The Effect Of Childhood Trauma Life On Self-Esteem In School Of Health Students In A Province Of Western Turkey

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Abstract: The main purpose of this study determine the childhood trauma life and relation of trauma life with self-esteem in nursing students. This study was carried out on 346 nursing students in a school of health in September 23-27, 2013 in Eskisehir, Turkey. The tools used for data collection were personal information form, Childhood Trauma Life Questionnaire (CTQ), Rosenberg Self-Esteem Scale (RSES). Before collecting the data, necessary permissions were obtained. Data were analyzed by using IBM SPSS Statistics 20 statistical package program. Male students were found to experience more to childhood trauma life and have lower self-esteem compared to the female students. The CTQ scores were higher and self-esteem was lower in students reporting to have a poor family income level compared to other students. The family types other than nuclear family type, high number of siblings and having an authoritarian father were found to be effective on experiencing to more childhood trauma life. The correlation analysis revealed a significant relationship between CTQ and RSES scores ($p<0.05$), with increasing RSES scores with increased CTQ scores. As a result, it is of great importance to organize education programs through social media about the traumatic events and their harmful effects experienced during growing of the children.

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1. Introduction

Children are the major asset for a society to develop and progress. Children should be protected in terms of physical, social and mental health to be healthy individuals in their future adult life. This is the responsibility of all the society and especially of the families (Kaya and Cecen-Erogul, 2013; Taner and Gökler, 2004). Family is the smallest institution to ensure the right to live and grow within a warm-hearted environment for the children. The interaction with the family is important in terms of acquiring the feeling of adequacy and developing a positive self-imagination (Capulcuoğlu and Gündüz, 2013). However, whether intentionally or unintentionally, some parents may remain inadequate for fulfilling these tasks (Ozen, Antar, Ozkan et al., 2004; Zeren, Yengil, Celikel et al., 2012), resulting in traumatic behaviors that can affect the development of the personality of children negatively. Stressful home environment, family conflicts, the inconsistency of the behaviors of parents, the parental social personality disorders, inadequate parental control, lack of the close relationships between the family members, unwanted children, the presence of family members committing a crime, and poor educational success may increase the risk of traumatic life for children (Delikara, 2001; Polvan, 2000).

Trauma life, generally under the heading of child neglect and abuse, is considered as emotional abuse and neglect, and physical and sexual abuse (Sareen, Fleisher, Cox et al., 2005, Ozen, Antar, Ozkan et al., 2004). In a literature review including many previous studies from our country, about 15-75% and 20% of the children have been reported to experience physical and sexual abuse, respectively (TBMM Araştırma Komisyonu, 2007).

Childhood trauma provides a basis for mental disorders. The trauma experienced these ages of life may result in anxiety disorder, posttraumatic stress disorder, attention deficit hyperactivity syndrome, obsessive-compulsive disorder, conversion disorder, crime-propensity, suicide attempts, early onset of sexual life, pregnancy in an earlier age, sexual disorders, drug addiction, smoking and alcohol use, poor school success, low self-esteem, inadequate social skills and inability in coping attitudes (Dube, Anda, Felitti et al., 2001; Kalkan and Karadeniz, 2011; Koyuncu, Mırsal, Yavuz et al., 2003; Mırsal, Kalyoncu, Pektaş et al., 2004; Schatza, Smithb, Borkowskia et al., 2008; Smith and Hinshaw, 2006; Ovayolu, Uçan and Serindag , 2007).

The nursing is a stressful profession due to the working conditions, working hours, and the necessity to care dying people and to make critical decisions.

Thus, the nurses with a high self-esteem, who are active, sociable, capable of self-expression, and having a high academic success and effective coping attitudes are needed (Kaya and Kaya, 2009; Oner Altıok, Ek and Koruklu, 2010). This study aimed to determine the childhood trauma life and examine its relationship with the self-esteem in nursing students.

2. Material and Methods

The study was carried out on nursing students from a health college in September 23-27, 2013 in Eskisehir, Turkey. At the time of the study, there were 470 students studying at the health college. Because some students did not agree to participate in the study or were not at the school during the study period, the study was completed with the participation of 346 students.

Data collection tools were personal information form, Childhood Trauma Life Questionnaire (CTQ) and Rosenberg Self-Esteem Scale (RSES). Personal information form is consisted of 27 closed-ended questions. CTQ is a 40-item, 5-point Likert scale developed for the screening of trauma life before the age of 18 years. CTQ is consisted of three subscales: emotional abuse and neglect (EA-EN), physical abuse (PA) and sexual abuse (SA) subscales. Aslan and Alpaslan (1999) adapted CTQ into Turkish among university students (age range between 17 - 25; n = 744) In Turkey.) In adapted CTQ into Turkish version, the internal consistency of the scale for total scale 0.96, for physical abuse 0.94, for emotional abuse 0.95 and for sexual abuse 0.94. The total score ranges from 40 and 200. The subscores range between 19 and 95 for emotional abuse and neglect subscale, between 16 and 80 for physical abuse subscale and between 5 and 25 for sexual abuse subscale. Higher points indicate higher frequency of childhood trauma life.

RSES is developed in 1963 by Morris Rosenberg. The scale has been adapted into Turkish by Cuhadaroglu (1986) and The Cronbach Alpha of the scale 0.76 and test-retest reliability coefficients of 0.71 during a 4-week period on the Turkish version. The scale is consisted of 63 items with 12 subscales. Of these, the first subscale is consisted of 10 items measuring the self-esteem. It has been indicated that, if required, all subscales can be used separately in different studies. In this study, in parallel to the purpose of the study, the first 10 items of the scale were used to measure the self-esteem. Higher scale scores indicate decreased self-esteem level. For the 10 items included in the study, students with a score of 0-1, 2-4 and 5-6 points were considered to have high, moderate or low level of self-esteem, respectively.

Before collecting the data, the necessary permissions were obtained from the administration of Health College. After informing about the aim of the study and about filling out the forms, all survey forms were given to the students. The questionnaire forms were filled out by students giving verbal informed consent in approximately 30 min. The necessary permissions for using the scales were obtained.

Data were expressed as count (percentage), mean ± standard deviation (SD) or the median and the interquartile range (IQR, range from the 25th to the 75th percentile). Normal distribution for numeric variables was evaluated by Kolmogorov-Smirnov test. The difference between the groups was evaluated by using Student t Test, One Way ANOVA and Tukey's Multiple Comparison Test, Mann-Whitney U Test, Kruskal-Wallis One-Way ANOVA and Dunn's Multiple Comparison Test. EA-EN, PA and SA subscales was splitted according to median as the high risk and low risk. IBM SPSS Statistics 20.0 statistical package (SPSS Inc., Chicago, IL, USA) was used for the evaluation of data. P value of <0.05 was considered to be adequate to reject the null hypothesis.

3. Results

The mean age of the students included in study was 20.03±1.64 years (range, 17-27 years). Of the students, 37.3% had a protective mother, 41.6% had a authoritarian father, 78.9% were living away from the family for a long time, 90.2% had no other previous traumatic experiences in childhood, 87.3% did not never migrate, 81.8% were not smoking at the time of study, 88.7% had no medical illnesses, 95.4% had no previous psychiatric disorder and 82.9% had no substance use previously (Table 1).

In our study, adapted CTQ into Turkish version, the internal consistency of the scale for total scale 0.93, for physical abuse 0.88, for emotional abuse 0.82 and for sexual abuse 0.76. Adapted RSES into Turkish version, the internal consistency of the scale is 0.72 and test-retest reliability coefficients of 0.69 during a 4-week period.

It was found that gender, family income level perception, number of sibling and previous psychiatric disorders have a significant effect on self-esteem ($p<0.05$) with the male gender, poor family income and having history of a psychiatric disorder affecting the self-esteem negatively (Table 2).

Childhood trauma life scores were significantly lower in female students, the only-children and in those with a nuclear-type family, high family income level, not to have sibling, authoritarian and/or protective father, no history of long-term separation from the family, no other traumatic events (disaster, attack, accident, etc.) and no history of psychiatric

disorders or substance use compared to the other students ($p<0.05$) (Table 3).

CTQ subscale were compared between groups in Table 4. With regard to the CTQ subscales, gender, family type, family income, number of siblings, mother and father live together founded to be different ($p <0.05$).

In the correlation analysis, the CTQ and RSES scores were significantly correlated (Spearman Correlation Coefficient=0.355 ($p <0.001$) with increased RSES scores with the increasing the CTQ scores.

4. Discussion

Self-esteem: In our study, self esteem level was found to be higher in female compared to male students. Oner Altıok, Ek and Koruklu, (2010) and Yuksekkaya (1995) and have also reported higher self-esteem in female compared to male university students. There was no significant relationship between the self-esteem and family income level. Accordingly, Oner Altıok, Ek and Koruklu, (2010) have found no relationship between the self-esteem and family type.

In our study, self-esteem was significantly associated with family income level, with students with a high- or moderate-family income level having a higher family income compared to those with a low-family income. Yuksekkaya (1995) have classified the family income level as adequate or inadequate according to the self-report of the students and have reported significantly higher self-esteem in students reporting to have an adequate family income compared to those with a self-reported near-inadequate and inadequate family income level.

In our study, there was no significant association between the self-esteem and education years. Similar studies (Balat and Akman, 2004; Cam, Khorshid and Altug Ozsoy, 2000; Sam, Sam and Ongen, 2010) have also found no association between the self-esteem and class level.

Self-esteem was not also associated with the togetherness of the parents. On the other hand, Serin and Ozturk (2007) have found a significant difference in the self-esteem between the children in whose parents are divorced and not divorced, with children of divorced parents having a lower self-esteem level.

In our study, attitudes of the parents were not associated with the self-esteem. In contrast, in the study by Balat and Akman (2004), it has been reported that the attitudes of parents interested in the adolescents is closely related to the self-esteem, with democratic attitudes are affecting the self-esteem positively, while un interested attitudes resulting in negative effects on self-esteem.

There was also no relationship between the self-esteem and the histories of separation from the family for longer than 3 months and of experiencing traumatic events such as disaster or accidents. In contrast, Gun and Bayraktar (2008) have studied the effect of internal migration on the adaptation of adolescents and have reported lower self-esteem scores in adolescents migrated to Izmir compared to those born in Izmir.

In our study, self-esteem was not significantly associated with the smoking and substance use. Similarly, in the study by Razı, Kuzu, Yıldız et al. (2009) on employed young people, no significant relationship has been reported between the self-esteem and smoking and substance use.

While there was no significant association between the self-esteem and history of medical illnesses, the history of psychiatric disorders was significantly associated with the self-esteem, with students with a previous psychiatric disorder had a lower self-esteem compared to those without.

CTQ: The mean CTQ score was 59.38±17.38 in this study, with ranging from 62.4 to 100.6 in previous studies from Turkey (Aslan and Alparslan, 1999; Bostancı, Albayrak, Bakoğlu et al., 2006; Ozen, Antar, Ozkan et al., 2004; Zeren, Yengil, Celikel et al., 2012). In our study, adapted CTQ into Turkish version, the internal consistency of the scale for total scale 0.93, for physical abuse 0.88, for emotional abuse 0.82 and for sexual abuse 0.76. Similary, Alagheband, M., Ahmadabadi, N.M. and Fard, M.M. (2013) were found 0.90, 0.79, 0.78 respectively.

In our study, gender was significantly associated with the CTQ scores. With regard to the CTQ subscales, male students were found to experience more emotional abuse and neglect, physical abuse and sexual abuse compared to the female students. Similar results have been reported by Aslan and Alparslan (1999) and Zeren, Yengil, Celikel et al. (2012).

Family type was also significantly associated with the mean CTQ scores. The CTQ scores were higher in students from the large families compared to those having a nuclear-type family and in students with a fragmented family or dead mother and/or father compared to those having a large or nuclear-type family. With regard to the CTQ subscales, there was no association between the family type and emotional abuse and neglect, while physical abuse was more frequent in students with a fragmented family compared to those with a nuclear-type family. Zeren, Yengil, Celikel et al. (2012) have also reported significantly higher emotional trauma scores among students whose parents were divorced.

Table 1. Socio-Demographic Characteristics of Students

			n(%)
Gender	Female Male		275(79.5) 71(20.5)
Class	1 2 3 4 5 +		102(29.5) 85(24.6) 78(22.5) 73(21.1) 8(2.3)
Place Of Settlement	Village District / Town City Center		40(11.6) 129(37.3) 177(51.2)
Employment	Not Working Working		325(93.9) 21(6.1)
Family Type	Nuclear-Type Family Parents, Children And Grandparent Widowed, Divorced Or Separated		289(83.5) 40(11.6) 17(4.9)
Family Income Level	Low Middle High		32(9.3) 220(63.6) 94(27.2)
Number Of Sibling	One Child Two Children More Than Two Children		18(5.2) 176(50.9) 152()
Mother's Educational Status	Literate Primary School Junior High School High School University		41(11.8) 184(53.2) 55(15.9) 51(14.7) 15(4.3)
Father's Educational Status	Literate Primary School Junior High School High School University		14(4.0) 114(32.3) 63(18.2) 103(29.8) 52(15.1)
Mother And Father	Living Together Separate Lives Divorced		329(95.1) 8(2.3) 9(2.6)
Mother’s Characteristics	Authoritarian	Yes No	77(22.3) 269(77.7)
	Rejection	Yes No	5(1.4) 341(98.6)
	Protective	Yes No	129(37.3) 217(62.7)
Father’s Characteristics	Authoritarian	Yes No	144(41.6) 202(58.4)
	Rejection	Yes No	12(3.5) 334(96.5)
	Protective	Yes No	66(19.1) 280(80.9)
Living Away From The Family For A Long Time In Childhood (Far From 3 Mounts)		No Yes	273(78.9) 73(21.1)
Other Previous Traumatic Experiences In Childhood (Disasters, Accidents and Attacks etc)		No Yes	312(90.2) 34(9.8)
Migrate	No Yes – Before 15 Age Yes - ≥15 Age		302(87.3) 35(10.1) 9(2.6)
Smoking	None Less Than 5 5 - 10 10 - 20 20+		283(81.8) 15(4.3) 23(6.6) 17(4.9) 8(2.3)
Medical Illnesses	None Hepatic Neurological Hematologic Gastrointestinal Other		307(88.7) 4(1.2) 7(2.0) 3(0.9) 11(3.2) 14(4.0)
Psychiatric Disorder	No Yes		330(95.4) 16(4.6)
Using Substance (Alchol, Drugs etc)	No Yes		287(82.9) 59(17.1)
Total			**346(100.0)**

Table 2. Comparison of Some Properties of the Students' RSES Scores (Mean ± SD)

			n	Mean ± SD	Statistics	p
Gender	Female		275	1.47 ± 1.70	**t=-2.120**	**0.028**
	Male		71	1.97±1.72		
Family Type	Nuclear-Type Family		289	1.56± 1.71	F=0.123	0.885
	Parents, Children And Grandparent		40	1.60±1.75		
	Widowed, Divorced or Separated		17	1.76±1.85		
Family Income Level	Low(1)		32	2.81±1.91	**F=13.216**[¥,Ω,ǂ]	**<0.001**
	Middle(2)		220	1.60±1.71		
	High(3)		94	1.07±1.43		
Number Of Sibling	One Child(1)		18	2.11±2.22	**F=3.037**	**0.049**[ǂ]
	Two Children(2)		176	1.36±1.57		
	More Than Two Children(3)		152	1.75±1.79		
Class	1		102	1.81±1.80	F=0.744	0.563
	2		85	1.44±1.68		
	3		78	1.47±1.70		
	4		73	1.52±1.70		
	5 +		8	1.38±1.51		
Mother And Father	Living Together		329	1.59±1.72	F=0.307	0.736
	Separate Lives		8	1.13±1.13		
	Divorced		9	1.44±2.00		
Mother's Characteristics	Authoritarian	Yes	77	1.58±1.64	t=-0.070	0.944
		No	269	1.57±1.74		
	Rejection	Yes	5	2.60±3.13	t=0.743	0.498
		No	341	1.56±1.69		
	Protective	Yes	129	1.64±1.69	t=0.529	0.597
		No	217	1.53±1.73		
Father's Characteristics	Authoritarian	Yes	144	1.62±1.64	t=0.419	0.676
		No	202	1.54±1.77		
	Rejection	Yes	12	2.25±1.76	t=1.394	0.164
		No	334	1.54±1.71		
	Protective	Yes	66	1.35±1.41	t=-1.359	0.177
		No	280	1.63±1.78		
Living Away From The Family For A Long Time In Childhood (Far From 3 Mounts)	No		273	1.54±1.70	t=-0.631	0.529
	Yes		73	1.68±1.80		
Other Previous Traumatic Experiences In Childhood (Disasters, Accidents And Attacks etc)	No		312	1.54±1.72	t=-0.899	0.370
	Yes		34	1.82±1.71		
Migrate	No		302	1.53±1.68	F=0.866	0.422
	Yes – Before 15 Age		35	1.91±1.96		
	Yes - ≥15 Age		9	1.78±1.86		
Smoking	None		283	1.57±1.71	F=0.692	0.598
	Less Than 5		15	1.33±1.11		
	5 - 10		23	1.43±1.75		
	10 - 20		17	1.59±1.97		
	20+		8	2.50±2.20		
Medical Illnesses	No		307	1.55±1.71	t=-0.815	0.416
	Yes		39	2.25±1.71		
Psychiatric Disorder	No		330	1.48±1.64	**t=-3.322**	**0.004**
	Yes		16	3.38±2.25		
Using Substance (Alchol, Drugs etc)	No		287	1.56±1.70	t=-0.338	0.736
	Yes		59	1.64±1.81		

There is a difference between: ¥: (1) vs (2), Ω: (1) vs (3), ǂ: (2) vs (3)
SD: Standard Deviance

Table 3. Comparison of Some Properties of the Students' CTQ Scores (Median (25% – 75%))

			n	Median (25%-75%)	Statistics	p
Gender	Female		275	52.00(45.00-63.00)	**Z=-5.21**	**<0.001**
	Male		71	64.00(55.00-80.00)		
Family Type	Nuclear-Type Family (1)		289	54.00(46.00-65.00)	**H=10.16¥,Ω**	**0.006**
	Parents, Children And Grandparent (2)		40	60.50(49.25-82.75)		
	Widowed, Divorced Or Separated(3)		17	65.00(51.50-91.00)		
Family Income Level	Low(1)		32	56.00(46.00-66.75)	**H=25.46¥,Ω,ǂ**	**<0.001**
	Middle(2)		220	52.00(44.00-60.00)		
	High(3)		94	35.00(27.75-44.50)		
Number Of Sibling	One Child(1)		18	63.00(48.25-73.25)	**H=15.51¥,ǂ**	**<0.001**
	Two Children(2)		176	51.50(44.00-61.75)		
	More Than Two Children(3)		152	57.50(49.25-70.75)		
Class	1		102	56.50(46.00-74.25)	H=8.58	0.072
	2		85	52.00(44.00-61.00)		
	3		78	55.50(46.75-63.25)		
	4		73	54.00(48.00-69.00)		
	5 +		8	66.00(50.25-80.75)		
Mother And Father	Living Together		329	54.00(46.00-66.00)	H=4.80	0.091
	Separate Lives		8	55.00(42.75-90.00)		
	Divorced		9	65.00(59.50-72.50)		
Mother's Characteristics	Authoritarian	Yes	77	57.00(46.00-66.50)	Z=-1.07	0.287
		No	269	54.00(46.00-67.00)		
	Rejection	Yes	5	74.00(41.50-96.00)	Z=-0.59	0.555
		No	341	55.00(46.00-66.00)		
	Protective	Yes	129	55.00(45.50-68.50)	Z=-0.41	0.682
		No	217	55.00(46.00-66.00)		
Father's Characteristics	Authoritarian	Yes	144	56.00(47.25-67.00)	**Z=-1.97**	**0.049**
		No	202	53.00(45.00-65.25)		
	Rejection	Yes	12	60.00(45.25-71.25)	Z=-0.64	0.520
		No	334	55.00(46.00-66.00)		
	Protective	Yes	66	50.50(42.00-59.00)	**Z=-2.94**	**0.003**
		No	280	56.00(47.00-68.75)		
Living Away From The Family For A Long Time In Childhood (Far From 3 Mounts)	No		273	53.00(46.00-64.00)	**Z=-3.52**	**<0.001**
	Yes		73	61.00(49.00-82.00)		
Other Previous Traumatic Experiences In Childhood (Disasters, Accidents And Attacks etc)	No		312	54.00(46.00-66.00)	**Z=-2.69**	**0.007**
	Yes		34	63.50(49.50-89.00)		
Migrate	No		302	54.00(46.00-66.25)	H=5.88	0.053
	Yes – Before 15 Age		35	59.00(53.00-75.00)		
	Yes - ≥15 Age		9	55.00(44.00-68.50)		
Smoking	None		283	54.00(46.00-65.00)	H=7.88	0.096
	Less Than 5		15	58.00(44.00-80.00)		
	5 - 10		23	62.00(50.00-72.00)		
	10 - 20		17	54.00(44.00-71.00)		
	20+		8	65.50(51.50-93.50)		
Medical Illnesses	No		307	55.00(46.00-65.00)	Z=-1.82	0.069
	Yes		39	64.00(46.00-83.00)		
Psychiatric Disorder	No		330	54.00(46.00-66.00)	**Z=-2.59**	**0.010**
	Yes		16	67.50(51.25-86.75)		
Using Substance (Alchol, Drugs etc)	No		287	54.00(46.00-65.00)	**Z=-1.98**	**0.047**
	Yes		59	59.00(47.00-73.00)		

There is a difference between: ¥: (1) vs (2), Ω: (1) vs (3), ǂ: (2) vs (3)

Table 4. Comparison of Some Properties of the Students' CTQ Subscales Scores (Median (25% – 75%))

		n	Emotional Abuse and Neglect	Physical Abuse	Sexual Abuse
Gender	Female	275	26.00(22.00-32.75)	20.00(17.00-23.00)	6.00(5.00-8.00)
	Male	71	32.00(28.00-41.50)	24.00 (20.00-31.00)	8.00 (6.00-10.00)
			Z=4.978 p<0.001	**Z=5.132 p<0.001**	**Z=4.531 p<0.001**
Family Type	Nuclear-Type Family(1)	289	27.00 (22.00-33.00)	20.00 (17.00-24.00)	6.00 (5.00-8.00)
	Parents, Children And Grandparent(2)	40	30.50(23.50-37.00)	23.00(18.00-31.00)	8.00 (5.00-10.00)
	Widowed, Divorced Or Separated(3)	12	31.00(24.00-44.00)	25.00(18.50-37.50)	9.00 (6.50-11.50)
			H=5.862 p=0.053	**H=10.473 ^{Ω} p=0.005**	**H=16.811 $^{¥,Ω}$ p<0.001**
Family Income Level	Low(1)	32	35.00 (28.50-44.00)	25.50(21.00-33.50)	8.50(6.50-12.50)
	Middle(2)	220	27.00 (22.00-34.00)	21.00 (18.00-24.50)	6.00 (5.00-9.00)
	High(3)	94	25.50(21.00-31.00)	19.00 (17.00-23.00)	5.50(5.00-7.00)
			H=21.75 $^{¥,Ω,ǂ}$ p<0.001	**H=22.53 $^{¥,Ω,ǂ}$ p<0.001**	**H=21.28 $^{¥,Ω,ǂ}$ p<0.001**
Number Of Sibling	One Child(1)	18	31.00(24.00-37.00)	22.50(18.00-28.00)	7.00(5.00-9.00)
	Two Children(2)	176	26.00(21.00-31,50)	20.00(17.00-23.00)	6.00 (5.00-8.00)
	More Than Two Children(3)	152	29.00(24.00-37.00)	22.00 (18.00-25.00)	7.00 (5.00-9.00)
			H=13.588 $^{¥,Ω,ǂ}$ p=0.001	**H=12.252 ^{ǂ} p=0.002**	**H=12.611 ^{ǂ} p=0.002**
Mother And Father	Living Together(1)	329	28.00(22.00-34.25)	20.00 (17.75-24.00)	6.00(5.00-8.00)
	Separate Lives(2)	8	27.00 (21.50-42.50)	20.50(17.50-30.00)	5.50(5.00-10.50)
	Divorced(3)	9	31.00(26.25-34.75)	25.00 (23.75-28.25)	9.00 (7.75-11.25)
			H=0.985 p=0.611	**H=8.326 ^{Ω} p=0.016**	**H=7.083 ^{Ω} p=0.029**

There is a difference between: ¥: (1) vs (2), Ω: (1) vs (3), ǂ: (2) vs (3)

With regard to the association between togetherness of the parents and childhood trauma life, physical and sexual abuses were more frequently experienced by the students whose parents are divorced compared to those whose parents are living together. A similar study has also reported the marital status of parents to be a major risk factor for child abuse (Fergusson and Lynskey, 1997; Unal 2008).

In our study, the mean CTQ scores decreased significantly with the increasing family income level. Previous studies have also reported similar results (Fergusson and Lynskey, 1997; Işmen and Aydın 2003; Zeren, Yengil, Celikel et al., 2012).

Mean CTQ scores found to be increased with the increasing number of siblings. Various studies have also reported similar results, with considering the high number of siblings as a risk factor for trauma life (Katerndahl, Burge and Kellogg, 2005; Ozen, Antar and Ozkan 2007).

Childhood trauma life was found to be experienced more by the students having an authoritarian father and less by those having an over-protective father. Similarly, Kaya and Cecen-Erogul (2013) have reported the family functions as a predictor of the childhood trauma life in adolescents.

CTQ scores were significantly higher among the students who had lived separately from the family longer than 3 months.

The students who had experienced a traumatic event (disaster, accident, attack, etc.) found to have higher CTQ scores. This can be attributed to the unprotected status of the child experiences this kind of events.

The mean CTQ scores were significantly higher in students with a history of substance use. In a

similar study by Mırsal, Kalyoncu, Pektaş et al. (2004) negative childhood life was found to be in higher frequency among those with alcohol addiction.

Accordingly, there was also a significant association between the CTQ scores and history of psychiatric disorders. In the study by Ozen, Antar and Ozkan'ın (2007), a positive correlation has been reported between the negative childhood life and psychopathology.

As an another dimension of the study, correlation analysis was performed to evaluate the relationship of the childhood trauma life with self-esteem. It was found that increase in experiencing childhood trauma results in decreased self-esteem. Accordingly, Durmusoglu and Dogru (2006) have studied the effect of childhood trauma life on the close relationships during the adolescent period and have found a significant and negative association between the relational self-esteem scores and physical abuse and emotional abuse subscales of CTQ ($p<0.05$).

As seen in all over the world, the frequency of traumatic behaviors toward the children is still quite high in our country. This can also negatively affect the self-esteem of the individual. It is of great importance for professions caring to the health of people such as nursing to have self-esteem and to express this self-esteem. Particularly the schools giving education to the future health professionals should consider this issue. For this purpose, the students with a low self-esteem level should be identified and the necessary support services should be provided. Moreover, through the social media, families should be informed about the traumatic behaviors exerted during the care of the child and their potential future negative effects and should be informed about also being aware of the external traumatic events and about the necessity of protecting the child from these events.

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References

1. Aslan SH, Alparslan ZN. Çocukluk Örselenme Yaşantıları Ölçeği'nin Bir Üniversite Öğrencisi Örnekleminde Geçerlik, Güvenirlik ve Faktör Yapısı. Türk Psikiyatri Dergisi 1999; 10(2): 275–85.
2. Alagheband M, Ahmadabadi NM, Fard MM. Psychometric Characteristics Of The Childhood Trauma Questionnaire (CTQ) in an Iranian Sample. Life Sci J. 2013; 10(6): 387-405.
3. Balat Uyanık G, Akman B. Farklı Sosyo-Ekonomik Düzeydeki Lise Öğrencilerinin Benlik Saygısı Düzeylerinin Incelenmesi. Fırat Üniversitesi Sosyal Bilimler Dergisi 2004; 14(2): 175-183.
4. Bostancı N, Albayrak B, Bakoğlu I, Coban S. Üniversite Öğrencilerinde Çocukluk Çağı Travmalarının Depresif Belirtileri Üzerine Etkisi. New Symposium Journal 2006; 44(2): 189- 95.
5. Cam O, Khorshid L, Altuğ Ozsoy S. Bir Hemşirelik Yüksekokulundaki Öğrencilerin Benlik Saygısı Düzeylerinin Incelenmesi. Hemşirelik Araştırma Dergisi 2000; 1: 33-40.
6. Capulcuoğlu U, Gündüz B. Öğrenci Tükenmişliğini Yordamada Stresle Başa Çıkma, Sınav Kaygısı, Akademik Yetkinlik ve Anne-Baba Tutumları. Eğitim Bilimleri Araştırmaları Dergisi 2013; 3: 12-24.
7. Cuhadaroğlu F. Adölesanlarda Benlik Saygısı. (Unpublished Master's Thesis) 1986; Hacettepe Üniversitesi, Ankara,Turkey.
8. Delikara I. Ergenlerin Akran Ilişkileri Ile Suç Kabul Edilen Davranışları Arasındaki Ilişkinin Incelenmesi. I. Ulusal Çocuk Ve Suç: Nedenler Ve Önleme Çalışmaları Sempozyumu. 2001; Ankara Turkey: Türkiye Çocuklara Yeniden Özgürlük Vakfi Yayını,147–60.
9. Dube SR, Anda RF, Felitti VJ, Chapman DP, Williamson DF, Giles WH. (2001). Childhood Abuse, Household Dysfunction, and The Risk of Attempted Suicide Throughout The Life Span. Jama, 286: 3089-96.
10. Durmuşoglu N, Dogru Yıldırım S. Çocukluk Örseleyici Yaşantılarının Ergenlikteki Yakın Ilişkilerde Bireye Etkisinin Incelenmesi. Selcuk Universitesi Sosyal Bilimler Enstitusu Dergisi 2006; 15: 237-46.
11. Fergusson DM, Lynskey MT. Physical Punishment / Maltreatment During Childhood And Adjustment In Young Adult-Hood. Child Abuse & Neglect 1997; 21(5): 617-30.
12. Gun Z, Bayraktar F. Türkiye'de Iç Göçün Ergenlerin Uyumundaki Rolü. Türk Psikiyatri Dergisi 2008; 19(2): 167-76.
13. Işmen AE, Aydın O. 18-25 Yaş Grubu Erkeklerde Çocukluk Çağı Örselenme Yaşantısının Incelenmesi. M.Ü. Atatürk Eğitim Fakültesi Dergisi 2003; 18: 7-20.
14. Kalkan M, Karadeniz OS. Çocukluk Çağı Örselenme Yaşantıları Ergenlerdeki Flört Kaygısını Yordar Mı? Çocuk Ve Gençlik Ruh Sağlığı Dergisi 2011; 18(1): 35-44.

15. Katerndahl D, Burge S, Kellogg N. Predictors Of Development Of Adult Psychopathology in Female Victims Of Childhood Sexual Abuse. J Nerv Ment Dis.2005; 193: 258-264.
16. Kaya I, Ceçen-Erogul R. Ergenlerde Çocukluk Dönemi Istismar Yaşantılarının Yordayıcısı Olarak Aile Işlevlerinin Rolü. Eğitim Ve Bilim 2013; 38(168): 386-97.
17. Kaya N, Kaya H. Hemşirelerin Bağlanma Biçimlerinin Baş Etme Tutumlarına Etkisi. Turkiye Klinikleri 2009; 29:1563-72.
18. Koyuncu A, Mırsal H, Yavuz MF, Kalyoncu AO, Beyazyürek M. Eroin Bağımlılarında Intihar Düşüncesi, Planı Ve Girişimi. Bağımlılık Dergisi 2003; 4: 101-4.
19. Mırsal H, Kalyoncu A, Pektaş O, Tan D, Beyazyürek M. Childhood Trauma in Alcoholics. Alcohol And Alcoholism 2004; 39: 126-9.
20. Oner Altıok H, Ek N, Koruklu N. Üniversite Öğrencilerinin Benlik Saygısı Düzeyi Ile Ilişkili Bazı Değişkenlerin Incelenmesi. Adnan Menderes Üniversitesi Eğitim Fakültesi Eğitim Bilimleri Dergisi 2010; 1(1): 99-120.
21. Ovayolu N, Uçan O, Serindağ S. Çocuklarda Cinsel Istismar Ve Etkileri. Fırat Sağlık Hizmetleri Dergisi 2007; 2(4): 14–22.
22. Ozen Ş, Antar S, Ozkan M. Çocukluk Çağı Travmalarının Umutsuzluk, Sigara Ve Alkol Kullanımı Üzerine Etkisi; Üniversite Son Sınıf Öğrencilerini Inceleyen Bir Çalışma. Düşünen Adam 2007; 20(2): 79-87.
23. Ozen S, Antar S, Ozkan M, Sır A. Çocukluk Çağı Travmalarının Umutsuzluk Ve Depresif Duygu Durum Üzerine Etkisinin Son Sınıf Üniversite Öğrencilerinde Incelenmesi. 40. Ulusal Psikiyatri Kongresi, Türk Psikiyatri Derneği Yayınları 2004; 316-9.
24. Polvan O. Çocuk Ve Ergen Psikiyatrisi, İ.Ü.Tıp Fakültesi, Temel Ve Klinik Bilimler Ders Kitapları, Nobel Tıp Kitapevleri, Ankara, Turkey. 2000: 32-5.
25. Razı G, Kuzu A, Yıldız N, Ocakçı F, Camkuşu B. Çalışan Gençlerde Benlik Saygısı, Iletişim Becerileri ve Stresle Baş Etme. Taf Prev Med Bull. 2009; 8(1): 17-26.
26. Rosenberg M. Society and The Adolescent Self-Image. Princeton, New Jersey: Princeton University Press.1965: 63-9.
27. Sam S, Sam R, Ongen B. Üniversite Öğrencilerinin Çevresel Tutumlarının Yeniçevresel Paradigma ve Benlik Saygısı Ölçeği Ile Incelenmesi. Akademik Bakış Dergisi 2010; 21: 1-16.
28. Sareen J, Fleisher W, Cox BJ, Hassard S, Stein M.B. Childhood Adversity And Perceived Need For Mental Health Care: Findings From A Canadian Community Sample. J Nerv Ment Dis. 2005; 193: 396-404.
29. Schatza JN, Smithb LE, Borkowskia JG, Whitmana TL, Keogha DA. Maltreatment Risk, Self-Regulation, And Maladjustment In At-Risk Children, Child Abuse & Neglect 2008; 32(10): 972-82.
30. Serin Bulut N, Oztürk S. Anne-Babası Boşanmış 9–13 Yaşlarındaki Çocuklar Ile Aynı Yaş Grubundaki Anne-Babası Boşanmamış Çocukların Benlik Saygısı Ve Kaygı Düzeyleri. Ahi Evran Üniversitesi Kırşehir Eğitim Fakültesi Dergisi (Kefad) 2007; 8(2): 117-28.
31. Smith B, Hinshaw S. Linkages Between Child Abuse and Attention-Deficit/Hyperactivity Disorder in Girls: Behavioral and Social Correlates. Child Abuse Negl 2006; 30: 1239-55.
32. Taner Y, Gökler B. Çocuk Istismarı Ve Ihmâli: Psikiyatrik Yönleri. Hacettepe Tıp Dergisi 2004; 35(1): 82-6.
33. Turkey, TBMM Araştırma Komisyo-nu. Çocuklarda Ve Gençlerde Artan Şiddet Eğilimi ile Okullarda Meydana Gelen Olayların Araştırılarak Alınması Gereken Önlemlerin Belirlenmesi Amacıyla Kurulan Meclis Araştırma Komisyonu Raporu. Türkiye Büyük Millet Meclisi Tutanak Dergisi 2007;160:464-5.
34. Unal F. Ailede Çocuk Istismarı Ve Ihmali. TSA 2008; 1: 9-18.
35. Yüksekkaya S. (1995). Üniversite Öğrencile-rinde Benlik Saygısının Çeşitli Değişkenler Açısından İncelenmesi, (Unpublished Master's Thesis) 1995; Ege Üniversitesi Sağlık Bilimleri Enstitüsü, İzmir,Turkey.
36. Zeren C, Yengil E, Celikel A, Arık A, Arslan M. Üniversite Öğrencilerinde Çocukluk Çağı Istismarı. Dicle Tıp Dergisi 2012;39(4):536-41.

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