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Childhood Trauma and Self-Identity in Adulthood

Aakriti Lohiya*

Student, Clinical Psychology, India

***Corresponding author:** Aakriti Lohiya, Student, BA, MSc Clinical Psychology; RZ-92-C street no.10 Tughlakabad Extension, New Delhi 110019, India, Tel: 9871217185; Email: chitralohiya11@gmail.com

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Abstract

This study examines the commonly recognised childhood trauma that can have a significant and enduring effect on a person's cognitive and psychological health. The purpose of this study was to look at the intricate interactions that exist between negative self-identity, cognitive flexibility, and early trauma. For the study, a sample of (350 women were taken, who were socially active) was gathered. Standardised measures were utilised to evaluate the participants' experiences of childhood trauma, and validated psychological tools were employed to assess negative self-identity and cognitive flexibility. The links and predicting correlations between childhood trauma, negative self-identity, and cognitive flexibility were investigated using statistical techniques, such as correlation analysis and multiple regression modelling. The results demonstrated that there is no correlation between the degree of early trauma and the emergence of a negative self-identity. The results also demonstrated that there is a negative correlation between childhood trauma and cognitive flexibility. It examines whether cognitive flexibility and events in childhood have any relationship with negative self-identity using various scales. Participants completed the Childhood Trauma Questionnaire, which assessed retrospective accounts of childhood trauma; the Cognitive flexibility Scale, which measured internal attributions and perceptions of controllability; and the attachment style questionnaire, which assessed the attachment attribute of their daily life which will lead negative. The implications for therapy were also considered.

Keywords: Cognitive Flexibility; Childhood Trauma; Attachments; Therapy

Abbreviations: ADHD: Attention Deficit Hyperactivity Disorder; PTSD: Post-Traumatic Stress Disorder.

Introduction

A youngster experiences a dangerous, violent, or life-threatening incident known as childhood trauma (0-18 years of age) [1]. This type of incident might also affect a person your child knows, and your child may be affected if they witness the other person's harm or injury or hear about it from others [2]. Your child may feel helpless, overwhelmed, or upset when these things happen to them [3]. Everyone can have these kinds of experiences at any age and at any moment, but not all of them are painful [4]. Very unfavorable childhood experiences are frequently used to describe childhood trauma (ACEs) [5]. Psychological trauma can result from a variety of childhood traumas, such as neglect, abandonment, sexual abuse, emotional abuse, physical abuse, witnessing abuse of a sibling or parent, or having a parent who is mentally ill [6]. These occurrences have significant psychological, physiological, and societal repercussions and can have detrimental, long-lasting implications

on health and wellbeing, such as antisocial behaviors, attention deficit hyperactivity disorder (ADHD), and sleep difficulties [7]. Childhood trauma leads to stress, which raises allosteric load and compromises the immunological, neurological, and endocrine systems of the individual [8]. Chronic stress exposure increases the risk of negative health effects by a factor of three or four [9]. Childhood trauma is often associated with adverse health outcomes including depression, hypertension, autoimmune diseases, lung cancer, and premature mortality [10]. Childhood trauma can increase the risk of mental disorders including post-traumatic stress disorder (PTSD), attachment issues, depression, and substance abuse [11]. Sensitive and critical stages of child development can result in altered neurological functioning, adaptive to a malevolent environment but difficult for more benign environments [12]. A traumatic event is a scary, dangerous, or violent event [13]. An event can be traumatic when we face or witness an immediate threat to ourselves or a loved one, often followed by serious injury or harm [14]. When this happens, it can cause emotions such as fear, loss, or distress [15]. Sometimes people experience these types of strong negative emotions in reaction to the experience or because the person may not have the ability to protect or stop the event from happening [16]. Childhood trauma is frequently linked to poor health outcomes such as lung cancer, depression, hypertension, autoimmune illnesses, and early mortality [17]. The likelihood of mental diseases such as post-traumatic stress disorder (PTSD), relationship problems, depression, and substance misuse can all be increased by childhood trauma [18]. Children who are in sensitive or essential developmental stages may have altered neurological functioning, which is adaptable to a hostile environment but challenging in more welcoming ones [19]. A terrifying, perilous, or violent occurrence is considered traumatic [20]. An incident can be traumatic if we experience or see a threat to our safety or the safety of a loved one, which is frequently followed by major harm or injury [21]. When this occurs, emotions like dread, loss, or distress may be experienced [22].

Self-identity, often referred to as self-construction, self-concept, self-perspective, or self-structure, is a person's collective of self-perceived characteristics [23]. Self-identity in general is the response to the query "Who am I?" [24]. Self-concept and self-awareness can be distinguished from one another [25]. Self-awareness refers to how well one's self-knowledge is defined, consistent, and now applicable to one's attitudes and dispositions [26]. Moreover, self-concept and self-esteem are two distinct ideas [27]. Self-esteem differs from self-concept in that the former is a mental or descriptive aspect of a person's identity (for instance, "I am a fast runner") [28]. When you begin to believe that you don't have much value or worth, you are said to have a negative self-identity, also referred to as a low sense of self-worth (sometimes referred to as low self-esteem) [29]. This typically occurs if you hold yourself to high standards or are the subject of criticism from important people in your life [30]. Although a large body of research has focused on the detrimental effects of childhood trauma on adult self-identity, the precise role of resilience as a potential mitigating factor is still largely unexplored. The existing literature has primarily concentrated on the negative effects of childhood trauma, with little attention given to the protective role of resilience in encouraging the development of a good self-identity despite early traumas [31]. Since childhood trauma and the development of a stable and good self-identity in adulthood are related, there is a large research gap in understanding how resilience elements, such as social support, coping mechanisms, and adaptive processes, influence this link [32].

A comprehensive quantitative analysis examining the interplay between childhood trauma, resilience factors, and adult self-identity can provide valuable insights into the mechanisms that promote psychological adaptation and personal growth following adverse childhood experiences [33]. This research gap necessitates a deeper exploration of the protective factors that contribute to the development of resilient individuals, thereby informing the design of targeted interventions and support systems that foster the cultivation of a robust and positive self-identity among those who have experienced childhood trauma [34]. A thorough quantitative research looking at how childhood trauma, resilience characteristics, and adult self-identity interact might offer important insights into the processes that encourage psychological adaptability and personal development after traumatic childhood events [35]. This knowledge gap demands a more thorough investigation of the protective elements that support the growth of resilient people. This will guide the development of targeted interventions and support systems that encourage the development of a strong and positive self-identity among those who have experienced childhood trauma.

Aim

The primary aim of this study is to empirically investigate and establish the association between cognitive flexibility and childhood trauma that can lead to a negative self-image.

Materials and Methods

Participants

Basic demographic characteristics of the participants are females with ages ranging from 18 years to 30 years, the only restrictions on the pool of participants were the age factor as the test is based on adulthood. The participants were randomly assigned to all three questionnaires, some participants were eager to participate in the study as it will

be useful to them in one or the other way as well as to the community. The remaining participant wanted to know more about the given topic and was delighted to be a helping hand. All the participants participated freely without any incentive. The total population with the data was about 250, but after cancelling out the responses the total population came out to be 350.

Materials

A childhood trauma questionnaire provided by environmental influences on child health outcomes (echo) was used. When we encounter distressing or traumatic situations the problem of comprehending the world is especially pertinent when we receive a parking citation we may consider our transgression put it in context pay the fine and then eventually forget about it, a fundamental psychological question is how we come to find meaning in traumatic experiences such a minor trauma may cause slight anxiety and prompt us to think briefly about the nature of car parking spaces and the role of police in our society other traumas are not dealt with as easily, if we were molested as children fired from our jobs or mugged far more physiological and cognitive activity would result a quick examination of six early traumatic experiences is provided by the childhood trauma questionnaire dying divorcing. The childhood trauma questionnaire is a quick examination of six early traumatic events such as death, divorce, violence, sexual abuse, illness or other that evaluate a person's understanding of their upbringing trauma. It was constructed by pennebaker and susman jr.

The negative identity scale: This scale contains three subscales each composed of six items. The three subscales are close, depend and anxiety. The close scale measures the extent to which a person is comfortable with closeness and intimacy. The depend scale measures the extent to which a person feels he/she can depend on others to be available when needed. The anxiety subscale measures the extent to which a person is worried about being rejected or unloved.

Cognitive flexibility questionnaire: Using case studies in the interpersonal and personal success areas, the cognitive flexiblity was created to evaluate thinking errors, although its psychometric qualities and scoring have not yet been assessed its validity and reliability have previously been shown in non-clinical samples.

Design

The variables used in the study used independent variables that might influence the results the study was performed between the groups design the independent variables were age and understanding of the events. Inclusion criteria of the study includes women living in society (aged 18-30) and also engaging in social interactions. Exclusion criteria of the study includes men and women below the ages of 18 and above the ages of 30 who are not socially active and doesn't indulge in social interactions.

Psychometric Analysis: There were no significant patterns or levels of missing data. To reduce skewness, logarithmic transformations were performed on all primary scales.

Result and Analysis

Statistical Analysis

	Childhood Trauma	Cognitive Flexibility	Negative Self-identity
N	350	350	350
Missing	75	75	75
Mean	24.5	41.8	68.1
Median	22	42	69
Mode	12	46	73
Sum	8587	14628	23852
Standard deviation	14.1	8.26	17.6
Variance	200	68.3	311
Minimum	2	15	27
Maximum	51	64	138
Shapiro-Wilk W	0.926	0.99	0.992
Shapiro-Wilk p	< .001	0.017	0.042

Table 1: Descriptives of the study.

Initial analysis of the data revealed that of that participants reported experiencing childhood trauma, cognitive flexibility tendencies and negative self-image have means 24.5, 41.8 and 68.1 with total population being 350. The medians being 22, 42 and 69 being respectively which represents the middle value of a set of numbers. The median is the same as the 50th percentile for the set of numbers in these population. Standard deviation tells you how spread out the data is. It is a measure of how far each observed value is from the mean. In any distribution, about 95% of values will be within 2 standard deviations of the mean. The standard deviation in our case is 14.1, 8.26 and 17.6 respectively. The maximum values in each of the constructs is 51, 64 and 138. The minimum value for each of the constructs. A normality test determines whether a sample data has been drawn from a normally distributed population. It is generally performed to verify whether the data involved in the research have a normal distribution. Many statistical procedures such as correlation, regression, t-tests, and ANOVA, namely parametric tests, are based on the normal distribution of data. There are several methods to assess whether data are normally distributed, and they fall under two broad categories Graphical-such as histogram, Q-Q probability plot-and Analytical-such as Shapiro-Wilk test, Kolmogorov-Smirnov test. In our paper we have used Shapiro- Wilk test to assess normality. After that test was run, we found out that our population in all the three constructs was abnormality distributed. We can see that as our Shapiro p values was less than <0.05, hence the distribution deviates significantly from the normal distribution. We can also that our distribution is deviating from the normal pathway from the histograms bar graphs and Q-Q plot of each of the constructs. From Table 1, we can see that the variance measures how far each number in the set is from the mean (average), and thus from every other number in the set. Hence in our table we see the variance for childhood trauma is 200, cognitive flexibility is 68.3 and negative self-identity is 311.

Correlation Matrix				
		Childhood Trauma	Cognitive Flexibility	Negative Self identity
childhood trauma	Spearman's rho	—		
	p-value	—		
	N	—		
cognitive flexibility	Spearman's rho	-0.167	—	
	p-value	0.002	—	
	N	350	—	
Negative self-identity	Spearman's rho	-0.077	0.006	—
	p-value	0.152	0.909	—
	N	350	350	—

Table 2: Correlation Matrix and the significance of our constructs (Correlation Matrix).

From Table 2, we see that a series of statistical analyses to examine the potential correlation between negative self-identity and childhood trauma was conducted. Surprisingly, our findings indicate that there is no statistically significant relationship between negative self-identity and the experience of childhood trauma. Spearman correlation coefficients i.e., spearman's rho revealed no substantial correlation between these two variables ($r = -0.077$, $p > 0.05$ i.e., 0.15). Additionally from table 2, we can see that linear regression analysis failed to demonstrate any predictive power of childhood trauma on negative self-identity ($p > 0.05$). This suggests that our data does not support the hypothesis that childhood trauma has an effect on negative self-identity.

We also explored the potential correlation between negative self-identity and cognitive flexibility. To our surprise, the results showed that there is no statistically significant correlation between these two variables. Spearman's correlation coefficients i.e. spearman's rho indicated a negligible relationship between negative self-identity and cognitive flexibility ($r = 0.006$, $p > 0.05$ i.e., 0.90). From table 2, linear regression analysis further confirmed the absence of predictive power in this context ($p > 0.05$). These findings suggest that our data does not support the hypothesis that negative self-identity is significantly affected by cognitive flexibility. There is a statistically significant negative correlation (Spearman's rho = -0.167) between childhood trauma and cognitive flexibility. The p-value is 0.002, which is less than the conventional significance level of 0.05, indicating that this negative correlation is statistically significant. The negative sign indicates an inverse relationship: higher levels of childhood trauma are associated with lower cognitive flexibility scores.

Discussion

The results of this study reveal unexpected findings that do not support the anticipated correlations between negative self-identity, childhood trauma, and cognitive flexibility, but it did support the correlation between childhood trauma and cognitive flexibility. The correlation turns out to be a negative correlation these, results challenge prevailing assumptions and highlight the complexity of these psychological constructs. In this discussion, we will explore potential reasons for these non-significant correlations, but implications for our understanding of the relationship between these variables, and suggestions for future research. Firstly, the absence of a significant correlation between negative self-identity and childhood trauma raises questions about the assumed direct link between these two variables. While numerous previous studies have suggested a connection, our findings indicate that other factors or moderating variables may be at play. It is possible that individual differences, coping mechanisms, or other life experiences not considered in this study could be influencing the relationship between negative self-identity and childhood trauma. Future research should investigate these potential moderating factors to provide a more nuanced understanding of their interplay.

Similarly, the lack of a significant correlation between negative self-identity and cognitive flexibility contradicts some prior research that has proposed a relationship between these variables. Our results suggest that one's self-identity more precisely negative may not be strongly influenced by cognitive flexibility, at least in the context of our study. This finding challenges the assumption that cognitive flexibility are necessarily detrimental to rigid self-identities. Further investigations could explore whether specific conditions, contexts, or individual characteristics might reveal a more complex interaction between these variables. Our results, the negative correlation aligns with theoretical frameworks suggesting that early-life adversity, such as childhood trauma, can shape cognitive processes. Individuals who have experienced trauma may develop cognitive patterns characterized by rigidity and a reduced ability to adapt to changing circumstances. This aligns with previous research indicating that adverse experiences during critical developmental periods can impact cognitive functioning later in life. Additionally, the results highlight the need for a more comprehensive exploration of childhood trauma's psychological effects. While our study did not find a direct link between childhood trauma and negative self-identity or cognitive flexibility, it does not negate the well-documented consequences of childhood trauma on mental health. It may be that the effects of childhood trauma manifest differently and require more intricate assessments.

Limitations of the study might include, recall bias, relying on self-reported data about childhood trauma might be subject to memory biases or inaccuracies, particularly for traumatic events that occurred many years in the past. Response Biases, participants might have provided socially desirable responses, leading to response biases that could affect the accuracy of the reported data. External validity, the controlled environment of the study might not fully represent the complexity of real-life situations, limiting the external validity of the findings. Generalizability in this study is effected by the sample size, since our sample only includes the female population only, it can only be justified for the one gender and hence effecting generalizability. Considering cultural nuances and diversity in the interpretation of trauma, self-identity, and cognitive processes is crucial in the generalizability of the paper across different cultural contexts. In conclusion, this study underscores the intricacy of psychological constructs such as negative self-identity, childhood trauma, and cognitive flexibility. While our results do not confirm the expected correlations, they contribute to the ongoing conversation regarding these topics. It is important for future research to consider potential mediating and moderating factors that were not accounted for in this study. Furthermore, a more nuanced approach to understanding the multifaceted relationship between these variables is necessary to inform therapeutic interventions and mental health support.

Conclusion

This study delves into the unexpected findings that challenge existing assumptions about the connections between negative self-identity, childhood trauma, and cognitive flexibility. The absence of significant correlations between these variables prompts a deeper exploration into potential underlying factors and the complexity of their relationship. The discussion highlights the need to reconsider assumed direct links between negative self-identity and childhood trauma. It suggests that unexplored variables, individual differences, coping mechanisms, or other life experiences might influence or moderate this relationship. Future research should focus on uncovering these factors to gain a more nuanced understanding. Similarly, the study's results question previously proposed associations between negative self-identity and cognitive flexibility. They suggest that cognitive flexibility might not strongly influence negative self-identity, challenging the notion of its direct impact. Exploring specific conditions, contexts, or individual characteristics could reveal a more intricate interaction between these variables although the statistically significant negative correlation between childhood trauma and cognitive flexibility provides empirical support for the impact of early-life experiences on cognitive processes.

This finding underscores the importance of considering psychological interventions that specifically target cognitive flexibility in individuals with a history of childhood trauma, aiming to improve their adaptive capacities and overall well-being.

Moreover, the study emphasizes the necessity of a comprehensive exploration of childhood trauma's psychological effects. While this research didn't find direct links to negative self-identity or cognitive flexibility, it doesn't dismiss the well-established impacts of childhood trauma on mental health. Further assessments and examinations are needed to understand these effects more intricately. The study acknowledges its limitations, including potential recall bias, reliance on self-reported data, and limitations in the study's environment that might affect the accuracy and generalizability of the findings. The exclusive female sample also restricts the generalizability of the results across genders and cultural contexts, emphasizing the need for broader inclusivity and consideration of cultural nuances in future research. In conclusion, while this study doesn't confirm anticipated correlations, it contributes to ongoing discussions around these psychological constructs. It emphasizes the importance of exploring mediating and moderating factors, adopting a more nuanced approach, and considering diverse perspectives to inform therapeutic interventions and mental health support effectively.

Limitations

The limitations of the study include, the study's exclusive focus on a specific gender (only females) limits the generalizability of the findings to the broader population. Including only one gender did not represent the complexities and variations that could exist across genders in relation to negative self-identity, childhood trauma, and cognitive flexibility. Relying on self-reported data about childhood trauma can introduce recall biases and memory inaccuracies. Memories of traumatic events, especially those from childhood, might be distorted or incomplete, affecting the reliability of the data. Participants did not provide socially desirable responses, especially when discussing sensitive topics like trauma and self-identity. This could potentially skew the data and affect the accuracy of the findings. The study did not have accounted for all potential influencing factors or variables that could contribute to the relationships between negative self-identity, childhood trauma, and cognitive flexibility. Other factors, such as personality traits, coping mechanisms, or concurrent life stressors, could play significant roles but were not explored. The controlled environment of the study did not fully represent the complexities and nuances of real-life situations. This controlled setting might not capture the full spectrum of influences that impact negative self-identity, childhood trauma, and cognitive flexibility in everyday life. The study lacked cultural diversity in its sample and might not consider the diverse interpretations of trauma, self-identity, and cognitive processes across different cultural backgrounds. This limits the applicability of findings to various cultural contexts.

Future Research and Implications

Future research of the study includes, having a more diverse sample across genders, ages, socio-economic backgrounds, and cultural groups would enhance the generalizability of findings. This would allow for a more comprehensive understanding of how these constructs operate in various contexts. Conducting longitudinal studies that track individuals over time could provide a clearer picture of the developmental trajectories of negative self-identity, childhood trauma, and cognitive flexibility. This approach could help in understanding how these constructs interact and evolve across different life stages. Complementing quantitative data with qualitative methods like interviews or focus groups could offer richer insights into the subjective experiences related to trauma, self-identity, and cognitive flexibility. Understanding personal narratives and lived experiences can add depth to quantitative findings. Investigating potential mediating and moderating variables that might influence the relationships between negative self-identity, childhood trauma, and cognitive flexibility. Exploring factors like coping mechanisms, social support, or neurobiological markers could provide a more nuanced understanding. Research focused on developing and testing interventions targeting negative self-identity in individuals who have experienced childhood trauma could be beneficial. Exploring therapeutic techniques that promote cognitive flexibility and resilience might offer avenues for effective treatments. Considering cultural nuances in the interpretation of trauma, self-identity, and cognitive processes is essential. Research should aim to understand how these constructs manifest and are perceived across diverse cultural backgrounds.

Implications of the study might be several fields, Understanding the complex interplay between these constructs could inform more tailored and effective therapeutic interventions, especially for individuals who have experienced childhood trauma. Insights gained from this research could contribute to the development of mental health policies and programs, fostering better support for individuals dealing with negative self-identity and trauma-related issues. Findings from these studies could also contribute to educational programs aimed at raising awareness about the impacts of childhood trauma on mental health and promoting strategies for resilience.

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