

The Mediational Role of Perceived Social Support in The Relationship Between Childhood Trauma and Self-Compatibility

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Abstract

In individuals with traumatic experiences, social support and self-compassion are important for the physical and mental health of individuals at risk of deterioration in the healing process. This study aimed to determine the mediating role of perceived social support in the relationship between childhood mental traumas and self-compassion. The sample consisted of 348 students at Aydın Adnan Menderes University Faculty of Education. The relationships between variables were examined by Spearman correlation and hierarchical regression analysis. Path analysis regarding the mediating effect of perceived social support was conducted with Mplus program. Significant relationships were found between the study variables. While there was a negative and significant relationship between perceived social support and childhood traumas, there was a positive and significant relationship with self-compatibility. Similarly, self-sensitivity and childhood traumas were negatively related. There was an indirect and significant effect of the support received from a special person on the effect of childhood psychological traumas on self-compatibility. The study is thought to provide a theoretical framework for future studies on self-compassion, which is a relatively new concept. It is believed that it may be a resource in psychosocial intervention programs to support university students.

Keywords: trauma, social support, self-compatibility, childhood traumas

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Introduction

Childhood abuse is defined as a series of actions that endanger an individual's self, identity, and physical and mental health during early developmental years, potentially leading to developmental delays and negatively affecting adulthood. Childhood abuse can manifest in the forms of physical, emotional, sexual abuse, and neglect (Bernstein et al., 2003). Physical abuse refers to when a person under the age of 18 is physically assaulted by someone at least five years older, or by a family member who is at least two years older. Emotional abuse involves exposing a child or adolescent to verbal threats, ridicule, or demeaning comments that endanger their emotional or mental health. Sexual abuse refers to any form of sexual exploitation by someone who is at least five years older than the victim, or by a family member who is at least two years older. Neglect refers to the failure to meet a child's basic physical needs, such as nutrition, safety, education, or medical care, as well as ignoring emotional needs like love, support, attention, and attachment (Zoroğlu et al., 2001). Emotional neglect and abuse can be as damaging as physical abuse, affecting the individual's self-esteem, self-concept, coping skills, and sense of self-worth. Childhood traumas can make individuals more vulnerable to stress and difficulties throughout their lives. While this increases vulnerability, especially in individuals with a history of trauma, self-compassion plays a protective role in coping with negative experiences (Bostancıoğlu, 2024). One of the most important factors in the recovery process after traumatic events is the understanding an individual shows toward themselves.

Self-compassion, a relatively new concept also referred to as self-kindness, is defined as showing sensitivity, care, and understanding toward oneself (Selvili-Çarmıklı, 2018). Compassion is considered as a form of social interaction based on compassion between individuals (Matos et al., 2021). Compassion, which is defined as the state of recognizing the pain of others and having a desire to reduce this pain (Goetz et al., 2010), is also a social emotion that enables individuals to realize their moral responsibilities in social relations and directs them to act kindly (Wilkinson, 2018). Some studies have indicated that past trauma experiences negatively affect an individual's self-compassion and well-being in childhood (Arnett, 2007). In a study, childhood maltreatment was found to lead to uncertainties in various life domains such as romantic relationships, social interactions, friendships, academic progress, work competency, and economic stability in adulthood (Kretschmer et al., 2018). However, it has also been observed that not all individuals who have experienced abuse show a decrease in self-compassion; some still maintain it. Perceived social support is believed to play a significant role in maintaining self-compassion.

Social support is defined as the extent to which individuals can access social resources through relationships they trust. Many studies suggest that perceived social support has a positive impact on the development of self-compassion after abuse, as well as on acquiring positive behaviors toward oneself and the environment, maintaining mental integrity, and fostering resilience. These include taking control, restructuring negative thoughts, and maintaining a sense of self-love.

Although childhood abuse remains a widely studied topic, it is still an ongoing issue with unknown prevalence rates. Numerous studies suggest that perceived social support can mitigate the negative effects of childhood abuse. However, many sociological studies also indicate that the absence of social support can significantly damage an individual's identity integrity and self-compassion following such trauma. Research has proven that childhood abuse can have destructive effects on adult life as well. Moreover, there is a lack of studies focusing on university students as a specific sample.

The aim of this study is to investigate the relationship between childhood psychological trauma, self-compassion, and perceived social support among university students. Another aim is to examine whether perceived social support has a mediating effect in the interaction between childhood trauma and self-compassion.

The topic of childhood abuse and its impact on university students' lives, especially in terms of self-compassion, is underrepresented in the literature. With the inclusion of self-compassion in the literature and its application in certain therapy programs, it is considered an area that requires further research. While the existing literature reveals the negative effects of childhood traumas on self-compassion, the role of protective factors in this relationship has not been examined in sufficient depth. In particular, the possible mediating role of perceived social support in coping with traumatic experiences and in the

development of self-compassion has been addressed in a limited number of studies. In this context, the need for empirical studies that reveal the indirect effects of perceived social support in this relationship continues.

Investigating childhood trauma within the framework of self-compassion and the influence of perceived social support is believed to offer a unique contribution to the literature. Conducting the study with university students is also expected to provide a new contribution in terms of the sample. Additionally, there are few studies that establish a link between childhood trauma and self-compassion, making this study a valuable addition to the literature, especially by emphasizing the significant effects of social support after abuse and offering insights for developing new rehabilitation systems.

Method

In this part of the research, information is given about the type of study, data collection and analysis of the data.

Research Design

The research model was used in this study is the relational screening model, a quantitative research method (Fraenkel, Wallen, & Hyun, 2012, p. 393). In this study, the researcher aimed to explore the relationships between perceived social support, childhood psychological trauma, and self-compassion, without attempting to alter the existing conditions of the subjects.

Sample

The sample of the study consists of 348 university students (250 women and 98 men) from the Faculty of Education at Adnan Menderes University, aged between 18 and 30. The average age of the female participants was 20.70, while the average age of the male participants was 21.31. Participants were selected using convenience sampling based on the researcher's accessibility. Demographic information of the sample is presented in Table 1.

Table 1
Demographic Information of the Sample

Major	N	%	Mother's Education Level		
			N	%	
Guidance and Psychological Counseling	227	65.2	Elementary school and below	146	42.0
Preschool Education	48	13.8	Middle school	51	14.7
English Language Teaching	73	21.0	High school	96	27.6
Sex			University or above	55	15.8
Female	250	71.8	Father's Education Level		
Male	98	28.2	Elementary school and below	78	22.4
Class level			Middle school	73	21.0
1 st Year	86	24.7	High school	119	34.2

2 nd Year	113	32.5	University and above	78	22.4
3 rd Year	99	28.4			
4 th Year	50	14.4			

Data Collection Tools

Personal Information Form (PIF): The Personal Information Form was developed by the researcher to gather socio-demographic information about the participants. It includes details such as the participants' age, gender, academic department, class level, and the educational background of their parents.

Childhood Psychological Trauma Scale (CPTS): This scale is a self-assessment tool developed by Bernstein et al. (1994) that aims to retrospectively and quantitatively assess experiences of abuse and neglect before the age of 20. The scale consists of 28 items and uses a 5-point Likert scale (1 = never, 5 = very often). The subscales of the scale include "emotional abuse," "emotional neglect," "physical abuse," "physical neglect," "sexual abuse," and "overprotection-control." The Cronbach's Alpha coefficient for this scale is reported as .87. In the context of the present study, the reliability and validity of the Childhood Psychological Trauma Scale were re-evaluated. Confirmatory factor analysis (CFA) supported the construct validity of the scale, with acceptable fit indices (e.g., $\chi^2/df = 4.95$, CFI = .90, TLI = .90, SRMR = .073, RMSEA = .051). The internal consistency of the scale was also found to be satisfactory, with a Cronbach's alpha coefficient of .83, indicating good reliability.

Multidimensional Scale of Perceived Social Support (MSPSS): This scale is a 12-item tool used to subjectively evaluate social support obtained from three different sources: family, friends, and significant others. Each item is rated on a 7-point scale ranging from "strongly disagree" to "strongly agree." Reliability studies of the scale show high consistency, with coefficients ranging from .80 to .95. In the context of the present study, the reliability and validity of the Multidimensional Scale of Perceived Social Support were re-evaluated. Confirmatory factor analysis (CFA) supported the construct validity of the scale, with acceptable fit indices (e.g., $\chi^2/df = 4.3$, CFI = .91, TLI = .92, SRMR = .07, RMSEA = .062). The internal consistency of the scale was also found to be satisfactory, with a Cronbach's alpha coefficient of .87, indicating good reliability.

Self-Compassion Scale (SCS): Developed by Kristen Neff, this scale was adapted into Turkish and underwent validity and reliability studies by Akin and Abaci in 2007. The 26-item scale uses a 5-point scale, with responses ranging from "Never = 1" to "Always = 5." The scale comprises subdimensions such as "self-kindness," "self-judgment," "mindfulness," "isolation," "consciousness," and "over-identification." The internal consistency of the scale ranges from .72 to .80. In the context of the present study, the reliability and validity of the Self-Compassion Scale were re-evaluated. Confirmatory factor analysis (CFA) supported the construct validity of the scale, with acceptable fit indices (e.g., $\chi^2/df = 4.5$, CFI = .92, TLI = .91, SRMR = .079, RMSEA = .07). The internal consistency of the scale was also found to be satisfactory, with a Cronbach's alpha coefficient of .95, indicating good reliability.

Procedure

Ethical approval for the study was obtained during the data collection phase. At the beginning of the study, participants were provided with both verbal and written information about the research (informed consent form). After obtaining participants' consent, the Personal Information Form was administered first, followed by the Childhood Psychological Trauma Scale, the Multidimensional Scale of Perceived Social Support, and the Self-Compassion Scale in sequence. The study was designed and conducted cross-sectionally. Data analyses were performed using the SPSS and Mplus software programs.

In this study, due to the non-normal distribution of the data, the Weighted Least Squares (WLS) estimation method was used instead of the Maximum Likelihood Estimation (MLE) method. The non-normality of the data violated the assumptions of MLE, prompting the use of WLS as a more suitable alternative. WLS provides a solution to minimize estimation errors, especially in cases where the data is heteroskedastic, leading to more accurate results (Browne, 1984). The data obtained within the scope of the research were first analyzed through descriptive statistics in order to reveal the demographic

characteristics of the participants and the general tendencies regarding the basic variables. Since parametric assumptions were not met to determine the direction and strength of the relationships between variables, Spearman correlation analysis was preferred. In order to examine the mediating role of perceived social support in the relationship between childhood traumas and self-compassion, a multi-stage modeling process was followed; first, the contribution levels of the variables were tested with hierarchical regression analysis. Finally, path analysis was applied to evaluate the direct and indirect effects between the variables in a holistic structural framework. These analyses provide an appropriate and comprehensive methodological approach in line with the research objective of explaining causal relationships.

Findings

In this study, a Kolmogorov-Smirnov normality test was initially conducted to assess the distribution of the variables. The results indicated that the self-compassion scores of the sample followed a normal distribution ($p = .20$, $p > .05$). However, upon examining skewness and kurtosis, it was determined that, except for the self-compassion variable, the data did not follow a normal distribution. Specifically, the sample did not exhibit a normal distribution for childhood psychological traumas and perceived social support ($p = .000$). When considering the Mahalanobis distance, the degrees of freedom for the variables were found not to be statistically significant. Descriptive statistics for all variables are provided in Table 2.

Table 2
Descriptive Statistics for the Variables

Variables	S	df	p	Mean	S.D.	Skewness	Kurtosis
SCS	.043	348	.200*	82.53	21.27	-.271	-.292
MSPSS	.100	348	.000	65.14	14.73	-.671	-.287
CPTS	.049	348	.000	46.38	13.71	1.509	2.624

$p > .05^*$

SCS: Self-Compassion Scale, MSPSS: Multidimensional Scale of Perceived Social Support, CPTS: Childhood Psychological Trauma Scale

Since the variables of childhood psychological trauma and perceived social support did not show a normal distribution, Spearman's rank correlation analysis was used as the relational analysis method. The analysis results revealed that the subdimensions of emotional abuse, emotional neglect, and overprotection-control in the Childhood Psychological Trauma Scale (CPTS) were significantly negatively correlated with all subdimensions of the Self-Compassion Scale (SCS) and the Multidimensional Scale of Perceived Social Support (MSPSS). The subdimension of physical judgment in the CPTS showed a significant negative, very weak correlation with only the self-judgment subdimension of the SCS ($r_s = -.106$; $p < .05$, effect size = .01). Significant positive correlations were observed between all subscales of the SCS and MSPSS. These findings suggest that perceived social support and self-compassion may have positive and significant effects on mitigating the negative impacts of childhood psychological trauma. The findings of the Spearman correlation analysis between the variables are presented in Table 3.

Table 3
Correlations Between Variables and Sub-dimensions (r_s)

Scales/ Sub-scales	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
CPTS															
1. Emotional abuse	-														
2. Physical abuse	.436**	-													
3. Physical neglect	.366**	.387**	-												
4. Emotional neglect	.615**	.376**	.486**	-											
5. Sexual abuse	.338**	.238**	.162**	.282**	-										
6. Overprotection-control	.470**	.339**	.273**	.487**	.114*	-									
SCS															
7. Self-kindness	-.218**	-.140**	-.022	-.219**	-.114*	-.163**	-								
8. Self-judgement	-.330**	-.160**	-.106*	-.268**	-.144**	-.259**	.669**	-							
9. Awareness of shared experiences	-.146**	-.115**	-.040	-.180**	-.051	-.175**	.711**	.497**	-						
10. Isolation	-.319**	-.201**	-.083	-.283**	-.132*	-.309**	.515**	.718**	.387**	-					
11. Mindfulness	-.181**	-.085	.062	-.186**	-.091	-.164**	.810**	.526**	.671**	.443**	-				
12. Over-identification	-.277**	-.153**	.005	-.226**	-.102	-.239**	.626*	.753**	.433**	.742**	.599**	-			
MSPSS															
13. From family	-.288**	-.156**	-.273**	-.352**	-.182**	-.295**	.278**	.234**	.254**	.302**	.169**	.226**	-		
14. From a friend	-.304**	-.172**	-.296**	-.348**	-.161**	-.283**	.260**	.241**	.218**	.244**	.130*	.181**	.822**	-	
15. From someone important	-.430**	-.272**	-.353**	-.527**	-.195**	-.368**	.274**	.242**	.224**	.258**	.145**	.182**	.782**	.883**	-

$p < .05^*$, $p < .01^{**}$

CPTS: Childhood Psychological Trauma Scale, SCS: Self-Compassion Scale,, MSPSS: Multidimensional Scale of Perceived Social Support

Before conducting the hierarchical regression analysis, the basic assumptions of multicollinearity, homoscedasticity, and autocorrelation were first examined (Büyüköztürk et al., 2018). For multicollinearity, variance inflation factor (VIF) values and the correlation coefficients between the variables were reviewed. The VIF values ranged from 1.013 to 6.870. Since these values were below 10 and the correlation coefficients between the independent variables were under .80, it was concluded that multicollinearity did not exist in the model (Büyüköztürk et al., 2018). For homoscedasticity, scatterplots were examined to ensure the variance of errors was constant at each level of the independent variables. A rectangular-shaped plot was obtained, indicating homoscedasticity in the model. In the final step, autocorrelation was tested using the Durbin-Watson test, and a value of 2.112 was obtained. Since this value fell between 1.5 and 2.5, it was concluded that the errors were independent of each other, indicating no autocorrelation (Field, 2013).

After confirming the assumptions for hierarchical regression analysis, a hierarchical regression model was tested to examine the effects of participants' demographic characteristics and the levels of childhood psychological trauma (CPTS) and perceived social support (MSPSS) on self-compassion (SCS) scores. The demographic variables (gender, department, mother's educational level, father's educational level, presence of psychological disorder), the subscales of the CPTS (emotional abuse, physical abuse, physical neglect, emotional neglect, sexual abuse, overprotection-control), and the subscales of the MSPSS (family, friends, significant other) were used as predictors, while the SCS scores were taken as the dependent variable. Since there were multiple independent variables in the study, hierarchical regression analysis was applied to test the statistically significant models that best explained the dependent variable (Field, 2013). Three models were constructed in the analysis, first including the demographic variables, then the CPTS, and finally the MSPSS. The models were found to be significant ($p < .05$).

Model 1 revealed that the demographic variables explained 6% of the total variance in the SCS scores ($R^2 = 0.056$; $F(5,347) = 4.05$, $p < .05$). Among the variables, only the presence of a psychological disorder had a significant effect on the SCS scores. In Model 2, the addition of the CPTS subscales contributed 16% to the explained variance, increasing the total variance explained in the SCS scores to 22% ($\Delta R^2 = 0.166$; $R^2 = 0.222$; $F(11,347) = 8.70$, $p < .05$). The emotional abuse and overprotection-control subscales of the CPTS had a significant effect on the SCS scores. In Model 3, the addition of the MSPSS subscales contributed 4% to the explained variance, bringing the total variance explained in the SCS scores to 26% ($\Delta R^2 = 0.042$; $R^2 = 0.264$; $F(14,347) = 8.52$, $p < .05$). Only the "support from friends" subscale of the MSPSS had a significant effect on the SCS scores. The findings of the analysis are presented in Table 4.

Table 4

Findings of Hierarchical Regression Analysis on the Predictive Role of Demographic Variables, CPTS and MSPSS in Predicting SCS

Model	Predictor	B	S.D.	Beta	t		R	R ²
1	Constant							
	Sex	.46	2.50	.01	.18	.854		
	Major	-1.30	1.38	-.05	-.94	.347		
	Mother education level	.45	1.12	.02	.40	.692	.236	.056
	Father education level	-1.39	1.20	-.07	-1.16	.247		
	Presence of psychological disorder	14.42	3.52	.22	4.094	.000		
2	Constant							
	Sex	.88	2.37	.02	.37	.711		
	Major	-.95	1.27	-.04	-.74	.458		
	Mother education level	-.39	1.04	-.02	-.37	.710		
	Father education level	-1.14	1.12	-.06	-1.02	.311		
	Presence of psychological disorder	9.70	3.36	.15	2.88	.004	.471	.222
	Emotional abuse	-1.39	.46	-.22	-2.99	.003		
	Physical abuse.	.41	.53	.05	.78	.439		
	Physical neglect	.87	.51	.11	1.72	.087		
	Emotional neglect	-.70	.33	-.15	-2.14	.033		
	Sexual abuse	-.22	.36	-.03	-.61	.543		
	Overprotection-control	-1.00	.34	-.18	-2.99	.003		
	3	Constant						
Sex		1.69	2.35	.04	.72	.474		
Major		-.27	1.27	-.01	-.21	.833		
Mother education level		-.40	1.03	-.02	-.39	.700		
Father education level		-1.34	1.10	-.07	-1.22	.224		
Presence of psychological disorder		9.86	3.31	.15	2.98	.003		
Emotional abuse		-1.50	.46	-.23	-3.26	.001		
Physical abuse		.28	.52	.03	.54	.590	.513	.264
Physical neglect		1.07	.49	.13	2.13	.034		
Emotional neglect		-.44	.36	-.09	-1.23	.221		
Sexual abuse		-.13	.35	-.02	-.36	.720		
Overprotection-control		-.87	.33	-.15	-2.64	.009		
Support from family		1.01	.32	.25	3.11	.002		
Support from a friend		-.02	.39	-.00	-.04	.970		
Support from someone important	-.18	.58	-.04	-.31	.757			

In the final step, the aim was to examine the mediating effect of perceived social support (MSPSS) in the relationship between Childhood Psychological Trauma Scale (CPTS) and Self-Compassion Scale (SCS). A path analysis model was established, taking into account the literature on the study variables. The goodness-of-fit indices related to the suitability of the collected data were examined. First, the ratio of the chi-square value to the degrees of freedom was evaluated, followed by the TLI and CFI values. TLI and CFI values above 0.95 are considered ideal, while values between 0.80 and 0.94 are regarded as indicating reasonable fit. It is recommended that RMSEA and SRMR values be less than 0.10, with values under 0.05 indicating excellent fit (Kline, 2011). In the model, the mediating role of perceived social support in the effect of childhood trauma on self-compassion was investigated. The goodness-of-fit indices for the tested model are provided in Table 5. Since these indices are close to the specified critical values, it shows that the model-data fit is at a reasonable level.

Table 5
Goodness-of-Fit Indices for the Model

χ^2	sd	χ^2/sd	CFI	TLI	RMSEA	SRMR
405.806	84	4.83	.904	.880	.095	.074

The standardized path analysis results indicate that trauma has a significant negative total indirect effect on oz_duy (Estimate = -0.319, SE = 0.054, $z = -5.924$, $p < .001$), suggesting that the influence of trauma on self-compassion operates primarily through indirect pathways. Among the three specific mediating paths examined, only the indirect effect via sos_insan was statistically significant (Estimate = -0.275, SE = 0.120, $z = -2.288$, $p = .022$), indicating that interpersonal support plays a key mediating role in the relationship between trauma and self-compassion. The other two indirect paths—through sos_aile (family support) and sos_ark (peer support)—were not statistically significant ($p = .083$ and $p = .337$, respectively), suggesting that these forms of social support do not significantly mediate the impact of trauma on emotional sensitivity within this model. Overall, the findings underscore the importance of interpersonal support as a significant pathway through which trauma adversely affects self-compassion. The results of the analysis are presented in Table 6.

Table 6. Indirect Effects of Trauma on Emotional Sensitivity via Social Support

Pathway	Estimate	S.E.	z	p-value
travma → sos_aile → oz_duy	-0.140	0.081	-1.733	0.083
travma → sos_ark → oz_duy	0.096	0.100	0.960	0.337
travma → sos_insan → oz_duy	-0.275	0.120	-2.288	0.022
Total Indirect Effect: travma → oz_duy	-0.319	0.054	-5.924	< .001

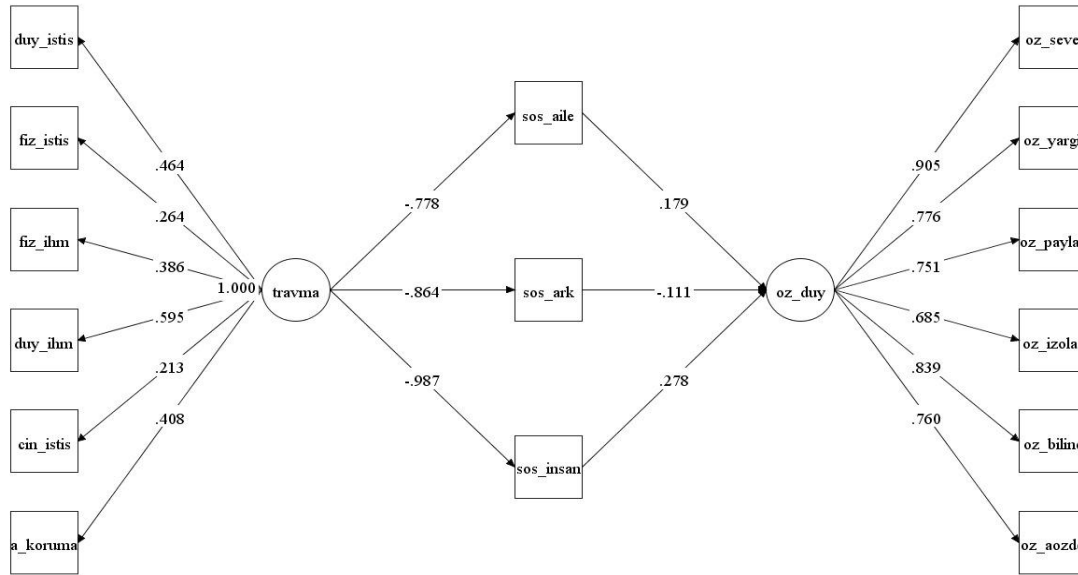
$p < .05^*$, $p < .001^{**}$

travma: total CPTS; sos_aile: support from family; sos_ark: support from a friend; sos_insan: support from someone important; oz_duy: total SCS

The standardized results of the model are presented in Figure 1. Upon examining the values, it is observed that childhood psychological trauma has a direct, significant, and negative effect on self-compassion ($p < .05$). Additionally, it has been found that only the support subscale from a significant other within the multidimensional perceived social support has an indirect, significant mediating effect on the relationship between childhood psychological trauma and self-compassion ($p = .022$).

Figure 1

Path Analysis Statistics for the Mediating Effect of MSPSS in the Relationship Between SCS and CPTS



duy_istis: emotional abuse; fiz_istis: physical abuse; fiz_ihm: physical neglect; duy_ihm: emotional neglect; cin_istis: sexual abuse; a_koruma: overprotecting-control; travma: total CPTS; sos_ail: support from family; sos_ark: support from a friend; sos_insan: support from someone important; oz_duy: total SCS; oz_seve: self-kindness; oz_yargi: self-judgement; oz_paylas: awareness of shared experiences; oz_izolas: isolation; oz_bilinc: mindfulness; oz_aozde: over-identification

Discussion and Conclusion

When considering the correlation results, it can be concluded that childhood trauma negatively impacts an individual's self-compassion, and this effect may be alleviated through perceived social support. The positive effect of social support on recovery may also increase the self-compassion shown by the individual over time. In a similar study conducted with 447 college students in Trabzon, Turkey, revealed that both perceived social support and self-compassion were significantly associated with post traumatic growth. Additionally, self-compassion was found to mediate the relationship between perceived social support and growth after trauma, indicating a significant indirect effect (Özdemir et al., 2022). These findings underscore the importance of examining early adverse experiences that may disrupt the development of protective psychological factors such as self-compassion.

Childhood psychological trauma can affect various aspects of a person's life. Recent studies have explored the use of self-compassion, a concept frequently encountered in third-wave cognitive and behavioral therapies, in addressing the long-term effects of trauma. A study conducted with 81 emerging adults seeking treatment for problematic substance use found that self-compassion was negatively associated with both emotion regulation difficulties and childhood maltreatment (Vettese et al., 2011). Furthermore, the study demonstrated that self-compassion mediated the relationship between the severity of childhood maltreatment and later difficulties in emotion regulation. Building upon these findings, it is important to consider broader research trends and methodological approaches that further explore the interplay between self-compassion, social support, and trauma-related outcomes.

However, many studies are primarily intervention-based. Additionally, research has been conducted on the positive impact of social support on the speed of recovery following traumatic experiences. While the correlation results of this study align with general findings from other research on inter-variable relationships, different findings were observed in terms of demographic variables. It is believed that future studies investigating the mediating effect of perceived social support across different samples will further contribute to understanding the importance of self-compassion. This study is expected to provide a foundational contribution to the literature, particularly in Turkey, regarding the relationship between childhood trauma and self-compassion through relational scanning and mediation models.

In summary, this study represents a meaningful step toward informing preventive interventions within university guidance and psychological counseling services. Grounded in its findings, it holds potential as a foundation for future, more comprehensive research. Expanding the scope by including additional demographic factors and exploring sub-dimensions of the key variables could offer deeper insights. Moreover, integrating the psychological impacts of ongoing adversities such as pandemics or natural disasters may enrich our understanding of how self-compassion operates under prolonged stress. Taken together, the study sheds light on the intricate relationships between childhood trauma, perceived social support, and self-compassion. By emphasizing the protective role of social support and the resilience-enhancing nature of self-compassion, it contributes not only to the literature but also to the development of culturally sensitive and contextually relevant mental health strategies, particularly within the Turkish context.

Limitations

This research was conducted at Aydın Adnan Menderes University's Faculty of Education with participants from departments accessible to the researcher, as part of the Advanced Statistics course project.

Research and Publication Ethics

Ethics commission report of research ethical permission was obtained from the Ethics Committee of the Directorate of Education Research at Aydın Adnan Menderes University, with the decision number 2022/07-XXII.

Disclosure Statements

1. Contribution rate statement of researchers: First Author 50%, Second Author 50%
2. No potential conflict of interest was reported by the author.

Credit Authorship Contribution Statement

Hatice EMEKLİ: Conceptualization, writing-review&editing, and writing original draft, resources, visualization, formal analysis.

Gökhan AKSU: Conceptualization, methodology, software, validation, formal analysis, resources, data curation, and project administration.

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