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Development of Traumatic Experiences Screening Form (large T): An Investigation for University Students

***Fatma Altınsoy, **Ayşe Aypay**

Abstract. The aim of this study is to develop Traumatic Experiences Screening Form (large T), which deals with traumatic experiences in a comprehensive way and to determine the traumatic experiences of university students. This study was conducted in the survey design, which is one of the quantitative research methods. The study was conducted with 1069 university students who had traumatic experience (directly experiencing the traumatic event(s), witnessing the traumatic event(s), learning that the traumatic event(s) occurred to close family member or close friend) and agreed to participate voluntarily. The data was collected by using the Personal Information Form and Traumatic Experiences Screening Form (large T). The findings indicated that the traumatic experience to which participants were exposed at the highest rate was "A very serious health problem or a chronic illness". The traumatic experience that was reported to have been experienced the least often by the participants was "Forced detention and sexual assault". The analysis of the trauma-based stress levels found that the participants directly experiencing a traumatic event scored the "unexpected death of a family member or close friend" as the highest stressor (10 points). When analyzed in terms of temporal distribution, 27% of university students with traumatic experience experienced the trauma by being directly exposed, 31% as witnesses and 62% by learning that it happened to a relative in the last year.

Keywords. Trauma, traumatic experiences, possibilities of exposure to trauma, large T.

***(Responsible Author).** PhD., Ministry of Education, Turkey

e-mail:fatmaaltinsoy.26@gmail.com

******Prof. Dr., Eskisehir Osmangazi University, Faculty of Educatıon, Eskisehir, Turkey

e-mail: ayseaypay@hotmail.com

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People experience many tragic life events in today's increasingly globalizing world. According to the 2018 report of The Center for Research on the Epidemiology of Disasters, 11,804 people died in 315 catastrophic events worldwide and 68 million people were directly or indirectly affected by these (CRED, 2019). People in Turkey also experience many traumatic life events caused both by natural disasters and other people. According to the Turkish Statistical Institute (TUIK-TurkStat) reports (TurkStat, 2020, 2020b), in 2018, the official number of suicides in Turkey was 3161, and the number of traffic accident cases resulting in death and injury was 186,532. Many traumatic life experiences, whether in the form of traumatic life events caused by natural disasters (such as floods and earthquakes) or human-induced social, economic, and industrial life events, have potential risk factors that constantly threaten the physical and psychosocial integrity of individuals. Emotional injuries, wounds, and negative traces caused by such undesirable negative experiences in the psychology of individuals exposed to them are considered to fall within the scope of trauma (Levine & Frederick, 1997).

Trauma occurs when an individual person is exposed "to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association [APA], 2013). Diagnostic and Statistical Manual of Mental Disorders-V [DSM-V] (APA, 2013) states that traumatic events can be experienced in four ways. These possibilities include direct exposure to the traumatic event, direct witnessing to the traumatic event, learning that the traumatic event was experienced by a family member or friend with a high degree of affinity, and repeated or excessive exposure to the unpleasant details of the traumatic events (for example, out of professional necessity).

Trauma is a threat to an individual's physical and mental integrity (Işık & Aker, 2014). Psychological trauma is the inadequacy of the individual's existing coping ways in the face of a highly stressful event which causes disruptions in performing daily life activities and fulfilling obligations by disrupting functionality with the psychological reactions it causes in the individual (Erdur-Baker, 2014). According to Van der Kolk (2018), the individual cannot use his/her ability to comprehend events effectively due to trauma as his/her cognitive processes are damaged, the production and expression of ideas about the traumatic experience (such as its causes, meaning) are interrupted. Therefore, the negative reactions that an individual develops following a traumatic event may turn into some mental disorders over time (Karaırmak & Güloğlu, 2015). It is observed that individuals who witness the trauma or who are indirectly affected by the trauma as well as those who are directly exposed to these undesirable tragic experiences develop negative reactions

(Doğan, 2014; Kaya, 2019; Levine & Frederick, 1997; Turner-Sack, Menna, Setchell, Maan & Cataudella, 2016; Van der Kolk, 2018).

Although undesirable, traumatic experiences are experienced by 75% of people and cause post-traumatic stress disorder (PTSD) in 8%, which indicates that high levels of stressful experiences do not affect the majority of people negatively (Tedeschi & Moore, 2016). It has also been reported that 30 to 70% of individuals who have had traumatic experiences experience positive changes after their traumatic experiences (Joseph & Hefferon, 2013). Accordingly, it shows that besides the potential of psychologically shocking experiences to have negative consequences, they can also be the initiator of radical positive changes in the lives of individuals (Levine & Frederick, 1997). Accordingly, the effects, symptoms and outcomes of a traumatic experience may differ from individual to individual. The characteristics of the individual exposed to the trauma that causes this variation are determined by three major factors: the traits of the individual, the characteristics of the traumatic experience, and the reactions the individual receives from the environment (Briere & Scott, 2014). However, the level of trauma-related stress that the individual feels and the length of time lapse after the traumatic event are the common post-trauma factors at work in all of these painful experiences.

A trauma is interpreted and perceived in spiritually different ways. Although traumatic experiences have some unvarying features, their effects and symptoms vary from individual to individual (Herman, 2019). While the same trauma is considered to be highly stressful by some individuals, it may be interpreted by other individuals as less stressful. Thus, when examining traumatic experiences, the degree of stress assigned to this event by the individual in perceiving and interpreting it is important. Accordingly, the level of stress felt due to trauma positively or negatively affects the depth of the painful experiences in the spiritual and mental health. Studies conducted with participants with different traumatic experiences have reported some significant relationships between positive changes observed in individuals after traumatic experiences (post-traumatic growth) and stress level (Colville & Cream, 2009; Cordova, Giese-Davis, Golant, Kronenwetter, Chang, & Spiegel, 2007; Kardaş & Tanhan, 2018; Martin, Brynes, Bulsara, McGarry, Rea & Wood, 2017; Ülbe & Kartal, 2019; Windows, Jacobsen, Booth-Jones, Fields, 2005). However, the perceived stress level after trauma poses negativity and incompatibility risks (Brewin, Andrews & Valentine, 2000). These findings show that the level of stress perceived by the individual based on trauma can both trigger positive changes and lead to some pathological

problems. Accordingly, when examining the phenomenon of "trauma", the level of stress perceived by the individual regarding that event is an important dimension to be considered.

The literature findings showed that another important dimension in terms of traumatic experiences is the length of time passing after the traumatic experience. Research conducted on individuals with different traumatic experiences has reported that post-traumatic positive changes and time passing after traumatic experiences are associated (Akın, 2019; Kalpakjian et al., 2014; Powell, Ekin-Wood, & Collin, 2007; Turner-Sack et al., 2016; Ülbe & Kartal, 2019), which implies that the time variable should also be examined while studying traumatic events.

An examination of the tools used to detect traumatic events reveals that they require some improvements in scope and depth. For one, the trauma does not allow an evaluation to determine the type of exposure (Norris, 1990; Turner & Lloyd, 1995; Tüfekçi, 2011; Wild & Paivio, 2003). However, the traumatic event is not only experienced by direct exposure, but can also be experienced as a witness or other indirect ways (APA, 2013; Kaya, 2019; Levine & Frederick, 1997; Van der Kolk, 2018). Furthermore, it does not provide a detailed description and holistic evaluation of the level of stress perceived by the individual according to the type of trauma exposure and the temporal distribution of the trauma.

This study is expected to contribute in several ways both to the international literature and research literature in Turkey. Turkey has suffered many painful experiences due to its unique historical, geographical, and cultural context. However, when the scope and speed of social change at the national and global scale are considered together with urbanization and continuous movements of migration, a landscape that includes social and cultural traumas emerges. Traumatic life events, which are inevitable, may have different effects (positively or negatively) on individuals depending on different exposure styles, type of traumatic event, perceived stress and time. In addition, considering that a trauma can be experienced in different ways (direct experience, witnessing personally, learning that it happened to a relative family member or close friend); the need for a comprehensive screening form that deals with the type of exposure to trauma, the level of stress caused by the traumatic experience, and the time that passed after the traumatic experience together becomes clear. Further, there is a need to prevent data loss in studies on trauma (in the detection of traumas). The aim of the current study is to develop a Traumatic Experiences Screening Form and to determine the traumatic experiences of university students. This study is expected to contribute to the literature by developing a screening form that will be a resource for future studies

by enabling multidimensional and comprehensive data collection and by allowing presention of more detailed information about the traumatic experiences of university students.

Method

Research Model

This study was conducted according to the survey design, which is one of the quantitative research methods to determine the traumatic experiences of university students. For this purpose, a *Traumatic Experiences Screening Form* was developed first. The study comprised the samples of university students who were directly exposed to the trauma, witnessed the trauma personally, or experienced the trauma through a relative.

Study Group

Participation in this study is based on volunteerism and the study was conducted on individuals who were exposed to a traumatic experience (by direct experience, experience of it as a witness, or by learning what happened to a family member or a close friend). Criterion sampling, one of the improbable sampling methods, was used in the study (Büyüköztürk et al., 2014). The criteria for sample selection were being 18 years of age or older and having at least one traumatic experience at some point in life. Based on accessibility, the data was collected from undergraduate students with varying seniority at two public universities in the 2018-2019 academic year. 1069 students who met the research criteria and participated in the research voluntarily formed the study group. The age range of the study group is 18-45, with an average age of 20.72 and a standard deviation of 2.31. The study group consisted of 769; 71.9% male and 300; 28.1 % male students.

Data Collection Tools

Personal information form. A personal information form was developed to be used in the current study. The participants were asked to read the general description of the study and fill in their gender and age information. In addition, an “informed consent” was attached, which included an explanation for the participants on what volunteering for the study involved.

Traumatic experiences screening form (large T) [TESF]. This study aimed to develop a more precise and effective data collection form to be used in studies on trauma. Thus, the Traumatic Experiences Screening Form was developed to determine the type of traumatic experience of the study group (direct exposure to trauma, witnessing personally, learning what happened to a close

family member or close friend), the level of stress felt due to the trauma, and the time after the traumatic experience.

In DSM-V, the phenomenon of trauma is defined as the "exposure to actual or threatened death, serious injury, or sexual violence" (APA, 2013). It was this definition of DSM-V that was adopted in listing the traumatic experiences in the Traumatic Experiences Screening Form. While developing this form, a list was created by referring to the traumatic event lists in the related literature (Foa, Cashman, Jaycox, & Perry, 1997; Norris, 1990; Turner & Lloyd, 1995; Tüfekçi, 2011; Wild & Paivio, 2003) and the literature examining traumatic experiences (Briere & Scott, 2014; Levine & Frederick, 1997). Then, the listed experiences were reviewed to see whether they met the criteria for exposure to trauma in DSM-V (APA, 2013).

Traumatic experiences are classified under two headings according to the characteristics of the event. Traumatic events, such as sexual and physical abuse, which are "a threat to the mental and physical integrity of the individual including the possibility of death" are called a "major trauma" denoted by a "large T". In addition, experiences that do not threaten the physical integrity but worsen the effect of trauma, such as humiliation and neglect, which can create negative emotional effects, are called "minor trauma" and are represented by a lower-case (small) "t" (Shapiro, 2007). According to this distinction, the form developed in the current study includes experiences involving major traumas (large T).

While determining the type of exposure to the traumatic event, DSM-V's diagnostic criteria were taken as the referential point. According to the A4 diagnostic criteria in DSM-V, the traumatic experience is classified as the "direct exposure, witnessing personally, learning what happened to a relative (a family member or loved one), and repetitive overexposure to the unpleasant details of the traumatic event (if related to work, this criterion applies)" (APA, 2013). The first three A4 criteria were included, but the fourth, "repetitive overexposure to the unpleasant details of the traumatic event (if related to work, this criterion applies)" was excluded in this study.

In this developed form, the level of stress felt due to trauma was included to better understand the impact of the traumatic experience in the individual's life. Based on these listed experiences, the participants were asked to score between 1 and 10 (1 = very little stress, 10 = excessive stress) to indicate their stress level after the traumatic experience. Accordingly, the level of stress perceived by the individual is the level of stress felt entirely based on the individual's own interpretation. The

score level for stress in the form does not make a diagnosis, it provides a qualitative assessment of the stress felt based on the traumatic experience of the individual.

The effect of the traumatic event on the individual also varies in terms of time (Powell et al., 2007; Turner-Sack et al., 2016). To reveal the effects (temporal course) of the trauma on the individual's world more comprehensively, the time information is also included in the form. The length of time since the traumatic event was categorized as "0-6 months, 6 months-12 months, 1-3 years, and 3 years and over". Thus, the form offers a qualitative evaluation in terms of the temporal distribution of the traumatic experience.

In addition, to evaluate the form after all these stages in terms of content, scope and layout, the opinions of three experts (field specialist) from the Department of Guidance and Psychological Counseling and an expert from the Department of Measurement and Evaluation were consulted and the form was then revised in line with the feedback. A piloting was carried out with a sample of approximately 150 participants to test its comprehensibility and usability before finalizing the form.

There are a total of 12 types of traumatic experiences on the Traumatic Experiences Screening Form (large T). The traumatic experiences listed in the form are "A very serious health problem or a chronic illness, a life-threatening accident (traffic, work, etc.), natural disaster (flood, earthquake, landslide, etc.), unexpected death of a family member or loved one/accident or an event involving brute force with the possibility of death, serious physical abuse or exposure to violence (torture, etc.), fire or explosion, being attacked with any tool (gun, knife, etc.), being exposed to sexual assault, being in the battlefield or in a conflict environment, forced detention (taking hostage, etc.), attempt to kill oneself or another person (suicide or murder), and food or chemical substance poisoning that would require medical intervention ".

As a result, a total of 12 traumatic events are included in the Traumatic Experiences Screening Form (large T). Furthermore, the type of exposure of the traumatic experience (direct exposure, witnessing and learning what happened to a relative) can be determined through this form. In addition, it provides a "qualitative evaluation" regarding the level of stress and time lapse after the traumatic experience. The final version of the form is presented in the appendix.

Validity and Reliability

TESF is a tool to screen traumatic experiences, developed based on the need to portray the existing picture of traumatic experiences of individuals in a comprehensive way. Since this form is not part of a scale development study and all traumatic events listed in this form are not experienced by everyone, it is not possible to perform statistical operations such as conducting a factor analysis for validity and calculating the internal consistency coefficient for reliability. However, some methods wer applied to ensure validity and reliability of the created form. The main outline of the form was shaped according to the concept of trauma drawn by the American Psychiatric Association (APA, 2013) and the type of trauma experience. In addition, during the development of the form, utmost care was taken to ensure consistency with the literature descriptions and lists of traumatic experience (Briere & Scott, 2014; Foa et al., 1997; Levine & Frederick, 1997; Norris, 1990; Turner & Lloyd, 1995; Tüfekçi, 2011; Wild & Paivio, 2003). In addition, three experts who have a doctorate degree in the field were also consulted. Afterwards, the practicality, comprehensibility and functionality of the data collection tool were tested by piloting it. Finally, the form development process was explained in detail, supported by justifications.

Data Collection Procedures

Before undertaking the research, the necessary legal permissions were obtained from the institutions where the study was to be conducted. Besides, the Institutional Review Board Approval was obtained from Eskişehir Osmangazi University Social and Humanities Scientific Research and Publication Ethics Committee. In addition, participants' Informed Consent was obtained during the data collection process, by following the ethical principles and taking the legal permissions into account.

The data collection was carried out on the campuses of two public universities during the 2018-2019 academic year. Before the data collection, all the participants were informed about the purpose of the study, the duration of the survey, and confidentiality, and they were informed that their participation in the study was voluntary. The data was collected by the researcher, and each survey took approximately 20-25 minutes to be answered by the participants.

In this study, a dataset from a total of 2187 participants were obtained. However, the data from 1118 participants who did not match the criteria determined in accordance with the study purposes had to be removed, and the analyses were performed on the data submitted by 1069 participants in total. IBM SPSS Statistics v22 software program was used in the analyses.

Results

Regarding the participants who experienced the trauma directly, witnessed it personally, or learned that it happened to a relative or a close friend, the findings regarding the time that passed after the trauma experiences and the stress level felt based on the trauma were evaluated through descriptive statistics. According to the analysis results, the matrix distribution of the traumatic experiences of the participants is given in Table 1.

Table 1.
Distribution Matrix of Traumatic Experiences of the Study Group by Type of Experience

Traumatic Experiences	**Directly Lived**	**I witnessed**	**It happened to a relative**	**Total**
	n (%)	n (%)	n (%)	n (%)
1. A very serious health problem or a chronic illness	183(%17,1)	198(%18,5)	440(%41,2)	821(%76,8)
2. A life-threatening accident (traffic, work, etc.)	170(%15,9)	164(%15,3)	284(%26,6,6)	618(%57,8)
3. Natural disaster (flood, earthquake, landslide, etc.)	276(%25,8)	84(%7,9)	111(%10,4)	471(%44,1)
4. An event involving the unexpected death/accident or the possibility of death by brute force of a family member or close person.	344(%32,2)	114(%10,7)	244(%22,8)	702(%65,6)
5. Being subjected to serious physical abuse or violence (torture, etc.)	54(%5,1)	97(%9,1)	73(%6,9)	224(%20,9)
6. Fire or explosion	75(%7)	86(%8,0)	84(%7,9)	245(%22,9)
7. Being attacked with any tool (gun, knife, etc.)	61 (%5,7)	57(%5,3)	76(%7,1)	194(%18,1)
8. Being sexually assaulted	42 (%3,9)	18(%1,7)	48%4,5)	108(%10,1)
9. Being on the battlefield or in a conflict situation	52(%4,9)	33(%3,1)	36(%3,4)	121(%11,3)
10.Being held by force (taking hostage etc)	7(%0,7)	12(%1,1)	20(%1,9)	39(%3,6)
11. Attempt to kill yourself or another person (suicide or murder)	21(%2)	62(%5,8)	116(%10,9)	199(%11,1)
12. Food or chemical poisoning requiring medical attention	80(%7,5)	60(%5,6)	115(%19,8)	255(%23,8)

Note. Percentages are given according to the study group (n = 1069).

Table 1 shows that the participants have experienced one or more traumatic experiences (I have experienced it directly, I have witnessed it, I have learned that it happened to a family member or loved one). It is observed that the most traumatic event that the participants were exposed to was "A very serious health problem or a chronic disease" (n = 821 $_{(76.8\%)}$). Another trauma frequently encountered by the participants is "An event involving the unexpected death of a family member or close person/accident or the possibility of death by brute force" (n = 702 $_{(65.6\%)}$) "A life-threatening accident" (n = 618 $_{(57.8\%)}$) and "Natural disasters (flood, earthquake, landslide, etc.)" (n = 471 $_{(44.1\%)}$) are some other common traumatic experiences. The traumatic experiences that the participants reported to have experienced the least frequently were "forced detention" (n = 39 $_{(3.6\%)}$) and "Exposure to sexual assault" (n = 108 $_{(10.1\%)}$).

The temporal distribution matrix of the traumatic experiences of the study group is shown in Table 2; the stress level score matrix perceived by the participants who directly experienced the trauma is shown in Table 3; the stress level score matrix perceived by the participants who witnessed the traumatic experience is shown in Table 4; and the perceived stress level score matrix of the participants who learned the traumatic experience of a relative is presented in Table 5.

Table 2.

Temporal Distribution Matrix of the Traumatic Experiences of the Study Group

Traumatic Experiences	**Directly Lived**				**I witnessed**				**It happened to a relative**			
	0-6 month	6-12 month	1-3 year	3 year+	0-6 month	6-12 month	1-3 month	3year+	0-6 month	6-12 month	1-3 year	3 year+
1. A very serious health problem or a chronic illness	32(%3,0)	22(%2,1)	40(%3,7)	87(%8,1)	39(%3,6)	20(%1,9)	47(%4,4)	92(%8,6)	98(%9,2)	50(%4,7)	107(%10)	185(%17,3)
2. A life-threatening accident (traffic, work, etc.)	16(%1,5)	10(%0,9)	31(%2,9)	113(%10,6)	36(%3,4)	24(%2,2)	40(%3,7)	62(%5,8)	45(%4,2)	32(%3)	65(%6,1)	142(%13,3)
3. Natural disaster (flood, earthquake, landslide, etc.)	29(%2,7)	9(%0,8)	52(%4,9)	186(%17,4)	16(%1,5)	5(%0,5)	14(%1,3)	49(%4,6)	22(%2,1)	7(%0,7)	13(%1,2)	68(%6,4)
4. An event involving the unexpected death/accident or the possibility of death by brute force of a family member or close person.	47(%4,4)	37(%3,5)	82(%7,7)	172(%16,1)	21(%2)	15(%1,4)	18(%1,7)	60(%5,6)	47(%4,4)	26(%2,4)	57(%5,3)	112(%10,5)
5. Being subjected to serious physical abuse or violence (torture, etc.)	8(%0,7)	3(%0,3)	12(%1,1)	29(%2,7)	30(%2,8)	9(%0,8)	17(%1,6)	42(%3,9)	47(%4,4)	26(%2,4)	57(%5,3)	112(%10,5)
6. Fire or explosion	5(%0,5)	4(%0,4)	14(%1,3)	51(%4,8)	13(%1,2)	4(%0,4)	22(%2,1)	46%4,3)	12(%1,1)	9(%0,8)	15(%1,4)	37(%3,5)
7. Being attacked with any tool (gun, knife, etc.)	8(%0,7)	8(%0,7)	13(%1,2)	31(%2,9)	8(%0,7)	6(%0,6)	12(%1,1)	30(%2,8)	11(%1)	17(%1,6)	11(%1)	37(%3,5)
8. Being sexually assaulted	7(%0,7)	4(%0,4)	9(%0,8)	22(%2,1)	9(%0,8)	1(%0,1)	7(%0,7)	17(%1,6)	9(%0,8)	6(%0,6)	13(%1,2)	20(%1,9)
9. Being on the battlefield or in a conflict situation	6(%0,6)	2(%0,2)	20(%1,9)	24(%2,2)	8(%0,7)	4(%0,4)	8(%0,7)	13(%1,2)	3(%0,3)	3(%0,3)	13(%1,2)	16(%1,5)
10.Being held by force (taking hostage etc)	3(%0,3)	2(%0,2)	2(%0,2)	7(%0,7)	6(%0,6)	2(%0,2)	4(%0,4)	1(%0,1)	5(%0,5)	4(%0,4)	11(%1)	20(%1,9)
11. Attempt to kill yourself or another person (suicide or murder)	3(%0,3)	2(%0,2)	5(%0,5)	21(%2)	15(%1,4)	7(%0,7)	14(%1,3)	27(%2,5)	18(%1,7)	16(%1,5)	28(%2,6)	54(%5,1)
12. Food or chemical poisoning requiring medical attention	11(%1)	10(%0,9)	16(%1,5)	43(%4)	9(%0,8)	13(%1,2)	16(%1,5)	21(%2)	23(%2,2)	12(%1,1)	26(%2,4)	53(%5)
	Direct exposure (last 1 year)				Witness (last 1 year)				Learning what happened to a loved one (last 1 year)			
TOTAL	288 (%27)				320(%31)				548(%51)			

Note. Percentages are given according to the study group (n = 1069).

Table 3.

Perceived Stress Level Score Matrix of Participants Directly Experiencing Trauma

Traumatic Experiences	**Directly Lived**									
	The degree of stress perceived by the individual									
	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p
1. A very serious health problem or a chronic illness	11(%1)	8(%0,7)	5(%0,5)	12(%1,1)	18(%1,7)	22(%2,1)	17(%1,6)	39(%3,6)	21(%2)	23(%2,2)
2. A life-threatening accident (traffic, work, etc.)	5(%0,5)	3(%0,3)	10(%0,9)	6(%0,6)	12(%1,1)	15(%1,4)	18(%1,7)	31(%2,9)	24(%2,2)	35(%3,3)
3. Natural disaster (flood, earthquake, landslide, etc.)	14(%1,3)	17(%1,6)	17(%1,6)	25(%2,3)	34(%3,2)	27(%2,5)	35(%3,3)	30(%2,8)	17(%1,6)	46(%4,3)
4. An event involving the unexpected death/accident or the possibility of death by brute force of a family member or close person.	2(%0,2)	2(%0,2)	2(%0,2)	13(%1,2)	31(%2,9)	18(%1,7)	37(%3,5)	57(%5,3)	45(%4,2)	109(%10,2)
5. Being subjected to serious physical abuse or violence (torture, etc.)	2(%0,2)	1(%0,1)	-	-	6(%0,6)	4(%0,4))	4(%0,4)	12(%1,1)	4(%0,4)	18(%1,7)
6. Fire or explosion	2(%0,2)	3(%0,3)	4(%0,4))	4(%0,4))	7(%0,7)	13(%1,2)	5(%0,5))	13(%1,2)	5(%0,5)	16(%1,5)
7. Being attacked with any tool (gun, knife, etc.)	2(%0,2)	2(%0,2)	5(%0,5)	4(%0,4)	11(%1)	7(%0,7)	8(%0,7)	7(%0,7)	6(%0,6)	7(%0,7)
8. Being sexually assaulted	-	-	1(%0,1)	1(%0,1)	3(%0,3)	3(%0,3)	3(%0,3)	4(%0,4)	2(%0,2)	25(%2,3)
9. Being on the battlefield or in a conflict situation	1(%0,1)	-	4(%0,4)	2(%0,2)	4(%0,4)	5(%0,5)	6(%0,6)	6(%0,6)	8(%0,7)	12(%1,1)
10.Being held by force (taking hostage etc)	-	-	-	1(%0,1)	-	-	1(%0,1)	1(%0,1)	2(%0,2)	2(%0,2)
11. Attempt to kill yourself or another person (suicide or murder)	-	-	2(%0,2)	2(%0,2)	1(%0,1)	-	3(%0,3)	2(%0,2)	3(%0,3)	5(%0,5)
12. Food or chemical poisoning requiring medical attention	3(%0,3)	4(%0,4)	3(%0,3)	8(%0,7)	11(%1)	9(%0,8)	8(%0,7)	8(%.0,7)	6(%0,6)	15(%1,4)

Not. Percentages are given according to the study group (n = 1069).

Table 4.

Perceived Stress Level Score Matrix of Participants Who Have Witnessed Traumatic Experience

Traumatic Experiences	**I witnessed**									
	The degree of stress perceived by the individual									
	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p
1. A very serious health problem or a chronic illness	6(%0,6)	8(%0,7)	6(%0,6)	10(%0,9)	21(%2)	33(%3,1)	23(%2,1)	24(%2,2)	16(%1,5)	37(%3,5)
2.A life-threatening accident (traffic, work, etc.)	6(%0,6)	10(%1)	13(%1,29)	14(%1,3)	16(%1,5)	27(%2,5)	28(%2,6)	13(%1,2)	14(%1,3)	11(%1)
3. Natural disaster (flood, earthquake, landslide, etc.)	5(%0,5)	6(%0,6)	16(%1,5)	10(%0,9)	7(%0,7)	8(%0,7)	8(%0,7)	6(%0,6)	3(%0,3)	6(%,06)
4. An event involving the unexpected death/accident or the possibility of death by brute force of a family member or close person.	1(%0,1)	2(%0,2)	4(%0,4)	3(%0,3)	9(%0,8)	18(%1,7)	14(%1,3)	21(%2)	9(%0,8)	25(%2,3)
5. Being subjected to serious physical abuse or violence (torture, etc.)	1(%0,1)	6(%0,6)	4(%0,4)	5(%0,5)	15(%1,4)	12(%1,1)	7%0,7)	20(%1,9)	8(%0,7)	16(%1,5)
6. Fire or explosion	1(%0,1)	7(%0,7)	8(%0,7))	11(%1)	8(%0,7)	7(%0,7)	12(%1,1)	13(%1,2)	3(%0,3)	5(%0,5)
7. Being attacked with any tool (gun, knife, etc.)	2(%0,2)	3(%0,3)	4(%0,4)	4(%0,4)	7(%0,7)	8(%0,7)	11(%1)	6(%0,6)	7(%0,7)	4(%0,4)
8. Being sexually assaulted	1(%0,1)	1(%0,1)	1(%0,1)	-	1(%0,1)	-	4(%0,4)	2(%0,2)	1(%0,1)	7(%0,7)
9. Being on the battlefield or in a conflict situation	-	2(%0,2)	2(%0,2)	3(%0,3)	2(%0,2)	1(%0,1)	6(%0,6)	3(%0,3)	6(%0,6)	5(%0,5)
10. Being held by force (taking hostage etc)	1(%0,1)	-	1(%0,1)	2(%0,2)	3(%0,3)	-	1(%0,1)	-	1(%0,1)	1(%0,1)
11. Attempt to kill yourself or another person (suicide or murder)	1(%0,1)	2(%0,2)	7(%0,7)	2(%0,2)	6(%0,6)	6(%0,6)	8(%0,7)	12(%1,1)	6(%0,6)	11(%1)
12. Food or chemical poisoning requiring medical attention	3(%0,3)	5(%0,5)	12(%1,1)	4(%0,4)	9(%0,8)	5(%0,5)	7(%0,7)	2(%.0,2)	3(%0,3)	2(%0, 2)

Note. Percentages are given according to the study group (n = 1069).

Table 5.

Perceived Stress Level Score Matrix of Participants Learning a Relative's Traumatic Experience

Traumatic Experiences	**Happened to a close family member or close friend of mine**									
	The degree of stress perceived by the individual									
	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p
1. A very serious health problem or a chronic illness	3(%0,3)	7(%0,7)	21(%2)	15(%1,4)	42(%3,9)	43(%4)	70(%6,5)	78(%7,3)	47(%4,4)	89(%8,3)
2. A life-threatening accident (traffic, work, etc.)	5(%0,5)	7(%0,7)	15(%1,4)	12(%1,1)	30(%2,4)	26(%2,4)	38%3,6)	46(%4,3)	36(%3,3)	51(%4,8)
3. Natural disaster (flood, earthquake, landslide, etc.)	4(%0,4)	4(%0,4)	17(%1,6)	8(%0,7)	14(%1,3)	13(%1,2)	8(%0,7)	16(%1,5)	7(%0,7)	13(%1,2)
4. An event involving the unexpected death/accident or the possibility of death by brute force of a family member or close person.	3(%0,3)	7(%0,7)	9(%0,8)	21(%2)	22(%2,1)	24(%2,2)	23(%2,2)	30(%2,8)	31(%2,9)	59(%5,5)
5. Being subjected to serious physical abuse or violence (torture, etc.)	-	2(%0,2)	2(%0,2)	2(%0,2)	14(%1,3)	8(%0,7)	8(%0,7)	12(%1,1)	7(%0,7)	15(%1,4)
6. Fire or explosion	2(%0,2)	2(%0,2)	4(%0,4))	6(%0,6)	10(%0,9)	6(%0,6)	17(%1,6)	8(%0,7)	9(%0,8)	12(%1,1)
7. Being attacked with any tool (gun, knife, etc.)	-	3(%0,3)	4(%0,4)	4(%0,4)	12(%1,1)	3(%0,3)	13(%1,2)	15(%1,4)	10(%0,9)	9(%0,8)
8. Being sexually assaulted	3(%0,3)	-	2(%0,2)	2(%0,2)	4(%0,4)	5(%0,5)	4(%0,4)	9(%0,8)	7(%0,7)	9(%0,8)
9. Being on the battlefield or in a conflict situation	1(%0,1)	1(%0,1)	-	1(%0,1)	2(%0,2)	3(%0,3)	9(%0,8)	6(%0,6)	7(%0,7)	5(%0,5)
10.Being held by force (taking hostage etc)	-	2(%0,2)	2(%0,2)	3(%0,3)	1(%0,1)	2(%0,2)	1(%0,1)	1(%0,1)	1(%0,1)	7(%0,7)
11. Attempt to kill yourself or another person (suicide or murder)	4(%0,4)	-	7(%0,7)	12(%1,2)	15(%1,4)	14(%1,3)	8(%0,7)	21(%2)	16(%1,5)	14(%1,3)
12. Food or chemical poisoning requiring medical attention	3(%0,3)	8(%0,7)	12(%1,1)	11(%1)	17(%1,6)	14(%1,3)	16(%1,5)	11(%1)	5(%0,5)	12(%1,1)

Note. Percentages are given according to the study group (n = 1069).

As shown in Table 2, among the traumatic events that the participants have been directly exposed in the most recent time period (within the past 6 months), the first three are "The unexpected death of a family member or a close person/an event with the possibility of death by brute force" (47 (4.4%)), "A very serious health problem or a chronic disease" (32 (3.0%)), and "Natural disaster" (29 (2.7%)), respectively. Among the traumatic events witnessed by the participants within the past 6 months, the first three traumatic events are "A very serious health problem or a chronic disease" (39 (3.6%)), "Life-threatening accident (traffic, work etc.)" (36 (3.4%)), and "A serious physical abuse or exposure to violence (torture, etc.)" (30 (2.8%)), respectively. As reported by the participants who learned that a relative or close friend has had a trauma recently (within the past 6 months), the most frequent three traumatic events are, "A very serious health problem or a chronic disease" (98 (9.2%)), "The unexpected death of a family member or close person/an event involving the possibility of death by accident or brute force" (47 (4.4%)), "Being subjected to a serious physical abuse or violence (torture, etc.)" (47 (4.4%)), and "A life-threatening accident (traffic, work etc.)" (45 (4.2%)), respectively. In addition, these university students with traumatic experience in the last year have experienced trauma by direct exposure (288 (27%)), as a witness (320 (31%)), and by learning what happened to a relative (548 (51%)).

As can be seen in Table 3, the traumatic experiences scored with the highest stress score (10 points) by the highest number of participants among the participants who were *directly exposed to trauma* are "The unexpected death of a family member or a close person/an event with the possibility of death by accident or brute force" (109 (10.2%)), "Natural disaster" (46 (4.3%)), and "A life-threatening accident (traffic, work, etc.)" (35 (3.3%)), respectively.

As shown in Table 4, the traumatic experiences scored with the highest stress score (10 points) by the highest number of participants who have directly witnessed trauma are "A very serious health problem or a chronic disease" (37 (3.52%)), "The unexpected death of a family member or a close person/accident or an event involving the possibility of death by brute force" (25 (2.3%)), and "Being subjected to a serious physical abuse or violence (torture, etc.)" (16 (1%, 5)), respectively.

As seen in Table 5, the following traumatic experiences were scored with the highest stress score (10 points) by the highest number of participants who learned about the traumatic experience of a relative: "A very serious health problem or a chronic disease" (89 (8.3%)), "The unexpected death of a family member or a close person / accident or an event with the possibility of death by brute force" (59 (5.5%)), and "A life-threatening accident" (51 (4.8%)), respectively.

Discussion and Conclusion

In this study, the *Traumatic Experiences Screening Form* was developed to examine individuals with traumatic experience in more detail and to elicit more comprehensive information about them. This form is a qualitative screening tool that enables an assessment of 12 traumatic events by the type of trauma exposure (direct experience, witnessing, and learning what happened to a relative or family member), the level of stress felt due to the trauma, and the time lapse after the trauma. In addition, by using this form, the researchers attempted to determine various ways of exposure to traumatic experiences by university students (direct exposure, witnessing, learning that a relative happened to a family member or a close friend), traumatic stress levels, and time lapse after traumatic experiences.

The most traumatic event experienced by the university students was identified as "A very serious health problem or a chronic disease", which was followed by the "Unexpected death of a family member or close person". In addition, that "A life-threatening accident or natural disaster" was observed to be among the most common traumatic events. This obtained finding shows that among the traumatic events experienced by young adults in Turkey (direct exposure, witnessing it personally, or learning that it happened to a loved friend or close relative) the top-ranking traumas are related to physical health, followed by the traumas that involve loss of life, and natural disaster-based traumas rank in the third place. However, it should be kept in mind that this order may vary depending on the specific period of time, as it is observed that there are traumas caused by natural disasters as well as traumas caused by people in the ranking of the traumas encountered by young adults the most frequently. Finally, "forced detention" and "being exposed to sexual assault "were determined as the least traumatic event experienced by the participants. These traumatic incidents, which young adults have encountered the least, are also noteworthy as they are among the legally sanctioned criminal offenses.

The time lapse after the event has been reported as important when dealing with traumatic experiences. For example, it has been reported in the related research that the longer the time lapsing after the traumatic event is, the more likely it is that the person will experience positive changes (Akın, 2019; Powell et al., 2007; Ülbe & Kartal, 2019). In this study, the participants classified the time elapsed after their traumatic experiences into four categories (0-6 months, 6-12 months, 1-3 years, and over 3 years). In the last year, 27% of the university students with traumatic experience were directly exposed to trauma, 31% experienced it as a witness, and 51% learned that

a relative had experienced trauma. Among the most recent traumatic experiences reported by the university students who have been exposed to trauma differently are "A very serious health problem or a chronic illness", and "The unexpected death of a family member or close person/accident or an event with the possibility of death by brute force". This indicates that serious health problems or sudden deaths are the most common traumatic experiences today. Although it was conducted before the COVID-19 pandemic that has been taking the world by storm, the results of this study indicate that many more people will be traumatized by the health problems and sudden deaths caused by the pandemic.

The level of trauma-related stress is also an important factor when examining traumatic experiences. Traumatic stress provides clues about the depth trauma creates in the post-trauma personal psychology. It also creates some (positive and negative) effects on the mental health of the individual. For example, the *Post-Traumatic Growth Model*, which deals with post-traumatic positive changes, suggests that the severity of the stress level activates new schemas by shaking existing schemas related to the world and thus moves the individual to a more advanced position than the current position (Tedeschi & Calhoun, 1995). Indeed, studies conducted with participants with different trauma experiences have reported that positive changes observed in individuals after traumatic experiences are related to the stress level (Cordova et al., 2007; Martin et al., 2017; Tedeschi & Calhoun, 2004; Tedeschi & Moore, 2016; Wild & Paivio, 2003; Windows et al., 2005). Studies have shown that both positive changes and stress after trauma can progress simultaneously (Kardaş & Tanhan, 2018; Shakespeare-Finch & Lurie-Beck 2013; Ülbe & Kartal, 2019), and that moderate stress is related with high positive changes in the individual (post-traumatic growth) (Colville & Cream, 2009; Kardaş & Tanhan, 2018). However, it has been reported that the perceived stress level after trauma may lead to incompatibilities in the mental structure (Brewin et al., 2000). In the present study, the participants were asked to indicate their level of stress (1-10 points) they felt due to trauma. Thus, a detailed qualitative dataset regarding university students' stress level they felt due to this painful experience was obtained, which gives us clues about the emotional harm caused by trauma in university students.

Among the traumatic experiences that were jointly assigned the highest (10 points) stress score by the university students who have been exposed to trauma are "A very serious health problem or a chronic illness" and "The possibility of unexpected death of a family member or close person/possibility of accident or death by brute force". This indicates that serious health problems or sudden deaths are felt as the most stressful traumatic experiences in today's world. Although it

was conducted before the COVID-19 pandemic, which caused great anxiety and fear around the world, the results of this study indicate that with the pandemic, many more people may experience high levels of health-related stress.

Recommendations

This study was carried out in order to develop the *Traumatic Experiences Screening Form* and to reveal the existing picture of the traumatic experiences of university students. Although the distribution of gender in the study may be considered as a limitation, this was due to the research priority of including individuals who meet the specified criteria and volunteer for the study. In this form, it is an important point that the 12 traumatic events identified contribute to the field in terms of collecting information about the types of exposure to trauma, the level of stress felt due to the trauma, and the time lapse after the traumatic event, and differ from other screening tools in this respect. In addition, it is thought that the findings obtained in the present study will form the basis for future research. The findings also provide practical information to mental health professionals and researchers. For example, this form can be used in future research to detect major traumas. However, samplings (high-low) can be selected according to the perceived stress level based on trauma. In future studies, comparisons can also be made according to temporal categories related to the traumatic event or sample selections can be made according to the criteria as well. In addition to all these, this form can also be used as an assessment tool in providing psychological counseling to individuals with traumatic experience. Finally, the form can be used not only when working with university students but also with individuals at different developmental stages. Based on the findings obtained in this study, it can be said that university mental health centers have an important role in helping students cope with traumatic experiences. It would be particularly helpful for mental health centers, especially those at universities, to prepare psychological counseling programs to address the most frequently encountered traumatic experiences.

About Authors

First Author: Dr. Fatma Altınsoy holds a PhD in Guidance and Psychological Counseling and works on post-traumatic growth. Also, she conducts research into school belonging, life goals, psychological hardiness, and coping skills. Her interests include positive psychology, positive psychotherapy, and cognitive behavioral therapy.

Second Author: Prof. Dr. Ayşe Aypay is a member of Eskişehir Osmangazi University. Sheworks at the Faculty of Education. She is currently working at the Department of Guidance and Psychological Counseling.She continues her research in the field of mental health.

Conflict of Interest

There is no conflict of interest.

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ORCID

Fatma Altınsoy https://orcid.org/0000-0003-4910-2510

Ayşe Aypay https://orcid.org/0000-0001-5292-4270

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YÖNERGE: Aşağıda karşılaşılması muhtemel yaşam olayları sıralanmıştır. Bu olaylardan bir/birden fazlasını doğrudan yaşama, tanık olma veya bir yakınımızın başına gelme durumları bulunuyorsa uygun seçeneği işaretleyiniz.	**Doğrudan Yaşadım**					**Bizzat Tanık Oldum**					**Bir Yakınım Başına Geldi**				
	Olayının üstünden ne kadar zaman geçtiğini lütfen belirtiniz.				**Olaydan hemen sonra sizde oluşan stresin derecesini 1-10 arasında lütfen derecelendirin.**	**Olayının üstünden ne kadar zaman geçtiğini lütfen belirtiniz.**				**Olaydan hemen sonra sizde oluşan stresin derecesini 1-10 arasında lütfen derecelendirin.**	**Olayının üstünden ne kadar zaman geçtiğini lütfen belirtiniz.**				**Olaydan hemen sonra sizde oluşan stresin derecesini 1-10 arasında lütfen derecelendirin**
	0-6 ay	**6-12 ay**	**1-3 yıl**	**3 yıl üzeri**		**0-6 ay**	**6-12 ay**	**1-3 yıl**	**3 yıl üzeri**		**0-6 ay**	**6-12 ay**	**1-3 yıl**	**3 yıl üzeri**	
1.Çok ciddi bir sağlık sorunu veya kronik bir hastalık															
2.Yaşamı tehdit eden bir kaza (trafik, iş vb)															
3. Doğal afet (sel, deprem, heyelan vb.)															
4. Bir aile üyesi veya yakın birinin beklenmedik ölümü / kaza veya kaba güçle ölüm olasılığı içeren bir olay															
5. Ciddi bir fiziksel istismar veya şiddete maruz kalma (işkence vb.)															
6. Yangın veya patlama															
7. Herhangi bir aletle saldırıya maruz kalma (silah, bıçak vb.)															
8. Cinsel saldırıya maruz kalma															
9.Savaş alanında veya çatışma ortamında bulunma															
10. Zorla alıkonulma (rehin alınmak vb.)															
11.Kendini veya bir başkasını öldürme girişimi (intihar veya cinayet)															
12. Tıbbi müdahale gerektirecek gıda veya kimyasal madde zehirlenmesi															

INSTRUCTION: Some possible life events are listed below. If there is a situation of experiencing one/more of these events directly, witnessing them, or their happening to a relative, please tick the appropriate option.	**Directly Lived**					**I Witnessed**					**It Happened to a Relative**				
	Please indicate how much time has passed since the event.				**Please rate the stress you immediately felt after the event on a scale of 1-10.**	**Please indicate how much time has passed since the event.**				**Please rate the stress you immediately felt after the event on a scale of 1-10.**	**Please indicate how much time has passed since the event.**				**Please rate the stress you immediately felt after the event on a scale of 1-10.**
	0-6 month	**6-12 month**	**1-3 year**	**3+ year**		**0-6 month**	**6-12 month**	**1-3 year**	**3+ year**		**0-6 month**	**6-12 month**	**1-3 year**	**3+ year**	
1. A very serious health problem or a chronic illness															
2. A life-threatening accident (traffic, work, etc.)															
3. Natural disaster (flood, earthquake, landslide, etc.)															
4. An event involving the unexpected death/accident or the possibility of death by brute force of a family member or close person.															
5. Being subjected to serious physical abuse or violence (torture, etc.)															
6. Fire or explosion															
7. Being attacked with any tool (gun, knife, etc.)															
8. Being sexually assaulted															
9. Being on the battlefield or in a conflict situation															
10.Being held by force (taking hostage etc)															
11. Attempt to kill yourself or another person (suicide or murder)															
12. Food or chemical poisoning requiring medical attention															