THE MEDIATING ROLE OF EVENT-RELATED HOUSEHOLD DISCUSSIONS IN THE RELATIONSHIP BETWEEN FAMILY FACTORS AND PSYCHOLOGICAL ADJUSTMENT IN CHILDREN AND ADOLESCENTS EXPOSED TO TERRORISM AND COMMUNITY VIOLENCE

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ABSTRACT

THE MEDIATING ROLE OF EVENT-RELATED HOUSEHOLD DISCUSSIONS IN THE RELATIONSHIP BETWEEN FAMILY FACTORS AND PSYCHOLOGICAL ADJUSTMENT IN CHILDREN AND ADOLESCENTS EXPOSED TO TERRORISM AND COMMUNITY VIOLENCE

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The main objective of the study was to test the mediating role of event-related household discussions in the relationship between family factors (family functioning and parental mental health) and developing internalizing and externalizing behavior problems in children and adolescents after controlling for exposure to terrorism and community violence events. With this aim a total of 129 children and adolescents ages between 11-18 years and their parents who exposed to terrorist attacks and July 15, 2016 coup attempt and related community violence events took place in Ankara in the last 1.5 years were recruited in the study. Data were gathered through self-report measurement tools. Results indicated that father's and mother's mental health and family functioning predicts internalizing and externalizing problems of children and adolescents. It was also revealed that both father's and mother's mental health and family functioning influence the quality of the event-related household discussion hold between parent and their children after traumatic event exposure. Regardless of the effects of event-related household discussion, family functioning directly influences the internalizing and externalizing behavior problems of children and adolescents. The main finding of the study is that event-related household discussion mediates the relationship for parental mental health and

internalizing behavioral problems but does not mediate the relationship for parental mental health and externalizing behavioral problems of children and adolescents. The study provides useful framework for clinicians in terms of the importance of adopting comprehensive approach for treatment of psychological adjustment of children and adolescent and effectiveness of household discussions conducted between parents and their children after traumatic events.

Keywords: Children, adolescence, traumatic events, terrorist attacks, event-related household discussions, family functioning, parental mental health, internalizing symptoms, externalizing symptoms

ÖZ

TERÖRİZM VE TOPLUMSAL ŞİDDETE MARUZ KALAN ÇOCUK VE ERGENLERİN AİLE FAKTÖRLERİ VE PSİKOLOJİK UYUMU ARASINDAKİ İLİŞKİDE OLAYA İLİŞKİN EV-İÇİ KONUŞMALARIN ROLÜ

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Bu çalışmanın temel amacı, travmatik olayların ardından aile ile ilgili faktörler (ailenin işlevselliği ve anne-babanın ruh sağılığı) ve çocuk ve gençlerin içe yönelim, dışa yönelim problemleri geliştirmesi arasındaki ilişkide, travmatik olaylara maruz kalmayı kontrol ederek, olayla ilgili ev-içi konuşmaların aracı rolünü test etmektir. Bu amaçla, çalışmanın katılımcıları son 1,5 yılda Ankara'da gerçekleşen terör saldırılarına ve 15 Temmuz 2016 darbe girişimine ve ilgili toplumsal şiddet olaylarına maruz kalan 11-18 yaş arası 129 çocuk, genç ve ebeveynlerinden oluşmaktadır. Araştırmanın verilerinin toplanmasında öz-bildirim ölçekleri kullanılmıştır. Araştırma sonuçları, babanın ve annenin zihinsel sağlığının ve aile işlevselliğinin çocukların ve ergenlerin içe yönelim ve dışa yönelim sorunlarını yordadığını ortaya çıkarmıştır. Ayrıca hem babanın hem de annenin zihinsel sağlığının ve ailenin işlevselliğinin, travmatik olayların meydana gelmesinin ardından ebeveynler ve çocukları arasındaki olaya bağlı ev-içi konuşmaların kalitesini etkilediği de ortaya çıkmıştır. Olayla ilgili ev-içi konuşmaların etkilerinden bağımsız olarak, aile işlevi, çocukların ve ergenlerin içe-yönelim ve dışa-yönelim problemlerini doğrudan etkilediği görülmüştür. Araştırmanın temel bulgusu, olay ile ilgili ev-içi konuşmaların ebeveynlerin ruh sağlığı ve çocuk gençlerin içe yönelim sorunları arasındaki ilişkide, aracı role sahip olduğu ancak dışa yönelim problemleri arasındaki ilişkide aracı rolünün ortadan kalktığı yönündedir. Çalışma, çocuk ve ergenlerin psikolojik uyumlarının

iyileştirilmesinde bütünsel yaklaşımın benimsenmesinin önemi ve travmatik olayların ardından ebeveynler ve çocukları arasında gerçekleştirilen olayla ilgili ev-içi konuşmaların etkinliği açısından klinisyenler için yararlı bir çerçeve sunmaktadır.

To all children in all over the world…

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CHAPTER ONE

INTRODUCTION

1.1.Defining Community Violence and Terrorism

National Child Traumatic Stress Network (NCTSN) (n.d.) defines community violence as ‘‘exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim.’’ The construct of community violence includes gun shooting, bullying, witnessing or hearing about violent events (i.e.: deadly events, getting injured, screams) such as civil wars, war-like conditions, terrorist attacks etc. (National Child Traumatic Stress Network, n.d.; Buka, Stichick, Birdthistle & Earls, 2001)

Although NCTSN offers a definition for community violence, the exact conceptual and operational definition of the concept of community violence has not been agreed upon yet. Therefore, the definition of community violence varies across studies. For the purpose of this study, the concept of the community violence will be framed by the definition offered by NCTSN.

Turkish Anti-Terror Law of 1991 defines terrorism as ‘‘ … any kind of act done by one or more persons belonging to an organization with the aim of changing the characteristics of the Republic as specified in the Constitution, its political, legal, social, secular and economic system, damaging the indivisible unity of the State with its territory and nation, endangering the existence of the Turkish State and Republic, weakening or destroying or seizing the authority of the State, eliminating fundamental rights and freedoms, or damaging the internal and external security of the State, public order or general health by means of pressure, force

and violence, terror, intimidation, oppression or threat.'' (Turkish Anti-Terror Law, 1991, article 1).

Terrorist activities are previously planned actions that unpredictably take place with the aim of spreading threat both for government and societies through causing harm and creating fear, loss of sense of trust, insecurity, panic, anger and despair (Fremont, Pataki, & Beresin, 2005).

Terrorist attacks may take place while in a state of conflict as well as in the time of peace and tranquility (Fremont, Pataki, & Beresin, 2005). Unlike any other violence-included events, terrorism may target a certain mass in a community as well as it can be planned against any individual and/or individuals randomly in a community (Pynoos, Schreiber, Steinberg, & Pfefferbaum, 2005).

Terrorism has been realized as a global problem since 11th September which is the biggest human-made disaster with the death of approximately 3,000 people in the United States of America (US) (Bram & Orr, 2002; Kirkley & Madway, 2003; Pfefferbaum, 2005).

Children and adolescents who are considered as the vulnerable mass in a society may expose CV and terrorism in two ways: direct and/or indirect exposure (Buka, Stichick, Birdthistle & Earls, 2001). It will be noteworthy to make a clear distinction between direct vs. indirect exposure. Direct exposure refers being directly witness or victim of violent events (i.e.: getting injured by violent incidents, directly seeing the bomb explosions and its effects on physical environment, directly someone who death/injured because of violent incidents), whereas indirect victimization includes being exposed through media, news, hearing the victimizations of any others etc. (Comer & Kendall, 2007).

1.2.Terrorist Attacks in Ankara, 15th of July Military Coup Attempt and Related Community Violence Events in Turkey

Turkey historically has been struggling with several terrorist groups including Kurdistan Worker's Party (PKK), People's Liberation Part/Front (DHKP/C), Kurdish Hezbollah, The

Great Eastern Islamic Raider's Front (IBDA-C), al-Qaeda (Burke, 2014), The Kurdistan Freedom Falcons (TAK), ISIS and Fethullah Terrorist Organization (FETO) (Strategic Comments, 2016). Since 1990, these groups, specifically PKK, has been carrying out several terrorist attacks especially against military personnel in southeast part of the Turkey (U.S. Department of State, 2000; Global IDP Database, 2005).

These terrorist groups continue to their attacks in an increasing manner since mid-2015 by changing their targeted areas and groups (Strategic Comments, 2016). Since 2015 these terrorist attacks organizations conducted several terrorist attacks one after another targeting both military personnel and civil population in Ankara.

In the morning of October 10, 2015, two bombs that targeted people gathering for peace rally near the main train station in Ankara, were exploded by ISIS and 105 people died and more than 500 were wounded (Global Terrorism Database, 2017).

About 4 months later, on February 17, 2016, explosion targeted vehicles carrying military and civilian personnel, took place in Merasim Street in Ankara. Official sources said that at least 28 people died and 61 were injured (Strategic Comments, 2016).

After a month, on March 13, 2016, in Kızılay, Güvenpark which is the center of Ankara a bomb-loaded vehicle was exploded. At least 36 people were died and 125 were injured, 19 of them were very serious. TAK claimed the responsibility of the two devastating bombing attacks performed in Merasim Street and Güvenpark (Strategic Comments, 2016).

While Turkey was struggling with these terrorist attacks, there was a failed coup attempt took place on 15, July 2016 in Turkey. In the night of the 15th July, 2016 military aircraft suddenly appeared in the air, soldiers and tanks took the streets and important bridges. Short in a while it was declared and spread through social media that there is a coup attempt took place in Tukey. Many Turkish people take to the street and resist against coup plotters. Coup plotters

performed air strikes against and fire on civil people resisting against them. Many state buildings and Turkish parliament was bombarded. Turkish people face with war-like conditions with the full of fear horror and ambiguity by witnessing or through media coverage to bombings, guns, collapsed buildings, death bodies, injured peoples etc. More than 200 people was killed and more than 2500 was wounded in that night (Miş et. al., 2016).

With bloody terrorist attacks and a failed coup attempt more than 1000 people lost their lives and thousands of them wounded since 2015 (Global Terrorism Database, 2017).

Terrorist attacks should not only be considered as numerical data of people who have lost their lives. Terrorist attacks have social and economic influences that disrupt stability in societies and have psychological implications on individuals specifically children and adolescents by causing death, injury, property damage creating chaos and spreading fear and horror in societies.

1.3.Psychological Adjustment in Children and Adolescents Exposed to Terrorism and Community Violence

Human-caused traumatic events like terrorism and community violence, take place suddenly, in an unpredictable manner, spread fear in a society and distort the sense of trust and security (Comer & Kendall, 2007). As a result, it leads to detrimental consequences for the community in general, especially for the children and adolescents who considered as more vulnerable segment of the society (Rubonis & Bickman, 1991; Arı et. al, 2016).

Traumatic events (i.e., terrorism and community violence) lowers children's and adolescent's quality of life and distort their mental health which in turn leads to psychological adjustment problems in emotional, behavioral and cognitive levels (Arı et. al, 2016; Allwood, Bell-Dolan & Husain, 2002; Shechory-Bitton, 2013).

In her theory of ''shatter assumptions'', Janoff Bulman (1992) suggests that individuals have some basic assumptions for themselves and the world they live in. In the frame of this

theory, individuals assume that they live in a predictable and reliable world in which they are valuable and invulnerable as human beings. These assumptions provide them healthy functioning, sense of invulnerability and developing sense of security (Janoff-Bulman & Frieze, 1983; Janoff-Bulman, 1992). In the frame of this theory, when individuals are confronted with traumatic events (i.e.: terrorist attacks and community violence), it become difficult for them to integrate their traumatic experiences with their assumptions that they held about themselves and their world. Therefore, they may withdraw the assumption that the world is predictable, and they live in a safe world. Besides, their sense of being worthy, feeling of capability and invulnerability are also shaken (Janoff-Bulman & Frieze, 1983; Janoff-Bulman, 1992).

In addition to distortion of basic assumptions, exposure to traumatic events have negative effects on self-perception (Gökler Danışman, 2011). After facing with traumatic events, individuals tend to search for meaning, try to make a sense of what they are confronting with. In order to make sense of the event that they are confronting with, individuals try to find answers to some questions like ‘‘Why this happen to me?’’ ‘‘What did I do to deserve it?’’ (Updegraff, Silver & Hollman, 2008). For a child, being exposed to a traumatic event does not only interpreted as the world is unpredictable and unsafe, s/he may also infer that s/he is not worth to be protected or they may even perceive the traumatic event as their own fault (Gökler Danışman, 2011). Due to this kind of distorted cognitions, children and adolescents may develop negative self-perception (Margolin & Gordis, 2000). In the face of large scale traumatic events, individuals especially adolescents may feel insufficient to cope effectively with the event. This feeling of insufficiency may in turn leads to weakness of self-image and self-esteem especially in adolescents (Horowitz, Wilner, Marmar & Krupnick, 1980; Janoff-Bulman & Frieze, 1983; Lynch & Chicetti, 1998).

In the light of these information, it would not be wrong to say that traumatic events clash with the children’s and adolescents’ perception about themselves and the world they live in,

this in turn distort their ability to make sense about the event they are confronting with. As a result, it become difficult for them to cope with the events they do not give meaning. Therefore, children and adolescents feel helpless and desperate for the future (Schwabstone et al., 1995; Gökler Danışman, 2011).

Besides, distortions in cognitive level, emotional and behavioral problems can also be observed after traumatic events (Pfefferbaum et al., 1999; Davis & Siegal, 2000; Mazza & Overstreet 2000; Pfefferbaum et al., 2005; Salguero, Fernández-Berrocal, Iruarrizaga, Cano-Vindel, & Galea, 2011). Trauma related research especially those conducted after terrorist attacks, mainly focus on PTSD and related symptomology such as physiological arousal, reexperiencing, avoidance (Barenbaum, Ruchkin, & Shcwab-Stone, 2004; Salguero et al., 2011; Deane et al., 2016). Besides PTSD symptoms, a huge body of research have frequently associated exposure to traumatic events with a variety of psychological adjustment problems such as major depressive disorders, somatic complaints, internalizing and externalizing problems, substance abuse, conduct problems and academic problems in children and adolescents (Deane et al., 2016; Comer et al., 2014; Salguero, 2011; Eşsizoğlu, 2009; Lambert, Copeland-Linder, & Ialongo, 2008; Comer et al. 2010; Cooley-Quille, Boyd, Franz, & Walsh, 2001). Exposure to traumatic events in youth predict long-term psychological adjustment problems that extend to adulthood period (Shaw, 2003). For example, after a terrorist attack in Ma'alot, Israel, many children indicate psychological adjustment problems especially on emotional level even 17 years after they exposed to the event (Desivilya, Gal & Ayalon, 1995).

Empirical research has been so far investigated the relationship between exposure to traumatic events and appearances of psychological adjustment problems in two levels: Direct vs. indirect exposure (Cohen & Eid, 2007; Danielli, Broom & Sills, 2004).

Direct exposure to a traumatic event (i.e.: Through victimization) have been extensively associated with emotional and behavioral problems such as PTSD, anxiety, depression,

aggression etc. (Hoven et al., 2005) However, new scope of research has been indicated that even if children are not directly exposed to a traumatic event, they may have the possibility to be affected by the event (Pfefferbaum et al., 2000). To be clear, indirect exposure, marked by knowing someone killed or injured, exposure to event related content through TV/newspapers, to a traumatic event is found as a predictor of the emergence of psychological adjustment problems in children and adolescents. For example, children who lives miles away from Oklahoma City and being exposed to the federal buildings bombing in Oklahoma through media content, exhibit PTSD symptoms and functional impairments event they do not know anyone injured or killed in the bombing (Pfefferbaum et al., 2000). Indirect community violence exposure (i.e.: Murdering, shooting etc.) is also associated with psychological adjustment problems including depression, anxiety, aggression and alcohol use (Schwab-stone et al., 1995; Fleckman, Drury, Taylor & Theall, 2016).

Research have been so far well established the relations between exposure to traumatic events and developing psychological adjustment problems by evaluating different dimensions (i.e.: direct/indirect exposure, short/long term exposure, short/long term effects etc.). However, until now research, especially those on terrorist attacks, take a narrow perspective, not much attention given to the broader perspective and mainly investigate the relations between the exposure to traumatic event and some specific individual psychological problems (PTSD, depression and anxiety etc.) (Meyers et. al., 2015).

Based on this information, it can be said that investigating the relationship between traumatic event exposure and developing psychological adjustment problems in a broader perspective will be more inclusive. Taking this kind of broader perspective may also provide an opportunity to evaluate how effects of exposure to traumatic events differs between internalizing and externalizing problems. That is why, this research is going to evaluate

psychological adjustment problems based on internalizing and externalizing problems to develop an understanding about the effects of traumatic events on children and adolescents.

The constructs of internalizing and externalizing problems, developed by Achenbach (1966) are mainly used for classifying behavioral, emotional and social problems into two broad categories (Achenbach, Ivanova, Rescorla, Turner & Althoff, 2016). Internalizing problems includes anxiety, depression, irritability, somatization etc. (Elrofaie, 2016) while externalizing problems which arise from inability to control emotions and impulses includes aggressive, disobedient and disruptive behaviors (Brook, Zhang, Balka, Brook, 2012).

Literature have suggested a relationship between stressful life events and internalizing and externalizing behaviors in a sense that stressful life events predict developing depression, anxiety, aggressiveness and delinquent behaviors (Kim, Conger, Elder & Lorenz, 2003; Mrug & Windle, 2010; Fowler, Tompsett, Braciszewski, Jacques-Tiura & Baltes, 2009). Direct exposure to traumatic event have been associated with many internalizing and externalizing problems including agoraphobia, generalized anxiety disorders, depression, panic (Comer & Kendall, 2007).

1.4.Risk and Protective Factors

A huge body of research have frequently associated exposure to traumatic events like terrorism and community violence with a variety of psychological adjustment problems, including PTSD symptoms, internalizing and externalizing problems, substance abuse, conduct problems and academic problems in children and adolescents (Comer et al., 2014; Eşsizoğlu, 2009; Lambert, Copeland-Linder, & Ialongo, 2008; Comer et al. 2010; Cooley-Quille, Boyd, Franz, & Walsh, 2001). Although a growing body of research have found an association between trauma exposure and psychological adjustment problems in children and adolescents, there are also a number of research that indicate a variation in trauma exposed children and adolescents' responses in a way that many of them may function well after exposed to traumatic

events (Masten & Narayan, 2012; Shahar, Cohen, Grogan, Barile, & Henrich, 2009; Masten & Osofsky, 2010; Lai, Kelley, Harrison, Thompson, & Self-Brown, 2014). Following the September 11, 29% of the New York City youth was found as exhibiting elevated rate of depression and anxiety, whereas 71% was not exhibit (Hoven et al., 2005) The resilience perspective (Greene, Galambos & Lee, 2004) provides a useful framework for understanding the heterogeneity in responses to the challenges created by exposure to terrorism and community violence. Resilience can be defined as the capacity of individuals to recover and being well-functioned persons after facing with negative life events (Betancourt & Khan, 2008; Masten & Narayan, 2012). Resilience approach adopt a strong-based view and focuses on innate-personal and environmental factors that help individuals to stay strong after challenges (Masten & Narayan, 2012; Greene, Galambos & Lee, 2004). These factors include children's own coping strategies, cognitive abilities, self-efficacy, family factors, social support, parental reactions and personality factors (Şahin, Batıgün & Yılmaz, 2007; Greene, Galambos & Lee, 2004; Wicrama & Kaspar, 2007; Abo & Zalsman, 2003).

Although individual factors are found as very influential on how children and adolescent respond in the face of traumatic events, recent empirical research has started to investigate how social environment (e.g.: Families, peers & school and community) of the individuals influence their adaptive responses when they confront with traumatic events (Cherewick, 2016).

According to Ecological System Theory of Bronfenbrenner (1979) the development of children is shaped by 5 layers of environmental system that they live in. These are microsystem, mesosystem, exosystem, macrosystem and chronosystem. Family and in particular the parents form the microsystem or immediate environment that influence the development and mental health of the children (Karimzadeh, Rosmtami, Teymouri, Moazzen, Tahmasebi, 2017).

For children and adolescents, in general, experience of and recovery from traumatic events take place within the context of family environment. Therefore, they are trying to deal

with the traumatic experience with the help of other members in their families that help children and adolescents about making sense on the events they are confronted with and introduce and/or being model them the ways to cope with it. Moving from this point, the role of familial factors specifically family functioning and parental mental health on adjustment problems of children and adolescents, which are also the main focus of this study, will be elaborated in this study.

1.5.Family Functioning

Family system theory proposed complex interactions between the members of a family which provide scholars to develop a holistic approach by looking the family context to develop an understanding for an individual (Wittenberg Fisher, 1996). Based on this view going beyond from individual evaluations and taking a familial perspective with evaluating effects of family functioning on mental health problems in children and adolescents gains importance.

Epstein, Bishop and Lewin (1978) offered one the most comprehensive model, McMaster Model, for better understanding of family functioning. This model stands on structural, organizational characteristics and interpersonal communicational patterns of families which provide opportunity for distinguishing between healthy and unhealthy family functioning. This model offers 6 dimensions which are problem solving, communication, roles, affective responses, affective involvement, and behavior control for family functioning (Epstein, Bishop and Lewin, 1978; Epstein, Bishop and Baldwin, 1982).

Problem solving: The problem-solving dimension refers to the ability of the families to solve the instrumental (daily problems) and affective problems (emotional problems) in a way that help them to function well. Healthy functioning families can accomplish problem solving phases appropriately (from problem identification to solution of the problem) which in turn help them to produce effective solutions to the problems they face with. Unhealthy families, on the other hand generally stuck on the problem-solving phases even in the problem identification

phase and cannot generate effective solutions to the problems (Epstein, Bishop and Lewin, 1978; Epstein, Bishop and Baldwin, 1982).

Communication: Communication identified as exchange of information between family members. The members of families can exchange information in different ways: clear and direct, clear and indirect, masked and direct, masked and indirect. The important point in communication is the way the information exchange has been provided. While healthy functioning families are expected to adopt clear and direct way of communication, unhealthy functioning families are expected to adopt masked and indirect (Epstein, Bishop and Lewin, 1978; Epstein, Bishop and Baldwin, 1982).

Roles: Each members of every families should have certain roles in their family. These roles can be instrumental (i.e.: provision of resources) and/or affective (nurturance, support etc.). In order to be a healthy functioning family, roles should be defined well and assigned appropriately (Epstein, Bishop and Lewin, 1978; Epstein, Bishop and Baldwin, 1982).

Affective responses: Affective responding refers the ability of reacting in an appropriate manner in response to a stimulus. Two main types of emotional reactions are expected during familial interaction: Welfare and emergency feelings. Welfare emotions includes love, compassion, sympathy, happiness and joy, whereas emergency emotions include fear, panic, confusion, anger, frustration etc. Healthy functioning families are flexible and responsive enough to give appropriate emotional reactions for the given situation. However, this capacity is limited for unhealthy functioning families (Epstein, Bishop and Lewin, 1978; Epstein, Bishop and Baldwin, 1982).

Affective involvement: Affective involvement is characterized by the degree of the interest, love and care that family members have shown to each other. The important point for this dimension is that the flexibility of providing necessary and qualified care in time. In healthy

functioning families, family members display no more care than what members need. Unhealthy families, on the contrary, show over-involvement (overly protective, intrusive and warm) and/or symbiotic or intense involvement patterns in their relationships (Epstein, Bishop and Lewin, 1978; Epstein, Bishop and Baldwin, 1982).

Behavioral control: Behavioral control refers how families supervise and support behaviors in dangerous situations, in adaptation in the socialization process and in settings needs and drives are expressed and satisfied in it Families may adopt 4 types of behavioral control methods: flexible, rigid, laissez-faire and chaotic (Epstein, Bishop and Lewin, 1978; Epstein, Bishop and Baldwin, 1982).

Family functioning have previously addressed as a risk and protective factor for mental health problems in children and adolescents. (Deane et al, 2016; Pollock, Kazman, Deuster, 2014; Shek, 1997; Finklestein, 2015).

Atar and colleagues (2016) suggested high level of substance abuse in families reported low level of perceived family functioning. Another study conducted by Ateş and Akbaş, (2012) evaluated family functioning on 6 dimension and general functionality and found that adolescent rise in unhealthy functioning families are more likely to have delinquent behaviors compare to well-functioned families. Kapcı and Hamamcı (2010) also indicated higher scores on Brief Symptom Inventory for adolescents who have poorly-functioned families and lower scores for those who have well-functioned families.

Family functioning has also been identified as a key factor that influence the resiliency of the children and adolescents in the face of stressful life events (McDermott & Cobham, 2012). Children and adolescent who lives in healthy functioning families that is more warm, supportive, assisting (Burton & Jarret, 2000) and cohesive (Plybon & Kliewer, 2001) are less likely to show psychological adjustment problems (Gorman, Smith & Tolan, 1998).

Stressful life events increase the concern of the family members about the safety and wellbeing of other members of the family. Therefore, the family members firm their bonds and act as a unit to buffer against the negative effects of traumatic events on the functioning of the system and its members (Wooding, & Raphael, 2004).

1.6.Parental Mental Health

Parents may influence the development of their children through some parental behaviors such as providing warm and care, being a role model for developing attitudes, values and behaviors, being responsive to the needs of their children, setting limits and providing supervision, providing consistent discipline, assisting them on how to manage the world outside home, assisting them for developing autonomy, creating familial routines and traditions and providing cognitive stimulation (Chase-Lansdale & Pittman 2002). However, conditions like experiencing traumatic events may inhibit positive parental behaviours. In the face of traumatic events, as in the case of terrorism and community violence, parents, who themselves are traumatized, may also need emotional and/or behavioural assistance (Raphael, 1986 cited in Woody & Raphael, 2004, p. 14). They may experience distress and feel overwhelmed. Since they overly engaged in their own distress, they may not be psychologically available for their children, may not notice their needs and could not be able to maintain their effective parenting behaviours (Alisic, Boeije, Jongmans, & Kleber, 2012).

Family Stress Model (FSM) (Conger & Elder, 1994) constitutes a nice framework to understand how stressful life events operate on inhibition event-related discussion by influencing positive parental behaviours. FSM suggests that stressful life events may lead to changes in the routines and resources of families which in turn influence the mental health of the parents negatively (Conger & Elder, 1994). Therefore, providing and/or maintaining supportive and responsive parental practices like talking and listening to their children (Pynoos, Steinberg, & Warth, 1995 cited in Gil-Rivas et al., 2007, p. 1063) being a good model and

providing effective assistance and guidance to cope with the event may be impaired (Kilmer & Gil-Rivas, 2010; Deater-Deckard, 1998; Margolin, Ramos, & Guran, 2010).

1.7.Event-Related Household Discussion after Traumatic Experience

Literature on massive traumatic events has recently begun to stand on the issue of the way that parents and their children frame and handle the traumatic events by discussing on it (Carpenter et. al., 2017). Basically, literature have focused on the length (Cohen & Eid, 2007), nature (i.e.: frequency of discussions) (Stein et al., 2004), content and regulation (i.e.: providing sense of security, emotion sharing) (Carpenter et al, 2017). For instance, Stoppa and his colleagues (2011) recruited 972 parents and their children to investigate the frame of discussion that parents and their children held in the aftermath of the September 11th terrorist attack. They found that parents communicate the event with their children by addressing various topics such as emotional, sociocultural, and civic issues. More recent empirical research done by Comer and his colleagues (2008) help scholars to make causal inferences about the relationship between parental discussion of the event and children's anxiety and threat perception. Following the September 11th attack, they investigated the effect of parental discussion of the event on children's anxiety and threat perception through using video clips. 90 youth (7-13 ages) and their mothers were recruited in the study to assess the effects of event discussion with mothers. Participants were assigned into 2 experimental groups. In the first group participants were shown a video clip including future terrorism related news aimed at elevating threat perception. After the clip participants were asked to discuss it with their mothers who were trained about how she will discuss the event. The second group watch the video but the mothers in second group were not trained about how to discuss the event and they were not instructed with having mother-child dyed discussion. Results indicated that children in first group show lower level of threat perception and state anxiety compare to children in second group. Research done by Gil-Rivas and her friends (2007) following the attack of September 11, 2001 indicated that children and adolescent who discuss the event with their parents and receive positive

reframing, emotional expression and acceptance exhibited lower level of distress. More recent survey-based study investigated the event-related household discussion in the families following the 2013 Boston Marathon Bombing. 460 families with children ages between 4-19 ages asked to complete the survey with the aim of receiving information about how the event was discussed in families, the degree of the children's exposure to traumatic event and Post Traumatic Symptoms (PTS) exhibited by children. Results indicated that children exhibit lower level of (PTS) when they are provided the sense of security by their parents. Additionally, low level of PTS was assessed in children whose parents shared their feelings and emotions in the aftermath of the attack (Carpenter et. al., 2017).

Despite the existence of limited number of research conducted on the issue of discussing traumatic event within families, research identified some factors (e.g., age of the children, parental values and worldviews) that contribute to the quality of event-related discussions (Carpenter et. al., 2017; Stoppa, Wray-Lake, Syvertsen, Flanagan, 2011).

However, no research has investigated the contribution of family factors such as family functioning and parental mental health to the quality or the content of event-related household discussions following terrorism and community violence events.

According to Walsh (2007) one of the main characteristics of the healthy functioning family is communication patterns developed between family members. In healthy functioning families, family members communicate their ideas, knowledge and emotions directly, openly, honestly, cohesively and clearly to each other. Additionally, they express their love and support to each other either verbally or through gestures. (Walsh, 2007; Patterson, 2002). Based on the information above it can be inferred that in healthy functioning families, family as a system will be more likely to negotiate aftermath of the traumatic event and they are more likely to share their knowledge and emotions openly, clearly and cohesively to each other which in turn will affect the reactions of children and adolescents positively.

As mentioned previously, parents just like their children, may also get traumatized due to terrorism and community violence. Parents who engage in re-enacting behavioural patterns may not avoid the reminders of the traumatic event instead they may overly engage in reminders such as cues, emotions and thoughts related with event. Therefore, the quality of the event related household discussions may diminish. Those parents may constantly ask questions and discuss the details of the events again and again, which in turn increase the probability of developing unhealthy event-related discussion and traumatization of children and adolescent (Sheeringa and Zeenah, 2001).

Based on the explanations above, it will be easy to say that traumatic life events like terrorism and community violence may negatively influence parental mental health, which in turn effect the discussion patterns developed between parents and children aftermath of the traumatic events. In a way, mentally unhealthy parents may have trouble in generating an environment in which they may have opportunity to discuss their feelings and concerns directly, openly and clearly with their children and provide them with sense of security. However, mentally healthy parents have the ability of providing their children an emotionally responsive environment and help them become more resilient following stressful events (Wyman et al., 1999; Kilmer, Cowen & Wyman, 2001). Therefore, one may predict that mentally healthy parents may discuss their feelings, opinions and concerns directly with their children, they may provide a sense of security.

1.8.The Current Study

Family factors such as family functioning and parental mental health affect psychological outcomes of children and adolescents in the aftermath of human-caused traumas like terrorism and community violence

Following huge-scale traumatic events, mental health organizations, governments and media provide various materials and guidelines for the families on to explain the importance of providing developmentally appropriate information to children and adolescents in the aftermath of traumatic incidents and they informed parents about effective ways of discussing the event. However, relatively few researches have investigated the benefits of the discussions held in families after terrorism and community violence event.

Terrorism and community violence (September 10, 2015 Main Train Statin Bombing; February 17, 2016, in Merasim Street explosion; March 13, 2016, in Kızılay, Güvenpark and July 15, 2016, Coup attempt) experienced one after another in about past 1,5 years in Ankara provide an important context to investigate the mediating role of event-related household discussions in the relationship between family factors (family functioning and parental mental health) violence and developing psychological adjustment problems after huge-scale terrorist attacks and community violence events.

The main objective of the study is to test the mediating role of event-related household discussions in the relationship between family functioning and children and adolescents' psychological adjustment problems in terms of internalizing and externalizing behaviors after huge-scale terrorist attacks and community violence events. Furthermore, it is aimed to test the mediating role of event-related household discussions in the relationship between parental mental health and children and adolescents' psychological adjustment problems in terms of internalizing and externalizing behaviors after huge-scale terrorist attacks and community violence events.

From this point of view the hypothesis of the study as below:

H_1: Family factors is expected to significantly predict psychological adjustment of children and adolescents in terms of internalizing behavior problems after controlling for exposure to terrorist attacks and coup attempt.

a. Family functioning significantly predicts internalizing problems in children and adolescent after controlling for traumatic exposure
b. Parental mental health predicts internalizing problems in children and adolescent after controlling for traumatic exposure

H_2: Family factors is expected to significantly predict psychological adjustment of children and adolescents in terms of externalizing behavior problems after controlling for exposure to terrorist attacks and coup attempt.

a. Family functioning significantly predicts externalizing problems in children and adolescent after controlling for traumatic exposure
b. Parental mental health predicts externalizing problems in children and adolescent after controlling for traumatic exposure

H_3: Family factors are expected to significantly associate with event-related household discussions within the family.

a. Family functioning significantly predicts event-related household discussions within the family.
b. Parental mental health significantly predicts event-related household discussions within the family.

H_3: Event-related household discussions (i.e.: Content of the discussions, how parents handle the discussions) are expected to significantly predict the psychological adjustment of children and adolescents.

a. Event-related household discussions are expected to significantly predict the internalizing problems of children and adolescents.
b. Event-related household discussions are expected to significantly predict the externalizing problems of children and adolescents.

H4: Event-related household discussions mediates the relationship between family factors and psychological adjustment.

a. Event-related household discussions mediates the relationship between family functioning and internalizing problems in children and adolescent after controlling for traumatic exposure
b. Event-related household discussions mediates the relationship between parental mental health and internalizing problems in children and adolescent after controlling for traumatic exposure
c. Event-related household discussions mediates the relationship between family functioning and externalizing problems in children and adolescent after controlling for traumatic exposure
d. Event-related household discussions mediates the relationship between parental mental health and externalizing problems in children and adolescent after controlling for traumatic exposure

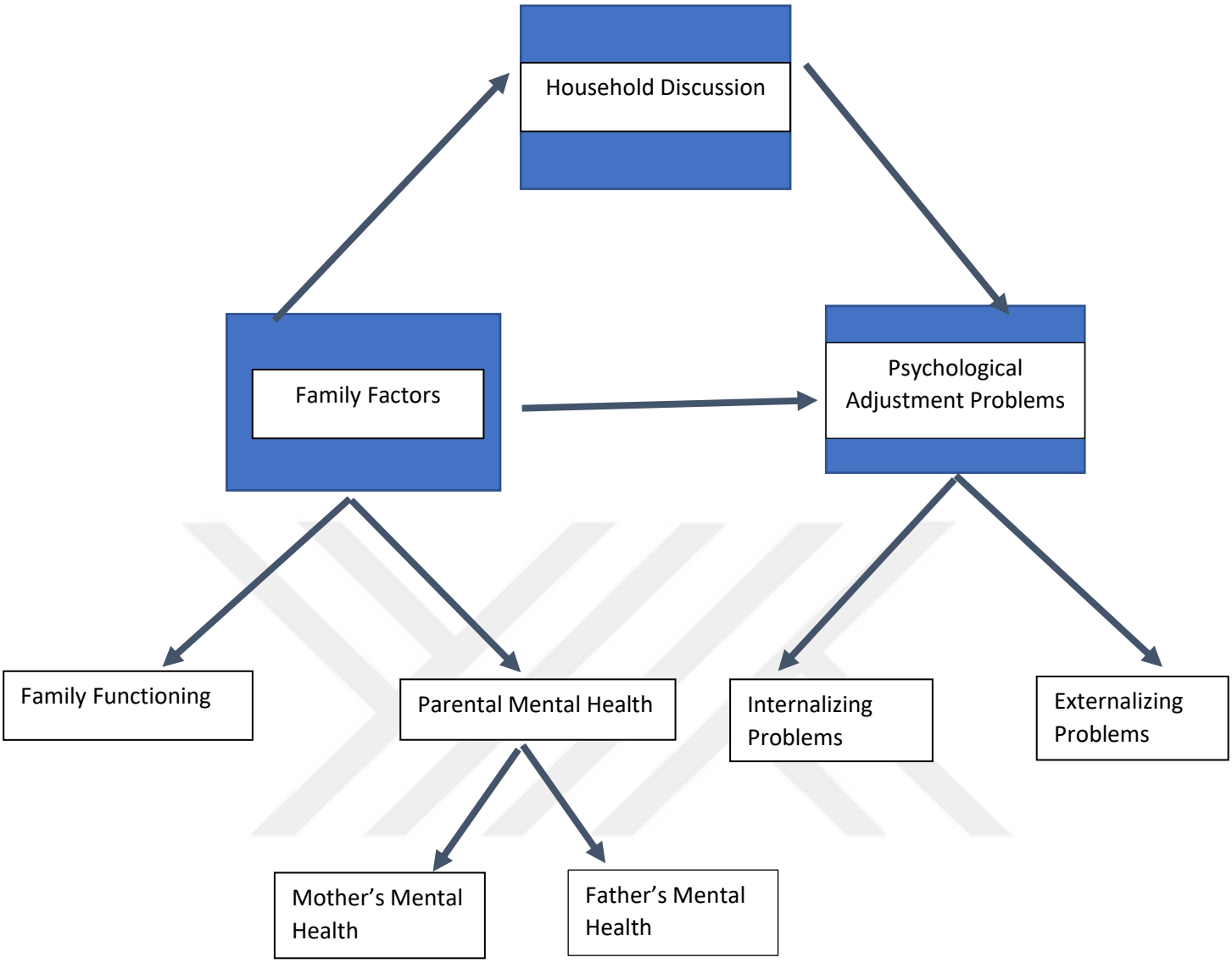

Figure 1: The model for study hypothesis

CHAPTER TWO

METHOD

2.1. Participants

A total of 370 families (mother, father & child) have been reached through snowball technique. 220 of these families rejected to take place in this study for different reasons. These reasons can be listed as follow: parents claim that their children did not hear about the attacks, parents fear about putting their children under an emotional burden and/or the families have limited time to fill the questionnaires. The data collected from 21 families whose father component were killed in terrorist attacks and 15th July coup attempt were not included in the study. For these reasons a total of 129 children and adolescents ages between 11-18 years and their parents who were in Ankara during July 15, 2016 coup attempt and/or terrorist attacks (i.e.: September 10, 2015 Main Train Statin Bombing; February 17, 2016, in Merasim Street explosion; March 13, 2016, in Kızılay, Güvenpark) carried out in Ankara in the last 1.5 years were recruited in the study. Participants were assessed through different resources (i.e.: internet-based announcements and snowball technique) based on their convenience. The descriptive characteristics of the families are presented table 2.1 below.

Table 2. 1.Descriptive Statistics for the Families

	N	*Minumum*	*Maximum*	*Mean*	*SE*
Family Income	104	1200	10000	3376	1749.44
Child Number in Family	120	1	5	2.43	.764
Years Live in Ankara	109	3	51	27.5	12.5

2.1.1. Child and Adolescent Sample

The child and adolescent sample of this study consists of 129 children and adolescent ages between 11 and 18 (M= 15.22, SD= 2.5). 35 of the participants were male (%26.8) and 94 of them were female (%73.2). 8% of the participants do not have siblings but rest of the participants have more than one. The education level of the participants indicated that %1.6 (n= 2) of them are primary school student, %30.7 (n=39) of them are secondary school student and %66.9 (n=85) of them are high school students and %.8 (n=1) of them are university student.

2.1.2. Parent Sample

258 parents (129 mother and 129 father) participated in study. The age range of the parents changes between 29-56. The mean age for parents is 41.5 (*SD* = 6). % 28.8 of the parents graduated from primary school, % 16.1 of them from secondary, % 27.1 of them from high school and % 23.7 of them from university and % 4.2 of them from master's degree.

2.2. Materials

A booklet that was formed to collect data includes 3 separate forms which are ''Mother Form'', ''Father Form'' and ''Child Form''. Ten different questionnaires, in total, were used for data collection procedure. The first questionnaire was used to get basic demographic information such as gender, age, employment and education. The other questionnaires were used for assessing participants' exposure to terrorism and community violence events, how the events discussed at home, children's psychological adjustment, parental mental health, family functioning and the quality of the relationship between parents and their children. Detail information about scales provided below.

2.2.1. Demographic Information Form

This form designed by researcher to get basic information about the parents and their child who participates in the study. This form includes questions about the gender, age, educational status of the parents that participate in the study, a monthly income of the family,

the number of the children in the family and how many years that the family lives in Ankara. Besides providing information on the parents and families, this form provides information about the age, gender, educational status and psychiatric diagnosis history of the children that participate in the study.

2.2.2. Exposure Checklist

The exposure checklist designed for assessing traumatic event exposure includes 2 sections. In the first section, emotional and physical distance of participants to each of three bombing events were assessed through a 5-item checklist with some modifications from prior research investigated bombing exposure (Carpenter et. al, 2017). The event-exposure checklist was given to children and they indicated their responses to each item as ‘‘yes’’ or ‘‘no’’. These checklists were prepared by considering DSM-V criteria and include questions as follow: (1) I was at the scene and directly exposed to the incident. (2) I was near the scene and heard the explosion. (3) I was not there during the incident, but immediately afterwards I witnessed the happenings in the scene. (4) I know significant others available at the scene during the incident (5) I saw about the incident from the media (written, visual media, social media).

Due to the extraordinary nature of the July 15, 2016 a 4-item checklist was prepared for the present study with necessary consultation with the thesis advisor. Besides 5-item checklists designed for each event, an 18-item checklist was also developed for assessing a perceived and real exposure to all three incidents. The items were prepared by considering DSM-V criteria for traumatic-event exposure: (i.e.: being physically and/or knowing significant others available at the area that traumatic incident take place, feeling his/her self and/or significant others under the threat of death, being injured during traumatic incident, knowing someone injured at traumatic incident) (American Psychiatric Association, 2013). Participants indicated their answers either ‘‘yes’’ or ‘‘no’’ to the items in the checklist.

2.2.3. Event-Related Household Discussions Checklist

In order to assess how parents, communicate (i.e.: the content of the discussions and how they manage it) with their children after the 2013 Marathon Bombing event in 2013, a 9-items checklist designed by Carpenter et. al (2017) was used. This checklist was designed for assessing the content of the discussions and develop an understanding how parents handle these events that they discuss with their children immediately after the bombing. Although this checklist informs ones about some unique aspects of the discussions held between parents and their children on the bombing, it does not reflect the whole communication patterns in families (Carpenter et al., 2017). Parents indicate their responses to each item as ‘‘yes’’ or ‘‘no’’. Since event-related discussions after the terrorist attacks and community violence events in Ankara is relatively novel area of research, Turkish version of the checklist is not available. Each item in event-related household discussions checklist was translated into Turkish with the help of thesis advisor. The items of the checklist listed as follow: (1) I informed my child about what happened. (2) I did not talk to my child on the details that might be unnecessary after the terrorist attack and scare him. (3) I have asked my child whether s/he has any questions about terrorist attacks. (4) I talked with my child about my feelings about the attacks that took place. (5) I guarantee my child about his/her safety. (6) I directed my child to take care of more enjoyable topics. (7) I did not limit the adult dialogue about terrorist attacks in the adult environment where my child was. (8) I prevent others from talking to my child about terror attacks. (9) I followed the talk of my child about the terrorist attacks and stopped talking when I was sure of the conversation reached a point where it would frighten him. Same checklist with minor changes was used for assessing the content and regulation of the discussions after July 15, 2016 military coup attempt in Turkey.

2.2.4. Brief Symptom Inventory (BSI)

This 53-items inventory developed as short form of 90-items *Symptom Check List_90 (SCL-90)* (Deragotis, 1992). The reliability and validity studies for Turkish sample were done by Şahin and Durak (1994) and found as having high validity and reliability values for Turkish adults and adolescents. The internal validity of the scale gotten from 3 different studies is α=.95 (Şahin and Durak, 1994). This inventory is a self-report measurement that includes 5 subscales: depression, anxiety, negative self-concept, anger/aggression, and somatization. It is in 5-point likert response format in which 0 stands for ‘‘NO’’ and 4 stands for ‘‘TOO MUCH’’. The scores that participants can get range between 0 and 212. Higher scores are considered as indicators of presence of more symptoms (Şahin & Durak, 1994).

2.2.5. Youth Self-Report 11-18 (YSR)

This scale was developed by Achenbach (1991) to be able to measure the emotional and behavioral problems of 11-18 age adolescents through the information they provide. The scale consists of demographic information questionnaire, 7-competency items and 112 items that measure problem behaviors. Competence items measures child’s area of interests, sports activities that the child interested in, child’s relations with his/her friends and siblings, school related problems and school success. Problem behavior items measure 2 subscales which are internalizing and externalizing problems. Two different behavioral symptom scores are obtained from the sum of the items, referred to as Internalized and Externalized behavioral symptoms. Internalized symptoms are assessed through the sum of points gotten from 3 different subscales which are Social Introversion, Somatic Problems and Anxiety / Depression. Externalized symptoms are assessed through the sum of points from other 3 subscales which are Delinquent Behaviors scale and Aggressive Behaviors scale (Achenbach, 1991). Besides, these scale measures each item in problem behavior scale is graded as 0 (Not True), 1 (somewhat or sometimes true) and 2 (Very True or Often True) according to the frequency of

occurrence in the last 6 months and the items are grouped into different subscales (Achenbach, 1991).

The reliability and validity studies for Turkish sample was done by Erol and Şimşek (2000). Internal validity for Internalized Symptom scale, Externalized Symptom scale and Total Problem Scale are respectively as follow: .80, .81, .89. The test-retest reliability of the scale was calculated by applying it to 60 young people twice a week, and the test-retest reliability was calculated as. 82 (Erol & Şimşek, 2000).

2.2.6. Inventory of Family Protective Factors

The scale is originally developed by Gardner, Huber, Steiner, Vazguez and Savage (2008) and reliability and validity studies for Turkish sample were done by Danışman and Köksal (2011). The scale consists of 16 items and 3 factors which are "Adaptive Appraisal and Compensating Experiences", "Social Support", and "Fewer Stressors''. The scale has a good internal validity with a Cronbach's alpha .85. Test-retest reliability and split-half reliability scores was found respectively as follow .42 and .70. The scale is in 5-point likert response format in which (1) refers ''Not Appropriate for My Family'', (5) ''Completely Appropriate for My Family''.

2.3. Procedure

As an initial step, the ethical approval was gotten from ethical community of TED University. All the participants were given informed consent to ensure their approval on participating to the study. Parental consent was provided for those below the age of 18. Participants was ensured about the privacy, anonymity and confidentiality of the data collected. There was no deception regarding the aim, content and/or nature of the study.

Data was collected through self-report measurements. 3 booklets which are ''Child Booklet'', ''Mother Booklet'' and ''Father Booklet'' were formed for data collection procedure. Each booklet which include question forms were provided individually to each members of participated family. Each members of the participated families filled the

question forms individually. The Child Booklet includes event-exposure checklists prespecified-traumatic incident (three bombing events in Ankara and July 15 military coup attempt), 2 self-report questionnaires (Youth Self Report (11-18), Inventory of Family Protective Factors). At the same time parents (both mother and father) were provided another booklet which consists of an informed consent form, a demographic information form, an event-related household discussion checklist (an event-related discussions checklist for 3 terrorist attacks and July 15 military coup attempt) and 2 different questionnaires which were used to assess their mental health (BSI) and family functioning (IFPF). Since participants were assessed based on their convenience, they were visited at their home or work places to apply the questionnaires. Besides, some forms were delivered via email. In order to prevent data-lost, each family were assigned a number which was written right up-side of each form. In order to prevent confusion, the presentation order of each form in each booklet was changed for every 50 participants. The researcher went to the participant's home and work places to apply the questionnaires and available at their home during participants filling the questionnaires. After they completed the questionnaires the researcher collected the forms. Participants who received forms via e-mail, were verbally informed that the forms will be taken-back in 2 days.

CHAPTER THREE

RESULTS

The main aim of this study was to investigate the mediator role of event-related household discussion on the relationship between family factors (Family functioning, father's mental health and mother's mental health) and psychological adjustment of children and adolescent (Internalizing and externalizing behavior problems) after controlling traumatic event exposure.

In this section, the analysis of the data with the frame of study hypothesis are presented in 2 sections. The first section includes Pearson's correlation analysis of the study variables. The second section provides results of the simple mediation analysis used to address the mediator role of event-related household discussion on the relationship between family factors and psychological adjustment of children and adolescent. The model was tested via Process macro - Model 4 (Preacher and Hayes, 2008). The total indirect effect was tested with bootstrap method with 2000 samples. Unstandardized beta coefficients were used.

3.1. Correlational Analysis of the Study Variables

Pearson's correlation analysis was conducted to examine the bivariate relationship between the study variables which are event-related household discussion, family functioning, father's mental health, mother's mental health and internalizing and externalizing problems. The results of the correlation analysis are presented in table 3.1.1.

Table 3. 1. 1.Pearson Product Moment Correlations among the Study Variables

Variable	1	2	3	4	5	6
1. Household Discussion	-	.260**	-.255**	-.210*	-.251**	-.224*
2. Family Functioning		-	-.329**	-.274**	-.410**	-.343**
3. Father's Mental Health			-	.599**	.213*	.532**
4. Mother's Mental Health				-	.308**	.484**
5. Internalizing Problems					-	.490**
6. Externalizing Problems						-

* $p < .05$ (two-tailed). ** $p < .01$ (two-tailed).

As it is shown in the table, there was a significant negative correlation between event-related household discussion and internalizing ($r = .251$, $p < .01$) and externalizing ($r = .224$, $p < .05$) problems. As the quality of the discussion on traumatic events in home environment increase, children and adolescent become less likely to develop internalizing and externalizing problems.

Similarly, family functioning negatively and significantly correlated with internalizing ($r = .410$, $p < .01$) and externalizing ($r = .343$, $p < .01$) problems. This suggests that as family functioning increase, the development of internalizing and externalizing problems in children decrease.

Father's and mother's mental health were both positively and significantly correlated with internalizing (respectively; $r = .213$, $p < .05$, $r = .308$, $p < .01$) and externalizing (respectively; $r = .532$, $p < .01$, $r = .484$, $p < .01$). This suggests that poorer parental mental health is associated with increase in the development of internalizing and externalizing problems in children and adolescents. Results also indicated that father's and mother's mental

health was significantly associated with household discussion (respectively; $r = .255$, $p < .01$, $r = .210$, $p < .05$). Parents with poor mental health less likely to have an event-related discussion with high quality in home environment. Lastly, family functioning was positively related with event-related household discussion ($r = .260$, $p < .01$). In other words, well-functioning families are more likely to have high quality talk on traumatic events in home environment.

3.2. Test of Simple Mediation Models

This section presents results for the mediator role of event-related household discussion on the relationship between family factors and psychological adjustment problems in children and adolescents after controlling for exposure to traumatic events. Since there are 3 independent variables (Family functioning, father's mental health and mother's mental health) and 2 dependent variables (internalizing and externalizing problems), the result of the simple mediation analysis is presented separately in 6 subheadings.

3.2.1. Model 1: The Mediator Role of Event-Related Household Discussion on the Relationship Between Mother's Mental Health and Internalizing Problems in Children and Adolescents

The first model tested the mediator effects of event-related household discussion on the relationship between mother's mental health and internalizing problems in children and adolescents after controlling for exposure to traumatic events. The figure of Model 1 is shown in figure 3.2.1:

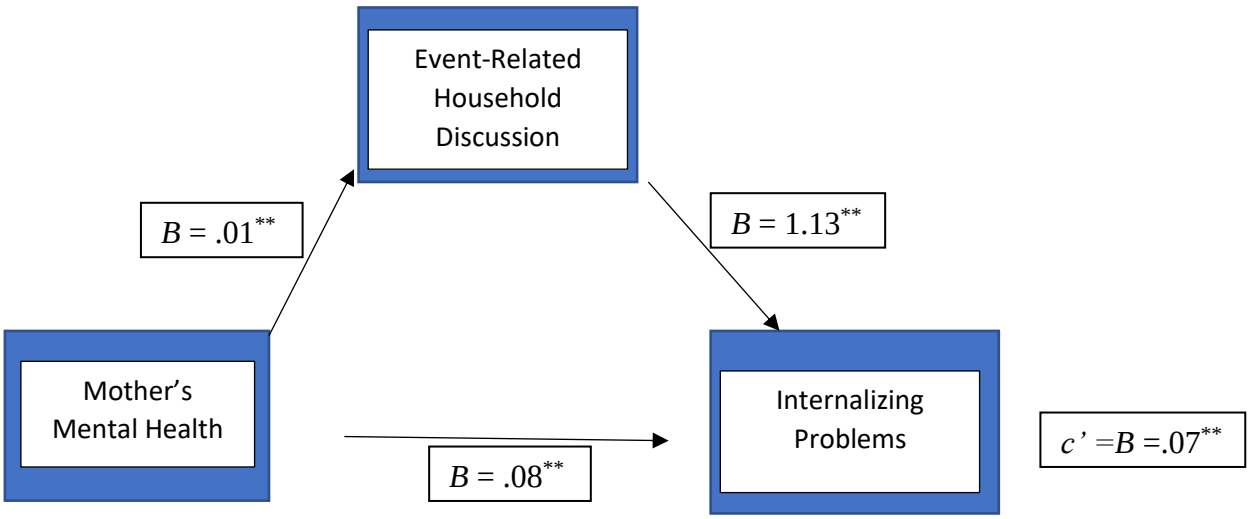

Figure 3. 2. 1: The figure of Model 1

The results of direct effects indicated that mother's mental health was a significant predictor of internalizing problems in children and adolescents (b = .08, t = 3.6, p < .05). Mother's mental health was also a significant predictor of household discussion (b = .01, t = 2.63, p < .05). When event-related household discussion was tested as a mediator, it was significantly associated with internalizing problems in children and adolescents (b = 1.13, t = 2.3, p < .05). When mother's mental health and the mediator, event-related household discussion, was entered the model together, the direct effect of mother's mental health on internalizing problems of children was lessened but still significant (b = .07, t = 3.05, p < .05) which indicated that event-related household discussion act as a mediator in the relationship between mother's mental health and internalizing problems in children and adolescents after controlling traumatic event exposure. The overall model was significant (F(3,125) = 6.3, p < .05) and it accounted for %13 variance in children and adolescents' internalizing problems. The indirect effect was tested via bootstrap method with 2000 samples in %95 confidence interval level. The total indirect effects of the mediator were significant (PE = .01, CI = .001 - .035). The results of the tested model can be seen from the table 3.2.1 below.

Table 3.2. 1.Mediation Effect of Event-Related Household Discussion (HHD) on the Relationship between mother's Mental Health (MMH) and Internalizing Problems (IP)

Regression paths	*B*	*t*	*p*
Mediation *a* path (MMH on HHD)	-.01	-2.6	< .05
Mediation *b* path (HHD on IP)	-1.13	2.3	< .05
Total effect, *c* path (MMH on IP; No mediator)	.83	3.6	< .05
Direct effect *c'* (MMH on IP including HHD as mediator)	-.07	-3.05	< .05
Indirect effect bootstrapped (*c – c'*) with bootstrapped 95% CI	-.071 [.0249, .1172]		

Fit for the model R^2=.13, F(3, 125) = 6.3 , p<.05.

3.2.2. Model 2: The Mediator Role of Event-Related Household Discussion on the Relationship Between Father's Mental Health and Internalizing Problems in Children and Adolescents

The second model tested whether the relationship between father's mental health and internalizing problems in children and adolescents was mediated by event-related household discussion after controlling for exposure to traumatic events. The figure of Model 2 is shown in figure 3.2.2:

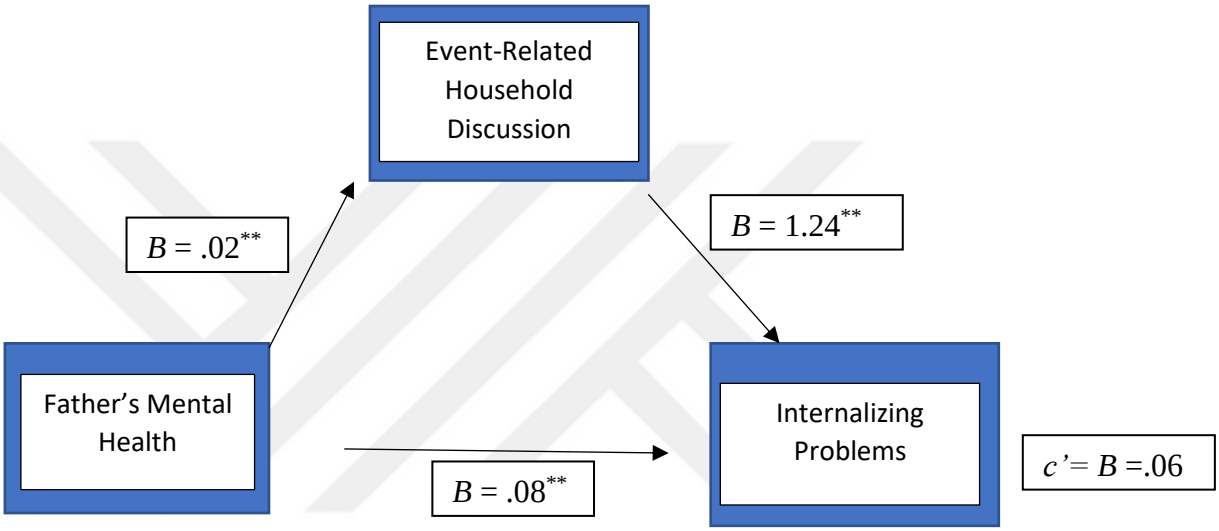

Figure 3. 2. 2: The figure of Model 2

Results indicated a significant direct effect of father's mental health on internalizing problems in children and adolescents (b = .08, t = 2.42, p < .05). The direct effect of father's mental health on event-related household discussion was also significant (b = .02, t = 3.19, p < .05). When event-related household discussion was taken into account as a mediator, results indicated a significant direct effect of event-related household discussion on internalizing problems in children and adolescents (b = 1.24, t = 2.42, p < .05). When father's mental health and event-related household discussion were entered in the analyze together, the relationship between father's mental health and internalizing problems in children and adolescents become nonsignificant (b = .06, t = 1.7, p > .05). From this point, results suggested that event-related household discussion act as a fully mediator in the relationship between father's mental health

and internalizing problems in children and adolescents. The overall model was also significant ($F(3,125) = 4.03$, $p < .05$) and it accounted for %1 variance in children and adolescents' internalizing problems.

The significance of indirect effect of the model was tested by bootstrap method with 2000 sample. Results indicated the total indirect effect was significant (*PE* = .02, %95 *CI* = .003 - .061). Based on the results, event-related household discussion significantly mediates the relationship between father's mental health and internalizing problems in children and adolescents after controlling for exposure to traumatic events. Results were indicated in table 3.2.2 below.

Table 3.2. 2.Mediation Effect of Household Discussion (HHD) on the Relationship between father's Mental Health (MMH) and Internalizing Problems (IP)

Regression paths	*b*	*T*	*p*
Mediation *a* path (FMH on HHD)	-.02	-3.2	< .05
Mediation *b* path (HHD on IP)	-1.2	-2.4	< .05
Total effect, *c* path (FMH on IP; No mediator)	.08	2.4	< .05
Direct effect *c'* (FMH on IP including HHD as mediator)	.06	1.7	> .05
Indirect effect bootstrapped (*c – c'*) with bootstrapped 95% CI [b]	-.012 [.0249, .1172]		

Fit for the model R^2=.1, $F(3, 125) = 4.03$, p<.05.

3.2.3. Model 3: The Mediator Role of Event-Related Household Discussion on the Relationship Between Mother's Mental Health and Externalizing Problems in Children and Adolescents

This model tested the mediator effects of event-related household discussion on the relationship between mother's mental health and externalizing problems in children and adolescents after controlling for exposure to traumatic events.

The tests of direct effects indicated that mother's mental health was a significant predictor of externalizing problems in children and adolescents ($b = .14$, $t = 6.02$, $p < .05$) and

event-related household discussion (b = .01, t = 2.63, p < .05). Hence, results did not indicate a significant direct effect of the mediator, event-related household discussion, on externalizing problems in children and adolescents. This result indicated that event-related household discussion does not mediate the relationship between mother's mental health and externalizing problems in children and adolescents after controlling for exposure to traumatic events. The figure of Model 3 is shown in figure 3.2.3:

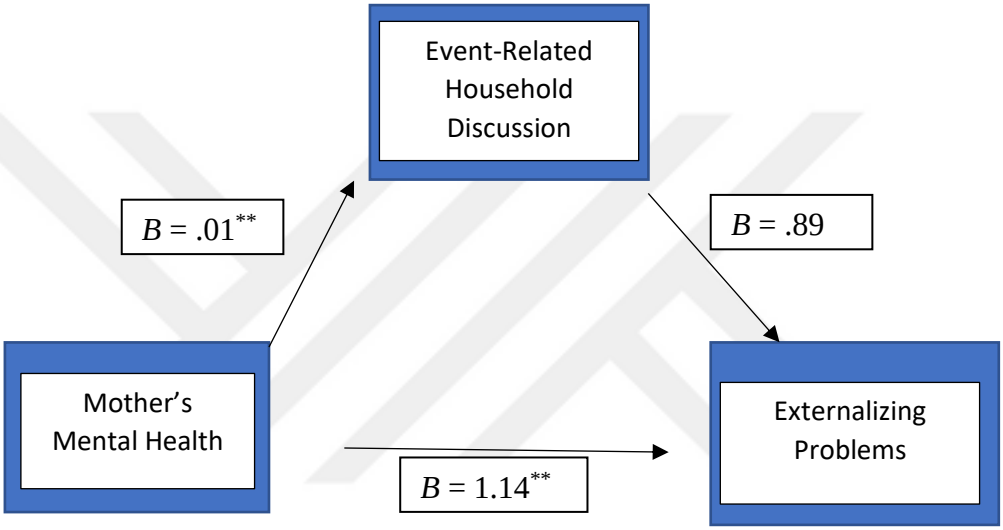

Figure 3. 2. 3: The figure of Model 3

3.2.4. Model 4: The Mediator Role of Event-Related Household Discussion on the Relationship Between Father's Mental Health and Externalizing Problems in Children and Adolescents

The fifth model tested whether the relationship between father's mental health and externalizing problems in children and adolescents was mediated by event-related household discussion after controlling for exposure to traumatic events.

Results indicated a significant direct effect of father's mental health on externalizing problems in children and adolescents (b = .22, t = 6.86, p < .05). The direct effect of father's mental health on event-related household discussion was also significant (b = .02, t = 3.19, p < .05). The direct effect of event-related household discussion on externalizing problems in children and adolescents was found nonsignificant (b = .69, t = 1.41, p > .05). This notion

suggested that event-related household discussion does not mediate the relationship between father's mental health and externalizing problems in children and adolescent. The figure of Model 4 is shown in figure 3.2.4:

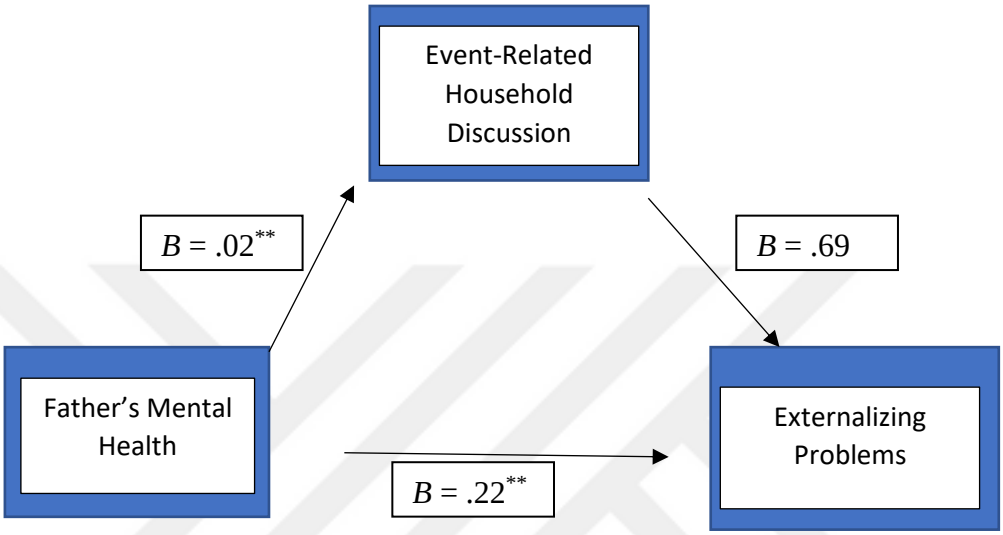

Figure 3. 2. 4: The figure of Model 4

3.2.5. Model 5: The Mediator Role of Event-Related Household Discussion on the Relationship Between Family Functioning and Internalizing Problems in Children and Adolescents

This model investigated whether event-related household discussions on event mediates the relationship between family functioning and children's and adolescent's internalizing problems after controlling for traumatic event exposure. The direct effect of family functioning on internalizing problems in children and adolescents was significant (b = .38, t = 5.09, p < .05). When the event-related household discussion was entered in analysis as mediator, the direct effect of family functioning on household discussion was significant (b = .04, t = 2.97, p < .05) but the direct effect of event-related household discussion on children's and adolescent's internalizing problems was not significant (b = .93, t = 1.94, p > .05). From this point, results suggested that event-related household discussion does not mediate the relationship between

family functioning and children's and adolescent's internalizing problems after controlling for traumatic event exposure. The figure of Model 5 is shown in figure 3.2.5:

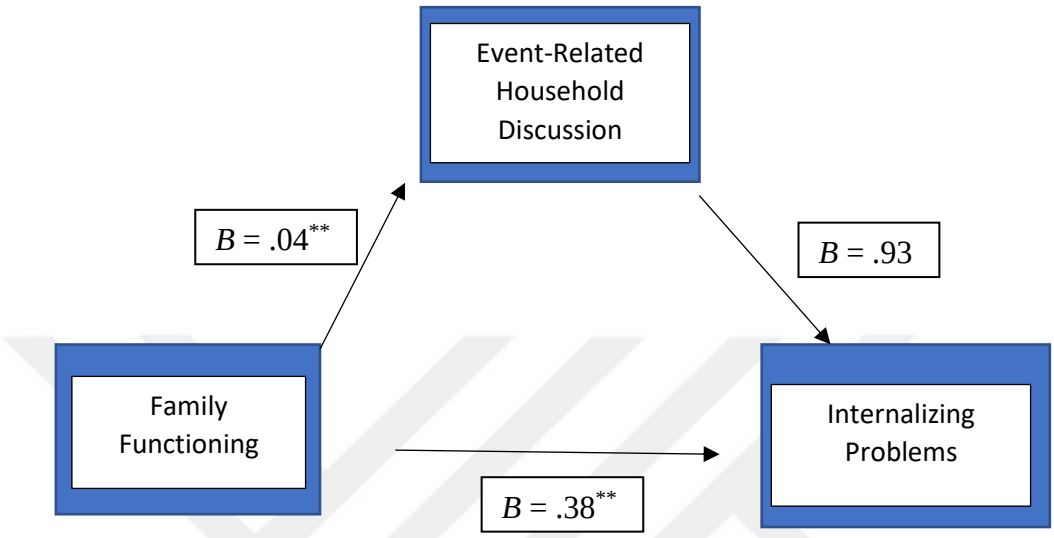

Figure 3. 2. 5: The figure of Model 5

3.2.6. Model 6: The Mediator Role of Event-Related Household Discussion on the Relationship Between Family Functioning and Externalizing Problems in Children and Adolescents

This model investigated whether event-related household discussions on event mediates the relationship between family functioning and children's and adolescent's externalizing problems after controlling for traumatic event exposure.

The direct effect of family functioning on externalizing problems in children and adolescents was significant (b = .35, t = 4.32, p < .05). When the event-related household discussion was entered in analysis as mediator, the direct effect of family functioning on event-related household discussion was significant (b = .04, t = 2.97, p < .05) but the direct effect of household discussion on children's and adolescent's externalizing problems was not significant (b = 1.01, t = 1.93, p > .05). From this point, results suggested that event-related household discussion does not mediate the relationship between family functioning and children's and

adolescent's externalizing problems after controlling for traumatic event exposure. The figure of Model 6 is shown in figure 3.2.6:

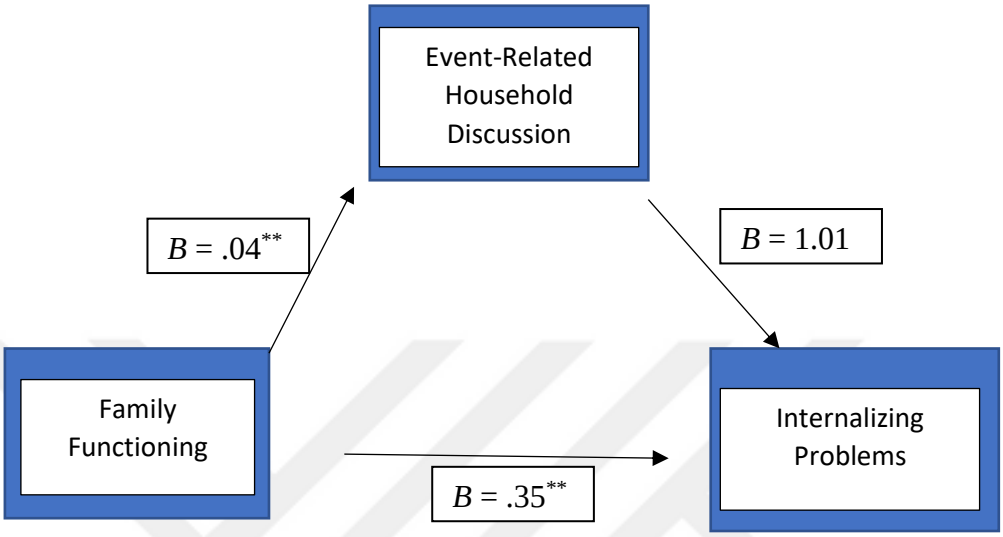

Figure 3. 2. 6: The figure of Model 6

CHAPTER FOUR

DISCUSSION

Terror attacks and community violence took place in the last 1.5 years in Ankara have provided an opportunity to understand the effects of such events on children and adolescents and their families from a broader perspective. From this point of view, the main purpose of the current study was to investigate the direct effect of family factors (family functioning and parental mental health) on internalizing and externalizing problems of children and adolescents after controlling for traumatic event exposure. Another aim of the study was to investigate the effects of family factors (family functioning and parental mental health) on event related household discussion. This study also aimed to examine effects of event related household discussion on internalizing and externalizing problems of children and adolescents. Lastly, it was aimed to examine the mediating effect of event related household discussion on the relationship between family factors (family functioning, parental mental health) and internalizing and externalizing behavioral problems of children and adolescents. In the frame of this purposes, this chapter initially presents the summary of findings, then discuss the findings, after that presents implications and limitations and lastly offers suggestions for future studies.

4.1. Summary of Findings

The current study was found that both father's and mother's mental health was an important predictor of both internalizing and externalizing problems in children and adolescents. Children and adolescents who have mentally unhealthy parents exhibit more internalizing problems (anxiety, depression, social introversion and somatization) and externalizing problems. It was also revealed that both father's and mother's mental health

predicts event related household discussion in a way that mentally unhealthy parents make poor quality (in terms of content) discussion on events. Another finding of the study indicated that event related household discussion predicts internalizing problems meaning that qualitatively poor event related household discussion increases the exhibition of internalized behaviors. Event related household discussion mediate the relationship between parental mental health and internalizing behavioral problems of children and adolescents. The study also found that event related household discussion does not mediate the relationship between parental mental health and externalizing behavioral problems of children and adolescents. Other findings indicated that family functioning predicts internalizing and externalizing problems in children and adolescents. In poorly functioning families, children and adolescents exhibit more internalizing and externalizing problems. Event related household discussion also mediate the relationship between parental mental health and internalizing behavioral problems of children and adolescents. The study also indicated that family functioning predicts household discussion which suggests healthy functioning families engage more in high quality event related household discussion. Lastly, findings showed that event related household discussion does not mediate the relationship between family functioning and internalizing behavioral problems of children and adolescents after controlling for traumatic event exposure.

4.2. Family Functioning, Event-Related Household Discussion Internalized and Externalized Behavior Problems

The results of the current study indicate that family functioning directly predicts event-related household discussion and internalized and externalized behaviors of children and adolescents. To be more specific, healthy functioning families engage in high-quality event-related household discussion compare to those function poorly. These findings show consistency with literature. Many researches on family functioning demonstrated that well-functioning families adopt more open, clear, honest and direct communication pattern when sharing their ideas, knowledge and emotions compare to those poor-functioning (Walsh, 2007;

Patterson, 2002). Based on this statement one can suggest that this communication pattern may direct families to discuss after traumatic events and increase the quality of discussion they hold with their children by having more clear, direct and open discussions on the event and their emotions and ensuring about the safety of their children. On the other hand, families with distorted functioning may already have distorted communication pattern regardless of the exposure to traumatic event. Therefore, they may not have qualified discussions in which they can properly informed their children about the event, receive their children's event-related emotions and make them sure about their safety.

Additional findings suggest that children and adolescents who are raised in poorly functioning families develop internalized and externalized problems more than those who are raised in healthy functioning families. Similarly, literature have associated behaviors of the individuals with family functioning in a way that mentally healthy children have raised in healthy functioning family environment while mentally unhealthy individuals have raised in dysfunctional families (L'abate, 1998). Families are considered as main sources of support, protection and guidance for children and adolescents (Petzold, 1998). However, in stressful situations (i.e.: traumatic events) families may show dysfunctional family patterns such as exhibiting inappropriate emotional reactions, being overly-involved in relationships, adopting over-protective behavioral patterns and rigid and chaotic way of behavioral control which contribute to adjustment problems in children and adolescent.

Other finding of the current study was that event-related household discussion does not mediate the relationship between family functioning and internalized and externalized problems after controlling for traumatic event exposure. This finding contradicts with literature which suggest that unhealthy family functioning may disrupt open and clear communication pattern in a family and those together increase for the risk of vulnerability in stressful situations (Mackay, 2003). They may have points, but it should not be disregarded that the main

participants of this study were youth whose age range changes between 11-18 which is the universally accepted age range for adolescence period (Petani, 2011). Adolescence period which is recognized as emotionally, socially and cognitively transition period characterized by increased demand for independency, less dependency to parents, more intimacy to peers, developing romantic relationships, conflict and frustration-oriented parent-child relationship, increased tension, disagreements, anxiety and arguments between parent and child (Petani, 2011; Alexander, 2011). Therefore, this period is seen as stressful period in nature that make it not only individual but also familial level of adaptation necessary. According to Wooding and Raphael (2004) stressful events increase the concern on safety and wellbeing of the members of a family which results in firming their bonds and acting as a unit to protect healthy family functioning. Based on all the information above it can be predicted that independent from the effect of traumatic event, families may already be dealing with the stressful adversities of adolescence period which make them necessary to firm their bond and reorganize the roles and responsibilities in their families to protect their adolescents in specific and their families in general. This may have influence on their family functioning by eliciting different familial dimensions such as overprotection, distorted behavioral and psychological control. Therefore, the effects of this kind of familial dimensions, and problems elicited by adolescence period may become more important than having event-related discussions after a traumatic incident in this developmental stage.

Alternatively, Row and Liddle (2008) suggested that regardless of traumatic event exposure, disrupted family functioning by itself affects adjustment of children. Based on this information, it can be inferred that family functioning is a very effective determinant that even eliminates the effect of exposure of adjustment problems in children and adolescents. Therefore, this makes it understandable that family functioning affects children's and adolescents' adjustment problems regardless of the effects of event-related household discussions.

4.3. Parental Mental Health, Event-Related Household Discussions and Internalizing and Externalizing Behavior Problems

The current study found that parental mental health as a strong predictor of internalized behavior problems. As expected, mentally unhealthy parents (both mothers and fathers) have children with internalizing behavioral problems compare to those who report less mental health problems. These results show consistency with literature. Previous research in literature have been associated parental mental health with child adjustment problems after traumatic event exposure (Stuber et al. 2005; Comer et al. 2008).

Another finding of this study indicated that parental mental health directly affects the event-related household discussion after traumatic events. While mentally healthy parents engage in household discussions in which they share their feelings, emotions, opinions and concerns and they provide sense of security, mentally disturbed parents do not. This result is also consistent with the literature which suggest that stressful and traumatic events disturb parental mental health which in turn affect whether they have and how they discuss on the event (Comer et al., 2008; Cohen & Eid, 2007). As Zeanah and Scheeringa (1996) suggest after traumatic experiences some parents may overly talk on their traumatic experiences which help them to relief their own distress. Based on this knowledge one can argue that parents may reflect their own anxieties in the content of the discussion which lowers the quality of the discussion held with their children after traumatic events.

The main finding of this study indicated that event-related household discussion is a mediator in the relations between parental mental health and internalizing behavior problems, but it is not mediate the relations between parental mental health and externalizing behavior problems. This notion suggests that children who have mentally healthy parents with whom they have discussions on the traumatic event do not exhibit internalizing behavior problems whereas children who have mentally disturbed parents with unhealthy discussion patterns show internalized behavior problems. In the case of externalized behavior problems, on the other

hand, regardless of the effects of event-related household discussion parental mental health become more important determinant of exhibiting externalized behavioral problems after controlling for trauma exposure. Regardless of the quality and the quantity of the discussions hold after traumatic event, mentally disturbed parents have children with externalized behavior problems whereas mentally healthy parents do not. Conversely, literature suggests that parental mental health have detrimental effects on psychological adjustment of the children and adolescent through distorting parental behaviors (Jobe-Shields, Parra, Buckholdt, 2013; Duncan, 2000) like being unresponsive to the emotional needs of children and distorting parent-child communication by restraining them talking about event related experiences, feelings and reactions after traumatic exposure including emotional sharing (Bonanno et al., 2010; Jobe-Shields, Parra, Buckholdt, 2013).

Research have been so far associate trauma exposure of children and adolescent with the development of internalized and externalized behavioral problems (Hoven et al., 2005; Cohen et al., 1993; Pffefferbaum et al., 2002; Lynch & Cicchetti, 1998). Depression, anxiety, social introversion, panic symptoms are the set of internalized problems and are considered as the common reactions given to the abnormal situations. However, except from aggression, externalizing behavior problems such as disobedience and disruptive behaviors remain outside the usual post-traumatic reactions that occur extensively after traumatic events (Comer & Kendall, 2007). This study conducted approximately 1.5 years after the attacks and community violence which limits to detect immediate effects of traumatic events on psychological adjustment problems. Additionally, the current study did not assess pre-traumatic measurements of emotional and behavioral problems of children and adolescent who participated in the study. From this point of view, it can be argued that the emotional and behavioral problems that participants reported for current study may not be resulted purely from exposure to terrorist attacks, coup attempt and related community violence event. Other factors

such as the child's and adolescent's preexisting traumatic exposure, genetic background and parental factors may have role on the development of externalized behavior problems after traumatization or they may already have externalized behavior problems not detected pre-study. These factors may play role in removing the mediator effects of event-related household discussion in the relationship between parental mental health and externalizing behavior problems. Event-related household discussions help children and adolescent to process the traumatic exposure by receiving emotional support, sharing their own trauma-related feelings which in turn help them to calm their internalized symptoms triggered by traumatic event.

Alternatively, research suggest that internalized and externalized behavior problems generally appear approximately in the age of 11-12 and reach its peak at 16-17 years of age which constitutes the age range of the participants of current study (Ara, 2016). Parents may approach internalized behavior problems in this period more embracing and soft, they may try to normalize their children's experiences and may try to adopt emotionally supportive attitudes in their event-related discussions. This may not be case for externalized behaviors. In adolescent period parents have some stereotypic beliefs such a being predisposed to peer influence, rebelliousness and exhibiting risk taking behaviors about their children (Jacobs, Chhin & Shaver, 2005). These stereotypic beliefs may influence parental behaviors against externalized behavior problems. Parents may become adopt more reactive behavioral patterns such as harsh, intrusive and over protective parenting which may in turn disregard the mediator effects of event-related household discussions in the relations between parental mental health and externalized behavior problems.

4.4. Clinical Implications

The present study suggests an important understanding for considering the clinical implications both for children and parents and their families in a comprehensive approach. The main findings of the study indicate the role of event-related household discussion hold after traumatic exposure in the development of internalized behavior problems such as panic,

anxiety, depression and social introversion. From this point, one can suggest that health professionals should published guidelines after traumatic events. These guidelines should point the normalization of the event, importance of listening children's and adolescents' opinions and feelings about the traumatic event, providing environments in which they can find opportunity to share their emotions and the importance of satisfying the children's and adolescents' basic needs of feeling safety and security by talking on the incident. Health care professionals should provide a psycho-education about the importance of not avoiding but providing proper discussions on the post-event with their children in the frame of guidelines. Also, parents should be informed how they can reach these materials.

Consistent with many other research, the current study also asses the effects of family factors on the development of internalized and externalized behavior problems in children and adolescent even after 1.5 years after the attack. Specifically, it was suggested that parental mental health have a direct effect on the exhibition of internalized and externalized behavior problems of children and adolescents. Based on this notion, clinicians should interview with parents for developing an understanding the effects of the traumatic events on children and adolescents. Besides individual therapy provided for children, necessary therapeutic support with a good intervention program should also be provided for parents to relief their symptoms and make them available for their children. Parents should also be educated about how stressful events influence their own mental health which in turn shape their children responses.

Lastly, the current study revealed the important effect of family functioning on the exhibition of internalized and externalized behavioral problems of children and adolescents. Children and adolescent cannot be taught in isolation from their family environment. Besides individual-based therapy sessions, clinicians may take the advantage of family therapy, which suggests that the behavior of everyone in the family influences others in the family (Ackerman, 1966), to recover unwanted effects of traumatic events.

4.5. Limitations of The Study

The current study has important contributions to the families and trauma literature by collecting data both from mothers and fathers and their children through self-reports. Many research conducted after traumatic incidents generally focus on PTSD symptoms but the current study provided more comprehensive approach by focusing on internalizing and externalizing symptoms. Nonetheless, the current study has several limitations that should be addressed.

To begin with, in order to assess event-related household discussion, a 9-item checklist was translated in Turkish for the purpose of the current study. Although this checklist informed researchers about the quality and the content of the discussion after traumatic event, it does not reflect general communication pattern in a family.

Additionally, data were collected approximately 1.5 years after attacks and coup attempts. Although one may not mention about the certain time period for the recovery of the effects of traumatic incidents (Felix, You, Vernberg & Canino, 2013) time passes from the attack may prevent to detect immediate effects of traumatic incidents and may increase the effects of confounding variables.

Another limitation of this study is that current study did not get pre-existing data for mental health of parents and their children. This may prevent getting results free of preexisting mental health effects.

Since the cross-sectional design was used in the current study, it limits the opportunity to observe how responses of parents and children change across time.

Other potential limitation is that data on gender differences in terms of exhibiting internalizing and externalizing problems after traumatic exposure was not collected in the current study. The effect of gender differences was disregarded in this study.

Lastly, data were collected from sample resides in Ankara. This restriction may prevent one to make inferences for general population.

4.6. Future Studies

Considering with the contributions and limitations, the current study may provide an opportunity for further study to improve the understanding of the mechanism through which children and adolescent psychological adjustment problems arise after traumatic event exposure.

To begin with, in the present study data were collected from multiple sources (i.e, mothers, fathers and children) and the present study did not focus on one individual illness instead it focused on broader set of illnesses. Therefore, future studies should also trace this way and should take more comprehensive approach when evaluating children and adolescent after traumatic incidents.

Secondly, this study takes event-related household discussion into consideration to develop an understanding the process through which familial factors influence adjustment problems of children and adolescents. Further studies may take parent-child dyadic relationship into consideration when develop a framework of how family factors have influence on adjustment problems of children and adolescents following traumatic event.

Although this study could assess the content and the regulation of event-related discussion, future studies may do well if they can assess a whole communication pattern in the family environment. Further studies should also investigate the relationship between event-related household discussion and externalizing behavior problems.

Future studies may do well if they investigate the paths goes from familial factors to emotional regulation and risk perception of children and adolescent following traumatic events.

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APENDICIES

Appendix A Informed Consent for Parents

Bilgilendirme Formu

Sayın Katılımcı,

Sizi ve çocuğunuzu TED Üniversitesi, Psikoloji Bölümü'nde öğretim üyesi Yard. Doç. Dr. Ilgın Gökler Danışman danışmanlığında, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi yüksek lisans öğrencisi Elif Tekin tarafından yürütülmekte olan bu çalışmaya katılım göstermeniz için davet etmekteyiz. Araştırma, 2015 yılından beri Ankara'da meydana gelen terör ve toplumsal şiddet olaylarının 11-18 yaş aralığında ve Ankara'da ikamet etmekte olan çocuk ve gençlerin ve ailelerinin üzerindeki etkisini ve bu tarz olayların aile içerisinde nasıl ele alındığını daha iyi anlamayı amaçlamaktadır. Çalışmanın amacını gerçekleştirebilmek için çocuklarınızın ve sizin bazı anketleri doldurmanıza ihtiyaç duymaktayız. Katılmasına izin verdiğiniz takdirde çocuğunuza ve size doldurmanız için bir anket verilecektir. Sizden çocuğunuzun katılımcı olmasıyla ilgili izin istediğimiz gibi, çalışmaya başlamadan çocuğunuzdan da sözlü olarak katılımıyla ilgili rızası mutlaka alınacaktır. Çalışma sonuçlarının güvenilir olabilmesi adına, anketleri doldururken bir araya gelmemeye ve birbirinizin yanıtlarına müdahale etmemeye özen gösteriniz.

Sizden ve çocuğunuzdan alacağımız cevaplar tamamen gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Elde edilecek bilgiler sadece bilimsel amaçla kullanılacak, çocuğunuzun ya da sizin kişisel bilgileriniz, hiçbir şekilde kimseyle paylaşılmayacaktır. Anketleri doldurarak bize sağlayacağınız bilgiler çocukların duygusal gelişimini etkileyen faktörlerin saptanmasına önemli bir katkıda bulunacaktır.

Çalışmaya katılım gönüllülük esasına dayalıdır. Katılım sırasında sorulan sorulardan ya da herhangi bir uygulama ile ilgili başka bir nedenden ötürü çocuğunuz kendisini rahatsız hissettiğini belirtirse, ya da kendi belirtmese de araştırmacı çocuğun rahatsız olduğunu öngörürse, çalışmaya sorular tamamlanmadan ve son verilecektir. Şayet siz çocuğunuzun rahatsız olduğunu hissederseniz, böyle bir durumda çalışmadan sorumlu kişiye çocuğunuzun çalışmadan ayrılmasını istediğinizi söylemeniz yeterli olacaktır.

Çalışma hakkında daha fazla bilgi almak ve yanıtlanmasını istediğiniz sorularınız için araştırmayı yürüten Elif Tekin (E-posta: elif.tekin@tedu.edu.tr) veya Yard. Doç. Dr. Ilgın Gökler Danışman'a (E-posta: ilgin.danisman@tedu.edu.tr, telefon 0312 585 01 81) iletişim kurabilirsiniz. Bu çalışmaya katılımınız için şimdiden teşekkür ederiz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.

Ad Soyad:.....

Katılımcının İmzası: .....

Açıklamaları detaylı bir şekilde tarafıma sunulmuş olan bu araştırmaya çocuğumun katılmasını gönüllük içerisinde kabul ediyorum.

Evet Hayır

Anne-Babanın adı-soyadı: _____ Bugünün Tarihi:_____

Çocuğun adı soyadı ve doğum tarihi:_____

(Formu doldurup imzaladıktan sonra araştırmacıya ulaştırınız).

Teşekkürler,

Araştırmacının adı, soyadı

Elif Tekin

Ziya Gökalp Cad. No:48 Kolej/ Çankaya ANKARA

elif.tekin@tedu.edu.tr

Çocuğunuzun ve sizin katılımınız ya da haklarının korunmasına yönelik sorularınız varsa TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na (0312 585 00 11) telefon numarasından veya iaek@tedu.edu.tr eposta adresinden ulaşabilirsiniz.

Appendix B: Exposure Checklist for Children and Adolescents

Aşağıdaki soruları **10 EKİM 2015 GAR PATALAMASINI** düşünerek yanıtlayınız.	**EVET**	**HAYIR**
1. Olay yerindeydim ve olaya doğrudan maruz kadım.		
2. Olay yerinin yakınındaydım ve patlama sesini duydum.		
3. Olay sırasında orada değildim, ancak hemen sonrasında olay yerinde bulunarak yaşananlara tanık oldum.		
4. Bir yakınım (yakınlarım) olay yerindeydi.		
5. Olayı medyadan (yazılı, görsel basın-yayın organları, sosyal medya) izledim.		

Aşağıdaki soruları **13 MART 2016 GÜVEN PARK PATLAMASINI** düşünerek yanıtlayınız.	**EVET**	**HAYIR**
1. Olay yerindeydim ve olaya doğrudan maruz kadım.		
2. Olay yerinin yakınındaydım ve patlama sesini duydum.		
3. Olay sırasında orada değildim, ancak hemen sonrasında olay yerinde bulunarak yaşananlara tanık oldum.		
4. Bir yakınım (yakınlarım) olay yerindeydi.		
5. Olayı medyadan (yazılı, görsel basın-yayın organları, sosyal medya) izledim.		

Aşağıdaki soruları **17 ŞUBAT 2016 MERASİM SOKAK PATALAMASINI** düşünerek yanıtlayınız.	**EVET**	**HAYIR**
1. Olay yerindeydim ve olaya doğrudan maruz kadım.		
2. Olay yerinin yakınındaydım ve patlama sesini duydum.		
3. Olay sırasında orada değildim, ancak hemen sonrasında olay yerinde bulunarak yaşananlara tanık oldum.		
4. Bir yakınım (yakınlarım) olay yerindeydi.		
5. Olayı medyadan (yazılı, görsel basın-yayın organları, sosyal medya) izledim.		

Aşağıdaki soruları **15 TEMMUZ 2016 DARBE GİRİŞİMİ VE TOPLUMSAL ŞİDDET EYLEMLERİNİ** düşünerek yanıtlayınız.	**EVET**	**HAYIR**
1. Olay yerindeydim ve olaya doğrudan maruz kadım.		
2. Olay yerinin yakınındaydım ve patlama sesini duydum.		
3. Bir yakınım (yakınlarım) olay yerindeydi.		
4. Olayı medyadan (yazılı, görsel basın-yayın organları, sosyal medya) izledim.		

Ankara'da yaşanmış olan **10 EKİM 2015 GAR PATALAMASI,** 13 **Mart 2016 GÜVEN PARK PATLAMASI, 17 Şubat 2016 MERASİM SOKAK PATALAMASI ve 15 TEMMUZ 2016 DARBE GİRİŞİMİ VE TOPLUMSAL ŞİDDET EYLEMLERİ** ile ilgili olarak aşağıdaki soruları yanıtlayınız:

Terör/Toplumsal şiddet olayları sırasında:

	EVET	**HAYIR**
1. Öleceğim aklımdan geçti.		
2. Yaralanacağım aklımdan geçti.		
3. Ailemden birinin öleceği aklımdan geçti.		
4. Ailemden birinin yaralanacağı aklımdan geçti.		
5. Fiziksel olarak yaralandım.		
6. Ailemden biri fiziksel olarak yaralandı.		
7. Bir yakınım (aile dışından) yaralandı.		
8. Ailemden biri hayatını kaybetti.		
9. Bir yakınım (aile dışından) hayatını kaybetti.		
10. İnsanların ciddi biçimde yaralanmasına tanık oldum.		
11. İnsanların ölümüne tanık oldum.		
12. Patlamaya olay yerinde bulunarak doğrudan tanık oldum.		
13. Silah, uçak seslerine tanık oldum.		
14. Patlamaya uzaktan tanık oldum.		
15. Olay nedeniyle evim hasar gördü.		
16. Olay nedeniyle annemin/babamın/kardeşlerimin iş yeri hasar gördü.		
17. Patlama/şiddet anlarının ayrıntılarına medyadan (görsel yazılı basın-yayın organları, sosyal medya) tanık oldum.		
18. Şiddet anlarına doğrudan tanık oldum.		

Appendix C: Family Protective Factors Scale For Parents And Children

Aşağıda ailenizi tanımlayan maddelerin bir listesi bulunmaktadır. Maddelerin birini dikkatle okuyunuz ve ailenizi göz önünde bulundurarak aileniz için en uygun seçeneği işaretleyiniz.

*** "(1) Benim aileme hiç uymuyor", "(2) Benim aileme çok az uyuyor", "(3) Benim aileme biraz uyuyor", "(4) Benim aileme oldukça uyuyor", "(5) Benim aileme tamamen uyuyor".

	1	2	3	4	5
1. Ailemizde, son 3 ay içinde, sağlıkla ilgili olarak, sorunlardan çok olumlu şeyler yaşandı.					
2. Ailemizde, son 3 ay içinde, maddi durumumuzla ilgili olarak, sorunlardan çok olumlu şeyler yaşandı.					
3. Ailemizde, son 3 ay içinde, arkadaşlarımız / ahbaplarımızla ilgili olarak, olumlu şeylerden çok sorunlar yaşandı.					
4. Ailemizde, son 3 ay içinde, okul ve iş yaşamıyla ilgili olarak, sorunlardan çok olumlu şeyler yaşandı.					
5. Aile olarak biz, çoğu durumda iyimser davranırız ve olumlu şeylere odaklanırız.					
6. Bizim ailemiz, yaratıcı, becerikli ve kendine yeten bir ailedir.					
7. Çoğu insan, bizim ailemizi cana yakın bulur ve bizle birlikte olmaktan hoşlanır.					
8. Aile olarak biz başarılı ve gururluyuzdur.					
9. Ailemizin, bize destek sağlayabilecek en az bir kişiyle iyi ilişkileri vardır.					
10. Aile olarak, yaşamımızda, bizi önemseyen ve bizimle ilgilenen en az bir kişi vardır.					
11. Aile olarak, yaşamda güvenebileceğimiz en az bir kişi vardır.					
12. Ailemizle ilgilenen en az bir kişi vardır.					
13. Aile olarak, sorunlarımızı (hepsini olmasa da) kendimiz çözebiliriz.					
14. Aile olarak, yaşamımızda olup biten pek çok şey üzerinde (hepsi olmasa da) kontrol sahibiyiz.					
15. Aile olarak, yaşamda karşılaştığımız ciddi stres kaynaklarından biri ya da daha fazlasıyla iyi bir şekilde başa çıktık.					
16. Ailemiz, birkaç kez, olumsuz bir durumdan da olumlu bir şeyler çıkarmayı başarabilmiştir.					

Appendix D: Demographic Information Form For Parents

Demografik Bilgi Formu
Yaşınız:

Cinsiyetiniz: Kadın ☐ Erkek ☐

Eğitim durumunuz: İlkokul ☐ Ortaokul ☐ Lise ☐

Üniversite ☐

Yüksek Lisans/Doktora ☐

Ailenizin bir aylık geliri:
Ailenizdeki çocuk sayısı:
Ne kadar süredir Ankara'da ikamet ediyorsunuz:

Araştırmaya Katılan Çocuğunuzun
Yaşı:
Cinsiyeti:
Eğitimi: İlkokul ☐ Ortaokul ☐ Lise ☐ Üniversite Öğrencisi ☐
Daha önce aldığı psikiyatrik bir tanı var mı? Belirtiniz:
Evet ☐ Hayır ☐

Appendix E: Event-Related Household Discussion Checklist for Parents

Aşağıdaki soruları Ankara Tren Garı, Merasim Sokak ve Güvenpark patlamalarını düşünerek yanıtlayınız.

	Evet	Hayır
1. Çocuğumu olup bitenlerle ilgili bilgilendirdim.		
2. Terör saldırısı sonrasında gereksiz olabilecek ve onu korkutabilecek detaylar üzerinde çocuğumla konuşmadım.		
3. Çocuğuma, terör saldırılarıyla ilgili soruları olup olmadığını sordum.		
4. Çocuğumla, meydana gelen saldırılar hakkındaki hislerimle ilgili konuştum.		
5. Çocuğumu güvende olduğuna dair telkin ettim.		
6. Çocuğumu daha keyifli konularla ilgilenmesi için yönlendirdim.		
7. Çocuğumun bulunduğu yetişkin ortamlarda terör saldırılarıyla ilgili yetişkin diyaloglarını sınırlamadım.		
8. Çevremdekileri, meydana gelen terör saldırılarıyla ilgili çocuğumun yanındayken konuşmamaları için uyardım.		
9. Çocuğumun maruz kaldığı terör saldırılarıyla ilgili çocuğumun yanında yapılan konuşmaları takip ettim ve onu korkutacak bir noktaya ulaştığından emin olduğumda konuşmayı durdurdum.		

Appendix F: Brief Symptom Inventory For Parents

	Hiç	Biraz	Orta Derecede	Oldukça fazla	Ciddi derecede
1. İçinizdeki sinirlilik ve titreme hali	☐	☐	☐	☐	☐
2. Baygınlık, baş dönmesi	☐	☐	☐	☐	☐
3. Bir başka kişinin sizin düşüncelerinizi kontrol edebileceği inancı	☐	☐	☐	☐	☐
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) alanlardan korkma duygusu	☐	☐	☐	☐	☐
9. Yaşamınıza son verme düşünceleri	☐	☐	☐	☐	☐
10. İnsanların çoğuna güvenilmeyeceği düşüncesi	☐	☐	☐	☐	☐
11. İştahta bozukluklar	☐	☐	☐	☐	☐
12. Hiç bir 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 inanmak	☐	☐	☐	☐	☐
22. Kendini diğerlerinden daha aşağı görme	☐	☐	☐	☐	☐
23. Mide bozukluğu, bulantı	☐	☐	☐	☐	☐
24. Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu inancı	☐	☐	☐	☐	☐
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 seyahat etmekten korkma	☐	☐	☐	☐	☐
29. Nefes darlığı, nefessiz kalma	☐	☐	☐	☐	☐
30. Sıcak, soğuk basmaları	☐	☐	☐	☐	☐
31. Sizi korkuttuğu için bazı eşya, yer, etkinliklerden uzak kalmaya çalışma	☐	☐	☐	☐	☐
32. Kafanızın birden bomboş kalması	☐	☐	☐	☐	☐
33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	☐	☐	☐	☐	☐
34. Günahlarınız için cezalandırılmanız gerektiği düşüncesi	☐	☐	☐	☐	☐
35. Gelecekle ilgili umutsuzluk duyguları içinde olmak	☐	☐	☐	☐	☐
36. Konsantrasyonda (dikkati bir şey üzerinde toplamada) güçlük/zorlanma	☐	☐	☐	☐	☐
37. Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi	☐	☐	☐	☐	☐
38. Kendini gergin ve tedirgin hissetme	☐	☐	☐	☐	☐
39. Ölüm ve ölmek üzerine düşünceler	☐	☐	☐	☐	☐
40. Birini dövme, ona zarar verme, yaralama isteği	☐	☐	☐	☐	☐
41. Bir şeyleri kırma/dökme isteği	☐	☐	☐	☐	☐
42. Diğerlerinin yanındayken kendini çok fazla gözlemek, yanlış bir şeyler yapmamaya çalışmak	☐	☐	☐	☐	☐
43. Kalabalıklarda rahatsızlık duymak	☐	☐	☐	☐	☐
44. Bir başka insana hiç yakınlık duymamak	☐	☐	☐	☐	☐
45. Dehşet ve panik nöbetleri	☐	☐	☐	☐	☐
46. Sık sık tartışmaya girme	☐	☐	☐	☐	☐
47. Yalnız bırakıldığında/kalındığında sinirlilik hissetme	☐	☐	☐	☐	☐
48. Başarılarınız için diğerlerinden yeterince takdir görmediğiniz düşüncesi	☐	☐	☐	☐	☐
49. Yerinde duramayacak kadar gergin ve tedirgin hissetme.	☐	☐	☐	☐	☐
50. Kendini değersiz görme, değersizlik hissi	☐	☐	☐	☐	☐
51. İzin verdiğiniz takdirde insanların sizi sömüreceği düşüncesi	☐	☐	☐	☐	☐
52. Suçluluk duyguları	☐	☐	☐	☐	☐
53. Aklınızda bir bozukluk olduğu düşünceleri	☐	☐	☐	☐	☐