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RESEARCH ARTICLE

Examination of the Relationship between Childhood Trauma and Psychological Resilience in Preschool Teachers

Hatice Ozaslan  · Rabia Seyma Gun  · Gulumser Gultekin Akduman 

ABSTRACT

Background/purpose – This paper investigated the relationship between childhood trauma and psychological resilience in preschool teachers. The study also determined whether psychological resilience depended on age.

Materials/methods – The study adopted a correlational survey model. The sample consisted of 268 preschool teachers. Data were collected using a demographic characteristics questionnaire named the Childhood Trauma Questionnaire (CTQ-33), and the Adult Resilience Measure (ARM-R).

Results – The study's results showed that higher CTQ-33 emotional abuse, emotional neglect, sexual abuse, and total CTQ-33 subscale scores have correspondingly lower ARM-R total and subscale scores. The results also showed that higher physical abuse, physical neglect, and overprotection–overcontrol subscale scores have correspondingly lower ARM-R relational resources, personal resources, and familial resources subscale and total ARM-R scores. There was no correlation found between the CTQ-33 physical abuse, physical neglect, and overprotection–overcontrol subscale scores and the ARM-R cultural and contextual resources subscale scores. The results showed that age did not affect the participants' ARM-R subscale or total scores.

Conclusion – The study's results revealed a negative correlation between childhood trauma and psychological resilience. Age did not affect psychological resilience levels.

Keywords – childhood trauma, psychological resilience, preschool teacher

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1. INTRODUCTION

Childhood trauma is a life-threatening event that adversely affects physical and mental development (Erten et al., 2015). Childhood trauma refers to sexual, physical, or emotional abuse or neglect. However, separation from or parental absence, divorce, migration, witnessing violence, accidents, or serious illness can also cause childhood trauma (Abukan, 2020; Helvacı Çelik & Hocaoglu, 2018). Childhood trauma is primarily explained by the concepts of neglect and abuse (Bozgün & Pekdoğan, 2017).

Childhood abuse and neglect are serious public health problems that can trigger lifelong disorders and leave permanent marks. However, it can also affect all members of the family and significantly disrupt familial relationships (Akduman & Akduman, 2014; Helvacı Çelik & Hocaoglu, 2018). The World Health Organization (2017) defined child abuse as:

All forms of physical and/or emotional ill-treatment, sexual abuse, neglect, or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Although most researchers define three types of abuse, others also talk about a fourth type of abuse, which is economic abuse (Acehan et al., 2013). Gözün Kahraman and Şahin (2020) defined physical abuse as a physical injury inflicted on a child other than by accidental means (Gözün Kahraman & Şahin, 2020). Durmuşoğlu Saltalı (2015) defined it as physical injury inflicted with the hands and/or tools on a child by adults in order to impose authority, discipline, or punishment, or simply as an act of venting anger. Childhood sexual abuse is defined as any interaction between a child and an adult or an older child in which the child is used for sexual stimulation of the perpetrator through deception, force, or coercion (Aktepe, 2009; Hornor, 2010). The acts of sexual abuse include exhibitionism, kissing, fondling, genital touching, pornography, rape, and forced prostitution (Gözün Kahraman & Şahin, 2020; Gültekin et al., 2006).

Emotional abuse is defined as the ongoing emotional mistreatment of a child by their caregivers or other persons. A child is said to be emotionally abused if the caretaker or parent fails to provide them with a supportive environment, exhibits behaviors that may harm the child's emotional health, and has demands and expectations that exceed their role and capacity in the child's development. Whilst emotional abuse is the most common, it remains the most difficult type of abuse to identify (Can Yaşar, 2020; Norman et al., 2012; Seth, 2015). Acts of emotional abuse include threat, verbal harassment, ridicule, hostile behavior, rejection, delinquency, allowing anti-social behavior, as well as simply showing inadequate care and love to a child (Üstüner Top, 2020). Economic abuse is the employment of children in violation of their rights, often characterized as unpaid or low-paid work (Aktay, 2020).

The main difference between abuse and neglect is that the former is active, while the latter is passive (Aral & Gürsoy, 2001; Dubowitz, 2002; Gözün Kahraman & Şahin, 2020). Child neglect is defined as the failure of a parent or caregiver to provide the necessary food, shelter, clothing, supervision, or medical provision to a child in their care (Aktay, 2020). There are four types of neglect; physical, medical, emotional, and educational (Gözün Kahraman & Şahin, 2020). Physical neglect is defined as a caregiver's failure to provide a child with adequate nutrition, hygiene, and shelter (Can Yaşar, 2020), whereas

emotional neglect is defined as a caregiver's failure to meet a child's basic psychological and emotional needs (Abukan, 2020). Educational neglect is defined as the failure of a parent or caregiver to enroll a child in mandatory schooling. A child is therefore considered educationally neglected if a parent or caregiver fails to enroll them in school, to meet any special education needs they may have, to address habitual absenteeism, and to adequately seek resolution to school-related problems (Acehan et al., 2013). Medical neglect is defined as the failure of a parent or caregiver to heed obvious signs of a child's severe illness, or failure to seek necessary medical attention for a child in a timely fashion (Gözün Kahraman & Şahin, 2020).

Childhood trauma, including neglect and abuse, can trigger mental health problems (Van der Kolk, 2005). At this point, we can also mention the concept of psychological resilience, which is both a current and vital issue (Ulukan, 2020). Psychological resilience is defined as the ability to cope with and adapt to challenging conditions (Masten & Reed, 2002). Karairmak (2006) defined psychological resilience as the ability to adapt to challenges and changes through the interaction of risk and protective factors. According to Doğan (2015), psychological resilience is one's ability to recover from illness, mental problems, negative experiences, and stress. Psychological resilience is a personality trait that reduces stress and prevents disease and illness (Gönen & Koca Ballı, 2020). Although psychological resilience is defined somewhat differently, they share similarities such as risk factors, protective factors, and positive adjustment involving coping (Arslan, 2015; Fergus & Zimmerman, 2005; Gizir & Aydın, 2006).

Risk factors can be individual, familial, or environmental, with the common trait that they disrupt one's adjustment to adverse conditions (Arslan, 2015; Gizir & Aydın, 2006). Some risk factors are preterm birth, low self-esteem, adolescent pregnancy, living with a single parent, absence of parents, overly strict parenting, poverty, child neglect or abuse, military conflict, and natural disasters (Hoşoğlu et al., 2018; Kidd & Shahar, 2008; Öz & Bahadır Yılmaz, 2009; Özsoy & Çelikkaleli, 2021). Protective factors can reduce or eliminate the impacts of adverse conditions, and can thereby help in coping with negative experiences in life (Arslan, 2015). Protective factors include high self-esteem, problem-solving skills, secure attachment, living with well-educated parents, positive social relationships, and community support (Gizir, 2007; Öz & Bahadır Yılmaz, 2009; Özsoy & Çelikkaleli, 2021).

Children are each born with psychological resilience to a certain extent. A loving and supportive environment during childhood promotes psychological resilience throughout life. Therefore, we need to provide children with a caring and emotionally responsive environment (Özbey, 2019). Early childhood is a critical period of development, laying an essential foundation for acquisition of life skills (Erata & Özbey, 2020). Teachers play a crucial role in preschool education as they affect both the children that they teach as well as the curricula taught. Teachers' knowledge, skills, personality traits, attitudes, and behavior can therefore have an effect on their students' academic performance, and as such teachers' affective capacity can vary (Önen, 2012).

Teaching is considered both stressful and demanding, causing professional burnout and poor performance in some teachers (Altuntaş & Genç, 2020). In order to counter this, risk factors should be identified regarding the psychological resilience of teachers in order to design appropriate interventions that can help ensure that teachers remain mentally healthy and more able to communicate effectively with their students (Hoşoğlu et al.,

2018). To our knowledge, the current study is the first to examine the relationship between childhood trauma and the psychological resilience of preschool teachers. The study also investigated whether age has an effect on preschool teachers' psychological resilience levels. As the authors, we believe that the results of the current research will contribute to the existing literature.

2. METHODOLOGY

2.1. Research model

The study adopted a correlational survey method in order to address the relationship between childhood trauma and the psychological resilience of preschool teachers (Karasar, 2012).

2.2. Study group

The study was conducted during the 2020-2021 academic year. The sample consisted of 268 preschool teachers from schools in Ankara, Turkey, who were recruited according to random sampling. All of the prospective participant teachers were first informed about the purpose and procedures of the research, and were also assured that the collected data and their identity would remain confidential. Those who agreed to participate were then included in the study. The vast majority of the participants were female (92.5%; $n = 248$). More than half of the participants were aged between 20 and 29 (55.5%) years old, whilst 86 were aged 30-39 years old, and 39 participants were more than 40 years old.

2.3. Data collection tools

The data were collected using a demographic characteristics questionnaire, the Childhood Trauma Questionnaire (CTQ-33), and the Adult Resilience Measure (ARM-R).

Demographic characteristics questionnaire: The questionnaire consisted of items on the participants' age, gender, etc.

Childhood Trauma Questionnaire (CTQ-33): The CTQ-33 was first developed by Bernstein et al. (1994), and has since been revised multiple times. Şar et al. (2020) revised and expanded the Turkish version of the CTQ, with items scored on a 5-point, Likert-type scale [*Never* (1), *Rarely* (2), *Sometimes* (3), *Often* (4), *Very Often* (5)]. The instrument consists of six subscales: emotional abuse, physical abuse, physical neglect, emotional neglect, sexual abuse, and overprotection-overcontrol. The total score of the scale can range from 30 to 250, and is the sum of all six subscale scores. In total, 11 items (1, 2, 4, 5, 7, 10, 13, 19, 26, 28, and 31) are reverse-scored. Three items (10, 16, and 22) are used to calculate denial (minimization) scores; however, the score of these three items does not affect the total score. The Turkish version of the CTQ has a measured Cronbach's alpha of .91.

Adult Resilience Measure-Revised (ARM-R): The ARM-R was developed by Arslan (2015) and based on the Child and Youth Resilience Measure-28 (CYRM-28), which was developed by Ungar and Liebenberg (2011). ARM-R instrument consists of 21 items scored on a 5-point, Likert-type scale [*Not at all* (1), *A little* (2), *Somewhat* (3), *Quite a bit* (4), *A lot* (5)]. Higher scores indicate higher psychological resilience. The instrument consists of four subscales: relational resources, personal resources, cultural and contextual resources, and familial resources. The Turkish version of the scale has a four-factor structure, a Cronbach's alpha of .94, and a test-retest coefficient of .85 (Arslan, 2015).

2.4. Data analysis

Normality was tested using the Kolmogorov–Smirnov test and skewness and kurtosis values.

Table 1. Normality test

Kolmogorov-Smirnov		
	Statistic	<i>p</i>
Emotional abuse	0.224	.000
Physical abuse	0.375	.000
Physical neglect	0.248	.000
Emotional neglect	0.137	.000
Sexual abuse	0.377	.000
Overprotection –overcontrol	0.134	.000
Total CTQ	0.143	.000
Relational resources	0.147	.000
Personal resources	0.211	.000
Cultural and contextual resources	0.186	.000
Familial resources	0.202	.000
Total ARM-R	0.099	.000

The results showed that the scale factor scores were not normally distributed. Table 2 shows the skewness and kurtosis values.

Table 2. Skewness and kurtosis values

	<i>N</i>	Skewness	Kurtosis
Emotional abuse	268	1.515	1.614
Physical abuse	268	4.260	22.982
Physical neglect	268	1.844	3.559
Emotional neglect	268	0.891	0.092
Sexual abuse	268	2.953	9.042
Overprotection–overcontrol	268	0.960	0.673
Total CTQ	268	1.340	1.414
Relational resources	268	-1.433	3.531
Personal resources	268	-1.595	4.043
Cultural & contextual resources	268	-1.201	0.922
Familial resources	268	-1.547	2.254
Total ARM-R	268	-1.246	2.388

Distribution is considered normal if the skewness and kurtosis values range from -1 to +1 (Hair et al., 2013). Table 2 shows that the skewness and kurtosis values were not normally distributed. In addition, the coefficient of variation and histograms did not support normal distribution. Therefore, the collected data were subsequently analyzed using nonparametric tests. The Kruskal–Wallis H test was used to determine the effect of teachers' age on their psychological resilience. Spearman's correlation coefficient was used to estimate the relationship between childhood trauma and the psychological resilience of teachers.

3. FINDINGS

Table 3 presents the correlation of scores between the CTQ-33 and ARM-R instruments. As can be seen, the CTQ-33 emotional abuse subscale score was found to be negatively and moderately correlated with the ARM-R relational resources ($r = -.440$), personal resources ($r = -.304$), and familial resources ($r = -.582$) subscale scores. The CTQ-33 emotional abuse subscale score was found to be negatively and weakly correlated with the ARM-R cultural and contextual resources ($r = -.129$) score. The CTQ-33 emotional abuse subscale score was found to be negatively and moderately correlated with the total ARM-R score ($r = -.466$). These results show that a higher CTQ-33 emotional abuse subscale score has correspondingly lower ARM-R total and subscale scores.

Table 3. Correlation between CTQ-33 and ARM-R scores

CTQ	ARM-R									
	Relational resources		Personal resources		Cultural & contextual resources		Familial resources		Total ARM-R	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Emotional abuse	-.440**	.000	-.304**	.000	-.129*	.035	-.582**	.000	-.466**	.000
Physical abuse	-.280**	.000	-.185**	.002	-.119	.052	-.432**	.000	-.333**	.000
Physical neglect	-.399**	.000	-.279**	.000	-.109	.074	-.491**	.000	-.397**	.000
Emotional neglect	-.482**	.000	-.435**	.000	-.192**	.002	-.705**	.000	-.576**	.000
Sexual abuse	-.300**	.000	-.150*	.014	-.200**	.001	-.365**	.000	-.347**	.000
Overprotection –overcontrol	-.280**	.000	-.288**	.000	-.082	.183	-.409**	.000	-.315**	.000
Total CTQ	-.493**	.000	-.413**	.000	-.183**	.003	-.699**	.000	-.562**	.000

The CTQ-33 physical abuse subscale score was found to be negatively and weakly correlated with the ARM-R relational resources ($r = -.280$) and personal resources ($r = -.185$) subscale scores. The CTQ-33 physical abuse subscale score was found to be negatively and moderately correlated with the ARM-R familial resources subscale ($r = -.432$) and total ARM-R scores ($r = -.333$). These results show that a higher CTQ-33 physical abuse subscale score has correspondingly lower ARM-R relational resources, personal resources, and familial resources subscale scores, and a lower total ARM-R score. There was no correlation found to exist between the CTQ-33 physical abuse subscale score and the ARM-R cultural and contextual resources subscale score ($p > .05$).

The CTQ-33 physical neglect subscale score was found to be negatively and moderately correlated with the ARM-R relational resources ($r = -.399$) and familial resources ($r = -.491$) subscale scores and also the total ARM-R score ($r = -.397$). The CTQ-33 physical neglect subscale score was found to be negatively and weakly correlated with the ARM-R personal resources ($r = -.279$) subscale score. These results show that a higher CTQ-33 physical neglect subscale score has lower corresponding relational resources, personal resources, and familial resources subscale scores, and also a lower total ARM-R score. There was no correlation found to exist between the CTQ-33 physical neglect subscale score and the ARM-R cultural and contextual resources subscale score ($p > .05$).

The CTQ-33 emotional neglect subscale score was found to be negatively and moderately correlated with the ARM-R relational resources ($r = -.482$) and personal resources ($r = -.435$) subscale scores and the total ARM-R score ($r = -.576$). The CTQ-33 emotional neglect subscale score was found to be negatively and weakly correlated with the ARM-R cultural and contextual resources ($r = -.192$) subscale score. The CTQ-33 emotional neglect subscale score was found to be negatively and highly correlated with the ARM-R familial resources ($r = -.705$) subscale score. These results show that a higher CTQ-33 emotional neglect subscale score results in correspondingly lower ARM-R scores.

The CTQ-33 sexual abuse subscale score was found to be negatively and moderately correlated with the ARM-R relational resources ($r = -.300$) and familial resources ($r = -.200$) subscale scores and also the total ARM-R score ($r = -.347$). The CTQ-33 sexual abuse subscale score was found to be negatively and weakly correlated with the ARM-R personal resources ($r = -.150$) and cultural and contextual resources ($r = -.200$) subscale scores. These results show that a higher CTQ-33 sexual abuse subscale score has correspondingly lower ARM-R scores.

The CTQ-33 overprotection–overcontrol subscale score was found to be negatively and weakly correlated with the ARM-R relational resources ($r = -.280$) and personal resources ($r = -.288$) subscale scores. The CTQ-33 overprotection–overcontrol subscale score was found to be negatively and moderately correlated with the ARM-R relational resources ($r = -.280$) and familial resources ($r = .409$) subscale scores and also the total ARM-R score ($r = -.315$). These results show that a higher CTQ-33 overprotection–overcontrol subscale score has correspondingly lower ARM-R relational resources, personal resources, familial resources subscale scores and a lower total ARM-R score. There was no correlation found between the CTQ-33 overprotection–overcontrol subscale score and the ARM-R cultural and contextual resources subscale score ($p > .05$).

The total CTQ-33 score was found to be negatively and moderately correlated with the total ARM-R score ($r = -.562$). The total CTQ-33 score was found to be negatively and moderately correlated with the ARM-R relational resources ($r = -.493$), personal resources ($r = -.413$), and familial resources ($r = -.699$) subscale scores. The total CTQ-33 score was found to be negatively and weakly correlated with the ARM-R cultural and contextual resources ($r = -.183$) subscale scores. These results show that a higher total CTQ-33 score has correspondingly lower ARM-R subscale and total scores.

Table 4 shows the Kruskal–Wallis H test results regarding the effect of age on the psychological resilience of teachers.

Table 4. Distribution of ARM-R Scores by Age

Variable	Age (years)	<i>n</i>	Mean rank	<i>SD</i>	χ^2	<i>p</i>
Relational resources	20-29	143	136.72	2	0.621	.733
	30-39	86	129.17			
	≥40	39	138.12			
Personal resources	20-29	143	132.72	2	0.905	.636
	30-39	86	132.67			
	≥40	39	145.05			
Cultural & contextual resources	20-29	143	130.15	2	1.150	.563
	30-39	86	141.40			
	≥40	39	135.22			
Familial resources	20-29	143	133.80	2	0.643	.725
	30-39	86	131.69			
	≥40	39	143.26			

Variable	Age (years)	<i>n</i>	Mean rank	<i>SD</i>	χ^2	<i>p</i>
Total ARM-R	20-29	143	133.83	2	0.183	.912
	30-39	86	133.40			
	≥40	39	139.38			

The results show that age did not affect the participant teachers' ARM-R subscale and total scores ($p > .05$).

4. DISCUSSION

The results showed a negative correlation between childhood trauma and psychological resilience. Balcı (2018) found that education faculty students with childhood trauma had higher CTQ-33 scores than those without childhood trauma. Research has shown that those with childhood trauma have lower psychological resilience than those who did not experience childhood trauma (Aydın, 2018; Bakan, 2020; Gamzeli & Kahraman, 2018; Kaya & Çeçen Eroğul, 2016; Lee et al., 2019; Oyuncakçı, 2020). Kiray (2018) reported a negative correlation between childhood trauma and emotional neglect, emotional abuse, authoritarian and protective parenting, and psychological well-being. Akyıl (2019) found a significant relationship between childhood trauma and cognitive emotion regulation, psychological well-being, and the presence of psychological symptoms. Akyıl also reported a negative and weak correlation between CTQ-33 emotional abuse, physical abuse, physical neglect, and emotional neglect subscale scores and Psychological Well-Being Scale scores. Özsoy and Çelikkaleli (2021) determined that college students who experienced neglect and abuse during childhood had lower psychological resilience. Kabasakal and Erdem (2015) reported a negative correlation between childhood abuse and psychological well-being among college students. However, some studies in the literature reported no correlation having been found between childhood trauma and psychological resilience (Çetinkaya et al., 2017; Kaloeti et al., 2018). Kazazoğlu (2019) did not detect any relationship between physical abuse and sexual abuse and psychological resilience. On the other hand, some studies reported a positive correlation between childhood trauma and psychological resilience (Bozğun & Pekdoğan, 2017; Oluwagbemiga & Micheal, 2018; Tekin, 2018).

Childhood trauma has long-term effects (Demirci, 2016; Dereboy et al., 2018; Nash & Bilchik, 2008; Perry, 2001, 2006); therefore, it is considered the most distinctive risk factor for various psychopathologies, both in childhood and adulthood (Abukan, 2020). Most childhood trauma has short- or long-term negative impacts on social, physical, and psychological development (Afifi et al., 2008; Aktay, 2020; Norman et al., 2012; Street et al., 2005). Childhood trauma lies at the root of most psychological problems (Burakgazi, 2019; Bülbül et al., 2013; Gilbert et al., 2015; Oyuncakçı, 2020; Örsel et al., 2011). Yiğit and Erden (2015) maintain that physical, sexual, and emotional abuse significantly affects overall psychological health. Childhood trauma negatively affects psychological development, and thus, psychological resilience. Cicchetti (2010) argued that those subjected to neglect and abuse during their childhood have more dysfunctional psychological resilience. Whilst psychological resilience is negatively affected by childhood trauma, it is said to be positively affected by protective factors (Afifi & Macmillan, 2011; Gizir, 2007; Herrman et al., 2011; Stewart, 2011; Wang et al., 2019).

In Haskett et al.'s (2006) meta-analysis on psychological resilience, it was reported that some people demonstrate relatively positive adjustment and success in developmental tasks although having been subjected to abuse and neglect during their

childhood. We therefore need to focus on protective factors in order to help those having experienced traumatic childhood events to develop better psychological resilience (Afifi & MacMillan, 2011). Psychological resilience is affected not only by childhood trauma, but also by the age of the person and the environment in which the trauma is experienced, as well as the level of stress caused by the trauma, and the conditions that enhanced or reduced its negative impact on the victim (Collishaw et al., 2007; Çetin, 2020). This may be why researchers have reported varying results regarding the relationships between childhood trauma and psychological resilience.

In the current study, the participant teachers' age was not found to affect their ARM-R scores ($p > .05$), which was a finding reported in some earlier studies (Chan, 2003; Çetin, 2019; Demir Polat, 2018; Genç, 2014; Harrisson et al., 2002; Maddi et al., 2006; Sezgin, 2012). The current research found that participants aged over 40 years old had higher psychological resilience scores than those aged 40 years old or less. Elsel (2019) also reported that psychological resilience was likely to increase with age.

5. CONCLUSION AND SUGGESTIONS

This study investigated the relationship between childhood trauma and psychological resilience in preschool teachers. The study also looked into the effect of age on psychological resilience. The results of the study pointed to a negative correlation between childhood trauma and psychological resilience in preschool teachers; however, psychological resilience was not found to increase with age.

The following are recommendations put forward by the authors based on the results of the current study:

- Authorities should identify preschool teachers with childhood trauma and provide them with trauma-focused counseling.
- Schools should offer teachers extensive training to help them develop psychological resilience.
- Authorities should provide parents and educators with protective and preventive training in order to raise their awareness of childhood trauma.
- The state should identify groups at risk for childhood trauma and to provide them with appropriate support.
- Future similar studies in this area should recruit a greater number of participants.
- Researchers should adopt mixed designs and employ qualitative data collection methods (e.g., observation, interview, etc.) in future studies in order to better understand the relationship between childhood trauma and psychological resilience.

DECLARATIONS

Author Contributions. The authors contributed equally to the current research with both data collection and data analysis. All authors have read and approved the published final version of the article.

Conflicts of Interest. The authors declare no conflict of interest.

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Ethical Approval. All procedures performed in studies involving human participants were conducted in accordance with the ethical standards of the institutional and/or national

research committee. In addition, in a meeting on April 7, 2020, approval number 04 was obtained from the Ethics Committee of Gazi University, Turkey, to conduct the current study. Number of documents: 232899.

Data Availability Statement. The datasets generated during and/or analyzed during the current study are available from the corresponding author upon reasonable request.

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