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Article

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The role of relational resilience in classifying childhood abuse experiences among university students

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Abstract

When the literature is analyzed, it is seen that childhood experiences are an important determinant for reactions in university ages. It is thought that this study will contribute to the related literature by drawing attention to the fact that childhood abuse experiences are also a determinant of university students' relational resilience. This study examines the accuracy with which relational resilience categorizes university students who have been abused in childhood and university students who have not been abused. The research comprises 225 university students, 75 women and 150 men, aged 19-48 years, selected by convenience sampling. In the study, the Relational Resilience Scale and short information form were used to determine the relational resilience levels of the participants. Logistic regression analysis was performed on the data obtained from the data collection tools. The results of the analyses showed that relational resilience was able to classify university students with and without abuse experience with a correct prediction rate of 60.4%. It was observed that a 1-unit increase in the relational resilience variable caused a 3.30% increase in the abuse rate. This finding shows that relational resilience significantly contributes to categorizing individuals who have been victimized and those who have not been victimized. It was seen that relational resilience made a significant contribution to the classification of individuals who had been abused and those who had not been abused.

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Introduction

The concept of resilience is used to explain how university students cope with unexpected or difficult life events. The concept of resilience was not such an important research topic until ten years ago (Masten et al., 1990). Researchers began to show a keen interest in analyzing responses to adversity after a Werner (1989) study examining the likelihood that children with schizophrenic parents who were not provided with sufficient comfort by their caregivers would follow maladaptive paths throughout their lives (Masten, 2002). As Masten (2002) found in his "project competence" studies on stress resilience in Minnesota, other children were able to overcome adversity, which led researchers to explore the "process" of resilience.

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Individual processes and family and community-specific phenomena are effective in resilience. While motivation, individual characteristics, and process were previously emphasized (Masten, 2007; Wright & Masten, 2015), today, resilience is explained together with the neurobiological and genetic processes of reactions to adversity (Curtis & Cicchetti, 2007). Resilience is defined as "the ability to enter into connections (relationships) that promote development" (Jordan, 2023). Considered a relational phenomenon, resilience refers to relationships based on bidirectional reciprocity and co-development. Relationships based on co-development encourage reciprocity of empathy and healing processes. As a result, self-development and the demand for independence are internalized. In different studies, resilience is expressed with relational skills (Conolly & Lane, 2018; Venter & Snyders, 2009). In another definition, resilience is expressed as being relationally resilient or skill-based resilience (Conolly, 2005). Conolly (2005) prefers the concept of couples resilience to relational resilience. In this context, couple resilience is conveyed as a process that includes coping with negative situations experienced in the relationship and recovery/recovery afterward. Having relational resilience is not considered sufficient to define a person as resilient (Venter & Snyders, 2009). In addition, positive qualities that describe resilient individuals: independence, self-esteem, intelligence, emotional balance, positive expectations, and problem-solving skills can be effective in this process (Luthar, 1991; Wolin & Wolin, 1993). Couples sometimes experience negative and positive emotions due to the nature of the relationship, which may cause the relationship to end and harm subsequent relationships. The ability of individuals in the relationship to become functional after negative experiences is one of the common points of healthy/successful relationships.

The personal history of the partners is very important in relational resilience. One of the most important factors affecting and determining resilience is how the individual reacts to adverse events. The most common of these negative events are traumatic experiences. Traumatic experiences can be physical or mental. Physically, trauma is a wound or shock resulting from a physically distressing experience. In psychological terms, it is a disturbing emotional stress that leads to a mental disorder or dysfunction. Major stresses experienced can include sexual assault, war, or other threats to a person's life. Symptoms may include disturbing flashbacks, avoidance or numbing of memories of the event, and hyperarousal. They may persist for over a month after the event (Friedberg & Malefakis, 2022). Experiencing trauma in childhood is a risk factor for many types of psychopathology, including posttraumatic stress disorder (PTSD), anxiety, depression, disruptive behaviors, and substance abuse (McLaughlin et al., 2013). Research has proven that child maltreatment poses a serious environmental threat to their adaptive skills (Cicchetti, 2016; Toth & Cicchetti, 2013), with the World Health Organization (WHO) (2024) revealing that an estimated 20% of women and 5-10% of men are sexually abused during childhood and 25-50% of all children are physically abused (WHO, 2024).

When addressing the concept of resilience, the phenomenon of re-adaptation to life after traumatic experiences that harm the person is evaluated. It is also necessary to address this concept's protective and risk factors. Families, couples, or individuals may sometimes face difficult situations in their relationships. These difficulties may be caused by social phenomena (war, crisis, economic situation, etc.), marital experiences (chronic illness in the spouse, etc.), or traumatic experiences in early childhood. If these difficulties exist in the individual's life, we can talk about resilience. In other words, the existence of an event that poses a challenging

obstacle or is characterized as difficult for the individual is a prerequisite for forming resilience. Abuse, poverty, war, and domestic violence experienced in any of the developmental periods can be given as examples of this difficult situation (Masten, 2001). These are risk factors for society, family, and the individual. These factors push the individual directly into pathological or maladaptive conditions (Rutter, 1986, 1990; Rutter et al., 1988). Like these risk factors, protective factors are not immutable; they may change in line with the conditions (Rutter, 1990). For example, a situation that may be considered a risk factor in a person may turn into a protective factor over time. Just as protective factors can turn into risk factors depending on developmental periods. As a result of completing the tasks in adaptation and developmental periods, the ability to integrate the self and maintain a state of unity is considered a protective factor (Black & Lobo, 2008). Thanks to protective factors that help the individual by acting as a buffer, the individual feels the effects of negative experiences less (Hawley, 2000).

Walsh (1996) explains that when discussing the concept of resilience towards family members, the concept of "relational resilience" refers to its benefit on a collective structure. Experiences of migration, job loss, divorce, or death in the family can be encountered at any time (Walsh, 1996). While some families faced with this risk situation can cope healthily and maintain a positive environment, the opposite is true for some families. Family resilience is considered the strength of the family system in successfully adapting to the risks and challenges of life and maintaining or improving healthy family functioning (Patterson, 2002). Family resilience refers to the harmony between the capacity of individuals to struggle against events and the level of integrity achieved (Walsh, 1998). McCubbin and McCubbin (1988) conveyed functional healing and protective values in the face of crisis and adversities. Psychological and physical health, communication within the family, economic level, celebrations on special days, habits, and routines from the past constitute protective factors in the family (McCubbin & McCubbin, 1988). Activities together can also be an example of protective factors within the family.

In their study, Hutchinson et al. (2007) stated that shared family activities effectively cope with stress and create positive emotions post-divorce. Resilient families do not give up and become stronger in difficulties. Family resilience is the ability of the family to adapt to these challenging situations and fulfill its functions after exposure to significant disruptions or crises (Patterson, 2002). Reconsidering negative circumstances with a positive perspective is a skill seen in resilient families. Resilient families benefit from the ability to evaluate the experienced negative situation from a new perspective. They have purpose and meaning despite the traumatic or crisis level of the circumstances. The clarity of communication within the family, the ability to be solution-oriented based on cooperation, the level of commitment, and the sincere expression of feelings/thoughts are prominent characteristics (Sixbey, 2005). Individuals, spouses, and children may suffer in relationships where needs are not clearly expressed (Humphreys, 2003). On the other hand, it is observed that after crises, family relationships improve, and emotional commitment increases (Walsh, 2002). At the same time, the courage to make choices when there is a sense of loss of control enables family relationships to be characterized as healthy. In line with the aforementioned theoretical analyses and experimental studies on relational resilience, relational resilience is characterized by couples who experience trauma/crisis and can recover without losing the functionality in their relationships. What makes each relationship special are its developmental processes and coping factors.

This study is necessary because there are limited studies in the scientific literature that draw attention to both the long-term effects of traumatic experiences in childhood and the importance of psychological mechanisms such as relational resilience. The originality of this study stems from the fact that it examines the level of relational resilience to accurately classify individuals who have experienced traumatic experiences in childhood and those who have not. Although the effects of traumatic experiences on individuals have been extensively researched in the literature, studies on the role of relational resilience in differentiating these individuals are limited. In this context, the study aims to provide theoretical and practical contributions by examining the effect of relational resilience on the classification of individuals according to the traumatic events they have experienced using logistic regression analysis.

Method

Research Model

This study examines how relational resilience can distinguish between university students who have experienced a traumatic experience in childhood (once or repeatedly) and university students who have not experienced trauma and how accurately this distinction can be made. In other words, the research aims to determine the accuracy with which relational resilience can accurately classify these two groups.

Participants

This study was conducted with 225 university student participants: 75 women and 150 men. The individual participants in the research sample consisted of university students aged 19-48 from different universities, selected using the convenience sampling technique, which is one of the purposive sampling methods. The convenience sampling approach was preferred for its efficiency and practicality. It allows researchers to select individuals who are easily accessible (Yıldırım & Şimşek, 2008). Among the participants, the rate of women in the category without traumatic abuse experience was 34% (n=37), while the rate of men was 66% (n=72). In the category with traumatic abuse experience, the rate of women was 33% (n=38), and the rate of men was 67% (n=78).

Data Collection

To measure relational resilience, the predictor variable, the Relational Resilience Scale was used as the primary data collection tool. Additionally, a demographic information form created by the researchers was used to describe the participants. This form included questions about gender, perceived income status, and whether participants had experienced one-time or repeated abuse during childhood, including physical, verbal, sexual, and psychological bullying, harassment, or violence. Before the data collection process, the necessary permissions were obtained to apply both the Relational Resilience Scale and the personal information form. After receiving ethics committee approval, the data collection tools were prepared via Google Forms and shared with the participants online. The electronic link to the data collection tools was sent to the participants, along with an explanation of the research.

The Relational Resilience Scale, developed by Aydogan (2014), is a 7-point Likert scale consisting of four sub-dimensions: “Relational Actor, Partner, Partner and Spirituality.” A

total score can also be obtained from the scale. Following psychometric analysis, the actor dimension contains 6 items (two items on optimism, two on authenticity, and one each on social support and empathy). The partner dimension contains 6 items (two on social support, two on empathy, and one each on optimism and authenticity). The partner (togetherness) dimension consists of 10 items (three on harmony, two on authenticity, two on social support, two on empathy, and one on optimism). The relational spirituality dimension consists of five items.

To assess the reliability of the scale, the internal consistency coefficient was calculated. The Cronbach's alpha for all scale dimensions was .96: .93 for the actor dimension, .90 for the partner dimension, .95 for the partner (togetherness) dimension, and .86 for the relational spirituality dimension. In terms of fit indices, the RMSEA value was .06, with an X2/sd ratio of 2.27, CFI of .99, NFI of .98, and GFI of .80. The scale can be scored between 27 and 149, with higher scores indicating higher relational resilience. In our study, the reliability value for all scale dimensions was .93: .83 for the actor dimension, .88 for the partner dimension, .92 for the togetherness dimension, and .84 for the relational spirituality dimension.

Data Analysis

For data analysis, logistic regression was conducted to determine how well the participants' relational resilience levels could classify them as "abused" or "not abused" during childhood. According to Tabachnick and Fidell (2013), certain assumptions must be met for logistic regression. The data set was examined to ensure these assumptions were satisfied. It was found that the assumptions were met. To check for multicollinearity, correlation, VIF values, and tolerance values were examined. There was no multicollinearity issue as correlations were below .90, VIF values were under 10, and tolerance values were above .10 (Cokluk et al., 2012). In this study, correlations were less than .90, all VIF values of the independent variables were below 10, and tolerance values were greater than .10.

Findings

The demographic variables of the study and logistic regression analyses are included in this section. Firstly, a t-test analysis was conducted between gender and the sub-dimensions and the total scale score of relational resilience.

Table 1. t-test results according to participants' gender

Scales	Gender	n	X	S.s.	t	p
Spirituality	Men	75	3.554	.928	-.799	.425
	Women	150	3.657	.899		
Partner	Men	75	4.095	.729	-.646	.519
	Women	150	4.164	.765		
Actor	Men	75	4.315	.621	-1.383	.168
	Women	150	4.426	.539		
Togetherness	Men	75	4.033	.562	-1.117	.265
	Women	150	4.124	.577		
Resilience (total)	Men	75	15.999	2.140	-1.209	.228
	Women	150	16.372	2.202		

In Table 1, the gender variable in relational resilience was assessed through an Independent-samples t-test. Two variables are used for this test, one categorical and the other continuous. For this research, the categorical variable used is gender (with men coded as one and women

coded as 2), and the continuous variable used is 'relational resilience.' When Table 1 is examined, it is seen that the scores obtained from spirituality (t(225)= -.799; p>.05), partner (t(225)= -.646; p>.05), actor (t(225)= -1.383; p>.05), togetherness dimension (t(225)= -1.117; p>.05) and total scale (t(225)= -1.209; p>.05), which are sub-dimensions of the forgiveness scale, do not differ significantly according to the gender of the participants.

In this section, the results of the logistic regression analysis conducted to answer the question "At what level of accuracy does the level of relational resilience classify whether the university students participating in the study had one-time or repeated experiences of abuse in childhood?" are explained. Prior to the logistic regression process, the code "1" was assigned to having one-time or repeated experiences of abuse in childhood, and the code "0" was assigned to not having such an experience. At the beginning of the analysis, the -2LL (-2log likelihood) value was examined on the data.

Table 2. Iteration history for the starting block or starting model

			Coefficients
Iteration		-2 Log likelihood (-2LL)	Constant
Step 0	1	311,698	.062
	2	311,698	.062

When Table 2 is examined, it is seen that the -2LL value in the first classification process of the initial model of the study is 311.698. When it is remembered that the -2LL value corresponding to the best fit in logistic regression analysis is zero, it can be said that this value (311,698) in the initial model is high. Cokluk et al. (2012) state that two values should be calculated in logistic regression analysis regarding -2LL. One of these calculated values is the initial model (baseline model) value, which is the model's value with only the constant term. The other is the value of the outcome model, which is a new model created by including the predictor variable in the model. By comparing these two values, which are calculated as -2LL, the improvement in the model due to the predictor variables can be evaluated better.

In logistic regression analysis, in the classification defined in the initial model (No victimization, there is victimization), in which class there are more participant individuals, all participants are classified in that class (Cokluk et al., 2012; Field, 2005). Table 2 below shows the classification of all participants in the "I have been subjected to abuse (n=116)" category due to the first classification that emerged from logistic regression analyses.

Table 3. Findings related to the initial model (initial classification)

			Expected		
			Victimization status		Correct classification percentage
	Predicted Situation Expected		*I am not victimized*	*I am victimized*	
Step 1	Status of victimization	*I am not victimized,*	0	109	0
	Percentage of correct classification	*I am victimized*	0	116	100,0
	Total percentage of correct classification				51,6

In the initial model for the first classification given in Table 3, all participant university students were classified as university students with abuse experience, with a classification percentage of 51.6%. The chi-squared value to be calculated regarding the classification in the initial model indicates the level at which the predictor variable to be added to the model later affects the model's predictive value. The values for the predictor variable not included in the initial model are given in Table 4.

Table 4. Values for the variable not included in the initial model

	Variables	Scor (Ki square)	sd	p
Step 0	Relational resilience	13.438	1	.000

When Table 4 is examined, the fact that the statistics of the scores in each of the scores of resilience variables, which was not included in the initial model, are significant indicates that the addition of this variable to the model will contribute to the model (Cokluk et al., 2012). The chi-square value c2bo=13,438 and p=.000 for the omnibus test for this model indicates that the predictor variable to be included in the initial model will improve the predictive value of the model. Although it is not included in the initial model, the relational resilience described in Table 3, the score and p-value of this variable show whether the contribution made by including the predictor variable in the model is significant. Thus, when the p values of the c2bo statistic are examined, it is seen that the variable "relational resilience" contributes significantly to the model (p<.05).

After the analysis of the initial model with only the constant term, the results of the Omnibus test were examined before the findings of the final model were created by adding the predictor variables to the model together. The chi-square value for the omnibus test was calculated as 13,799 (p=.000). The -2LL value, which was 311,698 in the initial model, was found to be 297,900 in the final model. The difference between the -2LL value obtained in the initial model and the -2LL values obtained in the final model was calculated as 311,698- 297,900=13,80. A decrease in the -2LL value indicates an improvement in the intended model. During the analysis process, the Hosmer and Lemeshow Test was used to evaluate the fit of the logistic regression model as a whole. The chi-square value for the Hosmer and Lemeshow Test was 5.423 (p=.608). The fact that the Hosmer and Lemeshow Test statistic is not significant (p>.05) and the model has a good fit (Cokluk et al., 2012) can be explained as the model obtained from the analysis of this study has a good fit. The findings related to the classification performed by the model obtained as a result of the logistic regression analysis are presented in Table 5.

Table 5. Findings on the classification of the outcome model

			Expected		
			Victimization status		Correct classification percentage
	Actual / Observed Situation		*I am not victimized,*	*I am victimized*	
Step 1	Victimization status	*I am not victimized,*	65	45	59,6
		I am victimized	44	71	61,2
	Total percentage of correct classification				60,4

When Table 5 is examined, it is seen that 65 of the 109 individuals who were not victimized were classified correctly, and 44 were misclassified. University students with no victimization

experience were correctly classified at a rate of 59.6%. It is seen that 45 out of 116 individuals with a victimization experience were classified correctly, and 71 were classified incorrectly. University students with a traumatic experience were correctly classified at a rate of 61.2%. In the baseline model, the correct delimitation rate was calculated as 51.6% for 109 individuals with no experience of traumatization and 116 individuals with experience of traumatization. In the final model, it can be said that 109 individuals with no experience of traumatization and 116 individuals with experience of traumatization were correctly classified, with an estimation of 60.4%. Table 6 below presents the Wald statistics for the analyses and the coefficient estimates obtained based on the final model.

Table 6. Coefficient estimates of the intended/outcome model variable

		β	Standard error	Wald	sd	p	Exp(β)
Step 1	Relational resilience	-.033	.009	12.806	1	.000	.967
	Total	3.764	1.047	12.923	1	.000	43.100

When Table 6 is examined, it is seen that a one-unit increase in the relational resilience variable causes an increase of 3.30% [(1-.967).100] in the odds ratio of having been victimized (those with victimization experience were coded as "1"). This finding shows that relational resilience significantly contributes to categorizing individuals who have been victimized and those who have not been victimized.

Discussion

In this study, the relationship between the level of relational resilience and having a traumatic experience in childhood was investigated, and the analyses between the gender variable and the sub-dimensions of relational resilience and the total score were included. As a result of the analysis, no significant difference was found between gender and both sub-dimensions and total score. In other words, being men or women among the participants does not make a difference in the level of relational resilience. When the literature is examined, Lamiser Atik (2013), Akça (2012), Terzi (2008), Kaynar (2016), and Ozcan (2005) found no difference between resilience and gender. When resilience is evaluated through the lens of risk and protective factors, it is revealed that women and men have different risk and protective factors. Research shows that men use coping skills, a protective factor, more effectively (Büyükşahin, 2006). Research shows that women exhibit more social competence and autonomy and are characterized by more secure relationships (Werner, 1989). In this case, it is not believed that there is a significant inequality between relational resilience and gender. Aydogan (2014) found that a decrease in parenting stress among women or men was associated with an increase in their relational resilience.

In this study, it was examined at what level of accuracy relational resilience can be used to classify one-time or repeated experiences of childhood abuse (exposure to physical, verbal, sexual, and psychological bullying/harassment/violence). In the study, relational resilience was found to be a predictor in classifying university students who had been traumatized in childhood and those who had not been traumatized and correctly classified these groups. The rate of correctly classifying individuals with trauma/traumatization experience was found to be 60.4%. The presence of traumatic experiences (abuse) in childhood directly affects

relationships in life. Findings from a similar study by Bethell et al. (2019) emphasize the importance of resilience and the quality of family relationships, which are included in the class of a child's adverse childhood experiences. The same study explains that developing a child's resilience is relatively effective in mitigating the impact of adverse childhood experiences that have already occurred. Many studies (Durán-Gómez et al., 2020; Jaffee et al., 2007; Jaffee & Widom, 2023; Yoon et al., 2021a) have shown that childhood maltreatment is directly related to lifelong negative physical and mental health outcomes. Research on the associations between child maltreatment and poor health outcomes (Jaffee et al., 2007; Maguire-Jack et al., 2018; Taylor et al., 2009; Yoon et al., 2021b) suggests that the characteristics of maltreating families can be explained by the unique challenges faced by these families and individuals, such as poverty, parental substance use, parenting stress, community violence, exposure to crime, and lack of access to needed services/resources. Despite all these challenges, Yoon et al. (2021a) also explain that some university students show resilience following childhood maltreatment experiences.

Resilience can occur at any point in life (Werner, 1989). The fact that each developmental period includes different experiences diversifies the protective and risk factors of resilience. The characteristics of the child's caregiver, such as sincerity, commitment, and well-being, have been emphasized as central factors associated with resilience in childhood (Holmes et al., 2015). A significant proportion of individuals exposed to childhood maltreatment do not exhibit or develop negative outcomes (Holmes et al., 2015). Studies examining resilience in the context of trauma have suggested that protective factors strengthen resilience and enable individuals exposed to trauma to recover from adversity (Howell & Miller-Graff, 2014; Luthar & Cicchetti, 2000).

In his research, Rutter (2007) mentioned the situations that should be considered in studies on resilience. These are that the process of overcoming adversity is not instantaneous, resilience should be evaluated not only in the moment but also in the whole of life, resilience is not a personality trait, and finally, the situations that reveal resilience are personal experiences and coping strategies that help people cope with difficulties. Resilience is important in helping individuals achieve a positive mental health status and reduce negative symptoms (Wilson et al., 2018). Individuals' levels of resilience mitigate negative mental health outcomes, including depression after trauma and abuse (Rodman et al., 2019; Wingo et al., 2010). The findings of a meta-analysis go beyond previous meta-analyses examining direct associations between two different study variables (e.g., trauma and depression (Gathright et al., 2017); trauma and resilience (Agaibi & Wilson, 2005) or resilience and mental health (Wilson et al., 2018) and have the ability to look at associations between all of the variables of trauma, resilience, and depression (Watters et al., 2023). Previous meta-analyses (Infurna & Luthar, 2016; Mandelli et al., 2015; Wilson et al., 2018) have also suggested that trauma has a critical relationship with depression and that resilience has an important relationship with both trauma and mental health.

It is known that people who experience emotional abuse have serious difficulties in stepping into close relationships and being successful in their dyadic relationships (Tencer, 2002). Another study found that resilience is generally associated with a better life in terms of reducing the risk of psychopathology, reducing the likelihood of traumatization, increasing perceived psychological well-being, and developing more adaptive skills (Meng et al., 2018). Protective factors at individual, familial, and societal levels predict subsequent resilience against the negative consequences of childhood maltreatment. Although the conceptualization

and study results of resilience after childhood maltreatment and the measurement of protective factors vary, it is known that protective factors at the individual, familial, and societal levels play an important role in promoting psychological well-being and reducing the risk of negative consequences of childhood maltreatment.

Many women who were exposed to violence in their relationships stated that they "pruned" their feelings about the incident (Crawford et al., 2009). As a result, although women can maintain their relationships, their level of resilience decreases significantly. Women whose cognitive balance is disrupted and who find blame in themselves to regain balance may try to justify the other person as a result of the experience of violence. Thus, it is known that their self-esteem is seriously damaged. In a study on the family dimension of resilience, Lee et al. (2004) examined families with a chronic illness. Internal family characteristics (family self-esteem, positive perspective, commitment, and mature thinking), internal adaptation (emotional expression, maintaining balance, responsibility, patience, and open communication), and external adaptation (communication with social environment, economic status) factors contribute to family resilience. A study conducted with 201 married couples who faced serious problems in the past related to family resilience found that resilience was the strongest predictor of family functioning (Carr, 2012). In a similar study (Whisman, 2014), 2161 couples with four different trauma stories about marital quality were interviewed. People who experience negative situations, such as being abused by their parents during childhood, experiencing accidents, and threatening events, are more inclined to communicate negatively in their emotional relationships. Another finding of the study is that people who have experienced natural disasters adopt a positive way of communicating in their emotional relationships. Couples with a traumatic history in the personal history of both couples were found to have lower marital qualities compared to other couples without this situation. When the study's findings were evaluated, it was found that the differentiation of crises affected marital communication at different levels. Research shows that psychological counseling, social services, support groups, special education services, and assistance from voluntary institutions and organizations significantly increase family resilience in the presence of family difficulties or risk factors (Ahlert & Greeff, 2012; Heiman, 2002; Ozbay & Aydogan, 2013).

Limitations and Future Research

Relational resilience levels in this research are limited to the characteristics measured by the relevant scale. The research is limited to individuals who had a relationship (premarital relationship, romantic, marriage, lover, etc.) between 2023-2024 and were exposed to at least one traumatic experience during childhood. Another limitation is that the research was conducted using a non-clinical sample and a self-report scale. As this study was limited to a non-clinical sample, conducting future research with clinical sample groups may increase the generalizability of the findings and provide an opportunity to examine the effects of childhood abuse on relational resilience in more depth. Future research could follow the impact of childhood abuse on levels of relational resilience over time to monitor long-term effects. Such studies may provide a better understanding of the dynamic nature of the variables. Future research could enrich the data collection using more objective instruments such as clinical observations, in-depth interviews, biometric measures, and self-report scales. Examining the effects of different types of childhood trauma (such as physical, emotional, and sexual abuse) on relational resilience may be an important recommendation for future studies. Since this

study included a specific cultural sample, investigating the relationships between childhood traumas and relational resilience in different cultures may show how the findings vary according to cultural contexts. In addition to providing direction for future studies, these suggestions may contribute to a broader understanding of the research findings and more robust conclusions.

Conclusion

As stated in the literature discussion, experiencing a traumatic experience in childhood is expected to be associated with the level of resilience in romantic relationships in adulthood and university years. In this context, this study examined to what extent the expected significant relationship between the relational resilience levels of adult individuals who had a relationship during their university years and the experience of abuse in childhood could be predicted by logistic regression. As a result, according to the findings obtained from this research, relational resilience contributes significantly to the classification of victimized and non-victimized university students. As a result of the research, the relational resilience levels of university students were 61.2% for being exposed to abuse in childhood; 59.6% reported not being exposed. According to the results of the final model, the findings that it classified correctly at a rate of 60.4% show that the relational resilience levels of university students in relationships can predict whether they were abused in their childhood or not.

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