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RESEARCH ARTICLE

Examination of Childhood Traumas and Various Factors between the Ages of 6-18 in Terms of Perceived Stress and Stress Coping Styles

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Abstract. This study examined the associations of childhood trauma, perceived parental conflict, perceived social support, and coping styles with perceived stress in young adulthood, as well as the indirect roles of social support and coping. A correlational cross-sectional design was used with 407 university students aged 18–27 years. Participants completed the Personal Information Form, Perceived Past Social Support Questionnaire, Perceived Past Parental Conflict Questionnaire, Perceived Stress Scale, Stress Coping Styles Scale, and Childhood Trauma Scale. Pearson correlations, multiple linear regression, and PROCESS Model 4 mediation analyses with 5,000 bootstrap samples were conducted. Perceived stress was positively correlated with childhood trauma ($r = .25$) and perceived parental conflict ($r = .22$), and negatively correlated with perceived social support ($r = -.16$). The regression model explained 30.5% of the variance in perceived stress; only self-confident coping ($\beta = -.248$) and helpless coping ($\beta = .294$) were significant predictors. Perceived social support showed an indirect association between parental conflict and perceived stress. Self-confident, optimistic, social-support-seeking, and helpless coping styles showed significant indirect associations between childhood trauma and perceived stress, whereas submissive coping did not. These findings highlight coping styles and social support as mechanisms linking adverse childhood experiences with perceived stress in young adulthood.

Keywords: childhood trauma; coping styles; parental conflict; perceived stress; social support; young adulthood

INTRODUCTION

Considering the fact that the sources of stress are increasing today, many adults frequently encounter stress factors. It is important for individuals' well-being how much individuals perceive stress factors as stressors or how they cope with stress. Coping with stress in dysfunctional ways and high levels of stress perceived by individuals when they encounter stressors may negatively affect their physical and mental health.

Lazarus and Folkman (1984) define stress as the interaction between the person and the environment which exceeds or strains the person's resources and which endangers his or her well-being. Lazarus and Folkman's stress approach highlights two processes in person-environment interaction: cognitive appraisal and coping (Krohne, 2002). The same stressor can affect individuals at different levels, and even if it affects the same intensity, reactions to stress can be different and subjective (Tachè & Selye, 1985). As a result of this approach, the view that individuals' reactions or level of influence are related to their evaluations of the source of stress has become widespread in recent years (Yerlikaya & İnanç, 2007). In line with this view, the concept of perceived stress has come to the fore. Perceived stress is defined as individuals' evaluation of how stressful the situation is in the face of certain cases (Cohen et al., 1983).

Considering the fact that various factors in childhood and adolescence may have future effects on adulthood, it is important to examine the effects of these factors on individuals' level of perception of stress and on their styles of coping with stress. Communication and the psychological atmosphere within the family, which accompanies all life periods from birth onwards, are important for the development of the child (Sümer et al., 2010). The growing up of a child in a family where effective communication prevails is different from growing up in a family where there are conflicts, disagreements and violence (Özel & Zelyurt, 2016). Conflicts between parents are a major source of stress for children (Ulu & Fışıloğlu, 2004). Children exposed to intense, long-lasting, or incompletely resolved conflicts experience more stress than children exposed to less intense, short-term, or satisfactorily resolved conflicts (Grych & Fincham, 1990).

In the literature, many studies have shown the short and long-term effects of conflicts within the family on children. When studies are examined, it is seen that parental conflict has a relationship with many factors experienced by

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adolescents such as low levels of well-being (Sayın-Çakar & Altun, 2021) and low self-efficacy (Parsa et al. 2014), low self-evaluation skills, high levels of loneliness and social media addiction in adolescents (He et al., 2021), high levels of depression and anxiety (Palmarsdottir, 2015), internalization and externalization problems (Westrupp et al., 2018). Additionally, research shows that parental conflict experienced during childhood and adolescence affects the romantic relationships of young adults (Braithwaite et al., 2016) and can cause psychological distress (Özdemir & Sağkal, 2019).

In families where family communication cannot be established properly, where there is no positive atmosphere or where conflicts occur, the child is more likely to encounter abuse or neglect (Çelik & Hocaoğlu, 2018). Örsel and colleagues (2011) reported that 65.7% of individuals diagnosed with psychiatric disorders experienced at least one of emotional, physical and sexual abuse in childhood; that 6.1% were exposed to these three types of abuse; that 81.6% experienced emotional neglect; and that 72.1% experienced physical neglect. When studies investigating the effects of childhood traumas on mental health are examined, it is seen that there are striking findings regarding abuse and neglect experiences, dissociative disorder (Özden, 2018), obsessive compulsive symptoms (Demirci, 2016), anxiety disorders, depression (Şimşek et al., 2011) and physical symptoms (şar, 2018). Studies on the relationship between childhood traumas and perceived stress revealed that there is a relationship between childhood maltreatment and perceived stress (Bossé et al., 2018; Garami et al. 2019; Hager & Runtz, 2012). Additionally, as the severity of childhood maltreatment increases, individuals are reported to be more susceptible to stress and to have higher perceived stress in adulthood (Hyman et al., 2007).

The fact that childhood traumas increase susceptibility to pathology is also associated with increased sensitivity to stress. The stress response of a child who has experienced traumatic experiences varies with the changes that occur in the brain with increasing threat expectations (Teicher & Samson, 2016). A child who lives in an environment where trauma is constantly experienced raises increased awareness and demonstrates more reaction to stressors (Wadsworth, 2015). Amirkhan and Marckwordt (2017) conducted a study considering that there are various factors connecting childhood traumas to stress and that it is important to cope with stress among these factors. The researchers found that early trauma had a positive relationship with individuals' present-day stress and that childhood problems was particularly more likely to lead to adult stress and pathology. Regarding the effect of coping with stress, this study revealed that avoidance was a partial mediator between childhood trauma and stress levels in adulthood. Additionally, Amirkhan and Marckwordt (2017) stated that individuals' ability to cope with stress becomes dysfunctional when the "avoidance-coping" strategy used in childhood continues to be used in adulthood.

It is important to examine the protective factors against stress as well as the factors influential on the high level of perceived stress in adulthood. For example, social support from family and friends can play a role in improving the impact of trauma experienced by children (Folger & Wright, 2013). The study carried out by Turan and Tıraş (2017), who found a negative relationship between physical, emotional and sexual abuse and perceived social support from family, friends and teachers, supports this view.

In the literature, perceived stress and ways of coping with stress are mostly examined together with current, proximal factors. There are, however, few studies that test - within a single integrative model and in a non-Western (Turkish) sample - how distal factors from childhood and adolescence (parental conflict, social support, and trauma) relate to perceived stress in young adulthood through current coping styles. The novelty of the present study, therefore, does not lie merely in documenting correlations among these variables, but in proposing and testing a mediation model in which social support and coping styles serve as the psychological mechanisms that carry the effect of past parental conflict and childhood trauma forward into present-day perceived stress. This combination of retrospectively assessed childhood/adolescent variables, a Turkish university-student sample, and an explicit mediation framework constitutes the study's contribution to the literature.

Taken together, these findings can be situated within a coherent theoretical framework. According to Lazarus and Folkman's (1984) transactional model, stress emerges from the interaction between environmental demands and the individual's coping resources; adverse early experiences such as childhood trauma and parental conflict may deplete these resources over time, leaving individuals more vulnerable to perceiving later situations as stressful. Grych and Fincham's (1990) cognitive-contextual framework further suggests that children's appraisals of parental conflict shape the coping strategies they carry into adulthood, while the stress sensitization perspective (Hyman et al., 2007; Teicher & Samson, 2016) proposes that repeated early adversity recalibrates the stress-response system, making individuals more reactive to stressors later in life. Viewed through this integrated lens, childhood trauma and parental conflict are expected to increase perceived stress both directly and indirectly, via their association with lower social support and less adaptive coping styles, and the hypotheses below follow from this framework.

The purpose of this study was to examine the effects of childhood traumas, perceived parental conflict and social support between the ages of 6-18, and styles of coping with stress on perceived stress. At the same time, the study aimed to examine the correlations between the variables. The hypotheses to be examined in line with this purpose were determined as follows.

H1a: Childhood trauma and perceived parental conflict are positively associated with perceived stress.

H1b: Perceived social support is negatively associated with perceived stress.

H1c: Adaptive/problem-oriented coping styles (self-confident, optimistic, social-support-seeking) are negatively associated with perceived stress, and maladaptive/emotion-oriented coping styles (helpless, submissive) are positively associated with perceived stress.

H2: Childhood trauma, perceived parental conflict, perceived social support, and styles of coping with stress predict perceived stress.

H3: Perceived social support mediates the relationship between perceived parental conflict and perceived stress.

H4a: Adaptive coping styles (self-confident, optimistic, social-support-seeking) mediate the relationship between childhood trauma and perceived stress, functioning as protective mechanisms.

H4b: Maladaptive coping styles (helpless, submissive) mediate the relationship between childhood trauma and perceived stress, functioning as risk mechanisms.

Social support was tested as the mediator between parental conflict and perceived stress because conflictual family environments are theorized to erode the availability of supportive relationships (Hobfoll et al., 1990), which in

turn removes a key buffer against stress (Cohen & Wills, 1985). Coping styles, in turn, were tested as mediators between childhood trauma and perceived stress because traumatic experiences are thought to shape the coping repertoire individuals carry into adulthood (Wadsworth, 2015), and it is this repertoire - rather than the trauma itself - that is expected to be the more proximal determinant of how stressful current situations are perceived.

MATERIALS AND METHODS

Research Model

In this study, the correlational survey design, one of the quantitative research approaches, was used. The aim of this model is to examine the relationships between two or more variables and the existence or level of the change between the variables (Büyüköztürk et al. 2014). This method was used in the study to examine the relationships between the variables of childhood traumas, perceived past parental conflict, perceived social support, perceived stress and styles of coping with stress.

Research Sample

The research sample was made up of 407 university students studying at X University in 2022. Of all the participants, 69.5% (N=283) were female, and 30.2% (N=123) were male, and their ages varied between 18-27. Among the participants, 4.7% (N=19) had an only child; 33.4% (N=136) had one sibling; 33.90% (N=138) had two siblings; 12.8% (N=52) had three siblings; 6.4% (N=26) had four siblings; and 8.4% (N=34) had five or more siblings. The monthly income distribution of the participants was as follows: 6.4% had a monthly income between 0-500 TLs (Turkish Liras), 44.7% between 501-1000 TLs, 32.4% between 1001-2000 TLs and 15.5% between 2001 TLs and above.

Data Collection Tools

Personal Information Form, Perceived Past Social Support Questionnaire, Perceived Past Parental Conflict Questionnaire, Perceived Stress Scale, Stress Coping Styles Scale and Childhood Trauma Scale were administered to the participants, respectively.

Personal Information Form. With the help of this form, the participants were asked to provide information on demographic variables such as gender, age, grade level, number of siblings, birth order as a child in the family, family type, whether the mother and father are alive or not and income level, as well as to obtain diagnosis-related information like presence/type/duration of previous diagnosis, presence/type/duration of treatment and presence/type of current diagnosis. At the same time, in the form, the individuals were asked which activity was good for them to engage in when distressing situations occurred or when they felt bad between the ages of 6-11 and 12-18.

Perceived Past Parental Conflict Questionnaire. When the literature was examined, it was seen that there was no Turkish measurement tool measuring the parental conflict perceived by adults during childhood and adolescence. For this reason, in order to measure the parental conflict perceived by individuals between the ages of 6-18, The questionnaire consists of 6 items rated on a 6-point scale (0 = not at all, 5 = very much); total scores range from 0 to 30, with higher scores indicating higher perceived parental conflict between the ages of 6–18. A sample item is: "How often have you seen your parents argue or treat each other badly?". Experts' opinions were obtained. After the data were collected, the reliability analysis of the questionnaire was conducted, and the internal consistency coefficient was calculated as .80. When the item-total correlation of the questionnaire was examined, it was seen that the items were related to each other, which evidence to obtain the total score from the questionnaire. Thus, the total score obtained via the questionnaire was taken and included in the analysis.

Perceived Past Social Support Questionnaire. The tools for perceived social support in the literature were examined, and no tool to measure the social support perceived by adults during childhood and adolescence was found. For this reason, a questionnaire was prepared by the researchers for the social support they perceived from their mother, father, siblings, friends, and other people (neighbour, relative, romantic partner, professional support, teacher, social media friend) between the ages of 6-18. The questionnaire consists of 5 items, each rated from 0 to 5 for the social support perceived from a different source (mother, father, siblings, friends, and other people); total scores range from 0 to 25, with higher scores indicating greater perceived social support. A sample item is: "How much social support did you feel from your mother when you needed it (sharing problems, receiving emotional support, getting help solving problems, etc.)?" After the data were collected, the reliability analysis of the questionnaire was performed, and the item-total correlation was examined. The internal consistency coefficient of the questionnaire was calculated as .67, and it was seen that the items were related to each other. Thus, the total score of the questionnaire was taken and included in the analyses. At the same time, expert opinion was taken for the questionnaire.

Perceived Stress Scale. Eskin and colleagues (2013) conducted the Turkish adaptation study of the Perceived Stress Scale, which was developed by Cohen et al. (1983) to measure how stressful individuals perceive various situations they encountered. This scale, which had a 5-point Likert structure, had a total of 14 questions, and 7 positive items are reversely scored (Cohen et al., 1983). An increase in the scores from the scale indicated that the level of stress perceived by the individual increased, and the total scores received by the individuals varied between 0 and 56 (Eskin et al., 2013). In this study, the internal consistency reliability coefficient of the measurement tool was calculated as .85.

Stress Coping Styles Scale. The scale was obtained as follows: First, the Ways of Coping Inventory, developed by Folkman and Lazarus (1980), was adapted into Turkish by Şahin and colleagues (1992); next, it was shortened in a study conducted by Şahin and Durak (1995). The scale consisted of sub-dimensions and a total of 30 4-point Likert-type items, and the sub-dimensions produced scores between 0 and 3. Higher scores meant that the individual used the coping style more. In this study, internal consistency reliability coefficients were found to be .85 for the self-confident approach, .75 for the optimistic approach, .73 for seeking social support, .76 for the helpless approach, and .52 for the submissive approach.

Childhood Trauma Scale. The scale was developed by Bernstein et al. (1994) to evaluate the neglect and abuse experienced by individuals until the age of 20. Şar et al. (2012) conducted a study for the adaptation of the scale into Turkish, which included 28 items. In 2021, Şar et al. (2021) published a new culturally adapted revision of the scale and its expanded version with the addition of the excessive protection-control dimension. The expanded version of the scale consisted of 33 5-point Likert-type questions and six

dimensions: sexual, physical, emotional abuse, emotional and physical neglect, and excessive protection-control (Şar et al., 2021). Higher scores to be obtained from the scale meant that more childhood trauma was experienced in that sub-dimension. In this study, the internal consistency reliability coefficient of the measurement tool was calculated as .85. Although the Childhood Trauma Scale assesses maltreatment experienced up to age 20, in the present study it was used, together with the other retrospective measures, to capture experiences within the 6–18 age range that is the focus of this research; this difference in age range should be considered when interpreting the trauma-related findings.

Data Collection Process

Approval for the study was obtained from Izmir Bakırçay University Non-invasive Clinical Research Ethics Committee (Decision Number: 479; Research Number: 459; Date:12.01.2022). Following this, the Rectorate of Sinop University was contacted, and the necessary permissions were obtained to collect research data from university students. The data were gathered on paper-and-pencil basis, and the application lasted an average of 25 minutes.

Participation was voluntary and based on informed consent; students who did not consent, or who were under 18 years of age, were excluded from the sample. Given the sensitive nature of questions about childhood trauma, participants were informed in advance about the content of the scales, were told they could withdraw at any point without any consequence, and were provided with information about the university's psychological counseling service in case the questionnaire raised distress.

Data Analysis

The data obtained were analyzed using the SPSS 22 package software. The distribution of the data prepared for analysis was examined with Kurtosis-Skewness coefficients, Histogram, P-P and Q-Q values and graphs. As a result of the analyses, it was seen that the total scores of perceived stress and childhood traumas and the total scores of the stress coping styles sub-dimensions showed a normal distribution. In addition, the total scores showed a normal distribution between groups. Pearson correlation analysis was performed to examine the relationships between variables, and multiple linear regression analysis was conducted to examine the predictive effect of the variables on perceived stress. Moreover, mediation analysis was used in the study. PROCESS plugin (Model 4) developed by Hayes was used in mediation analyses. Bias-corrected bootstrap confidence intervals were based on 5,000 resamples. In addition, unless otherwise specified, all path coefficients reported in the mediation analyses are standardized regression coefficients (B), consistent with the default output of the PROCESS macro.

RESULTS OF STUDY

In this part of the study, the findings are presented according to the research hypotheses. In the study, the correlations of perceived stress and stress coping styles with perceived past parental conflict, perceived past social support and childhood traumas were examined. At the same time, multiple linear regression analysis was conducted to examine the factors predicting perceived stress. In addition to these analyses, mediation analyses were performed between the variables. In the study, the relationships between perceived stress, childhood traumas, perceived parental conflict, and perceived social support were examined with Pearson correlation analysis. The findings obtained are given in Table 1.

According to Table 1, perceived stress had a low level of positive significant relationship with childhood traumas (r=.25, p<.05), a low level of positive significant relationship with perceived parental conflict (r=.22, p<.05) and a low level of negative significant relationship with perceived social support (r=-.16, p<.05). In order to examine the relationships of each of the styles of coping with stress, including self-confident, helpless, submissive, seeking social support and optimistic approach, with childhood traumas, perceived parental conflict and perceived social support, Pearson correlation analysis was performed. The findings obtained are presented in Table 2.

Table 1. Correlations Among Perceived Stress, Childhood Trauma, Perceived Parental Conflict, and Perceived Social Support

Variable	1	2	3	4
1. Perceived stress	—	.25**	.22**	−.16**
2. Childhood trauma		—	.47**	−.38**
3. Perceived parental conflict			—	−.08
4. Perceived social support				—

Note. p < .001.

Table 2. Correlations Among Stress Coping Styles, Childhood Trauma, Perceived Parental Conflict, and Perceived Social Support

Variable	1	2	3	4	5	6	7	8
1. Self-confident approach	—	−.37**	−.09	.23**	.68**	−.27**	−.19**	.14**
2. Helpless approach		—	.38**	−.19**	−.33**	.27**	.28**	−.11*
3. Submissive approach			—	−.13**	.06	.08	.07	−.04
4. Seeking social support				—	.18**	−.22**	−.10*	.27**
5. Optimistic approach					—	−.26**	−.14**	.15**
6. Childhood trauma						—	.47**	−.38**
7. Perceived parental conflict							—	−.08
8. Perceived social support								—

Note. $p < .05$. **p** < .001.

As seen in Table 2, a negative significant relationship was found between self-confident, optimistic and social support seeking approaches and childhood traumas and perceived parental conflict. A positive significant relationship was found between perceived social support and self-confident, optimistic and social support seeking approaches. Helpless approach was found to have a positive relationship with childhood traumas and perceived parental conflict and a negative relationship with perceived social support. On the other hand, there was no significant relationship between submissive approach and childhood traumas, perceived parental conflict or perceived social support. In order to examine whether the participants' childhood traumas, perceived social support between the ages of 6-18, parental conflict and stress coping styles predicted the perceived stress score, multiple linear regression analysis was used. The findings obtained are shown in Table 3.

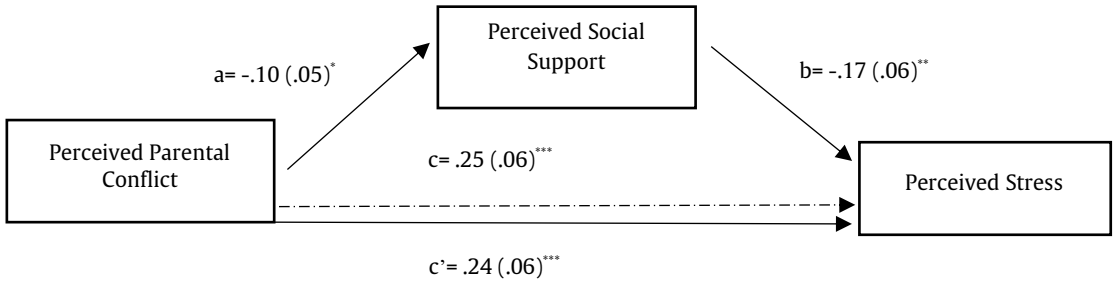
The results of the multiple linear regression analysis revealed that the perceived stress model ($F(8,396)=21.677$, $p<.05$) showed a significant difference. Adjusted R2 for the perceived stress model was calculated as .291 Based on this, the explained variance of the variables in the model for perceived stress could be said to be 29%. As seen in Table 3, the contribution of self-confident and helpless approaches to predicting the perceived stress level was significant, while the contributions of the other variables to the model were not significant.

Notably, when all variables were entered simultaneously, only the two coping styles - self-confident and helpless approach- remained significant predictors of perceived stress, whereas childhood trauma, perceived parental conflict, and perceived social support did not. This pattern suggests that coping styles may be psychologically more proximal to perceived stress than distal experiences such as childhood trauma and parental conflict, which appear to exert their influence indirectly rather than directly once current coping resources are taken into account. In the study, the mediating effect of perceived social support on the relationship between perceived parental conflict and perceived stress was examined using the PROCESS plugin (Model 4) developed by Hayes. The results of the analysis can be seen in Figure 1.

According to the findings of figure 1, the mediating effect of perceived social support on the relationship between perceived parental conflict and perceived stress was significant (indirect effect=.02, SE = .01, %95 CI [.00, .04]). The relationship between perceived parental conflict and perceived social support (path a) was negative and significant (B =-.10, %95 CI[-.19, -.01], SE=.05, p=.03). The relationship between perceived social support and perceived stress (path b) was negative and significant (B=-.17, %95 CI[-.30, -.05], SE=.06, p=.01). When the relationships were examined, it was found that the total effect of perceived parental conflict on perceived stress (path c) was positively significant (B=.25, %95 CI[.14, .37], SE=.06, p<.001) and that similarly, the direct effect of perceived parental conflict independent of perceived social support (path c') was also positively significant (B=.24, %95 CI [.12, .35], SE=.06, p<.001).

Table 3. Multiple Linear Regression Analysis Predicting Perceived Stress

Predictor / Model Statistic	B	SE	β	t / F	p
Constant	45.123	3.528	—	12.791	< .001
Childhood trauma	.018	.028	.035	.640	.523
Perceived parental conflict	.058	.059	.049	.987	.324
Perceived social support	−.060	.060	−.047	−1.013	.312
Self-confident approach	−.450	.109	−.248	−4.141	< .001
Optimistic approach	−.156	.144	−.065	−1.081	.280
Seeking social support	−.134	.132	−.046	−1.013	.312
Helpless approach	.480	.083	.294	5.775	< .001
Submissive approach	.054	.129	.020	.418	.676
Model R	.552	—	—	—	—
R^2	.305	—	—	—	—
Adjusted R^2	.291	—	—	—	—
Overall model	—	—	—	F (8,396) = 21.677	< .001



*p< .05, **p<. 01, ***p< .001.

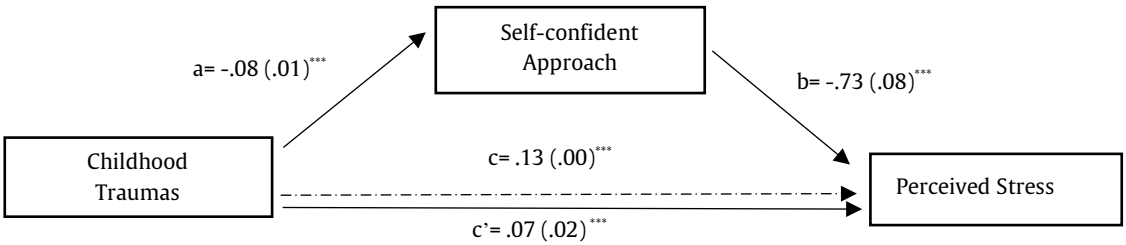
Figure 1. The mediating effect model of perceived social support on the relationship between perceived parental conflict and perceived stress

Note: SE: Standart Error
CI: Confidence Interval
B: Beta

As seen in Figure 2, the mediating role of self-confident approach between childhood traumas and perceived stress was significant (indirect effect=.06, SE= .01, %95 CI[.03, .08]). The relationship between childhood traumas and self-confident approach (path a) was negative and significant (B=-.08, %95 CI[-.10, -.05], SE=.01, p<.001). The relationship between self-confident approach and perceived stress (path b) was negative and significant (B=-.73, %95 CI[-.89, -.56], SE=.08, p<.001). When the total effect of childhood traumas on perceived stress (path c) was examined, it was found to be positively significant (B=.13, %95 CI[.08, .18], SE=.02, p<.001). The direct effect of childhood traumas independent of self-confident approach (path c') was also found to be positively significant (B=.07, %95 CI[.03, .12], SE=.02, p<.001).

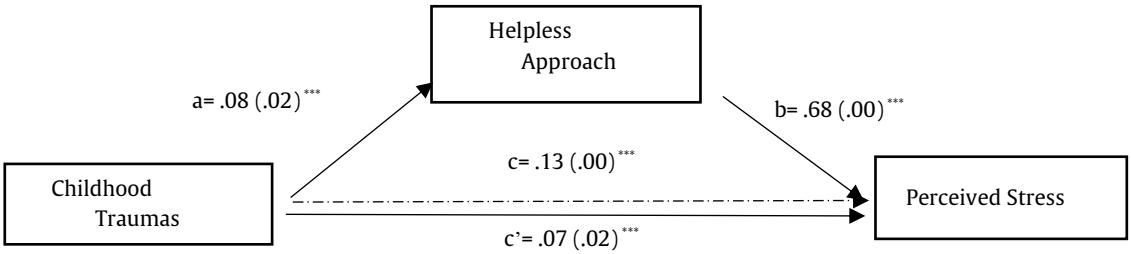
As seen in Figure 3, the mediating effect of helpless approach on the relationship between childhood traumas and perceived stress was significant (indirect effect=.06, SE=.01, %95 CI[.03, .08]). The relationship between childhood traumas and helpless approach (path a) was positive and significant (B=.08, %95 CI[.05, .11], SE=.02, p<.001). The relationship between helpless approach and perceived stress (path b) was positive and significant (B=.68, %95 CI[.53, .82], SE=.00, p<.001). When the total effect of childhood traumas on perceived stress (path c) was examined, it was found to be positively significant (B=.13, %95 CI[.08, .18], SE=.02, p<.001). The direct effect of childhood traumas independent of the helpless approach (path c') was also found to be positively significant (B=.07, %95 CI[.03, .12], SE=.02, p<.001).

As a result of the analyses, as seen in Figure 4, it was seen that the mediating effect of optimistic approach between childhood traumas and perceived stress was significant (indirect effect=.04, SE=.01, %95 CI[.02, .07]). As seen in Figure 3.5, the relationship between childhood traumas and optimistic approach (path a) was negative and significant (B=-.06, %95 CI[-.08, -.04], SE=.01, p<.001). Similarly, the relationship between optimistic approach and perceived stress (path b) was negative and significant (B=-.76, %95 CI[-.98, -.54], SE=.11, p<.001). When the total effect of childhood traumas on perceived stress (path c) was examined, it was found to be positively significant (B=.13, %95 CI[.08, .18], SE=.02, p<.001). The direct effect of childhood traumas independent of the optimistic approach (path c') was also found to be positively significant (B=.07, %95 CI[.03, .12], SE=.02, p<.001).



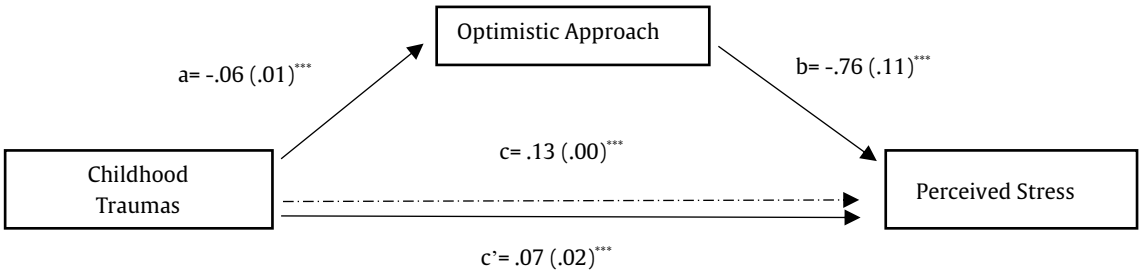
*p< .05; **p<. 01; ***p< .001.

Figure 2. Mediating effect model of self-confident approach in the relationship between childhood traumas and perceived stress



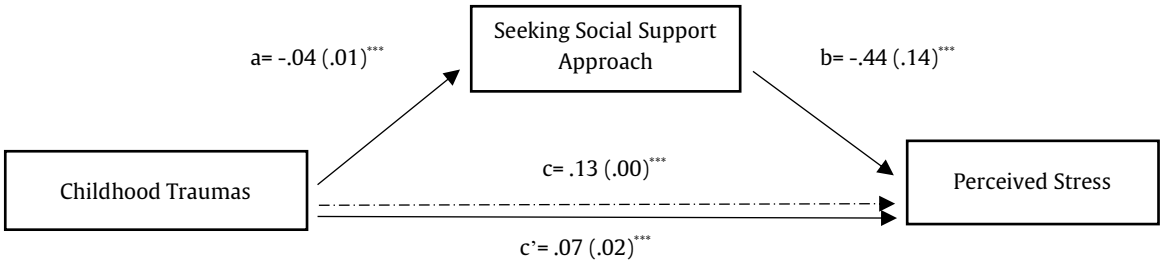
*p< .05, **p<. 01, ***p< .001.

Figure 3. Mediating effects model of helpless approach in the relationship between childhood traumas and perceived stress.



*p< .05, **p<. 01, ***p< .001.

Figure 4. Mediating effect model of optimistic approach in the relationship between childhood traumas and perceived stress



*p< .05, **p<. 01, ***p< .001.

Figure 5. Mediating effect model of social support seeking approach in the relationship between childhood traumas and perceived stress

As seen in Figure 5, the mediating role of the social support seeking approach in the relationship between childhood traumas and perceived stress was significant (indirect effect=.02, SE=.01, %95 CI[.00, .04]). As seen in Figure 5, the relationship between childhood traumas and social support seeking approach (path a) was negative and significant (B=-.04, %95 CI[-.05, -.02], SE=.01, p<.001). Similarly, the relationship between social support seeking approach and perceived stress (path b) was negative and significant (B=-.44, %95 CI[-.73, -.16], SE=.14, p<.001). When the total effect of childhood traumas on perceived stress (path c) was examined, it was found to be positively significant (B=.13, %95 CI[.08, .18], SE=.02, p<.001). The direct effect of childhood traumas independent of the social support seeking approach (path c') was also found to be positively significant (B=.07, %95 CI[.03, .12], SE=.02, p<.001).

The mediating effect of submissive approach on the relationship between childhood traumas and perceived stress was not significant (direct effect=.01, SE=.00, %95 CI[-.00, .02]). It was seen that the relationship between childhood traumas and submissive approach (path a) was not significant (B=.02, %95 CI[-.00, .03], SE=.01, p≡.09). The relationship between submissive approach and perceived stress (path b) was positive and significant (B=.39, %95 CI[.13, .65], SE=.13, p<.001). When the total effect of childhood traumas on perceived stress (path c) was examined, it was found to be positively significant (B=.13, %95 CI[.08, .18], SE=.02, p<.001). The direct effect of childhood traumas independent of the submissive approach (path c') was also found to be positively significant (B=.07, %95 CI[.03, .12], SE=.02, p<.001).

DISCUSSION

In the study, childhood traumas, perceived parental conflict and perceived social support between the ages of 6-18 were examined in terms of perceived stress and styles of coping with stress. Undoubtedly, the most basic finding obtained in the study was the existence of a significant positive relationship between childhood traumas and perceived stress. This finding was consistent with the findings reported in the literature that individuals exposed to childhood trauma may have high levels of perceived stress in their current lives (Bossé et al., 2018; Edalati, Krank & Schütz, 2020; Hyman et al., 2007). At the same time, Hyman, Paliwal and Sinha (2007) stated that individuals who were maltreated in childhood may experience stress-related problems in the future and become more sensitive to stress. Accordingly, the research finding seems to support the approach which states that childhood traumas have effect on making the stress response system more sensitive.

The study also examined the relationship between perceived parental conflict and perceived stress in daily life in the age range of 6-18, which is thought to have effect on making the stress response system more sensitive. As a result of the analyses, a positive significant relationship was found between perceived parental conflict and perceived stress. Lucas-Thompson et al. (2017) reported in their study that there was an increase in self-blame as a result of parental conflict; that the HPA axis function was weakened; that this damaged function was an indicator of physiological irregularity and that it was related to many psychological and physical health consequences. This finding is supported by the evidence in the literature that people who experience stress as a result of conflict between their parents may have negative physiological changes in their stress response systems (Lucas-Thompson & Hostinar, 2013; Repetti et al., 2002).

In the study, it was found that perceived social support had a positive relationship with self-confident, optimistic, social support seeking approaches and a negative relationship with the helpless approach. When the literature is examined, it is seen that there are studies supporting the findings obtained in the present study (Cicognani, 2011; Goussé et al. 2016; Roohafza et al. 2014; Yıldız & Dirik, 2019). Based on all, it could be concluded that high perceived social support between the ages of 6 and 18 has a relationship with more use of active coping styles and less use of passive coping styles in adulthood. In the study, multiple linear regression analysis was conducted to examine whether perceived stress was predicted by the total scores of childhood traumas, perceived parental conflict, perceived social support and styles of coping with stress.

Looking at the ways in which individuals who have weakened belief in coping with stressors or who feel distress or discomfort cope with these situations will help better understand the relationship of these individuals with stress. For this reason, in this study, the relationship of stress coping styles with childhood traumas and perceived parental conflict was examined separately. As a result of the research, the two variables of childhood traumas and perceived parental conflict were found to have a positive relationship with the helpless approach, and a negative relationship was found between these two variables and the other approaches. In line with these findings, it could be stated that as individuals' experiences of childhood trauma and perceived parental conflict increase, their use of problem-oriented/active coping styles in adulthood will decrease. When the literature is examined, it can be seen that as exposure to childhood traumas increases, non-functional (Toker et al. 2011) and emotion-oriented (Gül et. al., 2017; Hager & Runtz, 2012) coping styles are used more and that greater self-blame in conflicts between parents has a relationship with less use of functional coping styles such

as cognitive restructuring, positive thinking, and acceptance (Fear et al. 2009). More use of dysfunctional and emotion-oriented coping styles such as the helpless approach as a result of childhood traumas can be explained with the fact that traumas reveal feelings of helplessness and powerlessness in individuals, cause alienation from others, lead to self-blame, activate negative thoughts and reduce the possibility of applying for social support (Futa et al. 2003). In terms of parental conflict, the child who perceives that s/he has no control over the continuation, outcome and progress of the argument his or her parents is less likely to use problem solving as a coping style (Shelton & Harold, 2007). Brummert-Lennings and Bussey (2017) found that as parental conflict increases, children try to avoid maladaptive cognitions and experience a decrease in their coping self-efficacy. These individuals, whose self-confidence is not sufficiently developed in dealing with stressful situations, may perceive these situations as more stressful and may resort to passive coping styles, like the helpless approach, which emerge as the thought that they cannot do anything in the face of stress.

It should be noted that although many of the correlations reported in Tables 1 and 2 were statistically significant, their magnitudes were generally low. This pattern likely reflects the large sample size (N = 407), which provides sufficient power to detect even small effects as statistically significant; it also suggests that childhood trauma, parental conflict, and social support are only weakly, rather than strongly, related to adult perceived stress and coping when considered as isolated bivariate associations, and that their role may be better understood through the mediation models reported below.

Negative experiences, such as childhood traumas and perceived parental conflict, can influence the occurrence of many problems in adulthood in the absence of protective factors. In this study, a negative significant relationship was found between perceived social support, which is considered as a protective factor, and perceived stress in later life. Similar findings are also found in the literature (Cheong et al. 2017; Rueger et al. 2016). Based on this, it could be stated that social support has a protective effect and reduces the likelihood of symptoms to emerge in cases of psychopathology and problems that may arise in later life as a result of childhood traumas and negative experiences.

The variable of self-confident approach, one of the problem-oriented coping styles, and the variable of helpless approach, one of the emotion-oriented coping styles, demonstrated a significant difference in the perceived stress model. It is seen in the literature that more variables are included in the model (Onieva-Zafra et al. 2020; Babore et al. 2020). Researchers also point out that a positive attitude has a protective role on perceived stress and that avoidance strategies pose a risk. Based on the findings obtained in the study, it could be stated that although the coping styles used varied, in general, the active, positive coping styles that focused on the solution of the problem had negative effect on perceived stress, while the emotion-oriented coping styles, those involving avoidance of the problem, and those involving being helpless in the face of the problem had positive effect on perceived stress. The reason why according to the analyses, childhood traumas, perceived parental conflict, and perceived social support did not have a significant effect on predicting perceived stress might be the fact that these factors had an effect on perceived stress through certain mediators, which the literature supports as well (Hong et al. 2018). Based on this, examining the relationships between perceived stress and childhood traumas, perceived parental conflict and perceived social support in terms of various mediating factors will make important contributions to understanding the subject.

Another important finding obtained in the study was that perceived social support between the ages of 6-18 had a mediating effect on the relationship between perceived parental conflict during that time and perceived stress in young adulthood. Based on the research findings, it could be stated that children and young people with high levels of perceived parental conflict will perceive more stress in their lives as they will perceive lower levels of social support. Life events that cause intense stress can lead to damages in social interactions and thus result in a loss of social support resources of the individual (Hobfoll et al. 1990). Therefore, in families with frequent and intense conflicts, there might be a decrease in the social support provided by parents to the child. Consequently, individuals who receive lower social support may have difficulty coping with the negativities of life and encounter various problems. (Cohen & Wills, 1985; Haj-Yahia et al., 2019).

Additionally, in this study, it was revealed that the mediating effect of self-confident, optimistic, social support seeking and helpless approach, which are all styles of coping with stress, was significant in the relationship between childhood traumas and perceived stress. In the mediation models, it was seen that the total score of childhood traumas had a negative significant relationship with problem-oriented coping styles (self-confident, optimistic, social support seeking) (path a) and a positive significant relationship with the helpless approach. These relationships were consistent with the findings obtained via the correlation analyses. Individuals may use the helpless approach more frequently due to the influence of negative emotions and thoughts such as guilt, helplessness, fear and anxiety that arise with the increase in childhood traumas (Futa et al. 2003; Gül et al. 2017). Individuals who begin to use emotion-oriented (helpless), non-functional coping styles more frequently as a result of the negative effects of childhood traumas may feel more helpless in the face of problems in their later lives, may think that they will not be able to cope with the problem, or may feel more discomfort (In other words, their perceived stress level might become higher) (Furman et al. 2018; Vinothkumar et al. 2016).

Unlike the other coping styles, the submissive approach was not significantly related to childhood trauma, parental conflict, or perceived social support, and did not emerge as a significant mediator between childhood trauma and perceived stress. This null pattern should be interpreted with some caution, as the submissive approach subscale showed the lowest internal consistency in the present sample (α = .52), which may have attenuated its associations with other variables. It is also possible that submissiveness functions differently among Turkish university students than in the samples in which the original coping taxonomy was developed: in a collectivistic cultural context, deferring to authority or avoiding open conflict may be a more normative, less distress-linked response than in more individualistic contexts, and therefore less closely tied to perceived stress. Future research using a more reliable measure of submissive coping, and examining this style across different cultural and developmental groups, is needed to clarify its role.

In addition to the findings obtained in the study, there are some limitations as well. A questionnaire was prepared by the researcher in the study as there were no measurement tools for the perceptions of young adults in childhood and adolescence regarding the variables of perceived parental conflict and perceived social support. In addition, It should also be noted that the internal consistency of the Perceived Past Social Support

Questionnaire (α = .67) and, in particular, of the submissive approach subscale (α = .52) were relatively low; findings involving these two measures should therefore be interpreted with caution, and future studies should aim to strengthen their psychometric properties.

Data were collected through self-report about the traumas the individuals were exposed to before the age of 20. This allowed obtaining data from the present to the past and required individuals to remember how and what they perceived at that time. The fact that data were collected retrospectively may have been a limitation of this study, and the research may have been influenced by the recall bias of remembering the past. For example, responses to issues and processes such as past social support, parental conflict, abuse and neglect may be influenced by today's emotions and thoughts and expressed with affirmations, or the memory may have been covered up in order to cope with negative experiences. However, the finding obtained in the study through retrospective data that perceived stress in young adulthood and the styles of coping with stress had a relationship with perceived social support, parental conflict and traumas suffered during childhood and adolescence could be considered as a strength of the research. Another limitation of the study was the fact that due to the use of the cross-sectional data collection method, cause-effect relationships could not be established as strongly as in longitudinal studies and that the change over time could not be revealed. Therefore, the data obtained in only one time period should be interpreted with caution. Although a longitudinal study could not be conducted due to limited time and financial difficulties, the finding that there was a relationship between the data from childhood and adolescence and perceived stress and styles of coping with stress in young adulthood will contribute to the literature regarding the possibility that the effects in these periods may have been carried over to later periods. Another point in the study was that the research sample was limited to university students. Considering that young adults may have stress factors in their developmental period (independence, difficulties in social relations, establishing their own values, etc.) as well as may have various stress sources they may encounter in university life (adapting to innovations, living apart from family, career planning, etc.), their perceived stress may vary depending on adulthood or adolescence. For this reason, considering that stress sources may vary in different age groups, there is a need to conduct a study with other age groups. Conducting studies with adolescents and adults will contribute to the literature in terms of seeing the reflections of childhood experiences both into more recent times like adolescence and into more distant times like adulthood. Other limitations of the study could be listed as the fact that the data were collected only from students attending X University; that the distribution of male and female participants was unbalanced; and that the data collection tools were not given to the participants in a mixed order. In future studies, attention may be paid to employing a more diverse sample, ensuring a more balanced gender distribution and giving data collection tools to participants in different orders so as to avoid the order effect.

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DECLARATION

Consent to participate

Informed consent was obtained from all individual participants included in the study.

Consent to publish

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Data are available on request only due to ethical reason.

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ADDITIONAL INFORMATION

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