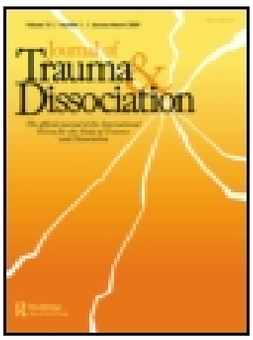

Journal of Trauma & Dissociation

ISSN: 1529-9732 (Print) 1529-9740 (Online) Journal homepage: https://www.tandfonline.com/loi/wjtd20

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To cite this article: Vedat Şar, Işıl Necef, Tuba Mutluer, Parmis Fatih & Tuğba Türk-Kurtça (2020): A Revised And Expanded Version Of The Turkish Childhood Trauma Questionnaire (CTQ-33): Overprotection-Overcontrol As Additional Factor, Journal of Trauma & Dissociation, DOI: 10.1080/15299732.2020.1760171

To link to this article: https://doi.org/10.1080/15299732.2020.1760171

Published online: 21 May 2020.

JOURNAL OF TRAUMA & DISSOCIATION
https://doi.org/10.1080/15299732.2020.1760171

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A Revised And Expanded Version Of The Turkish Childhood Trauma Questionnaire (CTQ-33): Overprotection-Overcontrol As Additional Factor

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ABSTRACT

This study was concerned with a culture-sensitive revision of the Turkish version of the Childhood Trauma Questionnaire (CTQ-28) and expansion of the instrument through integration of a dimension assessing overprotection – overcontrol (OP-OC). Participants (n = 783) were 37 dissociative and 78 non-dissociative and non-psychotic psychiatric outpatients, and 668 non-clinical people. They completed the revised and expanded version of the CTQ, Dissociative Experiences Scale, Beck Depression Scale, and Relationship Scales Questionnaire. A test-retest assessment was conducted on 25 non-clinical individuals. Among twenty-one alternative and the twenty-five original statements, the items of subsections were selected by correlations between item and item deleted total scores for each subset of original and alternative statements. The 33-item final version (CTQ-33) included five statements for each subsection including OP-OC and three denial items. The principal component analysis on items of the CTQ-33 with a varimax rotation yielded six factors including OP-OC. The inner consistency and the test-retest reliability were good. OP-OC correlated particularly with emotional abuse and neglect, and other types of trauma. There were significant correlations between CTQ-33 and depression, dissociation, and fearful attachment scores. The CTQ-33 differentiated psychiatric from non-clinical groups. The Turkish CTQ-33 is a reliable and valid instrument. OP-OC by caregivers may be as traumatic as other types of childhood adversities. Cross-cultural research would illuminate the significance of OP-OC beyond Turkish culture. The possibility of intergenerational transmission of trauma through OP-OC by fearful parents in and after times of cultural upheaval and political oppression should be considered for future research.

ARTICLE HISTORY
Received 12 October 2019
Accepted 29 February 2020

KEYWORDS
Abuse; neglect; overprotection-overcontrol; dissociation; assessment; betrayal; trauma

Lifelong consequences of childhood abuse and neglect (Chapman et al., 2004) have been traced in psychiatric conditions such as dissociative, mood, psychotic, somatic symptom disorders (Şar & Ross, 2006), and in general health (Felitti

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et al., 1998) throughout the last few decades. Initiated by studies on dissociative disorders (Şar, Yargic & Tutkun, 1996), research on the impact of childhood abuse and neglect on mental health is also growing in Turkey (Şar, Akyüz, Kugu, Öztürk, & Ertem-Vehid, 2006; V. Şar et al., 2004). While prospective studies are tedious to conduct (Ogawa et al., 1997; Shenk et al., 2010), retrospective assessment of childhood trauma, despite its limitations, has proven itself as the relatively accessible method. The Childhood Trauma Questionnaire (CTQ) (Bernstein et al., 1994), one of the self-report instruments designed for this purpose, has gained wide acceptance among researchers globally (Paivio & Cramer, 2004; Thombs et al., 2009).

The reliability and validity of the most widely utilized version of the Turkish CTQ with five factors (unpublished translation by Vedat Şar conducted in 1996) have been tested on a clinical population previously (Şar et al., 2012). Another translation of the instrument yielded only three factors in principal component analysis while items on physical neglect (PN) and emotional neglect (EN) were fused with dimensions depicting related types of abuse (Aslan & Alparslan, 1999; Cecen-Erogul, 2012). However, further research with the five-factor solution in Turkey yielded distinct clinical consequences for childhood abuse and neglect (Cakir et al., 2016; Kılıç et al., 2014; Şar et al., 2006; Şar et al., 2010). Thus, deviation from the original five-factor structure seemed to be premature as it would abolish the opportunity of this distinction in further studies. This would also interfere with cross-cultural research due to limited comparability. Nevertheless, the experiences with CTQ in Turkey suggested the need for a more liberal adaptation of the instrument to refine these distinctions further. Ideally, such revision should consider the cultural implications of each item including its wording and the composition of the subsections.

The difficulty of separation of EN from emotional abuse (EA) seemed to be partly due to the implementation of items translated in a literal fashion; i.e. without considering cultural repercussions. For example, "being important and special for someone in the family" (an item to catch EN in a reversed style) may be interpreted as being overindulged rather than representing a healthy relationship and "parents wished I had never been born" (an item to catch EA) may imply EN. The original items addressing PN were too strong such that they were endorsed only by a minority of the recipients (Şar et al., 2012). Deprivation of eating, clothing, and health services and negligence due to substance dependency in parents would be interpreted as abusive behavior. The tradition and availability of support by extended family members may compensate PN in many Turkish cases. Nevertheless, such support may not always protect the children from emotional traumatization.

The present study was also aimed at the integration of an additional subsection to the instrument covering overprotection and overcontrol (OP-OC) by caregivers which is known to be widespread in Turkish families (Şar et al., 2017). While there are existing instruments assessing OP-OC (Parker et al., 1997), the original CTQ

did not include such a subscale. In fact, OP-OC has been proposed to be developmentally traumatizing (Parker, 1983); i.e. a negative parenting behavior, where caregivers are excessively involved in children's activities (Wood et al., 2003). These parents attempt to limit children's independence by not allowing them the opportunity to explore the world individually. Parents' failure to grant autonomy to their children is associated with a decrease in children's self-efficacy and an increase in perceived vulnerability to threat (Wood et al., 2003).

Holmbeck et al. (2002) suggested that parental OP entailed excessive anxiety in parenting roles, infantilization, excessive physical and social contact. Some parents exhibit fear in fulfilling parental responsibilities, which in turn may lead them to compulsively engage in OP. This fear may stem from parental anxiety as data suggests that parental OP increases in the aftermath of natural disasters and has been found to be a risk factor for the emergence of PTSD symptoms among adolescents (McFarlane, 1987). In a meta-analysis, OP accounted for 2.0 to 5.3% of the variance in childhood PTSD (Williamson et al., 2017). A study on high-school students demonstrated that the low paternal care and maternal OP were related to disordered eating attitude (Cella et al., 2014). This relationship was mediated by adolescents' self-concept. In a neurobiological study based on EEG evaluation (Adenzato et al., 2019), the activation of attachment memories in individuals exposed to dysfunctional parenting seemed to lead to a transitory failure of functional brain connectivity. Parental trauma (Öztürk & Şar, 2005) may also be transmitted via OP (Scheeringa & Zeanah, 2001) which is also related to insecure attachment (Machizawa-Summers, 2007).

Thus, the aim of the present study was to revise some of the items of the Turkish CTQ and to expand the instrument to cover OP-OC. We hypothesized that the OP-OC scores correlated with other types of childhood trauma. Revisions in the sections on PN and EN were considered as necessary to prevent possible divergence with OP-OC due to wording or content of some of the items. As a second hypothesis, the CTQ-33 total and subsection scores were expected to differentiate clinical from non-clinical participants. As the third hypothesis, CTQ-33 scores were expected to predict dissociation, depression, or insecure attachment styles.

Material And Methods

Participants

Clinical participants were 37 patients with a dissociative disorder and 78 with non-dissociative and non-psychotic psychiatric disorders according to the DSM-5 criteria who were admitted to a private outpatient clinic (senior author's practice) in Istanbul. The remaining participants were college students from Trakya University (n = 423), adult relatives (n = 220) of children who were admitted to the child psychiatry outpatient unit of Koc University

Hospital, and 25 nonclinical individuals who also served for the test-retest study. All participants (n = 783) provided written informed consent. An IRB approval was obtained from the Ethical Council of the Koc University Hospital.

Assessment measures

(1) Childhood Trauma Questionnaire-Short Form (CTQ-28): This is a 28-item self- report instrument assessing five types of childhood abuse and neglect (Bernstein et al., 1994). Possible scores for each type of childhood trauma range from 1 to 5 with a total score between 5–25. There is also a minimization/denial of trauma score between 0–3. The validity and reliability of a Turkish version were determined previously (Şar et al., 2012).
(2) Dissociative Experiences Scale (DES): This is a 28-item self-report instrument assessing the trait severity of dissociative experiences (Bernstein & Putnam, 1986). For each item, possible scores are between 0 to 100. The Turkish version is reliable and valid (Yargıç et al., 1995). Cronbach alpha of the instrument was 0.95 in the present study.
(3) Beck Depression Inventory (BDI): Symptoms and severity of depression were evaluated using the BDI (Beck et al., 1961).Psychometric features of the Turkish version were evaluated previously (Hisli, 1989). Cronbach alpha of the instrument was 0.94 in the present study.
(4) Relationship Scales Questionnaire (RSQ): RSQ (Griffin & Bartholomew, 1994) is a 30-item questionnaire measuring attachment styles. Respondents are asked to rate the statements inquiring about their characteristic style (i.e. secure, dismissing, fearful and preoccupied) in close relationships on a five-point Likert scale between 1–5. The validity and reliability of the Turkish version have been determined previously (Sümer & Güngör, 1999). Cronbach alpha of the instrument was 0.61 for the items addressing insecure attachment styles.

Procedure of the revision

First, the questionnaire was expanded by new items to assess OP-OC by caretakers. Second, revisions and replacements were conducted on selected items to facilitate the integration of the new factor to preexisting dimensions because a pilot study based on original items suggested that the EA and EN sections tended to fuse into a single factor in the presence of an additional OP-OC dimension. Third, slight revisions were carried out on items which seemed to be misplaced in a previous factor analysis (Şar et al., 2012).

In order to carry out these procedures, a group of four investigators (V.Ş, I.N., T.M., and P.F.) composed alternative statements to be tested in further analysis. Prior to data collection, they were tested on a group of clinical and nonclinical individuals to check their readability. A consensus among experts was developed based upon these results with the proposed item formulations. The revised and newly added Turkish items were translated into English and back-translated to test the accuracy of the content. To choose the potentially most suitable five items out of 9 proposed (including five original) for each dimension, an item/item-deleted total score analysis was conducted for each subsection. Items with the highest correlations were kept for principal component analysis to yield the final version of the questionnaire. No additional items were needed for physical and sexual abuse as these sections achieved good discriminatory power previously (Şar et al., 2012).

Overall, twelve original items were kept as they were. Ten Turkish statements (Nbrs: 1,2,5,6,10,15,20,21,24,27) were revised minimally. Six items (Nbrs: 3,4,8,13,19,25) were replaced by alternative statements. Five new items were added to the questionnaire to cover OP-OC (see Appendix).

Cultural adaptation

As an example of minimal revision, items considering eating (Nbr 1) and clothing (Nbr 6) were softened because, the original statements suggested abuse rather than neglect. Namely, severe deprivation of eating and clothing is perceived as a rather hostile attitude in Turkey; i.e. a country with still prevailing rural traditions where such basic needs are usually met even by families which may be neglectful in other means. Similarly, deficient "care and protection" (Nbr 2) suggested EN rather than PN, thus "care" was replaced by "daily physical care" and "protection" was replaced by "safety". Being physically "abused" (Nbr 15) was rephrased as "mishandled" to prevent misinterpretation as sexual abuse (SA). "Having been touched by someone sexually" (Nbr 20) was rephrased to underline the inappropriateness of the act. Minimization item (Nbr 10) stating that "there was nothing the subject wished to be different in the family", was turned to a negative expression for better readability.

As examples of major change, deprivation due to "drunkenness and intoxication" of the parents (Nbr 4) was replaced by a general statement of PN because this item was rarely endorsed. Moreover, like other items of PN, this statement suggested abuse. EA was the most thoroughly revised factor with three new items addressing devaluation, and induction of shame and guilt by family members; i.e. non-verbal EA. These statements replaced the items about "having parents who wished the subject had never been born" (Nbr 8) which implied EN rather than EA; being called by family members using nasty words (Nbr 3) which was normative in certain social circles, and the general statement of having been emotionally abused (Nbr 25) which was perceived as specifically

addressing a conflicted romantic relationship. The dimension of EN also got two new statements: lack of someone in the family who helped by listening to the subject's concerns and one's opinions being disregarded. They replaced two original items formulated in a reversed format: "being important or special to someone in the family" (Nbr 5); i.e. a statement with a connotation of being overindulged, and "family members looking out for each other" (Nbr 13); i.e. a phrase implying PN rather than EN.

Results

Characteristics of the participants

Among all participants, 72.7% (n = 568) were female with no significant difference between groups on gender (Table 1). Average age was 26.4 (SD = 11.0 range = 18–65). Psychiatric patients had less income compared to the non-clinical participants. Non-dissociative psychiatric patients were older and had more education than the non-clinical group. While there was no significant difference in depression between groups, patients with dissociative disorder had significantly higher DES scores.

Principal component analysis

The significance of the Bartlett Sphericity Test (χ^2 = 15,654.62 df = 528 $p < .001$) and the high Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy value (0.94) suggested that the data were suitable for factor analysis. A principal component analysis yielded 6 dimensions with an eigenvalue 1 or above. They represented 65.5% of the total variance after varimax rotation (Table 2). According to the highest loadings in each row, all items were placed in a subsection as shown in bold letters. These factors covered EA (17.3%), SA (11.5%), OP-OC (10.3%), PA (9.4%), EA (8.5%), and PN (8.5%) (the percentages in parentheses showing the represented portion of the total variance). There were no misplacements which were against proposed sets of items. There were significant correlations between all subsection scores (Table 3). The highest correlations were between EA, EN, and OP-OC scores. Cronbach alpha coefficients of each section were also high.

Reliability of the Questionnaire

Cronbach alpha score of the CTQ-33 was 0.87 and Gutmann split half coefficient was 0.69. All item/item-deleted total score correlations were above 0.35 (except the item on eating, Nbr 1 with 0.34) and 18 of them were above 0.50. Thus, the expanded version of the scale had good internal consistency. There were high correlations (Pearson) for the revised CTQ-28 and CTQ-33 total scores of 25 participants between two evaluations with an

Table 1. Sociodemographic features and depression and dissociation scale scores of the participants in groups (Chi square and variance analysis).

Characteristics	Dissociative disorders (N = 37) n %	Non-dissociative psychiatric disorders (N = 78) n %	Non-clinical participants (N = 668) n %	x2 df p
Gender (female)	26 70.3	50 64.1	492 73.7	3.48 2 0.176
Income:				
Superior	0 0.0	1 1.3	1 0.2	Fisher 8 0.009
High	6 16.2	8 10.3	192 28.7	
Middle	28 74.3	67 85.9	405 60.6	
Low	3 8.1	2 2.6	66 9.9	
Lowest	0 0.0	0 0.0	4 0.6	
	n mean SD	n mean SD	n mean SD	F df p
Age	37 25.9 6.9	78 31.4 9.1	623 25.8 11.3	9.12 2;735 0.001
Education (years)	37 14.0 3.2	75 14.6 3.0	668 12.9 1.8	24.98 2;777 0.001
DES Total	31 45.2 22.0	28 19.8 14.3	548 21.4 16.8	29.02 2;604 0.001
Beck Depression	15 27.1 11.3	13 22.5 9.7	608 18.8 12.9	3.53 2;633 0.030

average interval of 24.9 (SD = 3.0 range = 21–34) days (r = 0.96 for both measures), respectively. These scores were r = 0.95 for EA, r = 0.94 for EN, r = 0.94 for PA, r = 0.89 for SA, r = 0.92 for PN, r = 0.91 for OP-OC, and r = 0.91 for minimization with a significance level of p = .001 for all measures.

Construct validity of the scale

There was no significant difference between men (mean = 49.5 SD = 14.6) and women (mean = 47.2 SD = 16.2) on CTQ-33 total scores (t = 1.84 df = 779 p = .066). There was a low but significant correlation between CTQ-33 total score and age (r = 0.18, n = 738, p = .001), and a low but significant negative correlation with income (r = −0.19 n = 783 p = .001), but no significant correlation with education (r = 0.04 n = 780 p = .326). There were high correlations between the total scores of the CTQ-33, and the original (r = 0.94), and the revised CTQ-28 (r = 0.98) (n = 783, p = .001). These correlations were as follows for the revised subsections: EA (r = 0.88), PN (r = 0.95), and EN (r = 0.93).

Both dissociation and depression scores were moderately but significantly correlated with CTQ-33 total scores (Table 4). A multivariate regression analysis (Table 5) taking the subscores of CTQ-33 as independent variables, dissociation was predicted by PA. Depression was, however, predicted by EN. EA predicted dismissive, fearful, and preoccupied (all being insecure types of) attachment styles.

Table 2. Principal component analysis of 33 CTQ items (n = 783) after varimax rotation. Bold items have been newly formulated (EN = emotional neglect SA = Sexual abuse OP-OC = Overprotection – overcontrol PA = Physical abuse EA = Emotional abuse PN = Physical neglect).

CTQ Items	EN	SA	OP-OC	PA	EA	PN
28. Family not a source of strength	**.77**	.06	.10	.16	.20	.22
19. Family members not close to each other	**.75**	.09	.09	.13	.18	.17
13. Opinions not taken serious by the family	**.69**	.05	.36	.09	.21	.27
5. No one in the family to share concerns	**.68**	.00	.27	.08	.09	.21
7. Not feeling loved	**.66**	.02	.11	.11	.32	.33
24. Molested	.09	**.88**	.11	.10	.05	.06
20.Touched sexually	.13	**.88**	.10	.12	.05	.05
27. Sexually abused	.07	**.87**	.12	.04	.12	.02
23. Forced to make/watch sexual things	.12	**.80**	.04	.14	.08	.13
21. Threatened to hurt unless sexual contact	.01	**.66**	−.04	.26	.19	.14
32. Followed by parents closely	.21	.05	**.81**	.05	.15	.03
30. Parents intervened	.26	.06	**.79**	.06	.15	.03
29. Parents restricted friendships	.20	.10	**.74**	.16	.09	.11
33. Parents digging into personal belongings	.11	.11	**.65**	.10	.33	.06
31. Not allowed to carry out tasks by oneself	.46	.03	**.52**	.06	.09	.15
17. Others noticed that he is beaten	.08	.18	.05	**.82**	−.03	.10
11.Bruises due to being hit	.11	.16	.14	**.80**	.21	.06
12. Punished by beating	.25	.09	.09	**.76**	.03	.02
9. Seen a doctor due to being beaten	.05	.09	.08	**.67**	.25	.20
15. Physically roughed up	.25	.25	.11	**.50**	.41	.13
3.Family said not worthy of them	.23	.09	.20	.20	**.69**	.16
8.Parents made feel ashamed	.40	.22	.29	.07	**.64**	.10
25.Parents used to blame	.42	.13	.36	.08	**.64**	.10
14.Family said hurtful things	.43	.12	.31	.21	**.57**	.04
18. Being hated by someone in the family	.38	.20	.14	.33	**.53**	.10
1.Did not have enough to eat	.12	.06	.00	.11	−.02	**.80**
2.Daily physical care & safety not provided	.18	.08	.06	.07	.01	**.77**
4. Physical needs not met	.30	.05	.13	.08	.10	**.68**
26. No one taking to doctor	.41	.11	−.01	.06	.17	**.53**
6. Clothing not cared for	.14	.13	.15	.13	.24	**.50**

Table 3. Correlations (Pearson) between subscale scores of CTQ-33 (bold numbers are Cronbach alpha scores of the subscales), for all correlations p = .001, n = 783. (EN = emotional neglect SA = Sexual abuse OP-OC = Overprotection – overcontrol PA = Physical abuse EA = Emotional abuse PN = Physical neglect).

Childhood trauma	SA	PA	EN	EA	PN	OP-OC
SA	**.90**					
PA	.40	**.81**				
EN	.24	.43	**.89**			
EA	.38	.56	.70	**.88**		
PN	.26	.37	.58	.43	**.77**	
OP-OC	.25	.36	.57	.64	.32	**.84**
Minimization	−.19	−.23	−.56	−.40	−.32	−.43

Gender was a significant covariant for depression (male) and fearful attachment (female) scores. All CTQ-33 scores differentiated clinical and non-clinical participant groups significantly (Table 6).

Table 4. Correlations between CTQ-33 subsection and total, attachment, depression, and dissociation scores (n = 783). (EN = emotional neglect SA = Sexual abuse OP-OC = Overprotection – overcontrol PA = Physical abuse EA = Emotional abuse PN = Physical neglect) * = $p < .05$ ** = $p < .001$.

CTQ	DES	Beck	Secure	Dismissive	Fearful	Preoccupied
SA	.21**	.12*	−.07	.03	.00	−.01
EA	.23**	.26**	−.12*	.09*	.14**	.08*
PA	.28**	.17**	−.04	.01	.08	−.03
EN	.20**	.37**	−.10*	.01	.09*	.04
PN	.23**	.23**	−.01	−.03	.01	.00
OP-OC	.21**	.27**	−.07	.01	.10*	.07
Minimization	−.11*	−.27**	.10*	.01	−.04	−.16**
CTQ-28 revised	.29**	.32 **	−.10*	.04	.09*	.03
CTQ-33	.29**	.34**	−.10*	.03	.10*	.04

Table 5. Predictors of dissociation, depression, and attachment styles in multivariate regression analysis,: seven scores of CTQ-33 as independent variables and gender as covariate. Only significant predictors have been reported. (n = 572, Intercept: F = 307.63 df = 5 $p = .001$).

Predictors	B	SE	t	p	95% CI
Dependent variable: Dissociation (Adj.R^2 = 0.08)					
Physical abuse	1.66	0.46	3.60	0.001	0.76 2.57
Dependent variable: Depression (Adj.R^2 = 0.12)					
Emotional neglect	0.64	0.19	3.38	0.001	0.27 1.01
Gender (male)	2.66	1.14	2.34	0.019	0.43 5.00
Dependent variable: Dismissive attachment (Adj.R^2 = 0.00)					
Emotional abuse	0.04	0.02	2.43	0.015	0.01 0.07
Dependent variable: Fearful attachment (Adj.R^2 = 0.03)					
Emotional abuse	0.03	0.02	2.05	0.040	0.00 0.06
Gender (female)	0.24	0.08	3.08	0.002	−0.39 − 0.09
Dependent variable: Preoccupied attachment (Adj.R^2 = 0.04)					
Minimization	−0.13	0.03	3.86	0.001	−0.20 − 0.06
Emotional abuse	0.04	0.01	2.53	0.012	0.01 0.07

Table 6. CTQ subscale and total scores according to the group status (ANOVA).

CTQ Scores	Dissociative disorder group n = 37 mean SD	Other psychiatric patients n = 78 mean SD	Non-clinical participants n = 668 mean SD	F df (2,780) p
Sexual abuse	9.4 5.9	6.0 2.4	5.9 2.5	29.34 0.001
Emotional abuse	12.2 6.0	10.6 4.8	7.2 3.3	58.19 0.001
Physical abuse	7.2 2.6	6.5 2.3	5.7 2.1	12.79 0.001
Emotional neglect	14.0 5.1	13.9 5.3	9.6 4.3	46.66 0.001
Physical neglect	8.6 4.2	8.0 3.0	7.5 3.1	3.17 0.043
Overprotection-overcontrol	14.6 5.9	13.5 5.0	9.8 3.9	48.18 0.001
Minimization	0.3 0.6	0.2 0.6	0.9 1.1	18.00 0.001
Revised CTQ-28 Total	51.4 17.6	45.0 13.1	35.7 11.5	46.85 0.001
CTQ-33 Total	66.0 20.7	58.5 16.7	45.5 14.1	56.47 0.001

Discussion

This study supported the validity and reliability of the revised and expanded version of the Turkish CTQ-33. A dimension assessing OP-OC was integrated into the instrument without disrupting its original structure. OP-OC correlated with other section scores of CTQ-33 and with depression and dissociation, and to a lower degree, with fearful attachment. High correlations between the two versions of the questionnaire demonstrated that the CTQ-33 did not extensively deviate from the earlier version of the instrument despite revisions and the addition of the OP-OC dimension. The similarities in average scores obtained in previous Turkish (Şar et al., 2006) and international (Paivio & Cramer, 2004; Thombs et al., 2009) studies also showed that future research with the CTQ-33 will be comparable with studies utilizing the original version.

In multivariate analysis, dissociation was predicted by PA; i.e. "bodily" type of abuse. EA predicted all types of insecure attachment, however, in contrast to some of the previous studies, it did not predict dissociation (Şar et al., 1996, 2009). On the other hand, EN predicted depression. Thus, physical "intrusion" and emotional "omission" were related to different but frequently comorbid clinical conditions as represented by the concept of "dissociative depression" (Şar et al., 2013). Gender was a significant covariant for depression among men and for fearful attachment among women. The combinations of EN with depression and EA with fearful attachment seemed to have implications for different genders possibly in a cultural context. They suggested two types of gender-specific maneuvers of caretakers aimed at controlling their offspring by passive and active interpersonal rejection.

Being a seemingly contrasting attitude, the OP-OC itself was not revealed as a significant predictor of depression, dissociation, or insecure attachment in multivariate analysis; i.e., the impact of OP-OC was possibly dominated by other types of childhood trauma. On the other hand, the combination of OP-OC with other types of adversities may have a qualitatively different outcome. For example, EA and EN had the highest correlations with OP-OC in the present study which pointed to a dilemma with the caregiver: The double-bind inherent to the coupling of overinvolvement (inappropriate presence) and deprivation (not being available when needed) may lead to an experience of betrayal (Freyd, 1994; Freyd et al., 2001); i.e. a type of trauma which was shown to be associated with borderline personality disorder characteristics (Kaehler & Freyd, 2009). OP-OC may also represent the intergenerational transmission of trauma in "apparently normal" or, in fact, systemically dissociated families (Öztürk & Şar, 2005). These families may subtly suffer from their own trauma-related symptoms such as affect dysregulation, identity confusion, and transient dissociative reactions (Öztürk & Şar, 2005).

Not only disturbed interpersonal relationships but other types of environmental stress such as natural disasters also may facilitate OP-OC (McFarlane, 1987). For example, OP was an essential risk factor in relation to PTSD among adolescents in the aftermath of a natural disaster (Bokszczanin, 2008). Large-scale adversities such as natural disasters, war, or terrorism constitute the "type III" trauma (Şar, 2017); i.e. stressful events affecting communities as a whole or large groups rather than individuals only. This type of threat has been a pervasive condition in Turkey for decades, both due to large scale earthquakes and chronic exposure to politically motivated terrorism of various kind.

Both natural and man-made disasters may facilitate the parents' OP-OC of children by creating a general climate of stress and fear. Natural disasters do not have human causal participation except deficient implementation of safety regulations due to a corrupt system, negligence, poverty etc. Thus, one would expect a more complex emotional response against politically motivated terrorism compared to natural disasters. Politically motivated terrorism involves betrayal which disrupts trust in the community. This includes the psychological set-up of the perpetrator. As subsumed under the character of the protagonist of the award-winning psychological thriller "Joker" (directed by Todd Phillips, released in 2019), the perceived, fantasized, or claimed roles of rescuer (alternatively, witness/spectator) or victim do not prevent the congruence with the role of perpetrator (the "trauma triangle" by Karpman) in the same incident; thus, betrayal is destructive for everyone (Şar & Öztürk, 2013).

The severity of the betrayal depends on the closeness of the relationship between the perpetrator and the victim. Such difference was neurobiologically reflected in the smaller volumes of left anterior cingulate among adolescent girls sexually abused by their relatives compared to those abused by non-relatives (Mutluer et al., 2018). In politically motivated terrorism, perpetrators may be part of the native population and leaders in the society may not have been effective in solving conflicts.

Ethnic conflicts and civil war may have the impact of betrayal affecting several generations (Volkan, 2006). It is unknown whether chronic exposure to politically motivated terrorism leads to higher OP-OC among parents compared to natural disasters. Future research may address this, for example, by comparing OP-OC by parents who were holocaust survivors with parents who had survived earthquakes.

In the present study, rather than protection and care, the OP-OC section represented restrictive, intrusive behavior, and interference. This attitude is experienced by the recipient as oppression. Turkish culture has a preference for closeness in family and social relationships which may interfere with the autonomy of the individual and interpersonal boundaries despite the virtues involved such as hospitality, friendship, or collectivity (Kagitcibasi, 2005). Social ties are of vital importance in Turkey where emigration, immigration, and internal migration from the county-side to metropolises prevail. Nevertheless,

as the central residuum of the multicultural Ottoman empire, but with a unitary state structure currently, the country historically remains a "melting pot" embracing, accepting, and absorbing human groups, masses, and cultures. At present, perhaps Turkey is forced to do so as experienced in the sudden and unprecedented immigration of millions who have recently escaped from atrocities of civil war and terror in neighboring countries (Tekin et al., 2016).

In conclusion, the Turkish CTQ-33 is promising for future research with its capacity for hopefully better differentiation of various types of childhood adversities as well as the opportunity of concurrent assessment of OP-OC. Further revisions of the questionnaire should target those items which obtained higher than expected scores in dimensions other than with the highest loading (i.e. item Nbrs 8, 14, 15, 18, 25, 31, 26) in factor analysis. All but one (Nbr 15; PA with an elevated loading on EA) of these items still yielded loadings above 0.35 on EN. Thus, more specific assessment of EN still remains a task for the future, which may be, in fact, the most hidden type of developmental adversity with rather subtle clinical consequences. Finally, cross-cultural research will illuminate the significance of OP-OC beyond Turkish population.

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Appendix

Revised items are shown in italics. New items which replaced the originals are shown in bold letters. R indicates a reverse-scored item.

The Revised and Expanded Turkish Childhood Trauma Questionnaire (CTQ-33)

Response options for each item:

1.Hiç Bir Zaman (never) 2.Nadiren (rarely) 3.Kimi Zaman (sometimes) 4.Sık Olarak (often) 5.Çok Sık (very often)

Çocukluğumda ya da ergenliğimde … (when I was a child or adolescent)

1. *Yeterli yemeğim olurdu. (I had enough to eat)*. (R)
2. *Gündelik bakım ve güvenliğim sağlanıyordu. (My daily care and safety were adequately provided)*. (R)

3. **Anne ya da babam kendilerine layık olmadığımı ifade ederlerdi. (My parents used to say that I was not worthy of my family).**

4. **Fiziksel ihtiyaçlarım tam olarak karşılanırdı**. (**My physical needs were adequately met)**. (R)

5. **Ailemde sorunlarımı paylaşabileceğim biri vardı (There was someone in my family who helped me by listening to my concerns) (R)**

6. *Üst baş açısından bakımsızdım.(My clothing was not cared for).*

7. Sevildiğimi hissediyordum. (I felt loved). (R)

8. **Anne ya da babam kendimden utanmama neden olurdu. (My mother or father made me feel ashamed of myself).**

9.Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti. (I got hit so hard by someone in my family that I had to see a doctor or go to the hospital).

10. *Ailemde değiştirmek istediğim şeyler vardı. (There were things I wanted to change in my family).* (R)

11.Ailemdekiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar oluyordu. (People in my family hit me so hard that it left me with bruises or marks).

12.Kayış, sopa, kordon ya da başka sert bir cisimle vurularak cezalandırılıyordum.
(I was punished with a belt, a board, a cord, or some other hard object).

13. **Anne ya da babam fikirlerimi önemserdi. (My mother or father used to take my opinions seriously)**. (R)

14. Ailemdekiler bana kırıcı ya da saldırganca sözler söylerlerdi. (People in my family said hurtful or insulting things to me).

15. *Fiziksel bakımdan hırpalanmış olduğuma inanıyorum. (I believe I was physically roughed up).*

16.Çocukluğum mükemmeldi. (I had the perfect childhood).

17.Bana o kadar kötü vuruluyor ya da dövülüyordum ki öğretmen, komşu ya da bir doktorun bunu fark ettiği oluyordu. (I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor).

18.Ailemde birisi benden nefret ederdi. (I felt that someone in my family hated me).

19.Ailemdekiler kendilerini birbirlerine yakın hissederlerdi. (People in my family felt close to each other). (R)

20. *Biri bana cinsel amaçla dokunmaya ya da kendisine dokundurtmaya çalıştı.* (Someone tried to touch me in a sexual way or tried to make me touch them).

21. *Kendisi ile cinsel ilişki kurmadığım takdirde bana zarar vermekle tehdit eden biri vardı. (Someone threatened to do harm to me unless I did something sexual with them).*

22.Benim ailem dünyanın en iyisiydi.(I had the best family in the world).

23.Birisi beni cinsel şeyler yapmaya ya da cinsel şeylere bakmaya zorladı. (Someone tried to make me do sexual things or watch sexual things).

24.*Birisi bana cinsel tacizde bulundu. (Someone molested me sexually).*

25.**Ailemdekiler bana karşı suçlayıcıydı. (People in my family used to put blame on me).** (R)

26.İhtiyacım olduğunda beni doktora götürecek birisi vardı. (There was someone to take me to the doctor if I needed it). (R)

27. *Cinsel istismara uğradığım kanısındayım. (I believe that I was sexually abused).*

28.Ailem benim için bir güç ve destek kaynağı idi. (My family was a source of strength and support). (R)

29.Ailemdekiler yaşıtlarımla ve arkadaşlarımla görüşmemi kısıtlardı. (People in my family restricted my contacts with my peers and friends).

30.Ailemdekiler her şeyime karışırdı. (People in my family intervened with my personal matters).

31.Anne ve babam bir işi kendi başıma yapmama fırsat verirlerdi. (My mother and father let me carry on tasks by my own). (R)

32.Ailemdekiler rahat vermeyecek derecede peşimdeydiler. (People in my family followed my life so closely that I felt intruded).

33.Anne ya da babam beni kontrol etmek için kişisel eşyalarımı benden habersiz karıştırırdı. (My mother or father used to check me by digging through my personal belongings).

Calculation of the Scale Scores

To calculate the CTQ scores, the responses to positive statements (Nbrs 1,2, 4,5,7,10,13,19,26,28, and the OP-OC item (Nbr 31) should be reversed. The sum of the subscores provides the total CTQ score. Total score is between 25–125 for the original five-section questionnaire, and between 25–150 for the expanded (six-section) instrument. Emotional abuse (Nbrs 3,8,14,18,25), physical abuse (Nbrs 9,11,12, 15,17), physical neglect (Nbrs 1,4,6,2,26), emotional neglect (Nbrs 5,7,13,19,28), sexual abuse (Nbrs 20,21,23,24,27), and OP – OC (Nbrs 29–33) can be calculated as the sum of the respected items. To calculate denial (minimization) scores, among the related three items (Nbrs 10, 16, and 22), only one (Nbr 10) item is to be reversed. These three items do not influence the total scores. Only the responses of highest score (that is 5) are included in the calculation of minimization scores that each maximum response is considered as 1. Minimization scores can be between 0–3 in total.