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EXAMINING THE REFLECTIONS OF CHILDHOOD EXPOSURE TO POLITICAL VIOLENCE ON ADULTHOOD PSYCHOLOGICAL HEALTH IN TERMS OF SOCIAL-ECOLOGICAL VARIABLES

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ANKARA, 2022

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ABSTRACT

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Master of Science, Developmental Focused Clinical Child and Adolescent Psychology

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The present study investigated the relationship between childhood political violence and current psychological health based on social-ecological theory. For this purpose, two parallel mediation models were tested in the study. In the first model, it was expected that family protective factors and immediate social support in childhood would mediate the relationship between childhood exposure to political violence and the current psychological health. Similarly, in the second model, it was expected that social trust and trust in institutions would mediate the relationship between childhood exposure to political violence and the current psychological health after controlling for

family protective factors and immediate social support in childhood. The study sample consisted of 406 adults between the ages of 18-65. Data collection was carried out online, and the convenient sampling method was used to recruit participants. Participants completed the Political Violence Exposure Checklist, Brief Symptom Inventory, Family Protective Factors Inventory, Social Support Appraisals Scale for Children, Social Safeness and Pleasure Scale, and Trust in Institutions Scale during the study. As a result of parallel mediation analyses using SPSS PROCESS macro, all hypotheses put forward in the study were confirmed with the available data. In other words, the study provided an explanation for the influence mechanisms on the relationship between childhood political violence and current psychological health, both at the microsystem level and the more distal ecological levels. Lastly, theoretical and clinical implications were presented in relation to the study's findings employing Bronfenbrenner's social ecology theory.

Keywords: political violence, social-ecological theory, social trust, institutional trust, ecological systems

ÖZ

ÇOCUKLUKTA YAŞANAN POLİTİK ŞİDDETİN YETİŞKİNLİKTEKİ PSİKOLOJİK SAĞLIĞA YANSIMALARININ SOSYAL EKOLOJİK DEĞİŞKENLER AÇISINDAN İNCELENMESİ

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Bu çalışmada, sosyal ekolojik teoriye dayalı olarak çocukluk döneminde maruz kalınan politik şiddet ile mevcut psikolojik sağlık arasındaki ilişkiyi araştırmak amaçlanmıştır. Bu amaçla çalışmada iki paralel aracılık modeli test edilmiştir. İlk modelde, çocuklukta politik şiddete maruz kalma ile mevcut psikolojik sağlık arasındaki ilişkide çocukluk döneminde ailedeki koruyucu faktörlerin ve yakın sosyal desteğin aracılık etmesi öngörülmüştür. Benzer şekilde, ikinci modelde, sosyal güven ve kurumlara duyulan güvenin, çocuklukta politik şiddete maruz kalma ile mevcut psikolojik sağlık arasındaki ilişkiye, aile koruyucu faktörleri ve çocuklukta acil sosyal destek kontrol edildikten sonra aracılık etmesi öngörülmüştür. Araştırmanın örneklemini 18-65 yaş arası 406 yetişkin oluşturmuştur. Veri toplama çevrimiçi olarak gerçekleştirilmiş ve katılımcıları seçmek için uygun örnekleme yöntemi kullanılmıştır. Katılımcılar, çalışma sırasında Politik Şiddete Maruz Kalma Kontrol Listesi, Kısa

Semptom Envanteri, Ailedeki Koruyucu Faktörler Envanteri, Çocuk ve Ergenler için Sosyal Destek Değerlendirme Ölçeği, Sosyal Güvende Hissetme ve Memnuniyet Ölçeği ve Kurumlara Güven Ölçeğini doldurmuştur. SPSS PROCESS makrosu kullanılarak yapılan paralel aracılık analizleri sonucunda çalışmada ileri sürülen tüm hipotezler eldeki verilerle doğrulanmıştır. Başka bir deyişle, mevcut çalışma hem mikrosistem düzeyinde hem de daha geniş ekolojik düzeylerde, çocuklukta maruz kalınan politik şiddet ile mevcut psikolojik sağlık arasındaki ilişki üzerindeki etki mekanizmalarına bir açıklama sağlamıştır. Son olarak, Bronfenbrenner'in sosyal ekolojik sistemler teorisini kullanan çalışmanın bulgularıyla ilgili teorik ve klinik çıkarımlar sunulmuştur.

Anahtar Kelimeler: politik şiddet, sosyal-ekoloji, sosyal güven, kurumlara olan güven, ekolojik sistemler

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In Memory of My Dear Friends…

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CHAPTER 1

INTRODUCTION

In the course of history, there was not a period of nonviolence in all its meanings. The definition of violence has changed throughout the ages, and its scope has expanded considerably compared to the past. Today, violence is measured in more precise ways, both qualitatively and quantitatively. However, the definition of violence remains interrelated with a given era's values and judgments. According to a report published by the World Health Organization in 2002, physical, sexual, psychological violence, deprivation, and neglect fall into three broad categories; self-directed, interpersonal, and collective violence. Political violence, which constitutes the main subject of this study, is considered a part of collective violence.

Exposure to political violence is potentially traumatic. It could bring many stress symptoms in children and adults. However, the long-term effects of exposure to this type of traumatic experience vary widely among individuals (Yehuda et al., 2001; Smith and North, 1993). While the acute reactions of many children are decreasing and even becoming invisible over time, the multidimensional effects of traumatic exposure in some individuals continue in adulthood (Fremont, 2004). In literature, political violence studies with children could be traced back to the post-World War II period. Relationships between exposure to violence and stress symptoms have been studied for many years in this field, adhering to medical models. The diverse outcomes of studies conducted with this orientation, and paradigm shifts in psychology have revealed the necessity of considering culture and focusing on social variables (Barber, 2008).

Each level of response to violence has its own dynamics; different social and psychological processes operate at levels from the narrow sphere of the nuclear family to school, friendships, community, nation, and even international society (Kirmayer, 2014). Therefore, in this study, a social-ecological approach has been adopted based on the ecological model of Bronfenbrenner (1979; 1989). We aimed to understand people exposed to political violence in their childhood within the relationships in their families and communities. Simultaneously, we examined the relationship between

their experience of violence and psychological health within the framework of social-ecological variables. For this purpose, this study investigated the relationships between political violence that may be exposed in childhood and current psychological health with participants aged 18-65 who spent their childhood in Turkey. While exploring this relationship, the influences of different social-ecological systems were tried to be highlighted.

In the following sections, the relationship between political violence and psychological health will be explained in more detail, the theoretical basis will be discussed, and other relevant variables in the study will be introduced. This chapter also includes the aim and hypotheses of the study.

1.1 Political Violence

In the broadest sense, Cairns (1996, p. 11) defines political violence as "those acts of an inter-group nature that are seen by those on both sides, or on one side, to constitute violent behavior carried out in order to influence power relations between the two sets of participants." In a more concrete explanation, political violence is an umbrella term that includes situations of war and conflict, state violence, terrorist acts, paramilitary violence, some sort of community violence, discrimination, and many human rights violations (De Jong, 2010). Individuals, representatives of a social and political group, institutions, or state could perpetrate political violence to maintain, change, or interfere with power relations between groups (Kanaaneh & Netland, 1992). It often causes physical, psychological, and social damage to the targeted people and communities (Hernandez, 2002).

Traumatic experiences are divided into two, natural and human-made, according to the source of the event. According to the deliberateness of the event, human-made traumas are also divided into two forms, intentional and unintentional (APA, 2000). As noted earlier, exposure to political violence is potentially traumatic, takes place by human hand, and has an intentional motive (Ursano, Fullerton & Norwood 2003). It shares the general characteristics of events in this category; however, it differs in aspects such as the common practice of violence by individuals or groups with political positions that legitimize its use, significant power imbalances between the perpetrators and the

survivors, and the low probability of perpetrators to experience guilt or remorse (Montiel, 2000).

Three factors stand out among political violence's frequency and level determinants. Mider (2014) defines these as individual factors, cultural factors, and social structure. Based on the interaction of cultural and structural factors with economic conditions and political context, according to Montiel (2000), people who live in developing countries are likely to be exposed to political violence in prolonged conflicts. Unlike wars, political conflict environments are generally associated with state policies and relations between political/ethnic/religious groups within the country. Conflicts swiftly become low-intensity intra-state conflicts in countries where factions such as political, religious, and ethnic communities are in opposition (Okasha, 2007). Individuals may experience stressful events such as extrajudicial arrest, torture, riots, attacks against community members, and explosions in these conflict environments (Dawes, 1990)

It could be argued that political violence exists in various forms throughout societies, albeit not as visible as in armed conflict contexts. Many social identities, such as political identities, ethnic and religious identities, gender identities, and disabilities, are vulnerable to political violence as long as they are not aligned with the dominant ideas and forces in the society at that moment. Discrimination fosters a breach between the majority and the minority. While the dominant group's religion, culture, and values are aggressively cherished, the minority group's identity is threatened and silenced through violence (Akbaba, Taydas, 2011). From discrimination and oppression to chronic and collective poverty, people with disadvantaged social identities could face political and structural violence (Neille & Penn, 2015; Prilleltensky & Gonick, 1996). At this point, structural violence is a term deeply intertwined with political violence, which includes social, economic, and political systems exposing various social identities to greater risk than the rest of society via the role of the institutions, poverty, inequality, social exclusion, and humiliation. (Farmer et al, 2006; Neille & Penn, 2015). Structural inequalities arising from ideologies such as racism, sexism, heteronormativity, and ableism contribute to

political violence against individuals with corresponding social identities (Leatherman & Thomas, 2009).

Throughout history, many groups have been denied equal status in areas such as citizenship, immigration, civil rights, and socioeconomic and legal resources. Even in developed countries, racial, ethnic, religious, and political minorities, LGBTI people, and people with disabilities confront institutional barriers to fair treatment in housing, education, the workplace, and the criminal justice system (Lee & Ostergard, 2017; Mattila & Papageorgiou, 2016; Oskooii, 2018). Thus far, political violence based on political beliefs, race, ethnicity, religion, and gender has substantial literature. According to the International Labor Office (2003), in addition to widely recognized discrimination based on class, race, gender, ethnicity, and religion, sexual orientation and gender identity, as well as disability identities, are examples of identities that are discriminated against (Meekosha & Soldatic, 2011). For instance, the prohibition on LGBTI propaganda in Russia and Uganda's rule on murdering LGBTI individuals are some of the outstanding examples of political violence on a scale ranging from discrimination to violation of the right to existence. They have been assaulted, raped, and unjustly arrested in numerous states, especially in Africa and Asia. Individuals are routinely exposed to political violence, discouraging them from reporting crimes and seeking retribution. (Lee & Ostergard, 2017). Furthermore, people with disabilities have also routinely faced discrimination, unequal treatment, and interpersonal and institutional forms of violence (Cadwallader et al., 2018; Mattila & Papageorgiou, 2016). In this regard, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) recontextualized disability not as a physical condition that limits action but as a social identity that includes a sort of social oppression characterized by discrimination and deprivation of civic rights and participation (United Nations, 2006 as cited in Meekosha & Soldatic, 2011). To the extent that the major obstacles to disabled people's involvement, visibility, and inclusion in society have been recognized as social attitudes and governmental policies (Açıksöz, 2020). In addition to the structurally imposed political violence, it is essential to recognize that when the aforementioned social identities engage in conflicts for political legitimacy and civic rights, they might be subjected to political violence as well as social and political accomplishments due to their political participation.

Political violence has the power to affect more people than those directly targeted by physical violence. Therefore, it is not enough to limit victims of political violence to those directly exposed to physical violence. People who witness violence or have lost their relatives due to political violence may also suffer from political violence-related stress (Butler, Panzer & Goldfrank, 2003). Beyond these, political violence has the potential to affect other individuals who identify with the victims' political identities and turn into a collective traumatic experience (Montiel, 2000). Therefore, Paker's (2000) answer to who is targeted by violence is important; political opponents, their families and relatives, various social groups, and finally, the whole society.

1.1.1 Psychological Outcomes of Political Violence

Several studies addressed the relationship between exposure to political violence and survivors' psychological health. Due to its traumatic nature, political violence is usually associated with Post-traumatic stress disorder (PTSD) (Farhood et al., 2006). In addition to PTSD, mood disorders such as depression and anxiety disorders are the most commonly reported psychiatric diagnoses connected to political violence (Fortuna et al., 2008; Manzanero et al., 2017; Rousseau & Drapeau, 2004; Steel et al., 2009). As one of the most comprehensive studies, Steel et al.'s meta-analysis published in 2009 reported a prevalence of 30.8 percent for depression and 30.6 percent for PTSD. Likewise, according to a report published by the World Health Organization in 2001, approximately 30 to 50 percent of individuals exposed to political violence experience psychological distress. Again, many studies have indicated that being exposed to oppression and discrimination because of class, race, ethnicity, religion, gender identity, or sexual orientation is related to thoughts and feelings of inferiority, insecurity, inadequacy, and depression (Cano et al., 2016; Almeida et al., 2009; Williams & Mohammed, 2008 as cited in Oskooii, 2018). However, there could be significant variabilities across the studies, according to the characteristics of the violence experienced, region-specific factors, and many other social-ecological variables, detailed in the following sections. In addition to the psychiatric diagnoses mentioned above, substance use disorders and personality disorders are also reported, albeit to a lesser extent in research (Farhood et al., 2006).

As time passes after exposure to political violence, psychiatric diagnoses are expected to decrease (Steel, 2009). However, research has reported subclinical stress symptoms in many people who experienced trauma, even after a long time (Fullerton et al., 2003; Davidson et al., 1990). Years after traumatic experiences, some studies found that intrusion and avoidance behaviors continue with increasing severity (Op den Velde et al., 1993). Various studies emphasize that post-traumatic stress symptoms may become chronic in 15-20 percent of individuals who experience war or political conflict situations (Eytan et al., 2010; Manzareno et al., 2017; Sabin et al., 2003).

After considering the psychological outcomes of political violence from a medical perspective, it is notable to specify how it influences the individual through a more substantial social extent. Some researchers argue that besides the direct harm to individuals, political violence also damages the social structure by disrupting the cohesion of societies and increasing polarization between social groups (Walter & Snyder, 1999, as cited in Lupu & Peisakhin, 2017). This fragmentation and polarization, which does not remain at the individual level, but spreads to interpersonal and societal relations, ultimately creates a ground that facilitates political violence in society and negatively affects the individuals' well-being. (Matthies-Boon, 2017). For instance, in communities exposed to terrorism, a form of political violence, it is common for aggression to be directed at minority groups identified with the perpetrators. Hostile feelings and behaviors towards minority groups increase in society, and as a result, political violence against these groups might be supported (Canetti-Nisim et al., 2009). On the other hand, for minority groups exposed to political violence, hostile, violent, and radical attitudes towards out-groups may increase while in-group bonding becomes more vigorous (Beber et al., 2014; Hobfoll et al., 2006). Based on the premise of political psychology, when examining the relationships between political violence and psychological outcomes, it should not be overlooked that these relationships have bidirectional by nature (Montiel, 2000). At the same time, it is possible to argue that the reflections of political violence are not limited to the individual's life span. There is also evidence of intergenerational transmission of traumas stemming from political violence, though beyond the scope of this study (Kellerman, 2001; Lupu & Peisakhin, 2017).

Apart from the relationship between political violence and such adverse outcomes that cannot be denied, some studies claim that many individuals do not experience the difficulties above. Some scholars also highlight positive psychological outcomes as well as adverse ones (Dekel & Nuttman-Shwartz, 2009). For example, Bauer et al.'s (2016) meta-analysis revealed a significant link between exposure to political violence and increasing prosocial behavior, even if it is limited to the in-group. Likewise, the increasing sense of self-improvement and self-esteem are prominent in the literature (Baker, 1990; Fontana & Rosenheck, 1998). Scholars also emphasize that some communities are relatively less affected by the traumas of political violence and demonstrate significant resilience (Summerfield 1999). Communities exposed to political violence might come together around collective demands, build cohesion and provide empowerment at the individual and community level (Sausa, 2013). Recent stress research emphasizes that the relationships between traumatic experiences and psychological responses might be better understood by taking the protective factors into account along with the risk factors (Richardson & Ratner, 2006). Based on the literature, this study investigates various psychological and social constructs that may have a risk or protective role in the relationship between political violence and psychological health.

In this part of the thesis, we mentioned political violence's defining and distinctive features and its relationship with psychological health in general terms. The following section will provide more detailed information about political violence in childhood and psychological health based on the literature on political violence toward children.

1.2 Children and Political Violence

In many societies, children are exposed to political violence in daily life**.** Exposure occurs as being a victim, witnessing, or being a perpetrator of violence (Garbarino & Kostelny, 1996). Children are born into conflicts and suffer just as much as adults, especially with the shifting forms of war and the rise in internal armed conflicts and low-intensity warfare. The United Nations (2021), in its annual report on children, states that approximately 20,000 children were affected by severe political violence in 2020. Given the difficulties in reporting violence and the report only included events that caused severe harm, the actual number is considerably higher than stated. We have

already mentioned the events included in the definition of political violence, but when children are concerned, direct and indirect exposure types specific to children could be explained separately. Direct exposure to violence targets individuals, such as loss of life, kidnapping, forced into political action, physical or sexual harm, torture, arrest, discrimination, and humiliation. On the other hand, indirect exposure includes children's being affected by violence against their relatives or being affected by psychological, social, developmental, economic, and political aspects resulting from living in a conflictual environment. Possibility of having an accident due to environmental damage caused by conflicts, preventable diseases due to difficulties in accessing resources, forced to leave regions of conflict, immigration within or outside the country, disruption of education due to prolonged violence, damage to social relations, impoverishment, and exclusion from the community might be some of the examples of indirect exposure. In addition, the death, injury, arrest of children's parents or caregivers, separation from them, and a parental mental disorder related to the political trauma are among the political violence experiences children face (Garin et al., 2016; Kadir et al., 2019).

Turkey's recent history includes many politically conflicting periods. In line with the scope of this study, from the rising of social oppositions in the 1960s to the present, there have been military coups, coup attempts, long periods of martial law, memorandums, and numerous social movements involving political violence, civic conflicts, and terrorist acts. In particular, the years between the mid-1970s and 1980s are considered the most violent years in contemporary history. According to the state report titled "The Situation of Anarchy and Terrorism in Turkey" published in 1982, 5388 people died during political conflicts in Turkey between 1976-1980. According to the Ministry of Justice's report submitted to the parliament in 1990, approximately 10,000 torture investigations and lawsuits were opened about the 1980 military coup. In addition to conflicts between ideological groups, Turkey's contemporary history contains periods of extreme political violence against ethnic and religious groups. For example, throughout the 1970s and 1990s, the Malatya, Sivas, Maraş Çorum, and Gazi massacres targeted Alevis and left-wing political movements (Mutluer, 2016). The exact number of children affected by political violence during these years is unknown. According to the Turkish Statistical Institute (2020), between the years 1960-2020,

approximately 50-30 percent of the population of Turkey is children. Therefore, it could quickly be concluded that a vast number of children are directly or indirectly, such as through family members or relatives, exposed to political violence.

The intensity and forms of violence exposure may vary according to regions in the same country. For instance, ethnopolitical armed conflicts have existed for nearly 40 years in Turkey's Eastern and Southeastern Anatolian regions. There are unique violence risks for children living in these regions or forced to migrate due to violence. According to a report published by UNICEF in 2012, children living in these areas are at risk of being physically injured and killed by bomb exposure and armed conflict. Similarly, Human Rights Association's report (2021) stated that 228 children lost their lives in armed conflicts and explosions in the last ten years. The report published by UNICEF (2012) mentions other threats of political violence. There are also risks for children living in these regions, such as growing up with limited resources in an impoverished environment, witnessing the violence of their parents or relatives, losing them, or being separated. Since schools are targeted occasionally, there is a risk of not attending school regularly and spending most of their lives with security concerns.

There might be various difficulties for children who have to migrate. In the regions they migrate to, they may face poverty, discrimination, and exclusion from the community. Children may have to work in dangerous jobs and join groups that risk violence and crime (Üstel, 2004).

Children living in conflict areas also run the risk of taking part in conflicts. For example, according to the United Nations Assistance Mission in Afghanistan (UNAMA) report, a vast number of the Taliban's suicide attacks in Afghanistan involve children, especially those with physical and mental disabilities (Sullivan, 2009). At this point, we should emphasize that it would be incomplete to understand children only as passive victims of political violence. Children could actively participate in violent protests, conflicts and be perpetrators of violence (Spellings et al., 2012). Throughout history, the involvement of children and young people in political conflicts has not been an exception (Barber, 2008). Ultimately, in communities that have experienced protracted political conflicts, the distinctions between civilians and combatants are blurred for both children and their families

(Boyden, 2003). Regarding children, it is critical to consider that active participation in political violence might also be a form of violence to which children are exposed. Concretely, children, especially adolescents, are involved in armed conflicts in many countries in Africa, Central and South America, the Balkans and the Middle East, and Asia. In Turkey, as UNICEF (2012) stated in its report, some children and adolescents participate in politically violent protests or face the threat of being recruited by various armed organizations. These children may also face prolonged detention, torture, and arrest risks.

On the other hand, children's being a part of political violence should not be confused with being politically active. While forcing or persuading children to commit violent acts is considered exposure to political violence, active political participation of children has been examined as a protective factor in many studies (Punamaki, 1996; see also Beier, 2015; Boehnke & Wong, 2011; Spellings et al., 2012; Sousa et al., 2013). Political violence perpetrated through children and active political participation are beyond the scope of this thesis, but these are also significant factors to consider when examining the consequences of political violence.

1.2.1 Psychological Outcomes of Political Violence in Children

Political violence's impacts on children are unique in many aspects. Although children experience the effects of direct violence against them, they interact with familial and environmental risk and protective factors differently than adults (Hagan, 2013). This section first emphasizes the diagnostic outcomes shared by many children exposed to political trauma.

Studies investigating children's psychological health exposed to political violence highlight several diagnoses in line with the existed trauma literature. Exposure to a traumatic event has far-reaching psychological outcomes. Some of these psychological outcomes may be long-term and persistent, while others may be mild and lessen with time. The literature also states that political trauma can cause many common symptoms, but its effects are not universal (Baker &Shalhoub-Kevorkian, 1999). Most of the studies report that PTSD, depression, and anxiety disorders are more prevalent in children exposed to political violence than in the general population. However, the

numbers differ according to the unique properties of regions and child populations (Baker & Shalhoub-Kevorkian, 1999; Macksoud et al., 1996; Manzanero et al., 2017). When evaluated in terms of general clinical symptomatology, prevalence estimates vary between 10 and 90 percent, depending on many factors, including characteristics of the event, individual, and environment (Cummings et al., 2017). For instance, in a systematic review about children in the Middle East, Dimitry (2011) found that the prevalence rate of PTSD is 5 to 8 percent in Israel, 10 to 30 in Iraq, and 23 to 70 in Palestine. Susser et al.'s (2002) study conducted with children living in New York after September 11 stated that the prevalence of PTSD was 10.5 percent. Among all mixed results, PTSD symptoms are the most prevalent outcome in research. In addition to PTSD, both internalizing and externalizing symptoms are reported in children exposed to political violence and conflicts; also, research frequently cited comorbidity (Cummings et al., 2017; Hadi & Llabre, 1998). As examples of other diagnoses, depression and anxiety disorders, psychosomatic symptoms such as headaches, stomach aches, shortness of breath, aggressive and antisocial behaviors, attention deficit and hyperactivity disorder are reported in the literature (Al-Krenawi & Graham, 2012; Baker &Shalhoub-Kevorkian, 1999; Batniji et al., 2009; Dawes, 1990; Macksoud et al., 1996). With the interaction of various factors, these problems could persist for a long time in a substantial number of individuals.

In terms of political violence exposed in childhood, the child's developmental stage should be considered to understand how they respond to it. The impact and expressions of traumatic events will differ according to the child's age. For instance, separation anxiety, sleep difficulties, hyperactivity, attention-seeking behaviors, regressive behaviors such as bed-wetting and thumbsucking, diarrhea, and fear of the dark are common in infants and preschool children (Cairns, 1996; Dawes, 1990; Laor et al., 1996, as cited in Fremont, 2004; Thabet et al., 2006). In school-age children aged 6-11 years, attention problems and decline in academic achievement, anxiety, somatic problems, phobias, fears of leaving the house, fears of strangers, nightmares, and anger outbursts are more common (Baker, 1990; Fremont, 2004; Terr et al., 1999). Adolescents are more likely to experience post-traumatic stress and depressive symptoms similar to adults. Likewise, an increase in substance use problems, aggressive and risky behaviors is also observed in adolescents (Cairns, 1996,

Cummings et al., 2017; Pat-Horenczyk et al., 2007). The literature has more findings on political violence and adolescents' psychological health than early childhood. However, developmental aspects specific to early childhood should be considered when examining violence against children. For example, changes in the normal development of trust and autonomy related to political violence are closely associated with early childhood-specific thinking and emotional processing (Slone et al., 2016).

When mentioning political violence in childhood, a single and short-term exposure usually has a limited impact on children. However, scholars stated that intense and repeated exposure to violence that causes stress, anger, and despair could affect the individual long-term (Garbarino & Kostelny, 1996). It is possible to go beyond the psychopathology framework and examine social developmental characteristics associated with the experience of violence about its long-term impacts. For instance, in a study of Bosnian youth, McCouch discovered that exposure to political violence predicted impaired social competence, lower political and civic participation, as well as higher rates of antisocial behavior several years after the conflict (McCouch, 2008, as cited in Barber, 2008). In a study conducted with individuals exposed to intense political violence in their childhood in Argentina, researchers stated that their trust in their communities and the state decreased, and they also tended to hide their past experiences in the community (Gal & Hanley, 2020). Moreover, some studies emphasize that the low prevalence of distress symptoms and psychopathology in children does not mean that children will not be affected by political violence in the long term. For example, the long-term social and ecological reflections of various coping mechanisms such as meaning attribution to violence, political identification, or avoidance that appear to be well-adjusted in the short term remain an important research question in long-term research (Dawes, 1990; Miller et. al, 2006; Wainryb & Pasupathi, 2010).

While numerous studies of children's encounters with political violence, the results primarily emphasize the multifinality aspect of development. Consequences of violence are evaluated in a spectrum ranging from significant damages to minimal effects and even resilience (Slone & Shechner, 2011). Studies examining different forms of political violence, different risk, and protective factors have indicated a wide

range of violence-related behaviors in children (Daiute, 2016). At the same time, research in various regions and cultures has produced findings that contradict Western interpretations of psychopathology. Baker's (1990) study of Palestinian children is considered one of the literature's most important examples. The study examining the psychological effects of the Intifada on Palestinian children found a high level of depression as well as a high level of self-esteem related to the violence. However, according to Western-oriented trauma literature, self-esteem and depression are negative correlations; also, stressful and adverse psychosocial circumstances decrease self-esteem, not otherwise (Padilla et al., 1988 as cited in Baker & Shalhoub-Kevorkian, 1999).

Research findings that seem contradictory and diversified have led researchers to examine various risk and protective factors simultaneously and determine these factors with the specific cultural characteristics of the given region, such as culturally constructed meanings (Boothby, 2008). Some of the factors revealed in studies examining mediation and moderation relationships are as follows; the nature of the exposure, familial, social risks and resources, individual and social meaning makings, activism and involvement, the range of coping strategies, economic, political, and other contextual conditions (Barber, 2008; Boothby, 2008; Dawes, 1990; Garbariona & Kostelny, 1996). The excess of risk and protective factors has led a number of researchers to risk-accumulation models instead of interpreting the results focusing on a single traumatic event. According to this model, most children could functionally cope with one or two risk factors. However, as the risk factors multiply, the developmental disruptions related to the risk factors increase cumulatively, especially if the compensatory protective factors are insufficient (Garbariona & Kostelny, 1996; Macksoud et al., 1996).

This study examines various factors mentioned in the literature based on social-ecological approaches. Therefore, while examining the relationships between political violence and the individual's psychological health, the study focuses on the role of interpersonal and contextual variables. The following section describes the social-ecological perspective and its examples in political violence literature.

1.3. Social-Ecological Theory

The social-ecological theory primarily studies human development within the ecological contexts in which the organism is actively involved. In his theory, Bronfenbrenner introduced the ecological systems approach that considers and focuses on the actual environment and systems in which people live, the interactions between persons and these systems, and the linkages between systems (Hayes et al., 2017). According to this perspective, the individuals' development is understood within the biological, psychological, social, political, cultural, and economic systems and their complex, dynamic interactions (Bronfenbrenner, 1979; 1989).

Bronfenbrenner (1979) first emphasized the importance of context in formulating the social-ecological theory. Accordingly, the context in which the individual and every process with their environment occur consists of four system levels. These systems' degrees and levels of impact on the individual are different but integrated. According to their proximity to the individual, the systems are called the microsystem, mesosystem, exosystem, and macrosystem.

The first level of influence, the microsystem, represents the immediate environment in which the individual lives. The activities, roles, and interpersonal relationships that the individual experiences in this immediate environment, Bronfenbrenner later calls proximal processes, form the microsystem (Bronfenbrenner, 1989). Systems that interact directly with the individual, such as family, school, and friends, are examples of microsystems.

The mesosystem consists of the interaction of the individual's microsystems. It could also be expressed as a system of microsystems (Condon & Sadler, 2018) or as the group of microsystems that shape an individual's developmental niche (Lerner et al., 2011). Mesosystem is a significant concept in that it shows that relationships at any level of the microsystems also influence other levels (Bronfenbrenner, 1979). For instance, the reflection on the child of the relations between family and school, parents and teachers, is a mesosystemic influence.

The third level of influence, the exosystem, includes more indirect and distal influences on the individual. The exosystem shows its influences on the individual by

impacting the microsystems. Unlike the mesosystem, the individual is not directly interacting with the exosystem structures. Bronfenbrenner (1986) emphasized that three different exosystemic influences came to the fore while sampling the exosystem; parent's occupational environment, parent's social environment, and community influences. Besides, indirect influences of government policies, mass media, social media, governmental and non-governmental organizations are included in the exosystem.

Finally, macrosystems include the influences that operate on a superordinate level of the ecology, and macrosystemic influences play a role in interactions at all other levels of the developmental context (Lerner et al., 2011). Bronfenbrenner (1994) states that the macrosystem could be viewed as a societal pattern for a specific culture, including socio-cultural beliefs and values, material resources, bodies of knowledge, customs, politics, and macro-institutions.

The social-ecological systems indicated above constitute the context, beginning with the family and immediate environment to which the person is closely tied, spreading through state institutions and policies, cultural features, and extending to the layers farthest from the individual (Greene & Moane, 2000). It should be noted that there are no defined borders between ecological systems; instead, these systems' boundaries are considered flexible and fluid.

Much emphasis on contextual influences in ecological systems theory and less attention to the individual's active role in their own development led Bronfenbrenner to modify and expand the theory over time (Lerner et al., 2011). In his later work, Bronfenbrenner devoted considerably more emphasis to the characteristics of the developing person (Hayes et al., 2017). His work evolved in several stages, beginning with the emphasis on the role of context in human development and progressing to focusing on proximal processes and reciprocal interactions between individual and their context. Including the chronosystem as a time dimension to the theory and the recognizing central role in the microsystemic influences in development were two alterations stressed in theory throughout this process (Hayes et al., 2017).

First, the chronosystem refers to the environmental and socio-historical events that occur throughout a person's life across time. The chronosystem, or time, intersects all other components of ecology and makes change an essential part of all systems (Bronfenbrenner, 1989). The chronosystem includes both life events and developmental stages at the individual level, as well as socio-cultural historical events in the life course of generations.

Another critical development in theory has been to expand the influence of the microsystem and proximal processes within the microsystem. A microsystem is a context in which the individual functions at any given time in their life. Bronfenbrenner expanded his understanding of the microsystem structure by including not only relationships with other people but also the activities and roles, and interaction with symbols of the individual into this level of ecology. Enduring interactions with an individual's immediate environment—that is, with people, objects, and symbols—are called proximal processes (Bronfenbrenner & Ceci, 1994; Bronfenbrenner, Morris, 2006). He stresses in his later works that the influence of process is more vigorous than the context in which it occurs. Consequently, processes involving solid and positive relationships might overcome the influence of environments that harm the individual, and likewise, if the individual lacks a supportive relationship, even the safest environment is not adequate and sufficient for their development (Hayes et al., 2017). It should be noted at this point that Bronfenbrenner puts the microsystem at the center; however, many researchers have revealed that the external systems, namely the exosystem and macrosystem, significantly influence the individual through indirect influences such as policy changes to the microsystem (Boxer et al., 2012; Martin-Lopez & Montes, 2015). All the conceptualizations included in the theory ultimately lead the research to the fundamental point: the individual in society.

1.3.1 Social-Ecological Theory and Political Violence

The social-ecological perspective began to spread in the study of community violence and political violence throughout time. When studying political violence, the research considers that political violence simultaneously influences various areas related to individual and community well-being (Sousa et al., 2013; Hoffman & Kruczek, 2011). Violence might directly influence children at all levels of their social ecology; at the

same time, political violence in a certain systemic level, such as microsystem, mesosystem, exosystem, or macrosystem, interacts in a complex manner with surrounding levels that spur or reduce violence at another level and by so influences children indirectly (Boxer et al., 2012).

We could elaborate on how political violence influences children at various social-ecological levels. Forms of political violence exposed by a person at school, in a group of friends, in the family, and among relatives might be addressed at the microsystem level. The forms of violence arising from these microsystems' conflicts are not isolated but also within the mesosystem. For instance, the child might be politically mistreated due to a conflict between the family and the school system. Political violence that indirectly influences the children, for instance, political violence to which the child's family or friends are exposed and its potential consequences, is described at the exosystem level. Furthermore, direct or indirect violence exposed through institutions and services, as well as the violence exposed through social media, are considered within the exosystem. For example, the judicial system's maltreatment of children is part of the exosystemic level of violence. At the macrosystemic level, a given society's social, political, and economic structure, state policies, and cultural characteristics that indirectly influence all other levels, such as fostering or reducing violence, could be understood in political violence. Finally, at the chronosystem level, violence refers to the historical time of the individual and society and its influences, such as living in a time of political conflict or being of a certain age in political conflict; as another example, having a social identity feature that subjects to political violence in a particular historical period of society.

Resilience to political violence, not just risks, appears strongly associated with resources for children and adults in surrounding systems such as families, friends, communities, and institutional and political contexts (Betancourt & Khan, 2008). Therefore, a social-ecological model for understanding children and political violence starts with a comprehensive examination of the ecological systems' risk and protective factors surrounding them (Boothby, 2008). It should be investigated which social-ecological variables, from the child's immediate environment to more distant

systems, could be mediators and moderators in the relationship between political violence and psychological health.

There are several examples from a social-ecological framework in research investigating political violence and psychological health in the literature. When studying psychological health, this research considers not just the intensity of political violence exposure to children but also other aspects of the social ecology. Variables in the child's ecology such as family, school, friends, social groups, community, institutions, religion, and ethnicity provide more detailed explanations of the relationship between political violence and psychological health (Barber, 2001; 2008; 2014; Boxer et al., 2012; Cummings et al., 2009; Punamäki, 2001). For example, in the study by Boxer et al. (2012) examining ethnopolitical violence and aggressive behavior, they found that the microsystem variables significantly related to the increase in aggressive behavior in children exposed to political violence, more than the violence itself. Besides, they claimed that ethnopolitical violence might also indirectly influence children due to increased violence in the home, school, and near surroundings. Similarly, an increasing number of studies in the literature examine social-ecological variables such as community perception of political violence, child's political participation, social exclusion, prestige and ideological commitments, and daily stressors in the family, school, and immediate environment in the context of political violence and psychological health (Baker & Shalhoub-Kevorkian, 1999; Betancourt & Kahn, 2008; Eggerman & Panter-Brick, 2010; Miller & Rasmussen, 2010).

Within the scope of the current thesis, several social-ecological variables considered to influence the psychological health of individuals in political violence exposure will be detailed in the next section.

1.4 Variables Associated with Psychological Outcomes after Political Violence Exposure in Childhood

1.4.1 The Event Characteristics: Exposure Severity

As stated in the previous sections, DSM-V defines traumatic experience exposure as direct exposure, witnessing, or indirect exposure to the traumatic event (APA, 2013).

The severity of a traumatic experience is determined by various factors, including the type of event, proximity to the event, physical injury, loss of a relative, and re-experiencing the event (Kılıç, 2003). When considering the psychosocial consequences of trauma for children, research states that high levels of direct exposure, loss of relatives, perceived threat against life, and witnessing the violence experienced by their relatives are related to the severity of the trauma, and the severity of the trauma is associated closely with adverse psychosocial consequences (Barber, 2008; Hagan, 2005, Slone & Shechner, 2009). For instance, in the famous study by Baker and Shalhoub-Kevorkian in 1999 with Palestinian children, impairments in psychological health, especially PTSD symptoms such as intrusive thoughts, withdrawal, numbing, and hyperarousal, were found to be highly correlated with the severity and frequency of the political violence exposure. In light of these findings, the researchers concluded that when investigating the effects of political violence and potential protective factors, three levels of analysis should be conducted, including the characteristics of the violence, the characteristics of the exposed individual, and the characteristics of the social, cultural, and political environment in which the individual lives. The severity of political violence, on the other hand, has an important place in this analysis.

Due to the natural characteristics of the sample in many research, measuring the severity, qualitative, and quantitative features of exposure is always problematic (Pat-Horenczyk et al., 2013). In many studies, researchers assume that as the event number and perceived influence increase in scales, the severity of exposure to political violence also increases. Likewise, the type of event is assumed to be related to its severity (Farhood et al., 2006). Accordingly, in the current study, the violence exposure severity is measured by the number of political violence events and the perceived influence level.

1.4.2 Microsystemic Influences: Family and Social Milieu

When adopting an ecological approach, risk and protective factors associated with political violence could be found in every level of ecological systems (Anthony et al., 2009). As Bronfenbrenner and Morris (2006) stated, relationships with people in their microsystem, such as family, relatives, close friends, spouses, teachers, and coworkers,

at the same time, mesosystems consisting of the interaction of these microsystems, could significantly influence the individual's reactions to a traumatic event. From this perspective, ecological analysis of children and political violence could identify the prominent social mechanisms as family dynamics, social support systems, and community perceptions of the child and their family (Baker & Shalhoub-Kevorkian, 1999; Barber et al., 2014).

Family Influences

Research recognizes that the profound nature of political violence could have a significant impact on psychological health; however, many studies emphasize that factors related to family structure and functioning are at least as important as the violence itself in terms of children's psychological adjustment. When political violence and family-related risk factors integrate, the clinical appearance of violence's adverse effects on psychological health intensifies. On the other hand, the presence of protective factors in the family could be a balancing factor for children to be prepared and adapt to difficulties, conflicts, and changes caused by violence (Mathews, 2000).

In family-level protective factors, a family's characteristics and functions that reduce the impact of risks and lead the child to positive and adaptive behaviors are included (Spooner et al., 2001 as cited in Gökler-Danışman & Köksal, 2011). Studies investigating protective factors in the family in the literature on political violence emphasize the existence of a stable and secure relationship with at least one parent (Losel & Bliesener, 1990; Punamaki et al., 2017), physical togetherness of the family (Garbarino, 1991), psychological health of the parents that is sufficient to contain the child (Dubow et al., 2012; Garbarino & Kostelny, 1996), well-defined roles of the parent and clear but flexible boundaries within the family (Fremont, 2004; Gibson, 1989), and parenting styles which vary according to the culture (Slone et al., 2011).

Factors such as other family members being the target of political violence and traumatizing the parents and relatives due to violence complicate the adjustment process, including the family's potential influences on the child's psychological health (Dubow et al., 2012; Fremont, 2004; Hagan, 2005; Yehuda et al., 2001). Investigating this process is a separate study issue. As a result, the current study attempts to address

the general functioning and characteristics of the family in childhood through the protective factors in the family.

Social Support

Social support is one of the most prominent concepts when examining the individual's interaction with their social milieu in the context of political violence. Among its many definitions in the literature, social support could be defined as addressing an individual's social needs in connection with their environmental resources (Kaplan, Cassel, & Gore, 1977). Many studies have revealed that individuals' perceived social support from their immediate social systems following traumatic experiences is significantly associated with decreased mental health problems, particularly post-traumatic stress symptoms (Brewin et al., 2000; Hobfoll et al., 2006; Ozer et al., 2003). In the absence of perceived social support from the immediate environment and community, social outcomes such as loss of trust, isolation, and withdrawal from social activities, which are strongly associated with political violence, are noticed more frequently (De Zulueta, 2007; Sousa et al., 2013).

Similar to adults but likely the more, with social support resources accessible, many children could recover over time from the most severe traumatic reactions, even when exposed to bombings, shootings, murders, and other deprivations linked to political violence (Farhood et al., 2006; Peltonen et al., 2014). As a result, social support is an essential element to consider in the context of risk and protective factors for children exposed to or witnessing political violence (Ahern et al., 2004; Daiute, 2016; Masten, 2014).

Relationships with friends and significant others appear to be crucial for understanding social support, as most children's relationships with peers and significant individuals occur in the neighborhood and school environment and expand over time (Greenberg et al., 2001; Vaughn et al., 2004). Therefore, relationships with peer groups and teachers are highlighted in the current study when analyzing social support in childhood.

1.4.3 When the Child Grows up: Trust in Social and Institutional Context

As mentioned in detail in the previous sections, human development occurs in various social contexts, and the sense of self forms in relations with other people. Developmental theories reveal that one of the most important social elements in development is the sense of trust in the self and others (Bowlby, 1969; 1988; Erikson, 1969; 1964). A generalized sense of trust is developed with primarily microsystem influences from an early age and remains reasonably steady into adulthood. However, extreme life events could affect trust development and psychological health in adulthood beyond early life experiences (Uslaner, 2015). Although psychological health is mainly measured from a medical perspective in this study, according to the World Health Organization's (2014) definition of psychological health, health is more than the absence of disease. Psychological health has many aspects, from individual stress coping skills to positioning in societal relationships. When examining the psychological health of individuals exposed to political violence, research suggests that long-term relational and developmental sequels of political violence could be associated with stress symptoms.

For example, Asner-Self and Marotta (2005) state that developmental disruptions in trust, identity, and intimacy formation in individuals exposed to political violence could increase stress symptoms. Sousa's comprehensive review (2013) reveals that individuals exposed to political violence experience withdrawal and isolation from society, loss of trust in relations, and deterioration in the sense of social justice. Similarly, Mutluer (2016) argued a consistent outcome: a breakdown of a sense of social and economic security and a loss of political trust in the state.

Social Trust

Social trust is a notion that attempts to explain an individual's sense of trust in their surrounding social realm in its broadest sense. The belief that many other people, including strangers, could be trusted is called social trust (Stolle, 2002). Peoples attempt to gain trust in their social lives, mostly from their family, relatives, and close friends (Özbek, 2008, as cited in Akın et al., 2013). However, in line with Bronfenbrenner's theory (1979; 1989), it is possible and common to address social

trust, starting from the family and the immediate social environment and extending to relationships with the broader societal system. Hence, social trust could be explored at individual, community, or country levels. For example, classifications of high-level and low-level social trust countries are prevalent in nationwide research on social trust (Nannestad, 2008). At the individual level, it is reasonable to argue that variables from broader systems are critical in studies of social trust. Especially in studies dealing with social trust in its most general form, it is found that economic and institutional factors such as income level and employment status are related to social trust (Mewes et al., 2021). Therefore, the general sense of social trust interacts with more distal ecological systems as well as interpersonal systems.

Some studies in the literature examine the relationship between political violence and social trust. For example, Kijewski and Freitag (2016) stated that individuals exposed to political violence during the civil war in Kosovo reported significantly lower social trust than those not directly exposed. At the same time, among those who did not directly encounter violence, those who resided in places with intense violence reported lower levels of social trust than those who did not live in those places. In other words, in addition to being directly exposed to political violence, witnessing violence and living in violent surroundings could have a deleterious influence on social trust. Studies on social trust suggest that political violence harms individuals' accurate perception of physical and psychological security in society, thus damaging the generalized sense of social trust regarding interpersonal and community. Likewise, social-economic status, family, social, and community relations that are likely to be damaged due to violence may also cause a decrease in the general sense of social trust. (Asner-Self & Marotta, 2005; Crenshaw & Robison, 2022). Accordingly, individuals exposed to political violence are likely to experience mistrust in their larger social group, namely their community (Rohner et al., 2013).

According to research on the relationship between social trust and psychological health, the two variables could be associated. For example, Jovanovic's study published in 2016 suggests that social trust predicts the two core components of subjective well-being; cognitive and affective. Research has indicated that strengthening an individual's sense of trust by fostering a sense of community integrity

and connection would be critical for psychological health amid human rights violations and everyday instability (Leshem et al., 2015, Veronese et al., 2014).

Trust in Institutions

When addressing trust in institutions, literature frequently considers people's sense of trust in governmental organizations, police, and the justice system in the country in which they live (Doosje et al., 2018; Hudson, 2006). When taken in its broadest sense, this term might also be considered as a positive idea of the country's political system and its institutions (Shi, 2001).

In the relationship between political violence and trust in institutions, political violence at both the country and individual levels may yield diverse but interrelated consequences. In societies where political violence is prevalent, issues such as increased poverty and foreign dependency, deterioration of infrastructure, and disruption to the democratic process could threaten the actual functioning of civil society and governmental institutions (Baingana et al., 2005). At the individual level, people exposed to violence could experience a loss of trust in governmental institutions, overall democratic functioning, and social justice. Trust in institutions is claimed to decrease, especially when the governmental institutions participate in political violence or do not immediately interfere (Flores et al., 2009; Lykes et al., 2007). Beyond direct exposure to political violence, impaired trust in state institutions could be the case for those who witness violence and those whose families are exposed to violence (Lupu & Peisakhin, 2017). While these findings are frequent, several researchers have reported a different association. For example, when data from Mexico was analyzed by Ishiyama et al. (2018), they reported that victims of violence's trust in state institutions and local governments increased. It is worth noting that the emphasis of these studies is on community violence rather than only political violence.

The relationship between trust in institutions and psychological health has been examined in various studies. For example, a positive relationship between trust in institutions and psychological health was reported in a study that examined data from 50 countries (Elgar et al., 2011). Similarly, a European country's study found a significant correlation between trust in institutions and happiness (Leung et al., 2011).

However, contrary to these, Jovanovic (2016) stated that there is no predictive association between low institutional trust and well-being, even though Serbia's economy is fragile and trust in institutions is typically low.

The relationship between trust in institutions and psychological health in those who have experienced traumatic events has received little attention in the literature. Nevertheless, the findings of a recent study might be relevant to the current thesis, particularly in regard to assessing long-term relationships. Thoresen et al. (2018) found that even after 26 years, trauma survivors had a significant decline in trust in governmental institutions compared to the general population and elevated mental health problems.

1.5 Aim and Importance of the Study

In the previous sections, research on childhood political violence and its potential relations with psychological health were introduced in detail based on the relevant literature. With this, the importance of examining political violence by focusing on social-ecological variables was underlined. The primary purpose of this study is to explain the long-term reflections of childhood exposure to political violence on adult psychological health in terms of social and institutional trust variables. While the study questions this relation, it also aims to retrospectively understand the roles of microsystemic influences such as family and immediate social environment in childhood regarding the relationship between political violence and psychological health. Simultaneously, by controlling the influences of microsystem variables in childhood, this study aims to emphasize the influences of more distal ecological systems.

We believe that the present study could contribute to the literature in three respects. First and foremost, this study prioritizes social/relational variables when examining the reflections of political violence. For this purpose, it adopts a social-ecological perspective to examine the influences of the ecological systems surrounding the individual, jointly and separately. As Baker and Shalhoub-Kevorkian (1999) stated, studies examining traumas of political origin should consider three interrelated factors. These are the nature of the traumatic event, the personal traits of the survivor, and the

social ecology in which the event took place. However, most of the studies in the literature focus on intrapersonal psychological characteristics. This study follows a different path by trying to position the individual in society. Second, this study examines the associations between political violence and psychological health with a long-term focus. Most studies investigating the effects at the individual level are conducted shortly after exposure or while the violence and victimization continue (Bauer et al., 2016, as cited in Lupu & Peisakhin, 2017). We introduced in previous sections how acute reactions to political violence could differ from long-term outcomes. Lastly, this study was conducted with individuals who lived their childhood in Turkey. As mentioned earlier, political and community violence studies frequently emphasize the region's importance. A small number of studies on political violence in Turkey have been conducted in clinical psychology. Among these studies, Başoğlu et al.'s (1994; 1997) studies investigating the impacts of torture and various risk and protective factors could be mentioned first. As a recent example, Kırseven and Işıklı's (2020) research on political violence in political demonstrations, in reference to the Gezi protests, could be cited. Studies focusing on childhood are also very limited in all aspects. We could mention the studies of Basak Culture and Art Foundation (2004; 2010) and Sevim (2001) on the psychological effects of forced migration. However, at the time this thesis was written, we came across a valuable study examining the psychological well-being of children living in Eastern Turkey concerning political violence, poverty, and family violence; and this study's findings also support the notion that political violence poses a significant risk for children's psychological health (Kara & Selçuk, 2020).

In line with the information given, the hypotheses of the present study are as follows:

1- Childhood exposure to political violence predicts the current psychological health in adulthood.
2- Family protective factors and immediate social support in childhood mediate the relationship between childhood exposure to political violence and the current psychological health in adulthood.
3- Social trust and trust in institutions mediate the relationship between childhood exposure to political violence and the current psychological

health in adulthood after controlling for family protective factors and immediate social support in childhood.

The conceptual models of the study are presented below:

Figure 1

The proposed model 1

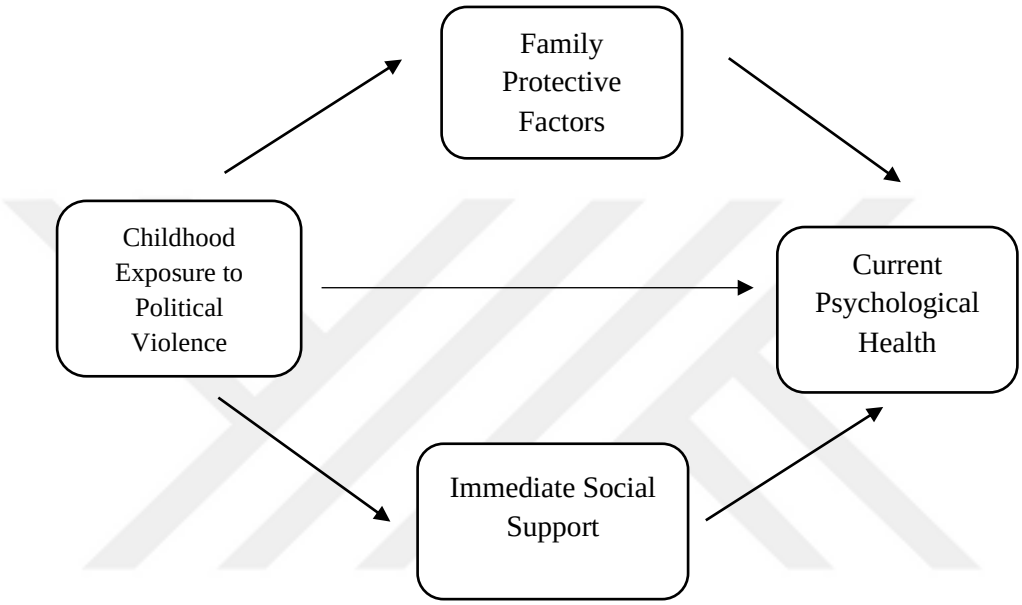
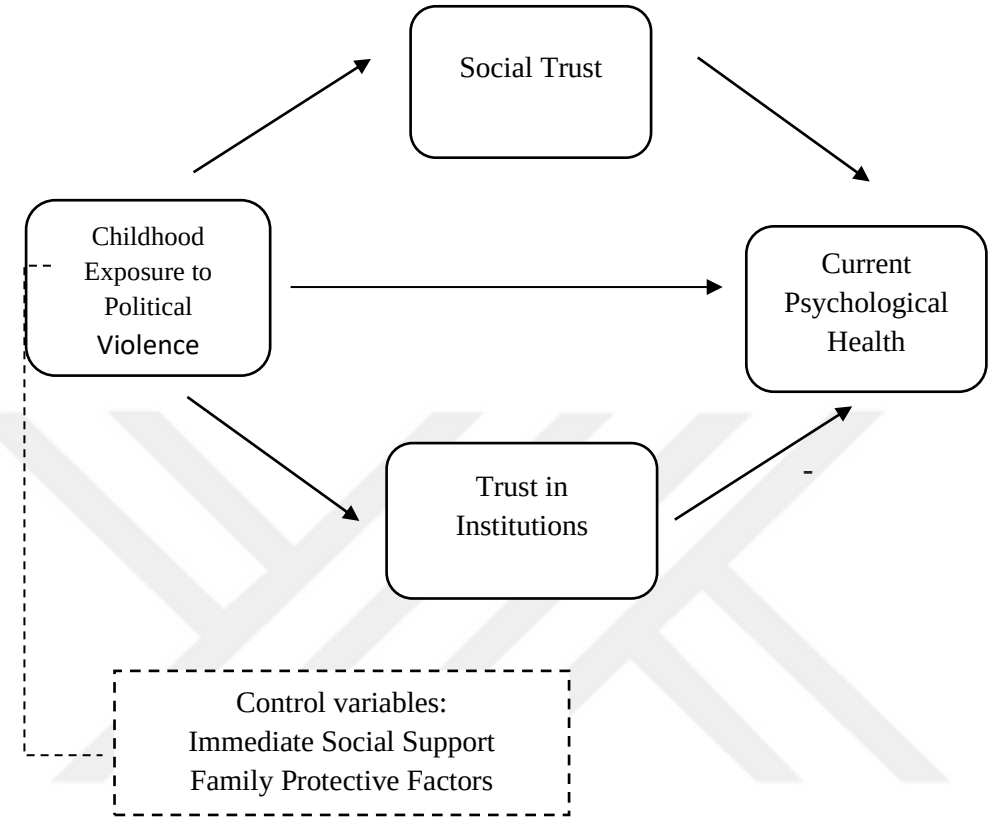


Figure 2

The proposed model 2



CHAPTER 2

METHOD

2.1. Participants

The study sample consisted of 406 adults between the ages of 18-65 who lived their childhood in Turkey. The mean age was 33 (SD=10.39). Participants were from various regions of Turkey and abroad, particularly Ankara (N=138), İstanbul (N=116), and İzmir (N=30). Most of the participants stated their gender as woman (N=283), their ethnic identity as Turkish (N= 230), their education level as university or higher degree (N= 331), and their family's monthly income as 5500 TL and above (N=276). The demographic characteristics of the participants are presented in Table 1.

Table 1

Demographic characteristics of the sample

Variable		Frequency	Percent (%)
Gender			
	Female	283	69,7
	Male	119	29,3
	Other	4	1,0
Ethnic Identity			
	Turkish	239	56,9
	Kurdish	74	18,3
	Other	47	11,6
	Does not want to specify	15	3,7

	Turkey	38	9,4
Education Level			
	Middle School	3	0,7
	High School	72	17,7
	Bachelor Degree	215	53,0
	Master's Degree	91	22,4
	Ph.D. Degree	25	6,2
Employment Status			
	Student	102	25,1
	Full Time	186	45,8
	Part-Time	39	9,6
	Housework	6	1,5
	Retired	23	5,7
	Unemployed	50	12,3
Family Income			
	≤ 1000 TL	8	2,0
	1000-2500 TL	16	3,9
	2501-4000 TL	44	10,8

	4001-5500 TL	62	15,3
	≥ 5500 TL	276	68,0
Marital Status			
	Married	123	30,3
	Unmarried	248	61,1
	Divorced	23	5,7
	Lost Their Spouse	3	,7
	Other	9	2,2
Current Region			
	Marmara	146	35,9
	Blacksea	6	1,4
	Aegean	39	9,6
	Central Anatolian	150	36,9
	Mediterranean	26	6,4
	East Anatolia	3	0,7
	Southeast Anatolia	8	1,9
	Abroad	28	6,8

Childhood Region			
	Marmara	118	29,1
	Blacksea	38	9,3
	Aegean	44	10,8
	Central Anatolian	95	23,3
	Mediterranean	45	11,1
	East Anatolia	31	7,6
	Southeast Anatolia	26	6,4
Psychiatric Diagnosis			
	Yes	94	23,2
	No	312	76,8
Psychiatric Support			
	Yes	91	22,4
	No	315	77,6
Chronic Disease			
	Yes	91	22,4
	No	315	77,6
Political Participation (Childhood)			
	None	190	46,8

	Few	107	26,4
	Middle	52	12,8
	Quite	31	7,6
	Very Much	26	6,4

2.2. Measures

2.2.1. Demographic Information Form

The researchers prepared this form to collect descriptive information such as age, gender, ethnic identity, marital status, economic income, employment status, cities where they currently live, where they spent their childhood, political engagements in childhood, psychiatric and physical treatment history, and the presence of any traumatic exposure experienced in the last six months. While preparing the list of traumatic events, the items in the first part of the Post-Traumatic Stress Diagnostic Scale developed by Foa et al. (1997) and adapted into Turkish by Işıklı (2006) were used. Most of the information collected in this form is used to obtain information about the participants and determine the research's control variables.

2.2.2. Political Violence Exposure Checklist (PVEC)

The political violence exposure checklist was prepared by the researchers specifically for this study in order to collect information about the number of political violence events that individuals may have experienced during their childhood and their level of exposure to the event. While preparing the checklist, other political violence checklists available in the literature (Macksoud, 1992; Slone et al., 1998) were used. In addition, common experiences defined as political violence in the literature were also itemized and added. The list consists of 45 items. Some items represented experiences of direct exposure to political violence such as physical violence during a conflict, exposure to

sexual violence, and torture; and indirect exposure, such as violence, arrest, abduction, and death of a family member or relatives for political reasons. The other items includes incidents such as the inability to attend school, leaving homes and cities, and the inability to obtain proper health care due to the conflict environment.

Participants were asked to check the events they experienced (1: I have experienced, 0: I have not experienced) and to indicate the appraised level of impact of severity of each event on a 5-point Likert-type scale (1= Not at all, 5= Extremely). When the participants checked the boxes on the checklist, they only saw the severity levels for the events they experienced. When calculating the total scores, we did not consider the total number of events experienced by the participants. We arrived at the total scores by summing the participants' scores for the appraised level of severity of impact because we sought to quantify the subjective severity of political violence exposure in this study. Since this study aimed to obtain information about the participants' political violence exposure in their childhood, the events experienced before 18 were asked in the checklist.

2.2.3. Brief Symptom Inventory (BSI)

Brief symptom inventory is a self-report scale developed by Derogatis (1992) to assess the current psychological symptoms of individuals. The scale consists of the 5-point Likert type (0= Not at all, 4= Extremely) 53 items and successfully distinguishes stressed and non-stressed individuals from each other. The high score obtained from the scale indicates that the individual experiences more severe psychological symptomatology. The Turkish adaptation study was carried out by Şahin and Durak (1994). The Turkish scale consists of 5 sub-dimensions: anxiety with 13 items, depression with 12 items, negative self-concept with 12 items, somatization with 9 items, and hostility with 7 items. The internal consistency coefficients of the adapted scale version are $\alpha = .93 - .96$ for the Turkish version. In this study, the Turkish version of the scale was used to measure the total current psychological symptomatology. The Cronbach's alpha value of this study was $\alpha = .97$ for the total scale.

2.2.4 Family Protective Factors Inventory (FPFI)

The Family Protective Factors inventory was developed by Gardner et al. (2008) to measure the protective factors of the family. The scale consists of 16 items with 5-point Likert type (1= It does not suit my family at all, 5= It suits my family completely). Gökler-Danışman and Köksal published Turkish adaptations of the scale in 2011. The Turkish version divides the scale into three sub-dimensions: fewer stress factors, adaptive appraisal and compensating experiences, and social support. The high score obtained from the scale indicates that the individual perceives the protective factors in their family at a higher level. There is one item in the scale that requires reverse coding. The internal consistency coefficients of the adaptation version of the scale are $\alpha = .85$ for the Turkish version.

In the current study, the Turkish version was used to measure how the participant perceived their family and protective factors in the family during childhood. For this reason, some adaptations have been made in the written language of the items to measure past experiences. (For example, the item "Our family has a good relationship with at least one supportive person" was changed to "Our family had a good relationship with at least one supportive person.") The Cronbach's alpha value of this study was $\alpha = .91$ for the total scale.

2.2.5 Social Support Appraisals Scale for Children (APP)

APP is a self-report scale developed by Dubow and Ullman (1989) to assess children's perceptions of the social support they receive from their families, friends (close friends and classmates), and teachers. The scale measures the extent to which the child evaluates themselves as someone supported, valued, and accepted by their immediate social environment. The scale consists of 5-point Likert type (1= Never, 5= Always) 41 items. The scale is divided into three sub-dimensions as friend support (19 items), family support (12 items), and teacher support (10 items). The high score obtained from the scale indicates that the individual perceives the social support from their immediate social environment at a higher level. Nineteen items in the scale require reverse coding. The scale was adapted into Turkish by Gökler-Danışman (2007). In the internal consistency analysis for the Turkish version of the scale, Cronbach's alpha

for the whole scale was found to be α = .93. The internal consistency coefficients obtained for the sub-dimensions of the scale are α =.89, α =.86, and α =.88 for the sub-dimensions of friends, family, and teachers, respectively. In the current study, the Turkish version of the scale's immediate friend support and teacher support sub-dimensions (29 items) were used to evaluate the participants' perceptions of immediate social support during their childhood. For this reason, in the instruction of the scale, it was informed that they should answer the questions by considering their childhood period and some adaptations have been made in the written language of the items for assessing past experiences. (For example, "Some children feel excluded by their friends, but some do not. Do you feel excluded by their friends?" item was changed to "Did you feel excluded by your friends?") The Cronbach's alpha value of this study was α =.94 for the scale.

2.2.6 Social Safeness and Pleasure Scale (SSPS)

SSPS is a self-report scale developed by Gilbert et al. (2009) to measure individuals' feelings of safety and trust in other people around them, their sense of belonging, and their satisfaction in a social context. The scale has been frequently used to measure social trust and to assess how often people perceive their social surroundings to be safe, warm, and pleasant (Alavi et al., 2017). The scale consists of 11 items of 5-point Likert type (0= Never, 4= Always), and it consists of one dimension. High scores obtained from the scale indicate that the individual has more trust in their social environment. Akın et al. (2013) carried out the Turkish adaptation study. The internal consistency coefficients of the adapted version were found as α = .82 for the Turkish version. In the current study, the Turkish version of the scale is used to measure participants' sense of trust in their social environment. The Cronbach's alpha value of this study was α =.91 for the scale.

2.2.7 Trust in Institutions Scale (TIS)

The Trust in Institutions Scale was developed by Uçar (2010) to measure people's trust in governmental institutions and their belief that the functioning of institutions is optimistic and equal, and fair relations prevail. The scale consists of 5-point Likert type 16 items (1=Totally disagree, 5=Totally agree). The extent to which a high score

is obtained from the scale items indicates the individual's high level of institutional trust. The last eight items in the scale require reverse coding. The internal consistency coefficients of the scale were found as α = .84 for the original study. In the current study, the scale was used to measure the trust of the participants in the institutions. The Cronbach's alpha value of this study was also α =.84 for the scale.

2.3 Procedure

The study firstly received approval from the TEDU Human Research Ethics Committee. Following ethical approval, the online survey was prepared using the Qualtrics tool and made available for online distribution. The announcement of the study was made through social media. The convenience sampling method was used. The study's announcement material was consistently shared on various social media to reach as many individuals as possible. After filling out the informed consent, the participants first completed the demographic information form and then randomly filled in the other scales. After the participants completed the survey, they were directed to a website prepared by the researchers, which included a debriefing form, general information about post-traumatic stress symptoms, and a list of institutions they could apply to regard human rights violations. Participants who left before completing the questionnaires were not included in the study and excluded from the data set.

CHAPTER 3

RESULTS

3.1. Statistical Analysis

In this study, parallel mediation analyzes were performed using the SPSS PROCESS macro v3.5 program to test the hypotheses mentioned in previous chapters (Hayes, 2017).

In preparation for the analysis, the data was first organized according to the exclusion criteria. Based on these, only participants who completed all the scales were included in the study, and among them, one participant not included in the age range was removed. While determining the outliers in the study, the z score range for extreme values was referenced as +4 and -4. According to the literature, a researcher could choose this range if the sample size is large in clinical studies in the field of social sciences (Stevens, 2001 as cited in Mertler & Vannatta, 2017). In the present study, only one participant was identified as an outlier on the political violence exposure checklist. It was decided that this participant's data could remain in the study as it was thought their data might be outliers not because of measurement or entering error but because of their different experiences from the remainders (Tabachnick & Fidell, 2007). However, the analysis results in which the participant was not included are also reported in the study's appendices (Stevens, 2001).

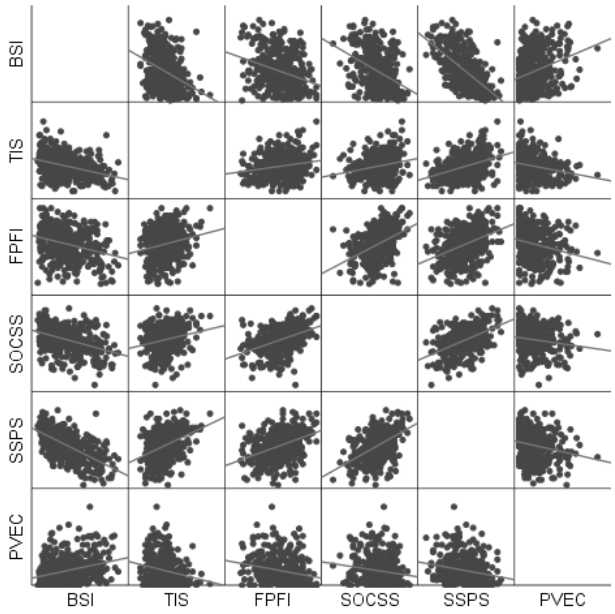
In the second step, normality assumptions were tested. The normality assumption was tested by examining the skewness and kurtosis values of the variables. As stated by George and Mallery (2010), when the z-scores of skewness and kurtosis values are in the range of +2 -2, it could be accepted that the normality assumption is met. In this study, it was observed that the data were not normally distributed since the values of most variables were outside the mentioned range. In many psychology studies, especially where it is common to take a zero value from a measurement, for example, in political violence exposure for this study, skewed distributions are frequently observed (Sara, 2010). The bootstrap method with 10000 re-samplings

was applied in this study to reduce sampling bias that might be caused by failing to meet the normality assumption.

Finally, prior to the analysis, the linearity of the relationship between the outcome and predictor variables was confirmed. A Scatter/Dot plot was drawn for the study variables to understand linearity. Since no curvilinear relationship was observed between the variables, the linearity assumption was supported. The Scatter/Dot plot matrix is presented below.

Graph 1.

The Scatter/Dot Plot



Note. BSI=Brief Symptom Inventory, TIS=Trust in Institutions Scale, FPFI=Family Protective Factors Inventory, SOCSS=Survey of Children's Social Support, SSPS=Social Safeness and Pleasure Scale, PVEC=Political Violence Exposure Checklist

3.2. Descriptive Statistics and Correlations

Table 2 shows the descriptive statistics of the study variables according to the total scores obtained from the scales.

Table 2

Descriptive statistics of study variables

	Mean	Standard Deviation	Minimum	Maximum	Sample Size
BSI	119.76	42.74	53	238	406
PVEC	33.32	30.15	0	180	406
TIS	36.01	9.18	16	72	406
SSPS	34.82	8.35	12	55	406
APP	99.93	18.20	35	145	406
FPFI	51.19	12.52	19	80	406

Note. BSI=Brief Symptom Inventory, PVEC=Political Violence Exposure Checklist, TIS=Trust in Institutions Scale, SSPS=Social Safeness and Pleasure Scale, APP=Social Support Appraisals Scale for Children, FPFI=Family Protective Factors Inventory

The correlation coefficients between the study variables are shown in Table 3.

Table 3

Correlations among the main variables of the study

	BSI	PVEC	TIS	SSPS	APP	FPFI
BSI						
PVEC	.30*					
TIS	-.35*	-.22*				
SSPS	-.63*	-.20*	.37*			

APP	-.40*	-.15*	.22*	.49*	
FPFI	-.30*	-.22*	.19*	.39*	.43*

Note. *p < .001, BSI=Brief Symptom Inventory, PVEC=Political Violence Exposure Checklist, TIS=Trust in Institutions Scale, SSPS=Social Safeness and Pleasure Scale, APP=Social Support Appraisals Scale for Children, FPFI=Family Protective Factors Inventory

As shown in Table 3, the correlation values of the study variables ranged between .15 and .63, and all values were statistically significant at the p < .001 level.

3.3. Testing the Parallel Mediation Models

In the SPSS PROCESS macro, model 4 proposed by Hayes (2017) was used for parallel mediation analysis. Two models were tested in the study when examining the associations between political violence and psychological health, one focusing on early family and immediate environment relationships and the other on present social and institutional trust. Partial correlations between mediator variables were considered when deciding to use parallel mediation. When political violence exposure was controlled for, a small but significant correlation was found between mediator variables in both models. However, based on the literature, it was determined that the associations seen here could be attributable to an additional factor not considered in the study, namely epiphenomenal rather than temporal or casual (Hayes, 2017). Therefore, considering the complexity of social sciences and the unique nature of the study, it was decided that the parallel mediation model could be used. It was decided whether there was a significant mediation relationship in the proposed models, according to the bootstrap confidence intervals with 10000 bootstrap samples which did not include zero.

In the present study, age, gender, education and income level, current trauma scores, and childhood political participation scores were controlled in the first model, while family protective factors and social support from the immediate environment in childhood were added to these control variables in the second model.

3.3.1 Testing the Proposed Model 1

In the first parallel mediation model, the protective factors in the family (M1) and the support of the immediate social environment (M2) in childhood were tested as mediators, with the level of political violence in childhood (X) as the predictor, and the level of current psychological symptomatology (Y) as the outcome. We hypothesized that childhood exposure to political violence would predict the current psychological symptomatology, and family protective factors and immediate social support in childhood would mediate the relationship between childhood exposure to political violence and current psychological symptomatology.

First, the results demonstrated that our model (Fig.3) explained 36% of the variance in the participants' current psychological health ($F(9,396)=24.85$, $p< .05$). The results confirmed the mediation hypotheses of the study. Besides the direct influences, results indicated that childhood political violence exposure was indirectly related to current psychological health through its influence on both family protective factors and immediate social support in childhood. The indirect relation of childhood political violence exposure to current psychological health through the family protective factors in childhood ($b= .03$, $SE= .01$, 95% CI [.0074, .0843]) and immediate social support in childhood ($b= .07$, $SE= .02$, 95% CI [.0296, .1274]) were found significant according to the bootstrap confidence interval with 10.000 bootstrap samples which did not include zero.

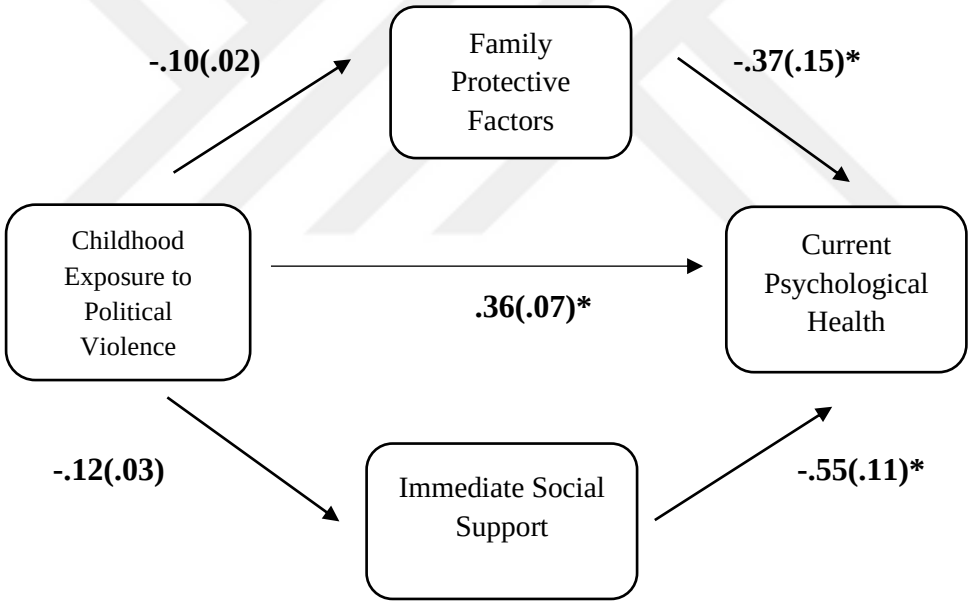
In addition to the mediation relationship, increasing political violence exposure in childhood was negatively associated with the family protective factors in childhood ($b= -.10$, $SE= .02$, $t = 7.56$, $p < .05$; 95% CI [-.1531, -.0587]), and immediate social support in childhood ($b= -.12$, $SE= .03$, $t = -3.81$ $p < .05$; 95% CI [-.1965, -.0629]). As expected, the direct association between childhood political violence and current psychological symptomatology had a significant positive direction independent from the mediators ($b= .36$, $SE= .07$, $t = 5.18$ $p < .05$; 95% CI [.2295, .5099]).

At the same time, family protective factors in childhood were negatively associated with the current psychological symptomatology after controlling for both political

violence exposure and immediate social support (*b*= -.37, *SE*= .15, *t* = -2.39 *p* < .05; 95% *CI* [-.6810, -.0673]). Similarly, immediate social support in childhood was negatively associated with the current psychological symptomatology after controlling for both political violence exposure and family protective factors (*b*= -.55, *SE*= .11, *t* = -5.04 *p* < .05; 95% *CI* [-.7743, -.3403]).

Figure 3

The direct effects of the model 1 variables



Note: *p < .05. All coefficients are unstandardized regression weights.

3.3.2 Testing the Proposed Model 2

In the second parallel mediation model, social trust (M1) and trust in institutions (M2) were tested as mediators, with the level of political violence in childhood (X) as the predictor, and the level of current psychological symptomatology (Y) as the outcome. We hypothesized that childhood exposure to political violence would predict the current psychological symptomatology, and social trust and trust in

institutions would mediate the relationship between childhood exposure to political violence and current psychological symptomatology.

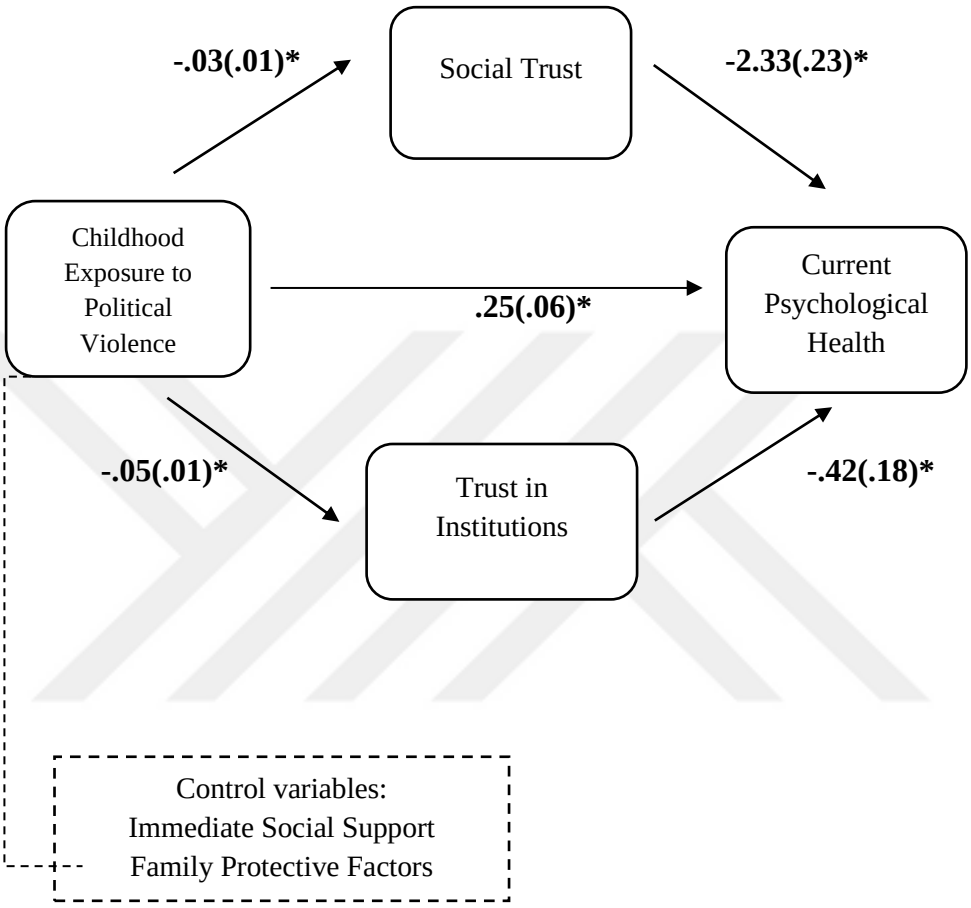
First, the results demonstrated that our model (Fig.4) explained 51% of the variance in the participants' current psychological health ($F(11,394)=38,02$, $p< .05$). The results confirmed the mediation hypotheses of the study. Besides the direct influences, results indicated that childhood political violence exposure was indirectly related to current psychological health through its influence on both social trust and trust in institutions. The indirect relation of childhood political violence exposure to current psychological health through the social trust (*b*= .08, *SE*= .03, 95% *CI* [.0203, .1579]) and trust in institutions (*b*= .02, *SE*= .01, 95% *CI* [.0004, .0552]) were found significant according to the bootstrap confidence interval with 10.000 bootstrap samples which did not include zero.

Beside the mediation relationship, increasing political violence exposure in childhood was negatively associated with social trust (*b*= -.03, *SE*= .01, *t* = -2.65, *p* < .05; 95% *CI* [-.0642, -.0096]), and trust in instutions (*b*= -.05, *SE*= .01, *t* = -3.26 *p* < .05; 95% *CI* [-.0935, -.0232). As expected, the direct association between childhood political violence and current psychological symptomatology had a significant positive direction independent from the mediators (*b*= .25, *SE*= .06, *t* = 4.08 *p* < .05; 95% *CI* [.1344, .3837]).

In terms of mediators' direct relation with the current psychological symptomatology, social trust was negatively associated with the current psychological symptomatology after controlling for both political violence exposure and trust in instutions (*b*= -2.33, *SE*= .23, *t* = -10.04 *p* < .05; 95% *CI* [-2.7905, -1.8766]). Similarly, trust in institutions was negatively associated with the current psychological symptomatology after controlling for both political violence exposure and social trust variables (*b*= -.42, *SE*= .18, *t* = -2.33 *p* < .05; 95% *CI* [-.7762, -.0666]).

Figure 4

The direct effects of the model 2 variables



Note: *p < .05. All coefficients are unstandardized regression weight

CHAPTER 4

DISCUSSION

This study aimed to investigate the relationship between childhood political violence, the current psychological health of adult participants, and the particular social-ecological processes underlying this relationship. To examine the possible relationship between childhood political violence and current psychological health, two models with different ecologies were tested in this thesis. The results supported all the hypotheses of the study. First, childhood exposure to political violence predicted the current psychological health. As the participants' scores for exposure to political violence increased, their psychological symptomatology also increased significantly. Second, family protective factors and immediate social support in childhood significantly mediated this association. Furthermore, after controlling family protective factors and social support, social and institutional trust variables significantly mediated the relationship between childhood political violence and current psychological symptomatology.

The study's findings are consistent with the existing literature. The theoretical foundation for the study, and evidence from the literature, are covered in detail in the first chapter. However, if we re-evaluate the literature with the study's findings, the study yielded similar results to previous studies demonstrating the relationship between political violence and psychological symptomatology. For example, the results of Steel et al.'s meta-analysis (2009), which included data collected from 40 countries, showed that depression and post-traumatic stress symptoms significantly increased in populations exposed to political conflicts. In terms of children's exposure to political violence, Dimitry's systematic review of political violence (2011) stated that the most common psychological diagnosis was PTSD among Middle Eastern children, and prevalence rates are 5 to 8 percent in Israel, 10 to 30 in Iraq, and 23 to 70 in Palestine. Along with PTSD, a wide range of psychological symptoms, including both internalizing and externalizing symptoms have been reported in previous studies (Baker &Shalhoub-Kevorkian, 1999; Batniji et al., 2009; Cummings et al., 2017; Dawes, 1990; Macksoud et al., 1996).

Studies on the long-term reflections of political violence are less common, and the findings are manifold. For example, in Gal and Hanley's (2020) study on political violence in Argentina, it was reported that participants had a disruption in their bonds with the community, especially their sense of trust, even after years of violence and living in another society. Again, as stated in research, it is expected that traumatic stress experienced in conditions of war and political conflict becomes chronic in some individuals and maintains its impact throughout the life span (Davidson et al., 1990; Eytan et al., 2010; Fullerton et al., 2003; Manzareno et al., 2017; Sabin et al., 2003). However, there are also studies stating that the stress caused by political violence is less prominent in the long term at both the individual and social levels, and significant reductions in stress symptoms are expected, particularly as time passes. (Steel et al., 2009; Summerfield 1999). As the present study was not longitudinal, we are unable to comment on the participants' past symptomatology. However, we found that participants who reported being highly affected by past political violence had a significantly higher current psychological symptomatology. This finding was in line with many studies in the literature, but we believe it requires a deeper examination. Although we do not promise this, it is evident that we could not have exact violence history in a retrospective study, especially with the variables we measure participants perceived. Likewise, the concern that participants' current mental states may influence their perceptions of the past is reasonable. With this information, however, we believe that the acquired result is significant for the literature and should be considered in conjunction with the following discussion. It was mentioned that traumatic effects are expected to decrease over time. In connection with this decrease, the concept of resilience is carefully discussed in political violence literature (Barber et al., 2006; Betancourt & Khan, 2008; Slone & Shechner, 2011). It is worth noting that Wainryb and Pasupathi (2010) questioned the fact that many studies that reveal the impacts of political violence diminish over time sometimes refer to several months or years, and traumatic impacts in children are frequently measured in terms of well-adjusted behavior. Nevertheless, this does not necessarily suggest that political violence has less of an impact on symptomatology in the long run. Children's reactions to political violence, psychological and social mechanisms they acquire to cope with traumatic

stress, changes in their world of meaning, and well-adjusted behaviors at the moment, namely their resilience capacity, are undoubtedly significant for their psychological adjustment. However, we could suspect these adjustment strategies may have long-term consequences for their future development and psychological health. The protective meaning-making strategies, avoidance, or involvement behaviors adopted by many children in a political violence context could be advantageous for adjusting to the traumatic environment but could also carry a psychological cost.

The present study proposes two models in which social variables at different ecological levels are applied as mediators to explain the relationship between childhood political violence and current psychological health. In the first model of the analysis, protective factors in the family and immediate social support variables measured retrospectively for childhood significantly mediated the mentioned relationship. At this point, it might be necessary to discuss the choice of the mediation model as the explanatory mechanism. Studies of children's exposure to trauma have frequently stated that parents might be directly or indirectly affected by a traumatic incident. It could be related to the direct experience of such traumatic events by the family and the child's immediate environment, as well as indirect experiences such as anxiety and concern for the child (Feldman &Vengrober, 2011; Scheeringa et al., 2015; Thabet et al., 2009). It was expected that a political violence environment that could distress the entire family would be associated with a decrease in protective factors in the family. While similar expectations apply in the immediate social environment, the concept of social support might become more complicated. Political violence-related stresses, such as isolation, withdrawal, and damage to social relations, might also limit an individual's capacity to receive support from their immediate environment (De Zulueta, 2007). Apart from these, while measuring political violence in this study, violence experienced by the child's family and immediate social environment was also considered in the checklist. Therefore, the mediation model was applied, predicting that the protective factors in the family and the support received from the social environment would be partially dependent and correlated with political violence exposure.

In the second model of the analysis, social trust and trust in institutions variables significantly mediated the relationship between childhood political violence exposure and current psychological health. At this point, one of the unique aspects of this study was to control family protective factors and immediate environment social support in childhood. We aimed to understand the influences of more distal social systems by controlling for microsystem influences on childhood. Considering the control variables focusing on childhood was a decision that we found necessary in order to be able to establish the link between microsystemic influences and political violence, and also to control the diversity of the participants' ages and the variety of relationships established within the microsystem in each developmental period (Bronfenbrenner, 1979; 1989). While attempting to understand the influences of more distal systems, we focused on the relations of trust, which is one of the founding and determining elements of social living, by following the social-ecological perspective of the study (Akın et al., 2013). The findings of this model are generally consistent with the literature. As stated in the first chapter, in studies conducted with people who have been exposed to political violence, it has been reported that social trust could be damaged with both general and interpersonal aspects (Asner-Self & Marotta, 2005; Kijewski & Freitag 2016; Rohner et al., 2013), and trust in institutions could be decreased significantly (Flores et al., 2009; Lupu & Peisakhin, 2017; Lykes et al., 2007). Various studies have also shown that social trust (Jovanovic, 2016) and trust in institutions could predict psychological health (Elgar et al., 2011; Leung et al., 2011). However, it should be noted that there is no significant relationship between trust in institutions and psychological health in Jovanovic's (2016) study. We encountered one study in the literature that combined the findings mentioned above. Despite not dealing with political violence, Thoresen et al. (2018) discovered that trauma survivors had less trust in institutions than the general population 26 years after a traumatic event and experienced various psychological health problems. Given this information, we believe that the current study's integration of the aforementioned social variables in the axis of Bronfenbrenner's social-ecological theory with focusing on childhood contributes to expanding the political violence literature.

Bronfenbrenner's social-ecological theory (1979; 1989) could argue the study's findings in extensive detail. As mentioned above, the study's main findings are in line with the theory. Political violence exposure, which we tried to measure in the study, could occur at all levels of ecological systems. In the study, the participants were asked about the forms of political violence they could be exposed to in different contexts such as family, school, community, and the larger society. These forms of violence included both direct exposure to themselves and indirect exposure through the experience of their relatives.

In the relationship between violence and psychological health, we first examined the microsystemic influences. We addressed family, peer groups, school friends, and teachers at the microsystem level. The influences at this level were found to be significant for the relationship between political violence and psychological health. In other words, besides the direct negative relationship between political violence exposure and psychological health, political violence also influences psychological health by interacting with microsystem relations. In the study, microsystem variables are both in a mediation relationship and a direct relationship with psychological health. It was reported that when childhood protective factors in the family and social support from the immediate environment increased, the participants' current psychological symptomatology reduced. The direct relations support social ecology theory's emphasis on the proximal processes, particularly in childhood. However, the study also found that political violence has an influence on psychological health by weakening the protective function of the family and immediate social context. This finding again supports the social-ecological theory's proposition that the influences of external systems can shape proximal processes and indirectly affect the individual through the microsystem.

Moreover, considering Bronfenbrenner's theory, we tried to understand the influence of political violence on psychological health through more distal social systems rather than the influence through microsystem variables. We employed participants' general sense of social trust and trust in institutions in the second model as variables. Again, besides the direct influence of social trust and trust in institutions, we also found that political violence has an indirect influence on

psychological health through these variables. In this part of the study, we tried to isolate the influence of more distal systems by controlling the microsystem variables. That is, we tried to understand the sense of trust of the participants in their relations with the society, communities, and institutions they are currently in, regardless of their childhood family and close social environment relationships. It should be highlighted that complete isolation is not reasonable under social-ecological theory because ecological systems are tightly integrated. However, we believe it is significant to find that apart from microsystemic relations, more distal social systems mediate the relationship between political violence and psychological health. This finding supports Bronfenbrenner and following researchers' emphasis on understanding the individual in society in the field of psychological health.

4.1. Limitations and Future Research

The present study carries with it several limitations. First, there are limitations to conducting a retrospective cross-sectional study. Although correlations have value in interpretation and prediction, causality cannot be inferred from the study. It is recognized that the study's retrospective nature may result in participant recall bias. Both the difficulty in remembering and reporting traumatic events, and the fact that the current mental state of the participants affects the past evaluations may impair the accuracy of the collected data. Since our study was based on people's subjective evaluations and tried to measure what was perceived, reaching complete accuracy about the past was not a criterion we used as a basis in the study. However, we believe that conducting this study longitudinally instead of the retrospective will make a far more significant contribution to the literature.

Another limitation of the study was that it treated childhood as a single period lasting from 0 to 18 years. We believe that this decision, taken for practical reasons and with the study being an initial investigation, is a weakness in the study's developmental perspective. In the first chapter, while political violence on children was introduced, we mentioned that the effect of violence considering the interpretation, reaction, and manifestation might differ according to the characteristics of developmental periods. Future research may need to focus on developmental variations and assess the age ranges at which the traumatic event is

exposed separately. However, despite its limits, we expect that the current study will provide an explanation for the reflections of childhood political violence.

The convenience sampling method may also have caused some limitations in terms of the generalizability of the study. As explained in the second chapter, the proportion of females among participants is significantly higher than that of males. However, the regional distribution of the participants could be considered representative to some extent compared to the population distribution. We expect that testing the study in multiple contexts with different representative groups could considerably overcome the constraints of the convenience sampling method. Although the regional distribution of participants is compatible with the population distribution, it is worth noting that there are less participants from the Eastern and Southeastern Anatolia Regions, where political violence events are more prevalent and more collectively experienced. In future research, it may be necessary to focus on establishing ways to collect additional data from these regions.

The current study also revealed several concerns about political violence exposure. We mentioned that exposure to political violence is strongly related to the participants' sociocultural identities. Some identity characteristics and related structural inequalities such as religion, sect, ethnic identity, class, gender identity, sexual orientation, and disabilities persist throughout life. It is necessary to evaluate the possibility of individuals exposed to violence in connection with various identity characteristics in their childhood, to be exposed to political violence more in adulthood. Although we attempted to control for recent traumatic events in our study, we did not assess participants' exposure to political violence as adults. Therefore, the continuous nature of trauma and its possible cumulative effects were beyond the scope of this study. Nevertheless, it could influence results. Accordingly, we suggest that future research focus on continuous traumatic stress (CTS), which explains traumatic experiences regularly experienced in contexts of structural and community violence, oppression, and ongoing conflict (Straker, 2013 as cited in Matthies-Boon, 20017).

4.2. Clinical Implications

Up to this part of the study, we have explored the clinical consequences associated with political violence. This section includes recommendations for clinical prevention, intervention, and rehabilitation that might be linked to the study findings. In the study, we addressed the relationship between political violence and psychological health with interpersonal and community-related factors rather than intrapersonal factors. Consistently, the current study has considered clinical implications and intervention strategies in these contexts.

According to the study's findings, we might assume that political violence experienced as a child impairs family functioning and the support received from the immediate social environment at the microsystem level. As a result, in clinical procedures, exposure to violence should be approached from a relational and systemic standpoint. For example, a child who has been directly exposed to political violence is likely to have encountered this violence alongside family members. Alternatively, in some cases, the child is indirectly exposed to the violence experienced by someone in their immediate environment. In such circumstances, it may be more beneficial for the child to have the clinician work with the family in interventions. In family interventions, one of the clinical outcomes of this study is to work on improving the strengths and protective factors of the family. Similarly, according to our findings, the relationships the child establishes with their immediate environment, school friends, peer group, and teachers are also significant in the context of political violence. We could mention bidirectionality in the relationship with the immediate social environment. Due to political trauma, a child’s capacity to receive support from the environment may be damaged, and the immediate environment's capacity to support may weaken in situations of collectively experienced violence. In interventions related to the immediate environment, at the mesosystem level, the clinician can manage the interaction between the child's microsystems. For instance, the clinician may contact the school's psychological counseling units regarding the difficulties that the child may experience with friends and teachers at school in connection with political trauma. Similarly, the clinician may assist the child's family in interacting with institutions

at the exosystem level when necessary. At this point, it might be recommended that clinicians working with individuals exposed to political violence should have information about community organizations. Community organizations can serve as a social link between families and governmental institutions, especially when trust in institutions is low (Daiute, 2016). When working with community organizations, making an assessment based on the child's developmental period may be helpful. While significant adults have a vital role in mediating social relations in the early stages of childhood, as the child grows up, the influence in the social processes expands from the center to the periphery, from microsystem to macrosystem, and the direct and indirect relations with the community begin to play a more critical role (Gilligan, 2009).

It is also critical to evaluate clinical opportunities in situations where political violence is persistent, for example, in an ongoing conflict. In such cases, non-specific psychosocial interventions might be necessary in the first place (Barenbaum et al., 2004). These interventions include providing safe environments for children, bringing family members together, ensuring regular access to education and health services, identifying the community's specific needs, and finding appropriate resources. While not all of these are defined explicitly as the clinician's obligations, while working in situations of ongoing violence, clinicians may nonetheless have responsibilities in identifying and mobilizing environmental resources.

At this point, we could propose some recommendations for addressing the issues in the interventions. From the proximal systems to the distal systems levels, efforts to increase family functionality, which may be disrupted after political violence, will come to the fore. First, it is essential to understand the difficulties encountered in the family. Understanding these issues from a social and ecological perspective requires an emphasis on the region's characteristics, such as how much it is affected by conflicts and the family's level of access to environmental resources. At this point, it is important to support families in accessing education and health services and, if necessary, to advance the process of communication with institutions such as social services. Similarly, it is recommended to maintain communications with teachers and counseling units at critical points for children in schools, to inform

these units about the psychological outcomes of political violence when necessary, and to work with peer groups to both prevent and reduce the influences of violence. All of these interventions should take into account the culture and values of the individual's family and the community in which they live. It is critical to cooperate as closely as possible with local community leaders and to include individuals with similar social identities on the intervention team (Boothby, 2008).

One of the study's significant findings is the impairment in the individual's trust in their social context and institutions in connection with political violence. There is a chance to work both ways here. The first is to work with new institutions where trust can be established quickly, and the second is to work with existing institutions to restore trust over time. Interventions should be made in contact with governmental or non-governmental institutions to ensure the empowerment, protection and active participation of the child in the community to maintain the feeling of trust. In the long run, advocacy and policy studies may be required to make the appropriate adjustments in institutions to restore lost trust.

Clinicians could help with both the healing of political traumas and the prevention of violence. For example, researching and reporting the psychological effects of political violence could be among the prevention studies. At the same time, working to increase the prevalence of community mental health services, participating in policy-making efforts to adopt policies to prevent conflict and violence, and using their scientific knowledge and experience to prevent political violence are among the contributions clinicians could offer. With all these, clinicians have the opportunity to contribute to understanding and advocating the factors that are necessary for the construction of social and institutional trust at the societal level, which is among the present study’s findings. Finally, as noted in De Jong's (2010) study, although the definition and most of the content of political violence are universal, its prevention and recovery are specific to the local context. Therefore, it would be beneficial for clinical conclusions about political violence to focus on local resources and develop interventions specific to the region.

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APPENDICES

Appendix A: Announcement Text

Merhaba,

TED Üniversitesi Psikoloji Bölümü 'Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi' programında, çocukluk döneminde karşı karşıya kalınan politik şiddet yaşantılarının psikolojik ve toplumsal düzeylerde etkilerini incelemek amacıyla Doç. Dr. Ilgın Gökler Danışman danışmanlığında bir tez çalışması yürütmekteyim.

Aşağıdaki kriterleri karşılıyorsanız linke tıklayarak araştırmamıza katılmanızı rica ediyoruz:
a) 18-65 yaşları arasında olmak
b) İnternet erişimine sahip olmak
c) Araştırmaya katılamaya gönüllü olmak

Araştırmaya katılmak tamamen gönüllülük esasına dayanmaktadır. Araştırmaya katılmayı kabul ettiğiniz takdirde sizden çevrimiçi (online) ortamda bir dizi anket sorusunu yanıtlamanız istenecektir. Araştırmada yer alan anketleri tamamlamak yaklaşık 30 dakikanızı alacaktır. Vereceğiniz cevaplar çocukluk ve ergenlik döneminde karşı karşıya kalınan politik şiddet yaşantılarının psikososyal etkilerinin bilimsel bir bakış açısıyla incelenmesi açısından son derece yararlı olacaktır. Sizden herhangi bir kimlik bilgisi istenmeyecek, verdiğiniz yanıtlar anonim olarak ve diğer katılımcılardan toplanan verilerle birlikte değerlendirilecektir. Elde edilen veriler araştırmacıların kişisel bilgisayarlarında şifreli bir program aracılığıyla korunacaktır.

Araştırmaya ilişkin ayrıntılı bilgiye ve ankete aşağıda verilen bağlantı adresine tıklayarak ulaşabilirsiniz. [Anketin bağlantı adresi]

Ayrıca soru ve yorumlarınız için bana e-posta aracılığıyla ulaşabilirsiniz.

Zaman ayırdığınız için şimdiden teşekkür ederim.

Melis Çevik
TED Üniversitesi Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans Programı

Appendix B: Informed Consent Form

Sayın Katılımcı,

Bu araştırma, TED Üniversitesi Psikoloji Bölümü öğretim üyesi Doç. Dr. Ilgın Gökler Danışman'ın danışmanlığında, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi yüksek lisans programı öğrencisi Melis Çevik tarafından yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır. Araştırma kapsamında, çocukluk ve ergenlik dönemlerinde karşı karşıya kalınan politik şiddet yaşantılarının psikolojik sağlık üzerindeki etkilerinin toplumsal ilişkisellikler içerisinde incelenmesi amaçlanmaktadır. Bu amaç doğrultusunda, 18-65 yaşları arasındaki bireylerin katılımına ihtiyaç duymaktayız.

Bu araştırma, TED Üniversitesi İnsan Araştırmaları Etik Kurulu tarafından onaylanmıştır. Bu çalışmaya katılmak tamamen gönüllülük esasına dayanmaktadır. Araştırma katılıp katılmamak, anketleri doldurmaya başladıktan sonra vazgeçmek veya araştırmaya katıldıktan sonra verilerinizin kullanılmamasını talep etmek tamamen size bağlıdır. Bu araştırmaya katılmayı onayladığınız taktirde araştırmanın katılımcısı olacaksınız. Bu kapsamda sizden çevrimiçi (online) ortamda bir dizi anket sorusu yanıtlamanız istenecektir. Soruların nasıl yanıtlanacağı konusunda bilgi ilgili bölümlerde verilmiştir. Lütfen bu açıklamaları dikkatlice okuyarak soruları yanıtlayınız.

Bu çalışmada çocukluk ve ergenlik yıllarında yaşanan ve politik şiddet olarak değerlendirilebilecek yaşantılarınızın sıklığı hakkında sorular sorulacaktır. Ayrıca, çocukluk döneminizde ebeveynlerinizle olan ilişkileriniz, aile ortamınız ve yakın sosyal çevrenizle olan ilişkilerinize yönelik sorular yer alacaktır. Araştırma kapsamında cevaplayacağınız sorular yaklaşık 40 dakikanızı alacaktır. Anketi uygun olduğunuz bir zamanda ve tek oturumda ara vermeden tamamlamanız, araştırmanın güvenilir ve geçerli olması bakımından önem taşımaktadır.

Bu soruların sizin üzerinizde herhangi bir olumsuz etkisi olması beklenmemektedir. Yine de bazı sorular nedeniyle geçmişten bazı anılar zihninize gelip size sıkıntı verebilir. Bu ve benzeri nedenlerle olası bir sıkıntı yaşamanız durumunda anketi yarıda bırakmakta özgürsünüz. Anketten ayrılmak için internet tarayıcınızı kapatmanız yeterli olacaktır. Anketi tamamlayan katılımcılara çevrimiçi anket oturumundan ayrılmadan önce, anket sırasında hissetmiş olabilecekleri olası olumsuz duygu ve düşünceleri ele almalarına yardımcı olacak ve gerektiğinde destek alabilecekleri kurumların bilgisini içeren bir psikoeğitim broşürü sunulacaktır. Anketi yarım bırakan katılımcılar ise aynı broşüre adresli web sayfasından ulaşabileceklerdir.

Sizden kimliğinizi belirten herhangi bir kişisel bilgi istenmeyecek ve yanıtlarınız gizli tutulacaktır. Verileri araştırmacılar dışında herhangi birinin incelemesi söz konusu olmayacaktır. Bu çalışma kapsamında tüm katılımcılardan elde edilecek olan bilgiler toplu halde değerlendirilecek; sadece araştırmacılar tarafından yapılan bilimsel yayınlarda ve sunumlarda kullanılacaktır. Verdiğiniz cevaplar anonim olarak tez çalışmasının yürütücüsü Melis Çevik ve tez danışmanı ın bilgisayarlarında şifreli dosyalar içinde saklanacaktır.

Size yöneltilen soruların doğru ya da yanlış cevabı bulunmamaktadır. Tüm soruları dikkatlice okuyup, sizin yaşantılarınıza en çok uyan seçeneği işaretlemeniz ve tüm soruları içtenlikle yanıtlamanız araştırmamızın amacına ulaşabilmesi için oldukça önemlidir.

Bu araştırmaya katılımınız, çocukluk döneminde karşı karşıya kalınan politik şiddet yaşantılarının ve toplumsal ilişkilenmelerin bireyler üzerindeki psikolojik etkileri konusundaki bilimsel bilgi birikimine katkı sağlayacaktır. Çalışmaya katıldığınız için şimdiden teşekkür ederiz.

Araştırma hakkında sorularınız varsa veya daha detaylı bilgi almak isterseniz aşağıdaki iletişim bilgileri aracılığıyla bize ulaşabilirsiniz.

Melis Çevik

Onam formunu okudum. Bu araştırmaya katılmayı kabul ediyorum.

☐ Evet ☐ Hayır

Appendix C: Demographic Information Form

1) **Yaşınız:**

2) **Cinsiyetiniz:**

3) **Etnik kimliğiniz:**

4) **Eğitim durumunuz (Son aldığınız diplomaya göre):**

☐ Yalnızca okur-yazar ☐ İlkokul ☐ Ortaokul ☐ Lise
☐ Üniversite ☐ Yüksek lisans ☐ Doktora

5) **Çalışma Durumunuz:**
☐ Öğrenciyim
☐ Tam zamanlı çalışıyorum
☐ Yarı zamanlı çalışıyorum
☐ Ev işlerini yapıyorum
☐ Emekliyim
☐ Çalışmıyorum

6) **Ailenizin bir aylık toplam geliri ne kadardır?**
☐ 1000 TL'den az
☐ 1000-2500 TL
☐ 2501-4000 TL
☐ 4001-5500 TL
☐ 5500 TL üzeri

7) **Medeni durumunuz:**
☐ Evli
☐ Bekar
☐ Boşanmış
☐ Eşini kaybetmiş
☐ Diğer (Belirtiniz: …)

8) **Şu anda yaşadığınız şehir:**

9) **Çocukluğunuzu geçirdiğiniz şehir:**

10) **Herhangi bir tanı almış psikiyatrik rahatsızlığınız var mı?**
☐ Var (Lütfen ne olduğunu belirtiniz: …)
☐ Yok

11) Bir psikiyatrik rahatsızlık için herhangi bir destek alıyor musunuz?

☐ Evet (Lütfen ne tür bir destek (psikoterapi, ilaç tedavisi gibi) aldığınızı belirtiniz:…)

☐ Hayır

12) Şu anda herhangi bir kronik fiziksel hastalığınız var mı?

☐ Evet (Lütfen hastalığın ne olduğunu belirtiniz: …)

☐ Hayır

13) 18 yaşınızdan önceki yaşantınızda politik eylemlere katılımınız (afiş asmak, bildiri dağıtmak, toplantı ve yürüyüşlerde bulunmak gibi) ne düzeydeydi?

☐ Hiç
☐ Biraz
☐ Orta Düzeyde
☐ Epey
☐ Çok Fazla

14-) Birçok kişinin başından, hayatının herhangi bir döneminde, oldukça stresli ve travmatik bir olay geçmiş ya da böyle bir olaya tanık olmuştur. Aşağıda belirtilen olaylar içinde, <u>son 6 ay içinde</u> başınızdan geçen olayların hepsini yanındaki kutuyu işaretleyerek belirtiniz, birden fazla işaretleyebilirsiniz.

		Hiç	**Biraz**	**Orta**	**Epey**	**Çok fazla**
1.	Ciddi bir kaza, yangın ya da patlama olayı (örneğin, trafik kazası, iş kazası, çiftlik kazası, araba, uçak ya da tekne kazası ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
2.	Doğal afet (örneğin, hortum, kasırga, sel baskını ya da büyük bir deprem) ☐Yaşadım (Ne kadar etkiledi?)					

	☐ Yaşamadım					
3.	Fiziksel saldırıya maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
4.	Cinsel saldırıya maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
5.	Askeri bir çarpışma ya da savaş alanında bulunma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
6.	Hapsedilme (örneğin, cezaevine düşme, savaş esiri olma, rehin alınma gibi) ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
7.	İşkenceye maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
8.	Hayatı tehdit eden bir hastalık tanısı almış olma (lütfen hastalığın ne olduğunu belirtiniz …) ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
9.	Sevilen ya da yakın birinin beklenmedik ölümü ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					

10.	Bunların dışında bir travmatik olay (lütfen bu travmatik olayı belirtiniz:…) ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					

Appendix D: Political Violence Exposure Checklist (PVEC)

Aşağıda, insanların hayatlarının bazı dönemlerinde, kendilerinin veya yakınlarının etnik kimliği, milliyeti, yaşanılan bölge/şehir, siyasi görüşü, ırkı, mezhebi, dini inancı, cinsel kimliği ve yönelimi gibi özelliklerden herhangi biriyle ilişkili olarak yaşamış olabilecekleri politik şiddet olaylarını içeren bazı maddeler bulunmaktadır. Lütfen aşağıdaki soruları cevaplandırırken, **18 yaşınızdan önceki** yaşantınızı düşününüz.

Aşağıda yer alan her bir maddeyi ayrı ayrı okuyup değerlendiriniz.

Eğer belirtilen maddeyi siz de yaşadıysanız "yaşadım" ifadesini işaretleyiniz.

Eğer belirtilen maddeyi siz yaşamadıysanız, "yaşamadım" ifadesini işaretleyiniz.

18 yaşımdan önce, kendimin veya yakınlarımın etnik kimliği, milliyeti, yaşanılan bölge/şehir, siyasi görüşü, ırkı, mezhebi, dini inancı, cinsel kimliği ve yönelimi gibi özelliklerden herhangi biriyle ilişkili olarak aşağıdaki durumlardan herhangi birini yaşadım/yaşamadım:

		Hiç	Biraz	Orta	Epey	Çok fazla
1.	Güvenlik nedeniyle bir sığınakta zaman geçirmek durumunda kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
2.	Halka açık bir yere (örneğin, bir alışveriş merkezine) girerken rutin dışı güvenlik kontrolünden geçirilmek ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
3.	Tehlikeli silah/patlayıcı olduğundan şüphelenilen bir ortamda bulunma ☐Yaşadım (Ne kadar etkiledi?)					

	☐ Yaşamadım					
4.	Mülkün zarar görmesi ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
5.	Bir aile üyesinin uzun süreli yokluğu ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
6.	Bir eylem/gösteri sırasında şiddete maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
7.	Şiddet içeren bir eyleme/gösteriye tanık olma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
8.	Bir eylem/gösteri sırasında şiddete maruz kalan birini tanıma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
9.	Televizyonda, sosyal medyada ya da gazetelerde yer alan haberler üzerinden şiddete maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
10.	Sözel şiddete/hakarete maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
11.	Ayrımcılığa maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					

12.	Fiziksel şiddete maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
13.	Cinsel şiddete maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
14.	Bir aile üyesinin şiddet sonucu ölümü ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
15.	Bir arkadaşın veya tanıdığın şiddet sonucu ölümü ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
16.	Bir aile üyesinin şiddet sonucu yaralanması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
17.	Bir arkadaşın veya tanıdığın şiddet sonucu yaralanması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
18.	Bir aile arazisine el konulması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
19.	Bir tanıdığın arazisine el konulması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					

20.	Yakın mesafede gerçekleşen bir silahlı çatışmaya maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
21.	Yakın mesafede gerçekleşen bir bomba patlamasına maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
22.	Evin bombalanması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
23.	Okulun bombalanması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
24.	Evini terk etmek zorunda bırakılma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
25.	Okul değiştirmek durumunda kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
26.	Evden çıkamamak ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
27.	Okula bir süre gidememek/Okulun kapanması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					

28.	Göçe zorlanma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
29.	Temel gıdalardan yoksun kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
30.	Bir aile üyesinin kaçırılması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
31.	Bir arkadaşın veya tanıdığın kaçırılması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
32.	Kaçırılma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
33.	Israrlı fiziksel takip ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
34.	Kalınan evin basılması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
35.	Bir aile üyesinin kayıp olması/kaybedilmiş olması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
36.	Tutuklanma					

	☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
37.	Uzun süre gözaltında tutulma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
38.	Aile üyelerinden birinin tehdit edilmesi ya da aşağılanması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
39.	Politik nedenlerle tehdit edilme ya da aşağılanma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
40.	Bir arkadaş veya tanıdığın tehdit edilmesi ya da aşağılanması ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
41.	İşkenceye maruz kalma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
42.	Politik bir eylemde bulunmaya zorlanma ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
43.	Yanık, yara izi gibi kalıcı fiziksel bir zarar veya engel yaşama ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
44.	Gerekli bir sağlık hizmetine erişememe					

	☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					
45.	Diğer (Lütfen belirtiniz:…) ☐Yaşadım (Ne kadar etkiledi?) ☐ Yaşamadım					

Appendix E: Brief Symptom Inventory (BSI)

Aşağıda insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyunuz. Daha sonra o belirtinin **sizde bugün dahil, son bir haftadır ne kadar var olduğunu** düşünerek uygun olan seçeneği işaretleyiniz.

Bu belirtiler son bir haftadır sizde ne kadar var?

		Hiç yok	**Biraz var**	**Orta derecede**	**Epey var**	**Çok fazla var**
1.	İçinizdeki sinirlilik ve titreme hali					
2.	Baygınlık, baş dönmesi					
3.	Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri					
4.	Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu düşüncesi					
5.	Olayları hatırlamada güçlük					
6.	Çok kolayca kızıp öfkelenme					
7.	Göğüs (kalp) bölgesinde ağrılar					
8.	Meydanlık (açık) yerlerden korkma duygusu					
9.	Yaşamınıza son verme düşünceleri					
10.	İnsanların çoğuna güvenilemeyeceği hissi					
11.	İştahta bozukluklar					
12.	Hiçbir nedeni olmayan ani korkular					

13.	Kontrol edemediğiniz duygu patlamaları					
14.	Başka insanlarla beraberken bile yalnızlık hissetme					
15.	İşleri bitirme konusunda kendini engellenmiş hissetme					
16.	Yalnızlık hissetme					
17.	Hüzünlü, kederli hissetme					
18.	Hiçbir şeye ilgi duymama					
19.	Ağlamaklı hissetme					
20.	Kolayca incinebilme, kırılma					
21.	İnsanların sizi sevmediğine, kötü davrandığına inanma					
22.	Kendini diğerlerinden daha aşağı görme					
23.	Mide bozukluğu, bulantı					
24.	Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu					
25.	Uykuya dalmada güçlük					
26.	Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etme					
27.	Karar vermede güçlükler					
28.	Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkma					
29.	Nefes darlığı, nefessiz kalma					
30.	Sıcak soğuk basmaları					
31.	Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışma					

32.	Kafanızın bomboş kalması					
33.	Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar					
34.	Günahlarınız için cezalandırılmanız gerektiği düşüncesi					
35.	Gelecekle ilgili umutsuzluk duyguları					
36.	Konsantrasyonda (dikkati bir şey üzerinde toplama) güçlük/zorlanma					
37.	Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi					
38.	Kendini gergin ve tedirgin hissetme					
39.	Ölme ve ölüm üzerine düşünceler					
40.	Birini dövme, ona zarar verme, yaralama isteği					
41.	Bir şeyleri kırma, dökme isteği					
42.	Diğerlerinin yanındayken yanlış bir şeyler yapmamaya çalışma					
43.	Kalabalıklarda rahatsızlık duyma					
44.	Bir başka insana hiç yakınlık duymama					
45.	Dehşet ve panik nöbetleri					
46.	Sık sık tartışmaya girme					
47.	Yalnız bırakıldığında / kalındığında yalnızlık hissetme					
48.	Başarılarınız için diğerlerinden yeterince takdir görmeme					
49.	Yerinde duramayacak kadar tedirgin hissetme					

50.	Kendini değersiz görmek / değersizlik duyguları					
51.	Eğer izin verirseniz insanların sizi sömüreceği duygusu					
52.	Suçluluk duyguları					
53.	Aklınızda bir bozukluk olduğu düşünceleri					

Appendix F: Family Protective Factors Inventory (FPFI)

Aşağıda, ailenizin, stres verici durumları ne şekilde çözmeye çalıştığını anlamaya yönelik maddeler bulunmaktadır. Bu ifadeleri yanıtlarken **18 yaşına kadarki aile ortamınızı dikkate alınız.** Lütfen, her bir maddede yer alan ifadeyi dikkatlice okuyarak, (1)'den (5)'e kadar olan seçenekler arasında, sizin aileniz için en uygun seçeneği işaretleyiniz. Her bir seçeneğin anlamı aşağıda belirtilmektedir. Lütfen, samimi bir şekilde yanıtlamaya özen gösteriniz ve aklınıza ilk gelen seçeneği işaretleyiniz.

Aşağıda yazanlar sizin ailenize ne kadar uyuyor?

		Benim aileme hiç uymuyor	**Benim aileme çok az uyuyor**	**Benim aileme biraz uyuyor**	**Benim aileme oldukça uyuyor**	**Benim aileme tamamen uyuyor**
1.	Ailemizde sağlıkla ilgili olarak, sorunlardan çok olumlu şeyler yaşanırdı.					
2.	Ailemizde maddi durumumuzla ilgili olarak, sorunlardan çok olumlu şeyler yaşanırdı.					
3.	Ailemizde arkadaşlarımız/ahbaplarımızla ilgili olarak, olumlu şeylerden çok sorunlar yaşanırdı.					
4.	Ailemizde, okul ve iş yaşamıyla ilgili olarak, sorunlardan çok olumlu şeyler yaşanırdı.					
5.	Aile olarak biz, çoğu durumda iyimser davranırız ve olumlu şeylere odaklanırdık.					
6.	Bizim ailemiz, yaratıcı, becerikli ve kendine yeten bir aileydi.					

7.	Çoğu insan, bizim ailemizi cana yakın bulur ve bizle birlikte olmaktan hoşlanırdı.					
8.	Aile olarak biz başarılı ve gururluyduk.					
9.	Ailemizin, bize destek sağlayabilecek en az bir kişiyle iyi ilişkileri vardı.					
10.	Aile olarak, yaşamımızda, bizi önemseyen ve bizimle ilgilenen en az bir kişi vardı.					
11.	Aile olarak, yaşamda güvenebileceğimiz en az bir kişi vardı.					
12.	Ailemizle ilgilenen en az bir kişi vardı.					
13.	Aile olarak, sorunlarımızı (hepsini olmasa da) kendimiz çözebilirdik.					
14.	Aile olarak, yaşamımızda olup biten pek çok şey üzerinde (hepsi olmasa da) kontrol sahibiydik.					
15.	Aile olarak, yaşamda karşılaştığımız ciddi stres kaynaklarından biri ya da daha fazlasıyla iyi bir şekilde başa çıkardık.					
16.	Ailemiz, birkaç kez, olumsuz bir durumdan da olumlu bir şeyler çıkarmayı başarabilmişti.					

Appendix G: Social Support Appraisals Scale for Children (APP)

Aşağıda çocuk ve ergenlerin arkadaşları, aileleri ve öğretmenleriyle ilişkileri hakkında sorular bulunmaktadır. Lütfen aşağıdaki soruları dikkatlice okuyunuz. Bu soruları yanıtlarken **18 yaşınızdan önceki dönemleri düşününüz.** Her bir maddede yer alan ifadeyi dikkatlice okuyarak, (1)'den (5)'e kadar olan seçenekler arasında, sizin için en uygun seçeneği işaretleyiniz. Her bir seçeneğin anlamı aşağıda belirtilmektedir. Lütfen, samimi bir şekilde yanıtlamaya özen gösteriniz ve aklınıza ilk gelen seçeneği işaretleyiniz.

		Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
1.	**Arkadaşlarınız tarafından dışlandığınızı hisseder miydiniz?**					
2.	**Arkadaşlarınız tarafından sevilir miydiniz?**					
3.	**Arkadaşlarınız size sataşır ya da takılırlar mıydı?**					
4.	**Arkadaşlarınız, sizinle alay ederler miydi?**					
5.	**Arkadaşlarınız, sizin düşüncelerinizi dinlemekten hoşlanırlar mıydı?**					
6.	**Siz ve arkadaşlarınız birbiriniz için çok şey yapar mıydınız?**					
7.	**Kendinizi arkadaşlarınıza çok yakın hisseder miydiniz?**					
8.	**Sorunlarınız olduğunda yardım ya da öneri almak arkadaşlarınıza güvenebilir miydiniz?**					
9.	**Sizce, arkadaşlarınız size önem verir miydi?**					
10.	**Arkadaşlarınız, kendinizi kötü hissetmenize neden olur muydu?**					
11.	**Kendinizi sınıfınızın bir parçası gibi hissediyor muydunuz?**					

12.	**Sınıfınız tarafından dışlandığınızı hisseder miydiniz?**					
13.	**Sınıfınızda hiç kimsenin size değer vermediğini hisseder miydiniz?**					
14.	**Sınıf arkadaşlarınız tarafından çok sevilir miydiniz?**					
15.	**Sınıfınızda, çocuklar birbirleri için çok şey yaparlar mıydı?**					
16.	**Sınıf arkadaşlarınız, sizinle alay ederler miydi?**					
17.	**Sınıf arkadaşlarınız, sorunlarınız olduğunda size yardım ederler miydi?**					
18.	**Sınıf arkadaşlarınız size sataşır ya da takılırlar mıydı?**					
19.	**Sınıf arkadaşlarınız, kendinizi kötü hissetmenize neden olur muydu?**					
20.	**Kendinizi öğretmenlerine çok yakın hisseder miydiniz?**					
21.	**Öğretmenleriniz, kendinizi yetersiz hissetmenize neden olur muydu?**					
22.	**Öğretmenlerinizle konuşmakta zorluk çeker miydiniz?**					
23.	**Öğretmenleriniz size önem verir miydi?**					
24.	**Öğretmenlerinizden, herhangi bir sorun olduğunda, rahatlıkla yardım ya da öneri istenebilir miydi?**					
25.	**Öğretmenleriniz size karşı kötü davranır mıydı?**					
26.	**Öğretmenleriniz, size kendinizi önemli hissettirir miydi?**					
27.	**Öğretmenleriniz, sizin kendinizi kötü hissetmenize neden olur muydu?**					
28.	**Öğretmenleriniz, size özel görevler verirler miydi?**					
29.	**Öğretmenleriniz, sizin kendinizi tedirgin (huzursuz) hissetmenize neden olurlar mıydı?**					

Appendix H: Social Safeness and Pleasure Scale (SSPS)

Aşağıdaki durumlar insanların sosyal ortamlarda mutlu olma, keyif alma ve olumlu hissetmesiyle ilgilidir. Lütfen tüm durumları dikkatlice okuyunuz ve hislerinizi en iyi tanımlayan seçeneği işaretleyiniz.

		Hiçbir Zaman	**Nadiren**	**Arada Sırada**	**Genellikle**	**Her zaman**
1.	İlişkilerimden memnunum.					
2.	Etrafımdaki insanlar beni kolaylıkla sakinleştirebilir.					
3.	Kendimi diğer insanlarla bağlantılı hissediyorum.					
4.	Kendimi toplumun bir parçası hissediyorum.					
5.	Dünyada dikkate alınan biri olduğumu düşünüyorum.					
6.	Kendimi güvende ve önemli hissediyorum					
7.	Ait olduğumu hissediyorum					
8.	İnsanlar tarafından kabul edilen biri olduğumu hissediyorum					
9.	İnsanlar tarafından anlaşıldığımı hissediyorum.					
10.	İnsanlarla sıcak ilişkiler kurduğumu hissediyorum.					
11.	Yakınlarım sıkıntı anlarımda beni sakinleştirebilir.					

Appendix I: Trust in Institutions Scale (TIS)

Aşağıda, **genel olarak devlet kurumlarıyla olan ilişkilerimiz hakkında bazı ifadeler verilmiştir.** Bu ifadeleri okuyarak her bir ifadeye katılma derecenizi en uygun seçeneği işaretleyerek belirtiniz. Bazı ifadelerin size tam olarak uygun olmadığını düşünebilirsiniz ama yine de size en yakın seçeneği işaretleyiniz. Lütfen hiçbir maddeyi boş bırakmayınız.

		Hiç katılmıyorum	**Katılmıyorum**	**Kararsızım**	**Katılıyorum**	**Tamamen katılıyorum**
1.	Bir haksızlıkla karşılaştığında insanların haklarını arayacağı kurumlar var					
2.	İçinde yaşadığım ortamdaki ilişkilerin adil olduğuna inanıyorum					
3.	İnsanlar rahatlıkla bir devlet kurumuna gidip başvuruda bulunabilirler					
4.	İnsanlar arası ilişkiler eşitlik temeline dayanır					
5.	Tüm devlet kurumlarında işler olması gerektiği gibi yapılmaktadır.					
6.	İçinde yaşadığım toplumda insanlar ayrımcı değildir					
7.	İnsanlar bir sorun yaşadığında rahatlıkla bir devlet kurumuna başvurup sorunları çözebilirler					
8.	İnsanlar kurumların işleyişi ile ilgili bir sorunla karşılaştığında (İşin gecikmesi, engellenmesi vb.) yasal süreçlere kolaylıkla başvurabilirler					
9.	Bu ülkede işlerin yürümesi için mutlaka bir tanıdık olması gerekir.					

10.	Bu ülkede ne yaparsam yap başına gelecek olumsuz bir durumu değiştiremezsin					
11.	Bu ülkede bir problemle karşılaştığın zaman hiçbir kurumda hakkını arayamazsın					
12.	Bu toplumda bir şeyleri insanlar değiştiremez					
13.	Kurumların işleyişi ile ilgili bir sorun yaşadığında tanıdıklarını devreye sokman gerekir					
14.	Bu ülkede bir problemle karşılaştığında kimseye güvenemezsin					
15.	Devlet kurumları problem çözme mercii değildir					
16.	Devlet kurumlarına başvurmaktansa başka sorun çözme mekanizmalarına başvurmak daha etkilidir.					

Appendix J: Ethical Approval

İnsan Araştırmaları Etik Kurulu
Etik Kurul Kararları 2021/14

TED ÜNİVERSİTESİ
İNSAN ARAŞTIRMALARI ETİK KURULU
ETİK KURUL KARARLARI

Toplantı Tarihi	10.01.2022
Toplantı Sayısı	2021/14
Toplantı Yeri	Dekanlık Toplantı Odası
Toplantı Saati	10:00
Toplantıya Katılanlar	

Raportör Serkan Karaca İAEK Sekreteri

Gündem: Ted Üniverisetesi İnsan Araştırmları Etik kurulu Toplantıları COVİD-19 salgını nedeni ile online yapılmış olup kararları toplu olarak yazılıp e-imza ile imzaya açılmıştır.

GÖRÜŞME MADDELERİ

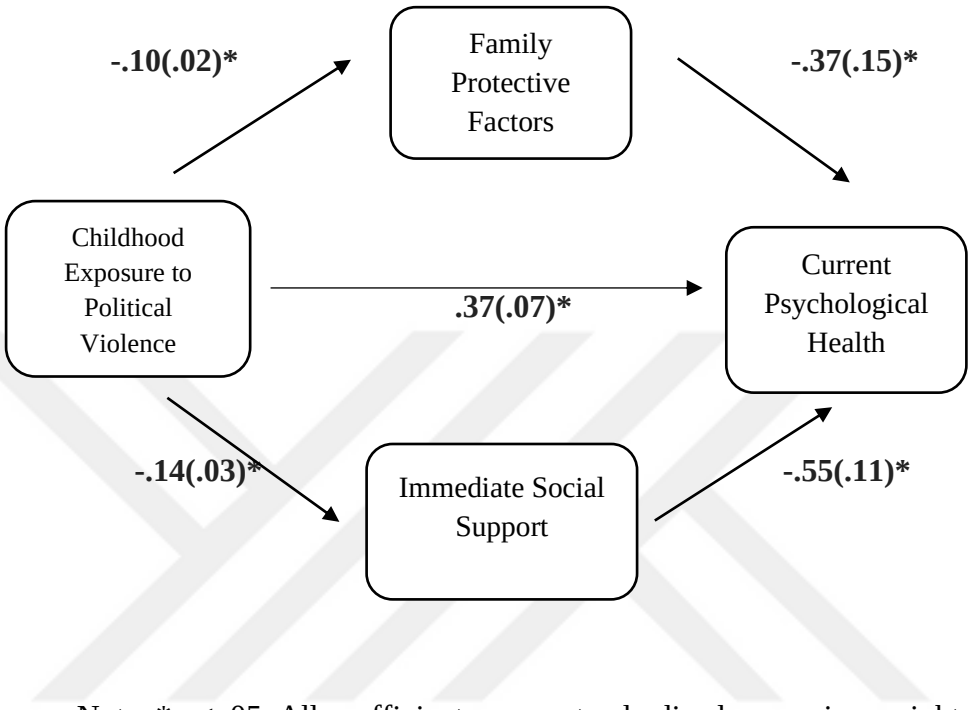
G.18: TED Üniversitesi, Psikoloji Bölümü Öğretim Üyesi Doç. Dr. Ilgın Gökler Danışman'ın "Çocuklukta Yaşanan Politik Şiddetin Yetişkinlikteki Psikolojik Sağlığa Yansımalarının Sosyal Ekolojik Değişkenler Açısından İncelenmesi " başlıklı çalışmasının araştırma etiğine uygunluğu görüşüldü.

Karar 2021-14/18: TED Üniversitesi, Psikoloji Bölümü Öğretim Üyesi Doç. Dr. Ilgın Gökler Danışman'ın " Çocuklukta Yaşanan Politik Şiddetin Yetişkinlikteki Psikolojik Sağlığa Yansımalarının Sosyal Ekolojik Değişkenler Açısından İncelenmesi " başlıklı çalışmasının başvurunuzun araştırma etiğine uygun olduğuna,

ONAY KARARI VERİLDİ.

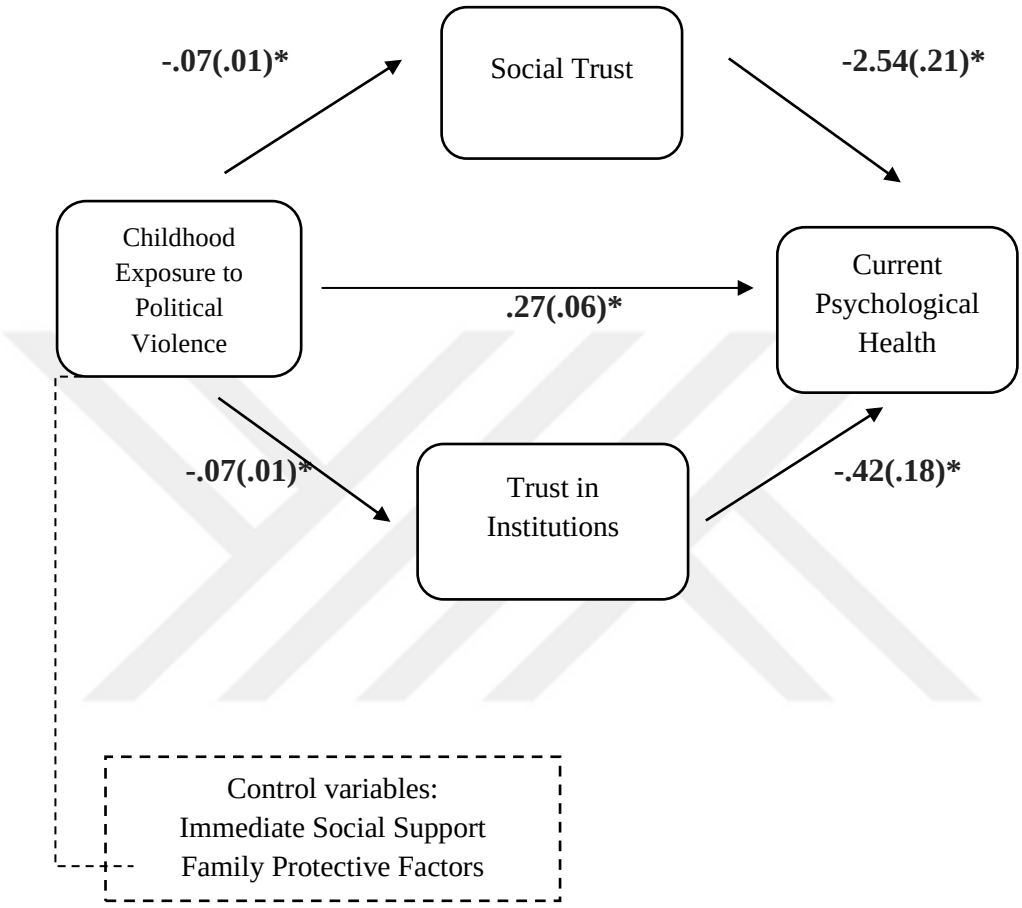
Toplantı saat 12:00'de sona erdi.

Appendix K: Testing Model 1 Without Outlier



Note: *p < .05. All coefficients are unstandardized regression weights

Appendix L: Testing Model 2 Without Outlier



Note: *p < .05. All coefficients are unstandardized regression weights