. Araştırmanın birinci hipotezine ilişkin sonuçlarda çocukluk travmatik yaşantılarının psikolojik belirtiler üzerinde pozitif yönlü anlamlı etkisi bulunmuştur. Çocukluk travmatik yaşantılarının yetişkin yılmazlık üzerinde negatif yönlü anlamlı etkisi vardır. Yetişkin yılmazlığın psikolojik belirtiler üzerinde negatif yönlü anlamlı etkisi vardır. Çocukluk travmatik yaşantıları ile psikolojik belirtiler arasındaki ilişki modeline dahil edilen aracı değişken yetişkin yılmazlık değişkeni çocukluk travmatik yaşantıları ile psikolojik belirtiler arasındaki ilişkide aracılık özelliğine sahiptir. Yetişkin yılmazlık puanı yükseldikçe çocukluk travmatik yaşantılarının psikolojik belirtiler üzerindeki pozitif yönlü etkisi ortadan kalkmaktadır. Araştırmanın ikinci modelinde çocukluk travmatik yaşantıları ile psikolojik belirtiler arasındaki ilişkide cinsiyetin düzenleyici etkisi yoktur. Bu sonucun, çocukluk travmatik yaşantılarının psikolojik belirtiler üzerindeki etkisinin cinsiyete bağlı olarak değişmediği, hem kadınlar hem de erkekler için psikolojik belirtiler açısından çocukluk travmatik yaşantılarının önemli bir risk faktörü olduğunu göstermektedir.

### **Tartışma**

Araştırmada elde edilen sonuçlarda görüldüğü gibi, yetişkinlerin çocukluk döneminde yaşadıkları travmaların ruh sağlığı üzerindeki etkilerinin uzun dönemli ve geri dönülemez olabildiği bu nedenle çocukluk dönemi travmalarının önlenmesine daha fazla odaklanılması gerektiği görülmektedir. Ayrıca yetişkinlerin psikolojik belirtilerinin tedavisinde erken dönem travmalarının etkilerinin azaltılmasına ve yetişkin ruhsal ihtiyaçlarının karşılanmasına ağırlık verilmelidir. Yetişkinlerin çocukluk travmalarının etkileri göz önüne alındığında yetişkinlerin psikolojik belirtilerinin olması özellikle çocuklarına ve çevresindeki kişilere yönelik sağlıklı davranışlar sergilemesini güçleştirebilir ve kendi çocuklarını istismar etme olasılıkları artabilir. Bu durum özellikle istismarın ortaya çıkardığı sonuçlar açısından bu kısır döngüye dikkat çekilmesini sağlayacaktır.

Araştırmada yapılan aracılık testine ilişkin bulgular incelendiğinde ise, yetişkinlerde yılmazlık arttıkça çocukluk travmatik yaşantılarının psikolojik belirtiler üzerindeki pozitif yönlü etkisi ortadan kalkmaktadır. Bu durum yetişkinlerde yılmazlık arttıkça çocukluk travmatik yaşantılarının psikolojik belirtiler üzerindeki etkisini azaldığını göstermektedir. Araştırmanın ayrıca, çocukluk travmatik yaşantıları ile psikolojik belirtiler arasındaki ilişkide cinsiyetin aracılık etkisinin olmadığı belirlenmiştir. Bu sonucun, çocukluk travmatik yaşantılarının yetişkinlerin psikolojik belirtileri üzerinde doğrudan bir etkiye sahip olduğu ve kadınlarla erkeklerin çocukluk travmatik yaşantılarının olumsuz sonuçları açısından benzer riskleri taşıdıkları görülmektedir.

Araştırmanın sonuçları temel alınarak, çocukluk travmatik yaşantılarının sonuçları açısından hem çocukluk döneminde hem de yetişkinlik dönemindeki olumsuz etkileri göz önüne alınarak önleyici ruh sağlığı çalışmalarına ağırlık verilmesi gerektiği vurgulanabilir. Travmatik yaşantıları olan ve risk altındaki çocuklara yönelik okul, aile ve toplum temelli önleme ve müdahale çalışmaları yapılmalıdır. Yetişkinlerin ruh sağlığı ihtiyaçlarına odaklanması, psikolojik belirtilerin taranması ve ruh sağlığı hizmetlerinin yaygınlaştırılması, ulaşılabilir ve etkili kılınması için çalışmalar yapılabilir.