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ARAŞTIRMA

Açık Erişim

The Effect of Childhood Traumas on Psychological Symptoms: The Sequential Mediating Roles of Self-Concept and Being Exposed to Dating Violence

Çocukluk Çağı Travmalarının Psikolojik Belirtiler Üzerindeki Etkisi: Kendilik Algısının ve Flört Şiddetine Maruz Kalmanın Ardışık Aracılık Rolü

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ABSTRACT

It was demonstrated in various studies that childhood traumas also affected many psychological symptoms in adulthood. Also, it was reported that being exposed to dating violence and negative self-concept are related to various psychological symptoms. The purpose of the present study is to examine the sequential mediating role of self-concept and being exposed to dating violence in the relationship between childhood traumas and psychological symptoms. A total of 512 participants including 232 men, 280 women, filled the scales online. Regression analysis by PROCESS and SPSS 23 were used for predictive relationships and sequential mediating effects. The results are consistent with the hypotheses, self-concept and being exposed to dating violence play a sequential mediating role in the relationship between childhood traumas and psychological symptoms ($\beta = 0.11, p < .05$).

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ÖZET

Çocukluk çağı travmalarının yetişkinlikte de birçok psikolojik belirtiyi etkilediği çeşitli çalışmalarda gösterilmiştir. Ayrıca flört şiddetine maruz kalmanın ve olumsuz kendilik algısının çeşitli psikolojik belirtilerle ilişkili olduğu bildirilmiştir. Bu çalışmanın amacı, çocukluk çağı travmaları ile psikolojik belirtiler arasındaki ilişkide kendilik algısının ve flört şiddetine maruz kalmanın ardışık aracılık rolünü incelemektir. Ölçekleri 232 erkek, 280 kadın olmak üzere toplam 512 katılımcı online olarak doldurmuştur. Yordayıcılık ilişkileri ve ardışık aracılık etkileri için PROCESS ve SPSS 23 programlarının regresyon analizleri kullanılmıştır. Sonuçlar hipotezlerle uyumludur, kendilik algısının ve flört şiddetine maruz kalmanın, çocukluk çağı travmaları ile psikolojik belirtiler arasındaki ilişkide ardışık aracılık rolü bulunmaktadır ($\beta = 0.11, p < .05$).

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Ethical Statement: All procedures performed in studies involving human participants were in accordance with the ethical standards of Istanbul University Cerrahpaşa Faculty of Medicine Ethics Committee (approval number is 59491012-604.01.02)

INTRODUCTION

Dating relationships during young adulthood and adulthood allow the individual to get to know the other person and establish a special communication before marriage. We can observe violent behaviors in dating relationships as well as martial relationships. Although the prevalence of exposing at least one of the emotional, physical or sexual violence among young adults during dating period may vary in various studies, it has been reported that it may increase to 37.2% in women and 21.8% in men, and these rates may increase during adolescence and may be seen up to 70% (Taquette & Maia Monteiro, 2019; Garthe et al., 2019; Jennings et al., 2017).

Interpersonal violence affects the lives, psychological and physical health of individuals in heterogeneous forms and can shape their behaviors and relationships throughout life starting from their childhood period. Being a victim of emotional/psychological, physical and sexual violence since infancy may affect important vital functions such as personality structure, self-concept, behavioral patterns and chronic diseases (Öztürk, 2020). Interpersonal violence experienced during infancy/childhood is childhood traumas. Interpersonal violence can also be seen as dating violence, spousal violence, gender-based violence or violence against elder. (Lewis & Fremouw, 2001). Therefore, the theorists and researchers state that the ongoing violence in adolescence/young adulthood also has a mediating effect on the fact that early exposing violence affects the psychological health in adulthood (Herman, 2007; Perry, 2009). Similarly, they assume that exposing abuse during dating in adolescence frequently increases the risk of becoming a victim of domestic violence in adulthood and continues the cycle of domestic violence and may have effect on the psychological health (Herman, 2007; Widom et al, 2008). In a retrospective study, it was determined that those who were exposed to dating violence in young adulthood were more exposed to violence during their adolescence than those who were not exposed to dating violence in young adulthood (Smith et al., 2003).

Being Exposed to Dating Violence and Childhood Traumas

There are studies indicating that being exposed to dating/intimate partner violence is related to childhood abuse (Gobin et al, 2013; Borges & Dell' Aglio, 2020; Kim et al, 2014). Many types of abuse experienced in childhood increase the risk of victimization, perpetration and mutual violence (McMahon et al, 2015). According to a systematic review study, the risk factors of dating violence in youth and young adulthood include smoking, suicide attempts, using violence against peers, depression, low education level, problematic relationships with family and peers, psychosocial functionality problems, substance abuse, low self-confidence and negative self-concept, high number of partners, alcohol abuse, anger control problem, too much exposure to pornography in media, exposure to violence in childhood, witnessing violence between parents, tension, sibling violence, relationship dissatisfaction and low socioeconomic level (Jennings et al., 2017).

Children who grow up seeing violence in their families as a form of communication often use anger in their own relationships in a dysfunctional way. Their conflict resolution skills are low, as they see many examples of dysfunctional use of anger in intimate relationships. Stressed out and overreacting parents give inconsistent feedback about their child's behavior. When these children are compassionate, harmonious and social, parents cannot give appropriate reactions due to the stress they experience and the child cannot reinforce positive behaviors (Reyes et al., 2012). Young people, who experience negative experiences in family relationships, learn that relationships are unreliable. One of the reasons for this is

that parents, who have been exposed to violence in their own families, feel low satisfaction from their own children. The child perceives the dissatisfaction of his/her parent as shame and rejection of his/her entire existence (Herman, 2007). Constant rejection negatively affects the child's self-concept. Young people, who are rejected by their parents and form a negative self-concept, get more involved in close relationships where there is mutual violence. They are both aggressive towards their partners and choose partners who are aggressive (Daş, 2009; Öztürk, 2020). This pattern brings with it an insecure attachment style, which is affected by the experiences of rejection by the parents, and sensitivity to rejection in dating relationships. In addition to the influence of the family, being in a relationship with friends who are familiar with dating violence can also affect the presence of violence in one's own dating relationship. The reason for this may be that the norms of the adolescent witnessing dating violence regarding the relationships between peers, with whom he spends more time than his family, are negatively shaped. (Ehrensaft & Cohen, 2012; Reyes et al., 2012).

Being Exposed to Dating Violence and Psychological Symptoms

It has been reported that exposure to dating violence is associated with various psychological symptoms. Studies conducted with university students shows that dating violence causes symptoms of depression, anxiety and stress. It was determined that the anxiety levels of the women who were exposed to emotional/verbal violence and the anger levels of the women who were exposed to psychological and physical violence were higher than control groups (Choi et al., 2017). A study conducted with young adult women reported that most individuals, who were exposed to various forms of dating violence, experienced shame associated with helplessness and self-blame, which is the focus of general self-concept (Ismail et al., 2007). There are studies showing that people who are exposed to or who use dating violence have worse psychological health than those who do not have a history of dating violence. In a study conducted with university students, being exposed to dating violence was found to be related to relationship satisfaction and psychological problems. Men normalized violence more compared to women, while women reported more relationship satisfaction and more psychological problems. Women who were victims of dating violence but accepted men's violence against women reported low relationship satisfaction as a result of their victimization. Men who were victims of dating violence but accepted women's violence against men had symptoms of depression, anxiety and somatization. (Kaura & Lohman, 2007).

Childhood Traumas and Psychological Symptoms

It was demonstrated in many studies that childhood traumas also affected many psychological symptoms in adulthood (Gobin et al., 2013). In a study conducted by Dias et al. (2017) it was reported that those who were exposed to traumatic events during adulthood and those with PTSD were also exposed to childhood traumas at a significantly higher rate in the past. 79.5% of the participants, who stated that they were exposed to moderate and intense childhood trauma, also reported traumatic events during adulthood. Childhood traumas may be associated with psychological outcomes later in life, such as depression and bipolar disorder. A study of patients with major depression found that exposure to childhood abuse directly predicted the severity of depression (Hayashi et al., 2015). A meta-analysis study investigating the relationship between depression and subtypes of childhood traumas states that the strongest relationship is with emotional abuse. Verbal or nonverbal abuse by the person closest and most powerful to the child is associated with shame in childhood and depression in adulthood. Neglect, defined as the inability of caregivers to meet the child's basic emotional and physical needs may lead to low self-

esteem and depression in the future (Infurna et al., 2016). Schalinski et al. (2016) states that all childhood traumas are associated with PTSD symptoms, and trauma type and timing are more associated with dissociation and depression. Accordingly, physical neglect at the age of 5 and emotional neglect at the age of 4-5 are associated with increased symptoms of dissociation, while emotional neglect at the age of 8-9 is associated with increased symptoms of depression. From this point of view, it can be said that the pre-school and pre-adolescent periods are critical and sensitive points that provide the ground for physical and emotional neglect. Considering the relationship of psychological symptoms with childhood traumas and dating violence in adulthood it is hypothesized that being exposed to dating violence has a mediating role between childhood traumas and psychological symptoms (Öztürk, 2020).

Relationships of Variables with Self-Concept

According to Rosenberg's (1965) theory of self-esteem, self-concept is the sum of an individual's thoughts and feelings. According to Turner's theory of the self, one's self-concept may be ambiguous, but in the best moments it is a perception of how one is, and the courage and effort required to believe in being successful (Turner & Oakes, 1989). According to Carl Rogers, self-concept includes individual characteristics that a person believes he has control over and is aware of. There is a basic need to preserve and develop the self (Rogers, 1959).

In a study investigating the relationship between childhood traumas and self-concept, self-efficacy and the motivation to stay away from substances in substance addicts, childhood traumas have negative correlations with all variables. It has been found that there is a mediator role of self-concept between trauma and the motivation to stay away from the substance (Lu et al., 2017).

Research demonstrates that childhood trauma is a significant predictor of negative self-concept and submissive behavior. Also, there are negative correlations between self-concept and physical abuse, sexual abuse, emotional abuse and neglect (Berber-Çelik & Odacı, 2012). Cederbaum et al. (2020) conducted a study that aims to understand the role of self-perception in the association between childhood trauma and romantic relationships during adolescence and young adulthood. Childhood trauma was associated with lower self-perceptions in romantic relationships. Behavioral and scholastic self-perceptions predicted later positive romantic relationships. In addition, behavioral self-perception has a significant mediator effect.

The significant relationship between intimate partner violence and self-concept occurs with both physical and psychological violence and less direct subtypes of violence, such as threat, verbal violence and violence committed through third parties or relational (Cava et al., 2015). In the study of Penado-Abilleira and Rodicio-Garcia (2017), it was demonstrated that girls whose ages between 16-17 are the most vulnerable group in terms of physical self-concept among the girls and boys aged between 14-19.

Collin-Vézina et al. (2006) state that female adolescents in the child protection system, who are victims of dating violence, including injury, have negative self-perceptions. Because these adolescents see themselves more negatively, they have more problems in regulating their emotions, have more symptoms that are psychological and have lower professional and educational goals. Researchers report that these results are compatible with adult women who experience depression, anxiety, PTSD symptoms, helplessness, hopelessness and who are victims of physical violence.

A research states that anxiety disorder is associated with a more negative self-concept, and individuals with anxiety disorder experience more anger. In addition, according to the findings, the life dissatisfaction

and negative interpersonal relationships relate to negative self-concept and intensive use of negative communication styles (Şahin et al., 2011).

Present Study

Childhood trauma disrupts normal self-development. The attention of abused children to threats distracts them from the developmental task of creating a self-perception and a positive self-concept (Harter, 2015). Childhood maltreatment places individuals on a trajectory of repeated victimization that affects interpersonal and close relationships (Laporte et al., 2011). It is quite possible for the individual to relate with a partner who treats them as their parent(s). Negative self-concept is the key factor at this point. Because the individual can be limited to a negative self-concept and cannot have a broad perspective on other possible positive characteristics such as self-worth, self-confidence, and independence. The partner may treat the individual in a way that disrupts the individual's exploring process of his/her positive self-concept through psychological and/or physical violence. Dating violence is a factor that reinforces the negative self-concept in terms of the violence cycle (Herman, 2007; Ehrensaft & Cohen, 2012; Daş, 2009; Widom et al., 2008). Therefore, the self-concept is the first and being exposed to dating violence is the second mediator between the relationship of childhood trauma and psychological symptoms in this study.

Research findings showed that childhood traumas are associated with psychological symptoms in adulthood and being exposed to dating violence and self-concept are related to both childhood traumas and psychological symptoms. From this point of view, a sequential mediator model was tested in the present study to explain the mechanism of being exposed to dating violence and self-concept in the relationship between childhood traumas and psychological symptoms. Therefore, we propose the following hypotheses:

Hypothesis 1, self-concept will mediate the relation between childhood traumas and psychological symptoms.

Hypothesis 2, being exposed to dating violence will mediate the relation between childhood traumas and psychological symptoms.

Hypothesis 3, self-concept and being exposed to dating violence may play a sequential mediating role in the relation between childhood traumas and psychological symptoms.

In the literature there are many studies in the subject of being exposed to dating violence in the ages under 18 (Gobin et al., 2013; Borges & Dell' Aglio, 2020; Kim et al., 2014; Reyes et al., 2012), there is a gap about young adulthood dating relationships. One of the most important benefits of this study is to manifest some results about adulthood dating relationships. Another strength of this study is to demonstrate sequential mediation effect of self-concept in the first order and being exposed to dating violence in the second order between the relationship of childhood trauma and psychological symptoms. Also, there is not a broad literature about the self-concept. With this research, it is aimed to contribute to the literature on self-concept.

METHOD

Participants and Procedure

The population of this research study is adult women and men who are unmarried but in a dating relationship. For sampling purposes unmarried men and women participants aged 18-35 who have been romantically involved for at least 6 months were included. Excluding criteria is being under 18 and over

35 years old, not having a relationship currently, having a relationship for less than 6 months, being married. These participants are not related with each other. A total of 512 participants completed all scales between August 2017 and September 2018. 280 of the participants who completed the scales were women and 232 were men. Mean age was $24,85 \pm 4$. Education level was mostly university with 90.4%.

Ethical Statements

All procedures performed in studies involving human participants were in accordance with the ethical standards of Istanbul University Cerrahpaşa Faculty of Medicine Ethics Committee (approval number is 59491012-604.01.02) and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Data Collection Process

Data were collected online with informed consent of participants. It was collected via social media groups (Facebook, WhatsApp, Instagram). There were not any participants declared any psychiatric disorders.

Measures

Childhood Trauma Questionnaire (CTQ). It was developed by David P. Bernstein in 1995. It was adapted by Şar, Öztürk and İkikardeş in 2012. There is no age limit in application, and it consists of 28 items. The scale covers five sub-dimensions in relation to childhood abuse: sexual, physical, emotional abuse and emotional and physical neglect and all items are evaluated as 5-point Likert type. By using this scale, a total score is obtained with five sub-scores including childhood sexual, physical, emotional abuse and emotional and physical neglect. The minimum total score that can be taken from the scale is 28 and the maximum total score is 140; as for the sub-scales, the minimum score that can be taken from each sub-scale is 5 and the maximum score is 25. The Cronbach alpha internal consistency value of the scale was found to be 0.93 for the group consisting of all participants (N=123) (Sar et al. 2012). In the sampling of this study, Cronbach alpha internal consistency coefficient (N=512) of the scale was found to be 0.85.

Symptom Check List (SCL-90-R). It was developed by Derogatis in 1977 to determine the distribution and severity of psychological symptoms. It is a self-report scale consisting of 90 items and 10 sub-units. The nine sub-units of the scale are called as: Somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid thinking and psychoticism. Validity and reliability study of the scale was conducted by Dağ (1991). Cronbach alpha internal consistency coefficient was calculated as 0.97. All sub-scales of the scale demonstrated high-level and significant correlations ranging between 0.45 and 0.91. The minimum score that can be taken from the sub-scales and general symptom average is 0 and the maximum score is 4 (Dağ, 1991). In the sampling of this study, Cronbach alpha internal consistency coefficient (N=512) of the scale was found to be 0.98.

Romantic Relationship Assessment Scale. It was developed by Kılınçer and Tuzgol-Dost (2014) with the aim of determining the perceived abuse in romantic relations. It consists of 70 items and mostly contains items related to emotional/psychological abuse. “He/she interferes in my personal plans”, “He/she puts the pressure on me to make his/her opinions accepted”, “He/she belittles my abilities” are some examples for items. The increase in the scores obtained from the scale refers to that the abuse perceived in the romantic relationship has increased. In the validity-reliability study of the scale, the statistics testing the compatibility of the data to the factor analysis were examined to evaluate the results of the explanatory factor analysis. Kaiser-Meyer-Olkin (KMO) statistics, which were used to determine

whether the number of data was sufficient for factor analysis, were examined and found to be 0.94. It was determined that the Cronbach alpha reliability coefficient of the RRAS (Romantic Relationship Assessment Scale) was 0.97. It was evaluated that the scale was one-dimensional, had a high internal consistency and therefore had a higher reliability (Kılınçer, Tuzgol-Dost, 2014). In the sampling of this study, Cronbach alpha internal consistency coefficient (N=512) of the scale was found to be 0.97.

Social Comparison Scale. The Social Comparison Scale (SCS) evaluates how people perceive themselves compared to others. The original form of SCS was developed by Gilbert and Trent in 5 items. The scale's adaptation was carried out by Şahin and Şahin (1992) with the addition of some items. In the last form of the scale, 18 bi-polar items are evaluated on a 6-point dimension. High scores refer to a positive self-schema, on the other hand, low scores refer to a negative self-schema. Cronbach alpha reliability coefficient was found to be 0.79. It was reported that the correlation of scale with Beck Depression Scale was $-.19$ ($p < .001$) and that it capable of successfully differentiating between depression low and high groups. Hisli-Şahin et al. (2002) also found that the correlations between the SCS and the sub-scales of the Brief Symptom Inventory ranged from $r = -.21$ (somatization) to $r = -.40$ (negative self). In the sampling of this study, Cronbach alpha internal consistency coefficient (N=512) of the scale was found to be 0.93.

Statistical Analysis

A sequential mediator's model was tested in the present study to explain the mechanism of being exposed to dating violence and self-concept in the relationship between childhood traumas and psychological symptoms by SPSS macro-PROCESS. This research had been approved by Istanbul University Cerrahpaşa Faculty of Medicine Ethics Committee.

PROCESS (model 6) and SPSS 23 were used for predictive relations and mediating effects. Descriptive data were obtained. There is not any missing data. There is normal distribution in data. Skewness and kurtosis values of all scales and sub-scales are between -3 and $+3$ (Brown, 2006). Pearson test was used for correlation analyses. The predictive and mediating relationships between the variables were evaluated through the hypotheses.

RESULTS

Preliminary Analyses

280 of the 512 people who participated in the study were women and 232 were men. The mean age was 24.83 ± 4.06 and the age range was 18-35. The mean age of women participants was 24.7 ± 3.89 , on the other hand, the mean age of men participants was 25.01 ± 4.27 . Relationship duration of all participants ranged from 6 months to 204 months; the average duration was found to be 26.18 ± 26.73 months. The descriptive data on the scales are shown in Table 1; correlations between variables are shown in Table 2.

Table 1. Descriptive data on scales

	N	min.	max.	\bar{X}	sd
RRAS	512	70	210	95.24	24.84
CTQ total	512	35	94	49.58	11.36
Physical abuse	512	5	23	6.28	2.66
Emotional abuse	512	5	25	7.91	3.48
Sexual abuse	512	5	24	6.61	3.23
Physical neglect	512	5	21	7.08	2.66
Emotional neglect	512	5	25	12.51	5.59
SCL-90 GSI	512	0	3.01	.85	.66
SCL-depression	512	0	3.85	1.09	.87
SCS	512	18	108	72.11	21.59

RRAS: Romantic Relations Assessment Scale, CTQ: Childhood Trauma Questionnaire, SCL: Symptom Control List, SCS: Social Comparison Scale

Table 2. Interrelations among all the observed variables

Variables	M	sd	1	2	3	4
1. RRAS	95.24	24.84	1			
2. CTQ total	49.58	11.36	.246**	1		
3. SCL-90	.85	.66	.513**	.318**	1	
4. SCL-depression	1.09	.87	.478**	.252**	1	
5. SCS	72.11	21.59	-.14*	-.158**	-.18**	-.19**

N = 512. **p<.001, *p<.05

RRAS: Romantic Relations Assessment Scale, CTQ: Childhood Trauma Questionnaire, SCL: Symptom Control List, SCS: Social Comparison Scale

Pearson correlations were conducted to examine bivariate associations among all research variables before testing our hypotheses. Table 2 presents the means, standard deviations, and correlations for all the observed variables. As hypothesized, childhood traumas were positively associated with being exposed to dating violence ($r = .246, p < .001$), psychological symptoms ($r = .318, p < .001$), and negatively associated with self-concept ($r = -.158, p < .001$). Self-concept was negatively associated with being exposed to dating violence and psychological symptoms ($r = -.14, p < .05$). Being exposed to dating violence was positively associated with psychological symptoms ($r = .513, p < .001$).

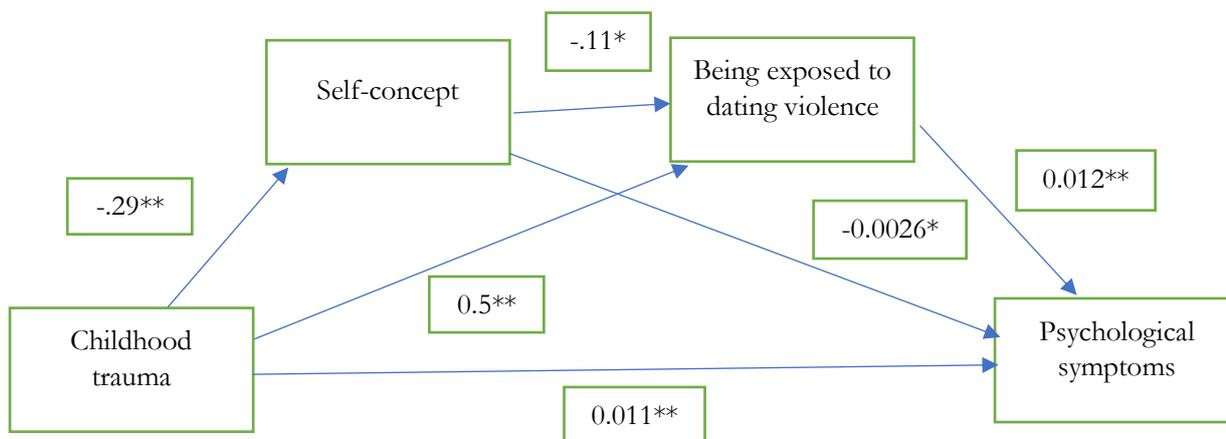
Testing for the Proposed Model

Table 3. Indirect effect of childhood trauma on psychological symptoms

	β	BootSE	BootLLCI	BootULCI
Total	0.007	0.0016	0.0044	0.0106
Self-concept	0.0008	0.0004	0.0001	0.0018
Being exposed to dating violence	0.0061	0.0015	0.0033	0.0093
Self-concept -> being exposed to dating violence	0.0004	0.0002	0.0001	0.001

Unstandardized regression coefficients were reported. Bootstrap sample size = 5000

LL low limit, CI confidence interval, UL upper limit



N = 512. **p<.001, *p<.05

Figure 1. The sequential mediating model

Total effect of childhood trauma on psychological symptoms is determined as $\beta = 0.018$, $SE = 0.0025$, $t = 7.58$, $p < .001$ ($R = .31$, $R^2 = .1$). As it is seen in Figure 1, direct effect of childhood trauma on psychological symptoms is less than total effect. Thus, it can be said that self-concept and being exposed to dating violence together has a sequential mediation effect between childhood trauma and psychological symptoms.

As shown in Fig. 1, when we put the mediation variables (self-concept and being exposed to dating violence) in the regression equation of psychological symptoms to childhood trauma, the direct link between childhood trauma and psychological symptoms became significant ($\beta = 0.011$, $p < .001$) however has lower effect than total effect ($\beta = 0.018$, $p < .001$). Childhood trauma was significantly associated with decreases in self-concept ($\beta = -0.29$, $p < .001$), which in turn had a significant negative effect on psychological symptoms ($\beta = -0.0026$, $p < .05$). These results indicated that childhood trauma could affect psychological symptoms through the mediating role of self-concept. Hypothesis 1 was supported. Besides, childhood trauma was also significantly associated with increases in being exposed to dating violence ($\beta = 0.5$, $p < .001$), which in turn had a significant positive effect on psychological symptoms ($\beta = 0.012$, $p < .001$). These results indicated that being exposed to dating violence could also mediate the relationship between childhood trauma and psychological symptoms. Hypothesis 2 was supported. Moreover, the prediction of self-concept on being exposed to dating violence was significant ($\beta = 0.11$, $p < .05$). These results indicated that childhood trauma could also affect psychological symptoms through the sequential mediating roles of self-concept and being exposed to dating violence. Hypothesis 3 was supported.

Furthermore, to test the significance of the indirect effect, we used the SPSS macro-PROCESS suggested by Hayes (2013) to estimate the 95% bootstrapped confidence intervals of these indirect effects. The results showed that these three mediating effects were all statistically significant as 95% bootstrapped confidence intervals of these indirect effects did not include zero. Moreover, we calculated the effect size of each mediating effect by dividing the mediating effect by the total effect of childhood trauma on psychological symptoms separately. The effect size of the mediating effect of self-concept was 11.42%, while the effect size of sequential mediating effect of self-concept and being exposed to dating violence was 5.71%, and the effect size of the mediating effect of being exposed to dating violence was 87.14%.

DISCUSSION

This study examined that the sequential mediator role of self-concept and being exposed to dating violence in the relationship between childhood trauma and psychological symptoms. Many researchers reveal that childhood trauma cause many problems related to psychological health in adulthood (Jennings et al. 2017; Huh et al. 2017). Exposure to childhood trauma predicts the individual's negative self-concept and the self-concept predicts psychological symptoms; self-concept is a mediator between childhood trauma and psychological symptoms. In addition, childhood traumas predict re-victimization in later life and also affects being exposed to dating violence; being exposed to dating violence is a mediator between childhood trauma and psychological symptoms (Ehrensaft & Cohen, 2012; Reyes et al., 2012). Widom et al. (2008) state that their study results show dramatically the extent of traumas and victimization experiences suffered by abused and neglected children throughout their lives as well as considerable trauma and victimization in the lives of the matched controls. As a result of the current study, it is revealed that childhood traumas are related to psychological symptoms through the sequential mediator role of self-concept and exposure to dating violence.

When it is looked at the meaning of the order of two mediators, self-concept predicts being exposed to dating violence. It can be thought that also being exposed to dating violence may predict the negative self-concept. The individual would have negative thoughts about himself/herself due to the psychological/physical dating violence. However, when we look at the roots of these thoughts and “fixed gestalts” (becoming rigid in the approach to the environment and losing flexibility in meeting the actual need in the situation here-and-now), we can see that these are the patterns that based on early childhood experiences. For example, the individual as a child, learns to do everything to be loved by the significant other and does everything that the parent wants in a repeated way, he/she easily can repeat this pattern when being in a dating relationship in young adulthood. In this example, the core negative thought might be “I have to do everything that my partner wants, this is the only way to be loved”. When he/she is a victim of dating violence, this preexisting negative self-concept might inhibit the individual's abilities to explain and defend himself/herself in a healthy way and in time, these psychological difficulties may cause to psychological symptoms (Yontef & Jacobs, 1989; Korb et al., 1989; Roubal, 2007).

Considering that the correlation between depression and being exposed to dating violence, it is demonstrated in the literature that negative thoughts about self may emerge together with helplessness, guilt, concept of insignificance and feeling insecure. These concepts and negative thoughts can both make it difficult to maintain the relationship and effect the person's functionality in various areas, as well as raising difficulties in ending the problematic relationship (Daş, 2009; Korb et al., 1989). The person who is aware that she is being harmed may withdraw and cannot be in action and conduct different and new behaviors if she sees herself in a negative self-concept such as being incapable, worthless, incompetent, unsuccessful, coward, insecure, unlovable, which may increase the violence she is exposed to (Matheson et al., 2015).

One of the practical implications that is made based on the results of this study is to alleviate the negative self-concept and self-confidence of individuals which might be related with depressive symptoms. The studies conducted on preventing violence in intimate relationships offer recommendations such as re-evaluation of beliefs about the relationship, ensuring anger control and improving communication skills (Whitaker et al., 2007). In addition, it is emphasized that it is important to put awareness and self-worth at the center in the psychotherapy process so that individuals gain awareness about themselves and their

self-worth, increase their self-confidence and take action in the process. With a positive self-concept and self-esteem, one can take action when necessary and unleash the strength to let go of a close relationship that has become harmful to them.

Limitations

The limitations of this study can be stated as the fact that a scale assessing the sub-dimensions of dating violence could not be used and the relation between sub-dimensions of childhood traumas and sub-dimensions of dating violence could not be examined. The scale that evaluates being exposed to dating violence consist of emotional abuse items mostly. This might cause overlooking other abuse types. Data can be collected from different socioeconomic groups and cultural backgrounds in future studies. The participants in this study do not declare any psychiatric disorders; clinical and non-clinical groups can be compared in future studies. In addition, since both the effect size of sequential mediating effect of self-concept and being exposed to dating violence and the effect size of the mediating effect of self-concept were relatively low, the applicability of these results should be cautious. This study tested each hypothesis with data collected in cross-section. The most important limitation is the inability to draw causal conclusions.

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Authors Contributions

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Conflict of Interest

It has been reported by the authors that there is no conflict of interest.

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Ethical Statement

The study was approved by the Istanbul University Cerrahpaşa Faculty of Medicine Ethics Committee on May 02, 2017 (No: # 59491012-604.01.02 / 2017-5-2). In addition, consent forms were obtained from all participants included in the study.

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