

Investigation on childhood traumas, anger expressions and psychological resilience of sexual abuse victim mothers and their children

Cinsel istismar mağduru anneler ve çocuklarının çocukluk çağı travmaları, öfke ifadeleri ve psikolojik dayanıklılıklarının incelenmesi

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ABSTRACT

Objective: The primary purpose of this research is to reveal the relationship between the anger levels and psychological resilience of mothers, who were traumatized by losing their spouses in the Soma mining disaster on May 13, 2014, and victimization of abuse, especially sexual abuse. At the same time, the close relationship between mother-child mental health was examined by examining the relationship between mothers reporting childhood sexual abuse victimization (eight out of 118 women participating in the study who reported childhood and adult sexual abuse) and their children (11 out of 90) childhood sexual abuse, anger expressions, and resilience. It is aimed to determine the connection once again.

Methods: Information on mothers' own childhood sexual abuse histories is based on self-report data given to the sociodemographic data form and interview records from home visits. Data collection tools used in the study consisted of Sociodemographic form, Childhood Trauma Questionnaire (CTQ-33), Resilience Scale for Adults (RSA), Child and Youth Resilience Measure (CYRM-28), The State-Trait Anger Expression Inventory (STAXI). In this study, relational screening model was used.

Results: According to the results of the applied spearman correlation analysis; it was detected that there was a significantly negative relationship between the mothers' childhood traumas, anger expressions and their children's childhood traumas, anger expressions. It was also detected that there were significantly positive and negative relationships between the mothers' resilience and their children's childhood traumas, anger expressions, resilience, which are compatible with the literature as well.

Conclusion: Results of the study shows mothers' traumatic life stories cause their children to be exposed to traumatic experiences and negative psychological effects. From another point of view, it is revealed that remedial interventions for parental traumas prevent children from experiencing trauma. Therefore there is a need for research on the importance of protective factors in cases of traumatic experiences in childhood and at other stages of life, and incorporating coping and resilience into different psychotherapy models, and preventive interventions to increase psychological resilience.

Key words: Sexual Abuse, Childhood Trauma, Anger, Resilience.

ÖZET

Amaç: Bu araştırmanın öncelikli amacı 13 Mayıs 2014'te Soma maden faciasında eşlerini kaybetmek suretiyle travmatize bir grup olan annelerin öfke düzeyleri ve psikolojik dayanıklılıkları ile istismar mağduriyetinin, özellikle de cinsel istismarın ilişkisini ortaya koymaktır. Aynı zamanda çocuklukta cinsel istismar mağduriyeti bildiren anneler (araştırmaya katılan 118 kadından çocuklukta ve yetişkinlikte cinsel istismar bildiren sekizi) ile çocuklarının (90 çocuktan 11'i) çocukluk döneminde cinsel istismar, öfke ifadeleri ve psikolojik dayanıklılıkları arasındaki ilişkinin incelenmesi yoluyla anne-çocuk ruhsağlığı arasındaki yakın bağlantının bir kez daha belirlenmesi hedeflenmektedir.

Yöntem: Annelerin kendi çocukluk cinsel istismarı geçmişlerine ilişkin bilgiler, sosyodemografik veri formuna verilen öz bildirime dayalı verilere ve ev ziyaretlerindeki görüşme kayıtlarına dayanmaktadır. Çalışmada kullanılan veri toplama araçları Sosyodemografik form, Çocukluk Çağı Travmaları Ölçeği (CTQ-33), Yetişkinler İçin Psikolojik Dayanıklılık Ölçeği, Çocuk ve Genç Psikolojik Sağlık Ölçeği (ÇGPSÖ-28), Sürekli Öfke-Öfke Tarz Ölçeği'nden oluşmaktadır. Bu çalışmada, ilişkisel tarama modeli kullanılmıştır.

Bulgular: Uygulanan Spearman korelasyon analizleri sonuçlarına göre; annelerin çocukluk çağı travmaları, öfke ifadeleri ile çocuklarının çocukluk çağı travmaları, öfke ifadeleri arasında anlamlı düzeyde negatif yönde ilişki, annelerin psikolojik dayanıklılığı ile çocukların öfke ifadeleri, çocukluk çağı travmaları ve dayanıklılıkları arasında alanyazın ile uyumlu anlamlı negatif ve pozitif yönlü ilişkiler olduğu belirlenmiştir.

Sonuç: Annelerin travmatik yaşantı öykülerinin çocuklarının da travmatik yaşantıya maruz kalması ve olumsuz psikolojik etkilere maruz kalmasına yol açtığını gösteren çalışma sonuçları bir başka açıdan değerlendirildiğinde, ebeveynlerin travmalarına yönelik iyileştirici müdahalelerin, çocukların travma yaşamalarını önleyici niteliğini ortaya koymaktadır. Çocuklukta ve yaşamın diğer evrelerinde travmatik yaşantılar durumunda koruyucu faktörlerin önemi, baş etme ve dayanıklılığın farklı psikoterapi modellerine için hale getirilmesi yönünde araştırmalara gereksinim bulunmaktadır.

Anahtar kelimeler: Cinsel istismar, çocukluk çağı travması, öfke, psikolojik dayanıklılık.

INTRODUCTION

A parent's own history of childhood abuse and neglect, socioeconomic conditions, and their correlates have proven to be a powerful factor in increasing their

child's risk of abuse and neglect. This "double" risk of abuse and neglect may increase due to parental psychopathology, early childbearing and the absence of other contextual resources such as education and

employment (1-5).

Sexual difficulties, low self-esteem, interpersonal problems and psychopathological disorders can be seen at an increasing rate in adults with a history of abuse and neglect (6). The effects of abuse and neglect tend to be long-term, and the scars and effects of the trauma are continuous even when the children become adults after many years (7-10). Individuals with a history of childhood sexual abuse are at increased risk for psychiatric disorders (1-5, 9, 10). A study which has more than 34,000 adult participants, who have been sexually abused in their childhood was found to have increased risk for a wide variety of psychiatric disorders (11).

Studies have shown that those who have experienced childhood sexual abuse have higher lifetime anxiety disorders and mood disorders (7, 9-14), alcohol abuse/addiction (15), antisocial behavior (14-15), guilt (1, 4, 15), aggression (15), and sexual risk-taking (4, 7, 15), eating disorders (11, 16).

Feelings of fear, anxiety, pain, sadness, shame and/or anger are experienced during and after sexual abuse incidents (1, 2, 4). In addition, any clue that triggers memories or thoughts about childhood sexual abuse becomes associated with anxiety, fear, anger, shame and/or other disturbing emotions experienced at the time of abuse. This situation causes many children to actively avoid certain stimuli about abuse and to think about, talk about, or be reminded of the abuse (1-4).

Studies on child abuse and neglect have also revealed that some children are not adversely affected by early difficulties in the long run and instead function as well as their non-maltreated peers over time (7, 10, 13, 17-21). These data demonstrate the importance of resilience as a protective factor against the development of PTSD in the context of "competence arising in the context of significant difficulties with adaptation or development" (20, 21).

Childhood sexual abuse has effects on family generations in terms of the possibility of sexual victimization (22). When the studies revealing the intergenerational risk are examined; it is observed that the probability of having sexually abused children is 3-6 times higher in mothers who have been sexually abused (22-25) and that sexual abuse is experienced in a chain of 3 generations (26,27). Intergenerational risk formation interpreted as a result of the fact that the sexual abuse experience may negatively affect the parenting resources/skills of the parent, and the possibility of encountering harmful environments related to sexual abuse that may increase the risk of the child being victimized (early pregnancy, poverty, depression, substance use, post-traumatic stress symptoms, etc.) (20, 28, 29).

Mothers who were exposed to childhood sexual abuse report significantly more parenting stress than

mothers without a history of childhood sexual abuse (30, 31), show less warmth towards their children, and demonstrate less general parenting skills (31, 32). However, exposure to childhood sexual abuse does not inevitably or always have adverse effects on parenting. Although not specific to childhood sexual abuse exposure, psychopathology rates are higher among children of parents exposed to various traumatic experiences (33-35). Taken together, these findings suggest that trauma in general and childhood exposure in particular may lead to a risk of impaired caregiving behavior, which in turn may pose a risk of maladjustment in children.

Anger is often viewed as a response to a perceived threat to oneself or another. It emerges as the cognitive processing of external factors such as humiliation, frustration, inequality, and the resulting emotional arousal. Individuals exposed to childhood sexual abuse also express anger when they realize that someone they trust and depend on is hurting them. Anger continues to be common among those who have been sexually abused in childhood, even years after the event (35).

Protective factors after trauma are evaluated as recovery, psychological resilience and restructuring (36). Resilience conceptualizes as normal functioning that is not impaired by exposure to trauma. Cutuli and Masten (37) emphasized that resilience research in general focuses on three different states: (1) good functioning despite difficulties ("stress resilience"), (2) a return to good old levels of functioning after exposure to adversity ("bounce back"), and (3) achievement of new positive or normal levels of adjustment ("normalisation") after adverse conditions are improved. Resilience has been seen as a tendency to overcome factors that put a person at risk for psychological dysfunction and to adapt positively after a potentially traumatic event (36, 37). Childhood traumas and resilience are not a one-factor process, but are determined by the interaction of protective factors and coping strategies. Protective factors are risk regulating factors, they show a special effect when the level of negativity is high (37).

The primary purpose of this research is to reveal the relationship between the anger levels and psychological resilience of mothers, who were traumatized by losing their spouses in the Soma mining disaster on May 13, 2014, and victimization of abuse, especially sexual abuse. At the same time, the close relationship between mother-child mental health was examined by examining the relationship between mothers reporting childhood sexual abuse victimization (eight out of 118 women participating in the study who reported childhood and adult sexual abuse) and their children (11 out of 90) childhood sexual abuse, anger expressions, and resilience. It is aimed to determine the connection once again.

MATERIALS AND METHODS

Universe and Sample

Voluntary participation was ensured by transferring the research content and signed consent documents were obtained. Informed consent was obtained from the women and their children participating in the study. The universe of the research consists of women who lost their spouses and children who lost their fathers in the Soma mining disaster on May 13, 2014. The sample of the study consists of eight mothers living in the provinces and districts of Xxx, Xxxx, Xx, Xxx, who lost their spouses in a work accident and were victims of sexual abuse, and 11 children of mothers.

In the group of mothers without a traumatic experience, 1.7% were literate, 8.5% were primary school graduate, 6.8% were secondary school graduate, 39% were high school graduate, 44.1% were college/faculty graduate, 76.3% were married, 23.7% were of them are single. In the group of mothers with traumatic experiences, 56.9% were primary school graduates, 19.6% were secondary school graduates, 23.5% were high school graduates, 11.8% were married, and 88.2% were single. In the sexual abuse victim group, 62.5% were primary school graduates, 12.5% were secondary school graduates, 25% were high school graduates, 37.5% were married, and 62.5% were single.

The mean age of the participants in the group of mothers without a traumatic experience ($\bar{X}=43$, $SD=9$) was the youngest 27 years old and the oldest 65 years old. The average number of children ($\bar{X}=2$, $SD=1$), the minimum number of children was 0, and the maximum number of children was 4. The mean age ($\bar{X}=38$, $SD=8$) of the participants in the group of mothers with traumatic experiences was the youngest 27 and the oldest 64. The average number of children ($\bar{X}=2$, $SD=1$), the minimum number of children is 0, and the maximum number of children is four. The mean age of the participants in the sexual abuse victim group ($\bar{X}=37$, $SD=7$) was the youngest 26 and the oldest 46. The average number of children ($\bar{X}=2$, $SD=1$), the minimum number of children is two, and the maximum number of children is four.

The age of onset of sexual abuse was reported as 10 years for one woman, 11 for one woman, 13 for three women, and 14 for two women. All sexual abuses resulted in penetration. The abuse took place in places such as fields and gardens, far from the grocery store, home and village settlement. None of the victims received psychiatric support and the abuse was not referred to the judicial authorities.

Model of the Research

The relational screening model was used for this study. Relational screening models are research designs that aim to show the existence and/or degree of co-variation among more than one variable (38).

The study started after obtaining the approval of Istanbul Aydın University's Ethics Committee, numbered E-45379966-020-44909, dated 10.03.2022. Data collection was carried out through face-to-face interviews and applications. It was explained that in order to answer the data collection tools correctly and sincerely, the participants do not need to give any information about their identity, and that the aim of the research and the sincere answers to the data collection tools will increase the reliability of the study. The participants were informed that they could withdraw from the research at any time they want and the interviews lasted between 30-60 minutes on average.

Data Collection Tools

Data collection tools consisted of Sociodemographic form, Childhood Trauma Questionnaire (CTQ-33), Adult Resilience Scale, Child and Adolescent Resilience Scale (ÇGPSÖ-28), Trait Anger-Anger Style Scale.

Sociodemographic Data Form

Sociodemographic data form includes gender, age, marital status, number of children and educational status, whether there is a history of abuse, the level of proximity of the abuser if there is a history of abuse, etc. it consists of questions.

Childhood Trauma Questionnaire (CTQ-33)

It is a 70-item self-report scale developed by Bernstein et al. (39) to screen for anvil and neglect encountered in childhood and adolescence before the age of 18. There are 5 subgroups of the scale in its original form, and 5 is a Likert-type scale. In the study conducted by Bernstein et al. (39), the Cronbach Alpha coefficient is between 0.79 dec 0.94. A validity and reliability study was conducted by Şar (40) in Turkey and it was found to be 0.90 and translated into Turkish. From their subscales, emotional abuse 0.90, emotional neglect 0.85, physical abuse 0.90, physical neglect 0.77, and sexual abuse 0.73 were found meaningful. High scores point to the frequency of childhood trauma.

Resilience Scale for Adults (RSA)

It was developed by Fribog et al. (41) and consists of six dimensions: self-perception, future perception, structural style, social competence, social resources, and family cohesion in order to better explain psychological resilience. The adaptation study of the psychological resilience scale into Turkish was carried out by Basım and Çetin (42) and two different sample groups were used. In both samples, the Cronbach Alpha reliability analysis result was calculated as 0.86. The result of the Kaiser Mayer Olkin (KMO) test, which was applied to test whether the sample was sufficient for analysis, was calculated as 0.812.

Child and Youth Resilience Measure (CYRM-28)

It was developed by Liebenberg, Ungar, and Vijver (43), using quantitative and qualitative methods from

a socio-ecological perspective. The Turkish adaptation of the scale was made by Arslan (44), and statistical analyzes were made. Within the framework of the analysis, the KMO value was found to be .92 and the result of the Barlett test, ($\chi^2=1533,522$, $sd=66$, $p>.000$). Within the scope of the reliability study, the internal consistency coefficient of the scale was calculated. The Cronbach alpha value was calculated as .91.

The State-Trait Anger Expression Inventory (STAXI)

The Turkish adaptation of the scale developed by Spielberger (45) was made by Özer (46). But the State Anger subtest was not adapted to Turkish. Trait Anger and Anger Style Scale consists of 34 items and includes Trait Anger (10 items) and Anger Expression Style (24 items) subscales. Anger Expression Style subscale also has 3 separate subscales: Anger under Control (anger/control, 8 items), Anger-Out (anger/outside, 8 items) and Anger-In (anger/inside, 8 items). The scale has a Likert-type score varying between 1 and 4 for each item. In studies conducted on different samples including nursing school, high school and university students, administrators and neurotic individuals, the reliability coefficients of Trait Anger Scale were found to vary between $\alpha=0.68$ and 0.84 . The reliability coefficients of anger/outside, anger/inside, and anger/control subscales were found to be $\alpha=0.78$, 0.62 , and 0.84 , respectively (46).

Data Analysis

All data were first transferred to the computer environment and then analyzed using SPSS 25. Shapiro Wilk test was used when $n<30$ to test the fit of the data to the normal distribution. Kolmogorov Smirnov $n\geq 30$ was used. The relationship between continuous variables was examined with Spearman Correlation analysis since the assumptions of Pearson Correlation analysis were not met. 95% confidence level and $p<0.05$ significance level were used for all analyses.

In order to determine the strength of the correlation findings, it is said that there is a low-level relationship between 0.00 and 0.30 values, a medium-level relationship between 0.31 and 0.70 values, and a high-level relationship between 0.71 and 1.00 values in the range taken as an absolute value.

RESULTS

Anger Control, Resilience Scale for Adults, Self Perception, Future Perception, Structural Style, Family Cohesion subscale did not differ significantly according to traumatic experience in adulthood ($p>0.05$).

Scores from the Childhood Traumas Scale show a significant difference compared to the traumatic experience in adulthood ($X^2=46.71$, $Sd.=2$, $p<0.05$). The scores on the Emotional Abuse subscale show a significant difference compared to the traumatic experience in adulthood ($X^2=19.17$, $Sd.=2$, $p<0.05$).

Scores from the Physical Abuse subscale show a significant difference compared to the traumatic experience reported in adulthood ($X^2=51.36$, $Sd.=2$, $p<0.05$). The scores from the Physical Neglect subscale show a significant difference compared to the traumatic experience reported in adulthood ($X^2=66.62$, $Sd.=2$, $p<0.05$). The scores on the Emotional Neglect subscale show a significant difference compared to the traumatic experience reported in adulthood ($X^2=27.83$, $Sd.=2$, $p<0.05$). The scores of the Sexual Abuse subscale show a significant difference according to the traumatic experience ($X^2=59.70$, $Sd.=2$, $p<0.05$). The scores from the Overprotection/Control subscale show a significant difference according to the traumatic experience ($X^2=13.74$, $Sd.=2$, $p<0.05$). Anger In subscale scores show a significant difference according to the traumatic experience ($X^2=50.26$, $Sd.=2$, $p<0.05$). Anger Out subscale scores show a significant difference according to the traumatic experience ($X^2=45.61$, $Sd.=2$, $p<0.05$). Trait Anger subscale scores show a significant difference according to the traumatic experience ($X^2=46.62$, $Sd.=2$, $p<0.05$). After this process, Mann Whitney-U, which is preferred in pairwise comparisons, was applied. It was observed that the group of mothers with another kind of traumatic experience than sexual abuse, scored higher in Childhood Trauma Questionnaire's and The State-Trait Anger Expression Inventories total scores and all subscales than the group of mothers without a traumatic experience. Also it was observed the group of mothers who has been sexually abused scored higher in all scales and all subscales than the group mothers without a traumatic experience and with another kind of traumatic experience.

Scores from the Social Competence subscale show a significant difference according to the traumatic experience ($X^2=22.20$, $Sd.=2$, $p<0.05$). Scores from the Social Resources subscale show a significant difference according to the traumatic experience ($X^2=12.65$, $Sd.=2$, $p<0.05$). After this process, Mann Whitney-U, which is preferred in pairwise comparisons, was applied. It was observed that the group of mothers without a traumatic experience scored higher than the group of victims of sexual abuse and the group of mothers with a traumatic experience (Table 1).

There is a medium-level and negative relationship between Childhood Traumas Questionnaire-M and Overprotection/Overcontrol-C scores ($r=-.621$, $p<0.05$), Childhood Traumas Questionnaire-Mand Relational/Caregiver Components -C scores ($r=-.656$, $p<0.05$) have a medium-level and negative relationship. There is a medium-level and negative correlation between Physical Abuse-Mand Relational/Caregiver Components-C scores ($r=-.609$, $p<0.05$) Physical Neglect-M and Physical Abuse-C ($r=-.742$, $p<0.01$) scores have a high-level and

Table 1: Comparison the kind of traumatic experience with mothers' childhood traumas questionnaire, the state-trait anger expression inventory and resilience scale for adults scores

		n	M.R.	X ²	Sd.	p
Childhood Traumas Questionnaire	group of mothers without a traumatic experience	59	40.47	46.71	2	0.000*
	mothers with another kind of traumatic experience	51	72.93			
	the group mothers who has been sexually abused	8	114.25			
	Total	118				
Emotional Abuse	group of mothers without a traumatic experience	59	56.43	19.17	2	0.000*
	mothers with another kind of traumatic experience	51	55.30			
	the group mothers who has been sexually abused	8	108.88			
	Total	118				
Physical Abuse	group of mothers without a traumatic experience	59	42.90	51.36	2	0.000*
	mothers with another kind of traumatic experience	51	70.33			
	the group mothers who has been sexually abused	8	112.88			
	Total	118				
Physical Neglect	group of mothers without a traumatic experience	59	34.38	66.62	2	0.000*
	mothers with another kind of traumatic experience	51	82.24			
	the group mothers who has been sexually abused	8	99.81			
	Total	118				
Emotional Neglect	group of mothers without a traumatic experience	59	46.67	27.83	2	0.000*
	mothers with another kind of traumatic experience	51	66.46			
	the group mothers who has been sexually abused	8	109.75			
	Total	118				
Sexual Abuse	group of mothers without a traumatic experience	59	53.00	59.70	2	0.000*
	mothers with another kind of traumatic experience	51	59.55			
	the group mothers who has been sexually abused	8	107.13			
	Toplam	118				
Overprotection/ Overcontrol	group of mothers without a traumatic experience	59	63.38	13.74	2	0.001*
	mothers with another kind of traumatic experience	51	49.48			
	the group mothers who has been sexually abused	8	94.75			
	Total	118				
Anger-in	group of mothers without a traumatic experience	59	37.47	50.26	2	0.000*
	mothers with another kind of traumatic experience	51	79.72			
	the group mothers who has been sexually abused	8	93.13			
	Total	118				
Anger-out	group of mothers without a traumatic experience	59	38.97	45.61	2	0.000*
	mothers with another kind of traumatic experience	51	77.18			
	the group mothers who has been sexually abused	8	98.25			
	Total	118				
Trait Anger	group of mothers without a traumatic experience	59	38.28	46.62	2	0.000*
	mothers with another kind of traumatic experience	51	78.91			
	the group mothers who has been sexually abused	8	92.25			
	Total	118				
Anger Control	group of mothers without a traumatic experience	59	57.08	4.70	2	0.095
	mothers with another kind of traumatic experience	51	65.48			
	the group mothers who has been sexually abused	8	39.19			
	Total	118				

* $p < 0.05$ Test used: Kruskal Wallis-H

Table 1: Devami

		n	M.R.	X ²	Sd.	p
Resilience Scale for Adults	group of mothers without a traumatic experience	59	64.47	3.86	2	0.145
	mothers with another kind of traumatic experience	51	56.60			
	the group mothers who has been sexually abused	8	41.38			
	Total	118				
Self Perception	group of mothers without a traumatic experience	59	56.36	1.04	2	0.594
	mothers with another kind of traumatic experience	51	63.01			
	the group mothers who has been sexually abused	8	60.25			
	Total	118				
Future Perception	group of mothers without a traumatic experience	59	62.65	1.05	2	0.592
	mothers with another kind of traumatic experience	51	56.01			
	the group mothers who has been sexually abused	8	58.50			
	Toplam	118				
Instructual Style	group of mothers without a traumatic experience	59	59.23	2.33	2	0.312
	mothers with another kind of traumatic experience	51	57.10			
	the group mothers who has been sexually abused	8	76.81			
	Total	118				
Sosyal Yeterlilik	group of mothers without a traumatic experience	59	73.92	22.20	2	0.000*
	mothers with another kind of traumatic experience	51	46.91			
	the group mothers who has been sexually abused	8	33.38			
	Total	118				
Family Cohesion	group of mothers without a traumatic experience	59	55.50	3.63	2	0.163
	mothers with another kind of traumatic experience	51	65.97			
	the group mothers who has been sexually abused	8	47.75			
	Total	118				
Social Resources	group of mothers without a traumatic experience	59	69.41	12.65	2	0.002*
	mothers with another kind of traumatic experience	51	52.47			
	the group mothers who has been sexually abused	8	31.25			
	Total	118				

* $p < 0.05$ Test used: Kruskal Wallis-H

negative relationship, Physical Neglect-M and Anger Control-C ($r = -.760$, $p < 0.01$) Scores have a high-level and negative relationship, Physical Neglect-M and Contextual Components-C ($r = -.651$, $p < 0.05$) Scores have a medium-level and negative relationship. There is a medium-level and negative relationship between Emotional Neglect-M and Overprotection/Overcontrol-C scores ($r = -.619$, $p < 0.05$), Emotional Neglect-Mand Relational/Caregiver Components C ($r = -.650$, $p < 0.05$) scores have a medium-level and negative relationship. Emotional Abuse-M and Sexual Abuse-C ($r = -.690$, $p < 0.05$) scores have a medium-level and negative relationship. There is a high-level relationship between Sexual Abuse-Mand Trait Anger-C ($r = -.791$, $p < 0.01$) scores (Table 2).

Anger In-M and Emotional Abuse-C ($r = .703$, $p < 0.05$) Scores have a high-level and positive relationship, there is a high-level and positive relationship between Anger In-M and Physical Neglect-C ($r = .711$, $p < 0.05$) scores, Anger In-A and Overprotection/ Overcontrol-C

($r = .735$, $p < 0.01$) scores have a high-level and positive relationship. There is a medium-level and positive relationship between Anger In-A and Anger In-C ($r = .640$, $p < 0.05$) Scores.

There is a medium-level and positive relationship between Anger Out-M and Childhood Traumas Questionnaire-C ($r = .625$, $p < 0.05$) Scores. Anger Out-Mand Relational/Caregiver Components-C ($r = -.620$, $p < 0.05$) Scores have a medium-level and negative relationship.

There is a medium-level and positive relationship between Trait Anger-M and Sexual Abuse-C ($r = .618$, $p < 0.05$) scores (Table 3).

Resilience Scale for Adults-M and Physical Neglect-C ($r = -.716$, $p < 0.05$) Scores have a high-level and negative relationship, Resilience Scale for Adults-M and Overprotection/ Overcontrol-C ($r = -.840$, $p < 0.01$) Scores have a high-level and negative relationship. Resilience Scale for Adults-M and Trait Anger-C ($r = -.673$, $p < 0.05$) Scores have a medium-level and negative

Table 2: Relationship of mother's childhood traumas questionnaire scores with children's childhood traumas questionnaire, the state-trait anger expression inventory, child and youth resilience measure scores (n=11)

	Childhood Traumas Questionnaire-Mother (M)	Emotional Abuse-M	Physical Abuse -M	Physical Neglect-M	Emotional Neglect-M	Sexual Abuse-M	Overprotection/Overcontrol-M
Childhood Traumas Questionnaire –Child (C)	.043	-.142	.190	-.166	-.062	.118	.328
Emotional Abuse--C	-.046	-.017	.199	-.233	-.143	-.031	.388
Physical Abuse -C	-.143	-.163	-.289	-.742**	-.318	.385	.052
Physical Neglect--C	-.437	-.478	-.245	-.333	-.554	-.008	.238
Emotional Neglect -C	.206	-.093	.226	.516	.175	.310	.282
Sexual Abuse -C	.230	.230	.230	.230	.481	-.690*	-.550
Overprotection/Overcontrol-C	-.621*	-.391	-.296	-.305	-.619*	-.525	.039
Anger In- C	-.028	.169	.122	-.442	-.020	-.358	-.019
Anger Out-C	-.336	-.374	-.090	.222	-.218	-.582	-.141
Anger Control- C	-.322	-.064	-.417	-.760**	-.438	.125	-.065
Trait Anger-C	-.532	-.410	-.292	-.193	-.406	-.791**	-.335
CYRM-C	.035	.237	.026	-.462	.034	-.166	-.118
Individual Components-C	-.049	.045	-.026	-.312	.047	-.467	-.351
Relational/Caregiver Components -C	-.656*	-.348	-.609*	-.187	-.650*	-.216	-.163
Contextual Components-C	-.141	.155	-.173	-.651*	-.218	.009	-.022

** $p < 0.01$, * $p < 0.05$ Spearman Correlation Test

Table 3: Relationship of mother's the state-trait anger expression inventory scores with children's childhood traumas questionnaire, the state-trait anger expression inventory, child and youth resilience measure scores (n=11)

	Anger In -M	Anger Out-M	Trait Anger-M	Anger Control-M
Childhood Traumas Questionnaire -C	.592	.625*	.291	-.332
Emotional Abuse-C	.703*	.519	.085	-.084
Physical Abuse -C	.531	.146	.210	-.254
Physical Neglect-C	.711*	.324	-.008	-.039
Emotional Neglect -C	-.305	.002	-.129	.064
Sexual Abuse -C	-.230	.384	.618*	-.537
Overprotection/ Overcontrol - C	.735**	.244	-.106	.134
Anger In-C	.640*	.514	.346	-.282
Anger Out-C	.213	.318	.129	-.118
Anger Control-C	.445	-.179	-.081	.092
Trait Anger- C	.527	.410	.292	-.249
CYRM-C	.358	.218	.260	-.204
Individual Components-C	.317	.417	.513	-.458
Relational/Caregiver Components-C	.017	-.620*	-.566	.581
Contextual Components-C	.440	-.033	-.005	.047

** $p < 0.01$, * $p < 0.05$ Spearman Correlation Test

relationship.

There is a high-level and positive relationship between Perception of Self- M and Overprotection/Overcontrol-C ($r = -.897$, $p < 0.01$) scores, there is a high-

level and negative relationship between Perception of Self- M and Trait Anger-C ($r = -.833$, $p < 0.01$) scores.

There is a high-level and negative relationship between Perception of Future -M and Overprotection/

Table 4: Relationship of mother's resilience scale for adults scores with children's childhood traumas questionnaire, the state-trait anger expression inventory, child and youth resilience measure scores (n=11)

	Resilience Scale for Adults-M	Perception of Self-M	Perception of Future-M	Structural Style-M	Social Competence-M	Family Cohesion-M	Social Resources-M
Childhood Traumas Questionnaire -C	-.403	-.204	-.186	.060	-.446	-.323	.218
Emotional Abuse--C	-.511	-.405	-.416	.319	-.189	-.074	.127
Physical Abuse -C	-.309	-.058	.233	-.185	-.415	-.800**	-.395
Physical Neglect--C	-.716*	-.530	-.360	-.102	-.132	-.294	-.245
Emotional Neglect -C	.221	.349	.308	-.057	.064	-.152	.182
Sexual Abuse -C	.230	-.077	-.408	-.082	-.383	.734*	.690*
Overprotection/ Overcontrol - C	-.840**	-.897**	-.853**	.071	.134	.335	-.210
Anger In- C	-.405	-.480	-.561	.280	-.329	.200	.207
Anger Out- C	-.421	-.534	-.659*	-.156	-.024	.518	.222
Anger Control-C	-.327	-.252	.013	-.018	-.007	-.403	-.586
Trait Anger- C	-.673*	-.833**	-.901**	-.195	-.169	.535	.089
CYRM-C	-.143	-.209	-.222	.182	-.246	.037	.040
Individual Components-C	-.209	-.340	-.437	-.062	-.430	.262	.256
Relational/Caregiver Components-C	-.320	-.415	-.224	-.129	.638*	.189	-.709*
Contextual Components-C	-.248	-.248	-.115	.194	-.037	-.174	-.328

** $p < 0.01$, * $p < 0.05$ Test used: Spearman Correlation Test

Overcontrol -C ($r = -.853$, $p < 0.01$) Scores, there is a medium-level and negative relationship between Perception of Future-M and Anger Out- C ($r = -.659$, $p < 0.05$) Scores, there is a high-level and negative relationship between Perception of Future -M and Trait Anger-C ($r = -.901$, $p < 0.01$) Scores.

There is a medium-level and positive relationship between Social Competence-M and Relational/ Caregiver Components-C ($r = .638$, $p < 0.05$) scores. There is a high-level and negative relationship between Family Cohesion -M and Physical Abuse-C ($r = -.800$, $p < 0.01$) Scores, there is a high-level and positive relationship between Family Cohesion-M and Sexual Abuse-C ($r = .734$, $p < 0.05$) Scores. There is a high-level and positive relationship between Social Resources-M and Sexual Abuse-C ($r = .690$, $p < 0.05$) scores. There is a high-level and negative relationship between Social Resources -M and Relational/Caregiver Components-C ($r = -.709$, $p < 0.01$) scores (Table 4).

DISCUSSION

Three out of eight women who were victims of sexual abuse who participated in the study stated that they were sexually abused by their manager, their spouse's sibling, and their relative/neighborhood during their adulthood. In a sample examining the epidemiological data on the prevalence and types of sexual crimes, it was found that the majority (59%) of women who reported sexual

assault were abused both in childhood and in adulthood (17, 47). Adults who are survivors of childhood sexual abuse are at high risk for interpersonal problems such as difficulties with interpersonal trust, relationship dissatisfaction, sexual difficulties, domestic violence, and sexual re-victimization (17, 22, 26).

In the study, eight women who were victims of sexual abuse also reported that the victimization of them are including chronic, multiple sexual abuse. A number of studies have found a high correlation between the frequency and duration of abuse and an increased risk of psychopathology (11, 19, 48), and multiple victimization or multiple victimization experience is associated with greater symptomatology. The use of force or violence in perpetrating childhood sexual abuse is also often associated with more severe and devastating symptomatology. Similarly, re-victimization appears to result in a greater risk for the development of more severe psychopathology (12). In the research, two of eight women who were victims of sexual abuse reported father, 4 (brother, close relative), 2 reported unrelated person (neighbor/ shopkeeper, workplace manager). When the abuse is perpetrated by a family member (22), especially a father or a father figure, children exhibit significantly more symptomatology than a stranger (18, 23, 24), but this relationship is not always evident (19).

The invasiveness of the abuse appears to be related to the severity of the symptomatology, while penetration is typically associated with more devastating outcomes (10, 49). In a longitudinal study, they identified three subgroups of victims of abuse through a hierarchical group analysis (18). The first group is those who have experienced physical violence in a relatively short period of time by multiple perpetrators who are not their biological fathers. The second group experienced relatively short-term and rarely violent abuse by a single perpetrator, who was not the biological father but a father figure in about half of the cases, and another relative in the other half. The third group was characterized by prolonged abuse with minimal physical violence by the primary father, typically the biological father. The subgroup in which the father is the perpetrator experienced the most negative consequences of the three groups.

Women who have been abused in several types besides sexual abuse, in their childhood are at higher risk of being re-victimized in adulthood. It has been determined that women who are victims of incest are more likely to be repeatedly victimized than those who are abused by a non-family adult or peer. Abuse by a biological father was associated with earlier onset and longer duration, while abuse by more than one perpetrator was associated with the use of force or violence (18, 22).

It is thought that childhood traumatic experiences may have widespread and permanent consequences that affect the individual's relationship style throughout life, including the role of parenting. The findings of the study between childhood traumas of mothers and their children's overprotection/control and family relationships, and between physical abuse and family relationships of mothers, consistent with the literature, show that childhood traumatic experiences have potentially harmful effects on subsequent parenting skills (12, 18, 22). It was found that the mothers' history of physical abuse was associated with punitive parenting style and disciplinary practices. Mothers' physical neglect and children's physical, mothers' physical neglect and children's anger control, mothers' physical neglect and their children's contextual resources, mothers' emotional neglect and children's overprotection/control, mothers' emotional neglect and children's relations with the family negative findings, childhood abuse/ demonstrates associations between exposure to neglect and later tendencies towards less optimal parenting practices.

The negative relationship findings between the sexual abuse experienced by mothers and the sexual abuse of children, the sexual abuse of mothers and the constant anger levels of children show parallels to the research results that a toxic experience such as sexual abuse in childhood affects parental stress in the context of

parenting the individual's children in the context of parenting their children.

Psychological, interpersonal and physiological consequences of childhood sexual abuse can negatively affect parenting functionality and abilities in adulthood. In this context, the healthy development of children of women who were sexually abused in their childhood may be at risk, and the negative effects of childhood sexual abuse may last for generations (18, 22). Childhood sexual abuse experiences of parents are associated with the development of psychiatric disorders in their children, including mood disorders and suicide attempts (5). However, the functionality and abilities of the parent(s) should not be evaluated solely in terms of being a victim of abuse or not. It should be considered that a variety of factors can have an impact on a parent's functioning and abilities, including (but not limited to) their relationships with their children, contextual and environmental support resources, and their own experiences with their parents.

It is known that children of parents with a history of childhood abuse are at greater risk of being victims of abuse (12, 18, 22, 50, 51). The reactions of mothers with a history of childhood abuse to prevent their children from being exposed to sexual abuse include bipolarity. Mothers' reactions may occur either as overstimulation, openness of attention and activation of suspicious tendencies, or inability to respond appropriately to the child's abuse experiences and not accepting the child's abuse experience (50-52). In line with the findings of the study, it can be said that the reactions of mothers with a history of childhood sexual abuse to protect their children from sexual abuse bear this bipolarity. As a matter of fact, the daughters of 2 mothers who participated in the study reported that their marital relations were problematic, one mother's daughter who reported abuse was in the process of divorce and was exposed to violence by her husband, and one mother's daughter reported sexual abuse during childhood by relatives and non-relatives. Those who made these statements stated that they shared with their mothers about their experiences of abuse. These findings show that a factor that plays a role in the etiology of child abuse is the abuse experiences of parents in their own childhood.

The findings of the study which reveal the relationship between mothers' anger styles and their children's childhood traumas are also consistent with the literature. It is seen that as the anger level of the mothers increases, the anger levels of the children increase. Survivors of childhood sexual abuse often report experiencing anger after the abuse has occurred, and they also choose not to express their anger at higher rates than non-abuse women (50,51). Those who experience sexual abuse can be internalized and directed inward by suppressing

or rejecting anger and outward expression of anger (47, 51,52). They may also experience greater interpersonal difficulties, including vulnerability and isolation (48) and sensitivity to interpersonal rejection (47). Anger following childhood sexual abuse has been associated with greater externalizing symptoms and greater interpersonal difficulties (47, 49, 50).

The research has several limitations. The data collected in the study is based on the reports of women who reported experiencing sexual abuse and retrospective self-report measures. Only mothers and their children living in the provinces and districts of Xxx, Xxxx, Xx, Xxx were included in the study as participants. The study does not give a causal relationship, it is based on a relational result. The measured variables are limited to the measurement tools used in the study and the information recorded in the interview. The sexual abuse experience of the women participating in the study could not be taken from a social developmental perspective. Information about who the perpetrator is, the relationship between the aggressor and the victim, the degree of closeness, the frequency of sexual abuse, whether it is repeated or not, and whether he has been

sexually assaulted in adulthood was obtained.

The women and children participating in the study experienced traumatic mourning as well as sexual abuse. Multiple traumatic experiences accompany the narratives of the participants. Longitudinal studies are needed on the psychological lifelong psychological effects of trauma, repetitive victimization, and risk and protective factors. Research findings show significant negative and positive relationships between mothers' psychological resilience and children's anger expressions, childhood traumas and resilience, consistent with the literature. Results of the study shows mothers' traumatic life stories cause their children to be exposed to traumatic experiences and negative psychological effects. From another point of view, it is revealed that remedial interventions for parental traumas prevent children from experiencing trauma. Therefore there is a need for research on the importance of protective factors in cases of traumatic experiences in childhood and at other stages of life, and incorporating coping and resilience into different psychotherapy models, and preventive interventions to increase psychological resilience.

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