

# The relationship between emotion regulation skills and the impact level of the event in children victims of sexual abuse

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## Abstract

### *The relationship between emotion regulation skills and the impact level of the event in children victims of sexual abuse*

**Objective:** This study was conducted to examine the relationship between the level of child sexual abuse, which is frequently encountered among childhood traumas, and the impact of sexual abuse on children, and emotion regulation skills.

**Methods:** The relational survey model was selected for the research method. The sample of the study consisted of 50 children between the ages of 12-18 who were referred by the prosecutor's office to the Child Monitoring Center in a selected district in Istanbul in 2023. Socio-demographic Information Form, Emotion Regulation Scale for Adolescents and Revised Child Incident Impact Scale were applied to the participants. The necessary permissions for the scales administered to the participants were obtained by the scale developers via e-mail. This study was statistically analyzed using SPSS 27 software. First, the reliability of the scales was evaluated and according to the literature, Cronbach's alpha values above 0.60 indicate that the scale is reliable. In addition, Pearson Correlation analysis was used to assess the degree and direction of the relationship between the scales, and Multiple Linear Regression test was applied to examine the predictive power of independent variables on the dependent variable.

**Results:** According to the results, the use of internal dysfunctional and external dysfunctional emotion regulation resources, which are sub-dimensions of the emotion regulation scale for adolescents, increases the level of the impact of the event and its sub-dimensions. The use of intrinsically functional and extrinsically functional emotion regulation decreases the level of the impact of the event and its sub-dimensions.

**Conclusion:** As a result, the severity of the impact of traumatizing sexual abuse on the individual varies according to the emotion regulation skills and the resources used.

**Keywords:** Emotion Regulation, Sexual Abuse, Childhood Sexual Trauma, Post Traumatic Stress Disorder, Childhood Abuse Victims, Impact Level of the Incident

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## Öz

**Cinsel istismar mağduru çocuklarda duygu düzenleme becerileri ile olayın etki düzeyi arasındaki ilişki**

**Amaç:** Bu çalışma, çocukluk çağı travmaları arasında sıklıkla karşılaşılan çocuk cinsel istismarının düzeyi ve cinsel istismarın çocuklar üzerindeki etkisi ile duygu düzenleme becerileri arasındaki ilişkiyi incelemek amacıyla yapılmıştır.

**Yöntem:** Araştırmanın yöntemi için ilişkisel tarama modeli seçilmiştir. Araştırmanın örneklemini 2023 yılında İstanbul'da seçilen bir ilçedeki Çocuk İzlem Merkezi'ne savcılık tarafından yönlendirilen 12-18 yaş arası 50 çocuk oluşturmuştur. Katılımcılara Sosyo-demografik Bilgi Formu, Ergenler İçin Duygu Düzenleme Ölçeği ve Gözden Geçirilmiş Çocuk Olay Etki Ölçeği uygulanmıştır. Katılımcılara uygulanan ölçekler için gerekli izinler, ölçek geliştiriciler tarafından mail yoluyla alınmıştır. Bu çalışma, SPSS 27 yazılımı kullanılarak istatistiksel analizler gerçekleştirilmiştir. İlk olarak, ölçeklerin güvenilirliği değerlendirildi ve literatüre göre, Cronbach alfa değerlerinin 0.60'ın üzerinde olması ölçeğin güvenilir olduğunu göstermektedir. Ek olarak, Pearson Korelasyon analiziyle ölçekler arasındaki ilişki derecesi ve yönü değerlendirildi, ayrıca bağımsız değişkenlerin bağımlı değişken üzerindeki yordayıcılığını incelemek için Çoklu Doğrusal Regresyon testi uygulandı.

**Bulgular:** Sonuçlara göre, ergenler için duygu düzenleme ölçeğinin alt boyutları olan içsel işlevsel olmayan ve dışsal işlevsel olmayan duygu düzenleme kaynaklarının kullanımı, olayın ve alt boyutlarının etki düzeyini artırmaktadır. İçsel olarak işlevsel ve dışsal olarak işlevsel duygu düzenleme kullanımı ise olayın ve alt boyutlarının etki düzeyini azaltmaktadır.

**Sonuç:** Sonuç olarak, travmatize edici cinsel istismarın birey üzerindeki etkisinin şiddeti, duygu düzenleme becerilerine ve kullanılan kaynaklara göre değişmektedir.

**Anahtar Kelimeler:** Duygu Düzenleme, Cinsel İstismar, Çocukluk Çağı Cinsel Travması, Post Travmatik Stres Bozukluğu, Çocukluk Çağı İstismar Mağdurları, Olayın Etki Düzeyi.

**INTRODUCTION**

Trauma can be defined as a situation that shakes the individual physically and mentally, pushes or exceeds the limits of the person at an unexpected moment in the daily flow, and causes pain and hurt to the person (1). During their journey to adulthood, children may be exposed to challenging events one or more times. The first one that comes to mind among these challenging and destructive traumatic experiences is sexual abuse against children. Child sexual abuse is defined as the use of force, threat, or deception against a child or adolescent who has not yet completed the process of sexual development by an adult individual in order to meet his/her sexual desires (2).

Considering the longitudinal and retrospective studies, post-traumatic stress disorder and related anxiety symptoms develop immediately after child sexual abuse and depression can be observed in a longer period of time (3). Another negative effect of child sexual abuse can be on the child's emotion regulation difficulties (4). Difficulty in regulating emotions is defined as inability to understand and make sense of emotions, lack of awareness about emotions, impulsive behaviour while experiencing negative emotions, and experiencing problems and difficulties in goal-oriented behaviours (4).

When the literature is examined, the relationship between emotion regulation and psychopathology is generally mentioned. However, no specific study was found to examine the relationship between emotion regulation skills, which are thought to be related, and the impact level of traumatic sexual abuse. For this reason, it is assumed that this study

will contribute to the literature and shed light on preventive studies for healthy mental development. This study was conducted to examine the relationship between the level of child sexual abuse, which is frequently encountered among childhood traumas, and the impact of sexual abuse on children, and emotion regulation skills.

**Theoretical Framework****Emotion Regulation**

Thompson (5), defines emotion regulation skills as internal processes and external processes that involve monitoring, evaluating and changing emotional reactions in order for the individual to achieve appropriate goals (6). Emotion regulation strategies should be used effectively and functionally in understanding and making sense of emotions, accepting emotions, controlling impulsive behaviours, giving appropriate reactions to negative life events, and behaving consistently in accordance with the desired goals of the individual (7). Emotion regulation skills are seen as a potential determinant of a number of different psychiatric disorders and maladaptive behaviours (6). Emotion regulation skills are based on early childhood in human development and are considered as an important developmental process of this period (8). According to a view put forward, children who can successfully and effectively regulate their emotions are socially accepted and have the ability to respond to demands from the environment with sufficient flexible responses to ensure inhibition of behaviour (6).

**.Post-Traumatic Stress Disorder**

Trauma can be defined as a situation that shakes the individual physically and mentally, pushes or exceeds the

limits of the person at an unexpected moment in the daily flow, and causes pain and hurt to the person (1). Post-traumatic stress disorder defines psychological symptoms including cognitive, social, emotional and behavioural disorders that develop when a person experiences or witnesses an event that threatens his/her life and physical integrity (9).

### Sexual Abuse

Child sexual abuse is defined as the use of force, threat, or deception against a child or adolescent who has not yet completed the process of sexual development by an adult individual in order to meet his/her sexual desires (2). Sexual abuse against children can be committed by many people. It can be mother, father, siblings, grandparents, uncles, other relatives, and neighbours, etc. (10). There is no need for physical contact for the act of sexual abuse to take place. Sexual abuse against children is included in the cluster of abuse that is difficult to detect. As stated in the study of Eker and Işık (11), it is considered that the reporting of child sexual abuse is not at an adequate level and that this act is much more than those reported to the competent authorities.

In a study conducted with sexual abuse cases, it was found that 43% of the victims were between the ages of 12-16 and the mean age of the victims was 10.8 (12). When it comes to sexual abuse, one of the most common studies on this subject is that sexual abuse has short and long term psychiatric and psychological consequences.

The effects of sexual abuse on the child vary depending on the form and duration of the abuse, the relationship with the abuse, the damage to the physical integrity, the age and developmental level of the child, and the mental development before the abuse (13). It is stated that the most common psychopathology in children exposed to sexual abuse is post-traumatic stress disorder (14). In a published study, post-traumatic stress disorder was found in 21% to 50% of children and adolescents who were exposed to sexual abuse (15).

## METHODS

This study will be conducted with children referred by the prosecutor's office to the Child Monitoring Center (CIM) in a selected district in Istanbul. In the study, the relational survey method was chosen to reveal the relationship between the Impact Level of the Event and Emotion Regulation Skills. The relational survey model, which is a type of general survey modelling, is a study model used to determine the existence or degree of change between two or more variables (16).

The population of the study consists of the CIM in Pendik district of Istanbul. The sample of the study consisted of 50 children between the ages of 12 and 18 who were referred to the CIM in Pendik district of Istanbul by the prosecutor's

office.

As data collection tools in the study, the application was carried out based on the Socio-demographic Information Form, Emotion Regulation Scale for Adolescents (ERAS) and Revised Child Event Impact Scale (CRIES) prepared by the researcher by making use of the literature review on the relevant subject. Statistical analyses of this study were performed using SPSS 27 software. Pearson Correlation analysis was used to assess the degree and direction of the relationship between the scales, and Multiple Linear Regression test was applied to examine the predictive power of independent variables on the dependent variable. All analyses were performed based on 95% confidence interval and p value of 05.

### Socio-Demographic Information and Data Form

The socio-demographic Information Form is a form prepared by the researcher, the items included in it are based on a literature review on the relevant subject and also aims to learn information such as the gender, age, educational status, family economic income level of the participants.

### Emotion Regulation Scale for Adolescents (ERAS)

The Emotion Regulation Scale for Adolescents (ERAS) is a scale developed by Phillips and Power (17), to determine adolescents' emotion regulation. The scale is categorized under 4 headings. This classification is a self-assessment tool that evaluates the emotion regulation of adolescents as internal functional emotion regulation, internal dysfunctional emotion regulation, external functional emotion regulation and external dysfunctional emotion regulation.

### Revised Child Event Impact Scale (CRIES)

Revised Child Event Impact Scale (CRIES) is a scale that has been translated into multiple languages and has been used for many years in the assessment of Post-traumatic Stress Disorder (PTSD). The scale was developed by the Children and War Foundation and has been used in many countries for many years. The 8-item form of the scale consists of intrusive and avoidant subgroups. By adding an arousal subgroup consisting of 5 questions to the scale, the scale form was increased to 13 items. Items are scored as Not at All (0), Rarely (1), Sometimes (3) and Often (4).

### Statistical Analysis

In this study, statistical analyses were performed using SPSS 27 software. First, the reliability of the scales was assessed and according to the literature, Cronbach's alpha values above 0.60 indicate that the scale is reliable. In addition, Pearson Correlation analysis was used to assess the degree and direction of the relationship between the scales, and Multiple Linear Regression test was applied to examine the predictive power of independent variables on the dependent variable.

## RESULTS

When the data of the findings are evaluated, 88% of the participants are girls and 12% are boys. 98% were Turkish citizens, 2% were foreign nationals. 62% attended high school and 38% attended secondary school. 56% have both parents together, 38% have divorced parents, 4% have parents who are not divorced but live separately, and 2% live alone. 72% have family economic status above minimum wage, 28% have family economic status below minimum wage. The mother of 40% is a primary school graduate, 28% a middle school graduate, 22% a high school graduate, and 10% a university graduate. The father of 54% was a primary school graduate, 24% was a high school graduate, 14% was a middle school graduate, and 8% was a university graduate. 92% had birth families, 4% had foster families, 2% had relatives, and 2% had parents and/or stepfamilies. 50% of the children lived with their parents, 38% with their mother, 6% with their father and 6% with other people. 72% of children do not have any psychiatric or chronic illness, 28% do. 92% do not have a family member diagnosed with any psychiatric disorder, 8% do. 86% do not have a family member with an alcohol or substance use disorder, 14% do.

In addition to these, the mean age of the children was  $14.92 \pm 1.54$ , the youngest age was 12 and the oldest age was 17, and the mean age of the children who were abused was  $13.58 \pm 3.07$ , the youngest age was 4 and the oldest age was 17.

The mean age of the mother was  $41.30 \pm 5.97$ , the youngest age was 30 and the oldest age was 56, and the mean age of the father was  $46.26 \pm 7.41$ , the youngest age was 38 and the oldest age was 81 (Table 1).

When we evaluated the data related to the correlation findings, moderate positive correlations were found between Internal Dysfunctional Emotion Regulation and Child Event Impact Scale ( $r=.69$ ,  $p<0.01$ ), Internal Dysfunctional Emotion Regulation and Interventionist ( $r=.56$ ,  $p<0.01$ ), Internal Dysfunctional Emotion Regulation and Avoidance ( $r=.60$ ,  $p<0.01$ ), Internal Dysfunctional Emotion Regulation and Arousal ( $r=.69$ ,  $p<0.01$ ) variables.

Moderate negative correlations were found between the variables of Internal Functional Emotion Regulation and Child Event Impact Scale ( $r=-.57$ ,  $p<0.01$ ), Internal Functional Emotion Regulation and Intrusive ( $r=-.51$ ,  $p<0.01$ ), Internal Functional Emotion Regulation and Avoidance ( $r=-.49$ ,  $p<0.01$ ), Internal Functional Emotion Regulation and Arousal ( $r=-.53$ ,  $p<0.01$ ).

**Table 1. Demographic Characteristics of Participants**

		n	%
Gender of the child	Female	44	88.0
	Male	6	12.0
Nationality of the child	Turkish	49	98.0
	Foreign	1	2.0
Child's educational status	Secondary School	19	38.0
	High School	31	62.0
Marital status of parents	Married	28	56.0
	Divorced	19	38.0
	Not divorced but living separately	2	4.0
	Single parent	1	2.0
Economic status of the family	Below minimum wage	14	28.0
	More than minimum wage	36	72.0
Mother's education level	Primary school	20	40.0
	Secondary School	14	28.0
	High School	11	22.0
	University	5	10.0
Father's education level	Primary school	27	54.0
	Secondary School	7	14.0
	High School	12	24.0
	University	4	8.0
Family structure	Birth family	46	92.0
	Relative	1	2.0
	Foster family	2	4.0
	Mother and/or father are stepparents	1	2.0
The person where the child lives	Mother and father	25	50.0
	Mother	19	38.0
	Father	3	6.0
	Other	3	6.0
Child psychiatric/ chronic illness	None	36	72.0
	Yes	14	28.0
Psychiatric diagnosis in the family	None	46	92.0
	Yes	4	8.0
Family history of alcohol/substance use disorder	None	43	86.0
	Yes	7	14.0
	Total	50	100.0

Moderate positive correlations were found between External Dysfunctional Emotion Regulation and Child Event Impact Scale ( $r=.47$ ,  $p<0.01$ ), External Dysfunctional Emotion Regulation and Intrusive ( $r=.33$ ,  $p<0.05$ ), External Dysfunctional Emotion Regulation and Avoidance ( $r=.32$ ,  $p<0.05$ ), External Dysfunctional Emotion Regulation and Arousal ( $r=.62$ ,  $p<0.01$ ).

Weak and moderate negative correlations were found between External Functional Emotion Regulation and Child Event Impact Scale ( $r=-.36$ ,  $p<0.01$ ), External Functional Emotion Regulation and Interventionist ( $r=-.40$ ,  $p<0.01$ ), External Functional Emotion Regulation and Avoidance ( $r=-.28$ ,  $p<0.05$ ) (Table 2).

When we evaluate the regression findings, it is seen that the independent variables of external dysfunctional emotion regulation and external functional emotion regulation skills in the regression model do not have a significant predictive value for the effect of the event level. Moreover, the independent variables of internal dysfunctional emotion regulation and internal functional emotion regulation skills predicted the level of impact of the event. The R2 value was .54 and it was seen that the predictors explained 54% of the variance in the outcome variable ( $F(4,45)=15.18$ ,  $p<.001$ ). As a result of the findings, internal dysfunctional emotion regulation skills positively predicted the impact of the event ( $\beta=.46$   $p<.01$ ), whereas internal functional emotion regulation skills negatively predicted the impact of the event ( $\beta=-.31$ ,  $p<.01$ ) (Table 3).

## DISCUSSION

People may be exposed to unexpected or challenging events one or more times throughout their lives. These negative life events can sometimes be different and sometimes similar. When we look at the studies conducted in this context, it is mostly stated that the effects of traumatic events experienced

**Table 3. Findings Related to the Prediction of Emotion Regulation Skills on the Level of Impact of the Event**

Variables	B	SH	$\beta$	t	p	Tolerance	VIF
Constant	34.85	8.22		4.24	<.001***		
Intrinsic Dysfunctional Emotion Regulation	1.13	0.31	0.46	3.65	0.001**	0.60	1.65
Intrinsic Functional Emotion Regulation	-1.07	0.40	-0.31	-2.68	0.010**	0.72	1.39
Extrinsic Dysfunctional Emotion Regulation	0.45	0.36	0.14	1.26	0.213	0.72	1.39
Extrinsic Functional Emotion Regulation	-0.14	0.38	-0.04	-0.38	0.706	0.80	1.25
R=.76 R <sup>2</sup> =.54 F <sub>(4,45)</sub> =15.18 p<.001***							
***p<.001, **p<.01, *p<.05; Note, GA: Confidence Interv							

in early childhood contribute to some mental disorders in adulthood (18). The appropriate use of emotion regulation skills in dealing with negative experiences, making sense of and interpreting events has an important role in determining the level of mental disorder that may occur in the person. In the literature, effective and functional emotion regulation is generally associated with psychological well-being (19), while difficulties in emotion regulation skills are associated with many psychopathologies such as anxiety disorder, depression, PTSD and obsessive-compulsive disorder (20, 21). Another possible risk for victims is revictimization. In revictimization, the person carries the idea that he/she can control the event unconsciously by repeating the negative experience (22). It is in some way a re-creation and re-experiencing of the

**Table 2. The Relationship Between Emotion Regulation Skills Scale for Adolescents and Child Event Impact Scale**

	1	2	3	4	5	6	7	8
1-Intrinsic Dysfunctional Emotion Regulation	--							
2-Intrinsic Functional Emotion Regulation	-.47**	--						
3-Extrinsic Dysfunctional Emotion Regulation	.52**	-0.26	--					
4-Extrinsic Functional Emotion Regulation	-.34*	.39**	-0.27	--				
5-Child Event Impact Scale	.69**	-.57**	.47**	-.36*	--			
6-Interventionist	.56**	-.51**	.33*	-.40**	.93**	--		
7-Avoidance	.60**	-.49**	.32*	-.28*	.89**	.78**	--	
8-Alert	.69**	-.53**	.62**	-.027	.86**	.71**	.59**	--
**p<0.01, *p<0.05 Name of the applied test: Pearson Correlation Test								

unsafe environment of childhood, which can lead to further traumatization and negative psychological experiences. Emotion dysregulation also appears to be one of several important risk factors, as it is considered a direct pathway to revictimization (23).

The role of emotions in shaping the reactions of individuals in daily life is of great importance. The flexibility and control of individuals in regulating their emotions allows them to increase, decrease or continue the intensity of emotions that are goal-oriented in the presence of different situations (24). When emotions are not used in a functional way and when they are not expressed appropriately and as much as necessary, they can make life difficult for the individual (25). When the literature is examined within the scope of the study aim, it is stated that disruptions or inadequacy in emotion regulation skills play a mediating role in the formation and continuity of psychopathological problems (24). In this context, the quality of the resources used to regulate emotions emerges as an important factor (26). Thompson, defines emotion regulation skills as internal processes and external processes that involve monitoring, evaluating and changing emotional reactions in order for the individual to achieve appropriate goals (5, 6). Emotion regulation strategies can be classified as internal and external resources and the use of these resources can be functional and dysfunctional (17). Internal processes of emotion regulation include processes such as focused attention, changing the focus of attention, emotional cognition, and control used to regulate emotional arousal (6, 27). According to this explanation, internal dysfunctional emotion regulation, one of the sources of emotion regulation skills, can also be expressed as not reacting appropriately to negative life events.

As stated in the literature, sexual abuse is a life experience that can be considered traumatic for everyone. When we look at the study sample, it is possible to talk about post-traumatic stress disorder. In Table 2, the psychological reactions to negative life experiences and poor emotion regulation skills, which can be considered in this context, lead to an increase in avoidance, arousal and intrusive behaviors. When we look at the symptoms of PTSD, avoidance, hyperarousal, flashbacks and reliving (remembering) are the main symptoms (28, 29).

In Table 2, moderate positive correlations were found between internal dysfunctional emotion regulation and the level of impact of the event. It is seen that the frequent tendency towards the use of internal dysfunctional emotion regulation, one of the emotion regulation strategies, leads to an increase in the impact level of the event. It has been reported that the high frequency of use of internalized dysfunctional emotion regulation may be positively related to the formation of emotional, behavioral and psychosomatic problems in adolescents (30). In another study, it was

reported that internal dysfunctional emotion regulation increases the severity of emotional and behavioral problems and can play a significant mediating role in the formation of psychopathologies (31, 17). Table 2 shows that there is a significant relationship between the use of internal dysfunctional emotion regulation and intrusive thinking, avoidance behavior and arousal, which are specified as the sub-dimensions of the impact level of the event. As intrinsic dysfunctional emotion regulation increases, interventionist thinking also increases. In this study, it is seen that the fact that adolescents who have been exposed to sexual abuse resort to the use of internal dysfunctional emotion regulation, which is described as unhealthy while trying to cope with this challenging experience, causes unwanted and disturbing (interventionist) thoughts and avoidance behavior to increase at the same time in a way that reminds the adolescent of the event in a repetitive manner. Looking at the literature, negative experiences can lead to repetitive recollection of the event and these intrusive thoughts can cause anxiety, traumatic arousal and avoidance behavior (32). In addition to these, when Table 2 is evaluated, it is seen that internal dysfunctional emotion regulation also activates the state of being overly alert (arousal). After an event that causes trauma, behaviors such as avoidance and arousal are observed in the person (33). As stated in the literature, sexual abuse is one of the most frequently encountered childhood traumas. In this context, when Table 2 is evaluated, it is concluded that the use of internal dysfunctional emotion regulation may lead to a state of hyper-vigilance (alert) in children who have been exposed to sexual abuse.

While the intrinsic processes of emotion regulation include processes such as focused attention, changing the focus of attention, emotional cognition, and control used to regulate emotional arousal, the extrinsic process includes parents' shaping the child's emotional reactions and other socialization tools such as siblings and friends (6, 27). Attempts to influence someone else's emotion, for example (talking to someone who is upset to make them feel better, hugging them) are defined as external emotion regulation (34). Table 2 shows that there is a positive relationship between extrinsic dysfunctional emotion regulation, one of the sources of emotion regulation skills, and the impact level of the event. According to Phillips and Power, extrinsic dysfunctional emotion regulation is associated with psychosomatic health problems (17). Table 2 suggests that the use of external dysfunctional emotion regulation may lead to misuse and misdirection of emotions. Negative use of emotion regulation skills causes individuals to misidentify and misdirect their emotions (30). When Table 2 is examined, it is seen that with the increase in the frequency of use of external dysfunctional emotion regulation, there is an increase in intrusive thoughts of reliving (interventionist). If the person is not aware of how to express the emotion

and expresses it impulsively, especially when experiencing negative emotions, this indicates a difficulty in regulating emotions. Studies suggest that difficulties in emotion regulation may be an important variable in the effectiveness of PTSD treatment (35). Based on Table 2, it can be said that external dysfunctional emotion regulation is effective in increasing intrusive thoughts, which is the state of replaying the event in the mind (36), even though the images related to the traumatic event are not desired or there is no trigger to cause the event to be remembered. Additionally, based on Table 2, it can be said that external dysfunctional emotion regulation is effective in increasing arousal, which is the state of feeling constantly alert due to the trauma experienced and taking excessive precautions thinking that the event that caused the trauma will happen again (37), and in increasing avoidance behavior (38), which is the state of trying to stay away from feelings, thoughts and environments that remind the traumatic experience again, and trying to avoid talking about the event and staying away from the places where it is talked about as much as possible.

In Table 2, negative correlations were found between the use of internal functional emotion regulation and the child event impact scale. Based on this finding, it can be concluded that increasing the use of intrinsic functional emotion regulation, one of the sources of emotion regulation, has an effect on reducing the impact of the traumatic event. While it is stated in the literature that effective and functional emotion regulation is generally associated with psychological well-being (39), difficulties in emotion regulation skills are associated with many psychopathologies such as anxiety disorder, depression, PTSD and obsessive-compulsive disorder (20, 21). It is possible to explain the internal functional emotion regulation sub-dimension of the emotion regulation scale for adolescents used in the study with positive revision, which is one of the cognitive emotion regulation strategies (40). As a result of an experimental study, it was found that the reevaluation/review strategy significantly reduced negative emotions (39). In the study, it was found that there was a negative relationship between intrinsic functional emotion regulation and the intrusive sub-dimension of the child event impact scale. As the use of internal functional emotion regulation increases, the frequency of sudden recall of images and sounds related to the event decreases. Another finding of the study was that there was a negative relationship between internal functional emotion regulation and the avoidance sub-dimension and arousal sub-dimension of the child event impact level scale. Another finding of the study was that there was a negative relationship between intrinsic functional emotion regulation and the avoidance sub-dimension and alertness sub-dimension of the child event impact level scale. Emotion regulation is considered to be an important skill for reducing trauma-related distress, symptoms, avoidance, and

alertness (39).

Emotion regulation is not limited to intrinsic processes. Extrinsic processes, including the intensity, duration, and latency of the emotional response, are also influential (41). In Table 2, weak and moderate negative correlations were found between extrinsic functional emotion regulation and child event impact scale. Increased use of extrinsic functional emotion regulation decreases the severity of the traumatic event. Table 2 shows that the level of the impact of the event decreased with the increase in the use of extrinsic functional emotion regulation, and the sub-dimensions of the level of the impact of the event such as the interventionist (remembering the details of the event suddenly), avoidance (staying away from feelings and thoughts that remind the traumatic event) and alertness (being constantly on the alert as a symptom of the trauma) decreased.

When we evaluate the regression findings, it is seen that the independent variables of external dysfunctional emotion regulation and external functional emotion regulation skills in the regression model do not have a significant predictive value for the effect of the event level. Moreover, the independent variables of internal dysfunctional emotion regulation and internal functional emotion regulation skills predicted the level of impact of the event. The regression analysis in Table 3 shows that intrinsic emotion regulation is more effective than extrinsic emotion regulation. Accordingly, when a person uses intrinsic emotion regulation resources to regulate his/her emotions, it can be said that his/her role in changing the impact level of the event is more effective than extrinsic emotion regulation because he/she can provide flexibility and control over his/her emotions (24) better or not. In the literature, the concept of emotion regulation is generally explained with intrinsic emotion regulation processes, in other words, the focus is more on intrinsic emotion regulation (42). When the findings obtained in the study are evaluated, it is assessed that the use of extrinsic emotion regulation, that is, behaviors such as "sharing one's feelings with others and asking for advice" are effective. Emotion regulation also has an interpersonal aspect and people can receive support from others in regulating their emotions, share their emotions with others or provide support to others (43).

In addition, the findings in Table 3 show that intrinsic dysfunctional emotion regulation skills positively predicted the impact of the event, whereas intrinsic functional emotion regulation skills negatively predicted the impact of the event. It is seen that the frequent tendency towards the use of internal dysfunctional emotion regulation, one of the emotion regulation strategies, leads to an increase in the impact level of the event. It has been reported that the high frequency of use of internalized dysfunctional emotion regulation may be positively related to the formation of emotional, behavioral

and psychosomatic problems in adolescents (30). The appropriate use of functional emotion regulation strategies in coping with negative experiences has an important role in determining the level of mental disorders that may occur in the individual.

## CONCLUSION

The aim of this study was to examine the relationship between the level of child sexual abuse, which is frequently encountered among childhood traumas, and the impact of sexual abuse on the child, and emotion regulation skills. The hypotheses formulated in line with the study objective were tested and accepted. A review of the literature reveals that there is no specific study in which these two variables, which are thought to be related, are discussed together. When we look at the studies conducted in Turkey in the context of the subject, the relationship between emotion regulation and psychopathology is generally mentioned, while in foreign studies, we come across studies in which emotion regulation plays a mediating role in the formation of various psychopathologies and has a direct relationship with psychopathologies. It is thought that studies on emotion regulation, which is thought to have a decisive role in the formation of psychopathologies, are insufficient in the field studies in Turkey. Based on this idea, it is assumed that this study will contribute to the literature and shed light on preventive studies for healthy mental development.

When the scales used in the study are evaluated together with their sub-dimensions, it can be easily said that there is a significant relationship between emotion regulation skills and the level of impact of sexual abuse on the individual. In other words, the better a person's emotion regulation skills are, the lower the impact level of this traumatic event. However, inadequate emotion regulation skills increase the impact level of the event on the person. Through emotion regulation skills, a person can better understand their emotions, channel them in a positive way and develop appropriate behavioral patterns in the face of challenging life events. According to the results of this study, if the emotion regulation skills of adolescents are sufficiently developed, they cope better with the effects of sexual abuse and experience the effects of trauma less. According to the sub-dimensions of the emotion regulation scale for adolescents, the fact that the adolescent uses internal functional emotion regulation resources reduces the impact level of the event and the likelihood and frequency of experiencing situations such as repetitive thoughts, avoidance, and alertness that develop with it. Conversely, the use of internal dysfunctional emotion regulation resources increases the impact level of the event and the likelihood and frequency of repetitive thoughts, avoidance and alertness related to it. The use of extrinsic functional emotion regulation resources also decreases

the impact level of the event, while the use of extrinsic dysfunctional emotion regulation resources increases the impact level of the event.

Finally, the findings of the study suggest that intrinsic functional emotion regulation and intrinsic dysfunctional emotion regulation are more effective in increasing and decreasing the impact level of the event than extrinsic functional emotion regulation and extrinsic dysfunctional emotion regulation skills. According to this result, we can understand that when a person uses internal emotion regulation resources to regulate his/her emotions, his/her role in changing the impact level of the event is more effective than external emotion regulation because he/she can provide flexibility and control over his/her emotions better or not. Moreover, if the person does not have developed emotion regulation skills, that is, if he/she does not know how to soothe himself/herself or cannot do so for various reasons, it is unlikely that the external emotion regulation resources he/she uses will have a sustainable effect.

## LIMITATIONS OF THE STUDY

This research is limited to children between the ages of 12-18 who were victims of sexual abuse and were referred by the prosecutor's office to the Child Monitoring Center (ÇİM) affiliated with the Marmara University Hospital in the Pendik district of Istanbul.

This research is limited to the features measured by the data collection tools used.

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### Conflict of Interest

The authors declare that they have no conflict of interests regarding content of this article.

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### Ethical Declaration

For this study, ethical permission was obtained from the Ethics Committee of Istanbul Aydin University Graduate Education Institute with the letter dated 02.03.2023 and numbered 2023/02, and the criteria of the Declaration of Helsinki were taken into consideration.

### Authorship Contributions

Conceptualization: Z.I., Design: Z.I., B.N.D., Supervision: B.N.D., Data Collection and Processing: Z.I., Analysis and Interpretation: Z.I., B.N.D., Literature Review: Z.I., Writing – Original Draft: Z.I., B.N.D., Writing – Review & Editing: B.N.D., Supervision: B.N.D.



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