ORIGINAL ARTICLE / ÖZGÜN ARAŞTIRMA

DOI: 10.4274/tjcamh.galenos.2025.03164

Turk J Child Adolesc Ment Health

Childhood Trauma as a Predictor of Emotional Intelligence in University Students Childhood Trauma as the Predictor of Emotional Intelligence in University Students

Üniversite Öğrencilerinde Duygusal Zekanın Yordayıcıları Olarak Çocukluk Çağı Travmaları

İbrahim Taş[1], Emine Göçet Tekin[2]

[1]Sakarya University Faculty of Humanities and Social Sciences, Department of Psychology, Developmental Psychology, Sakarya, Türkiye

[2]Sakarya University Faculty of Humanities and Social Sciences, Department of Psychology, Sakarya, Türkiye

ABSTRACT

Objectives: This study examined the predictive role of specific types of childhood trauma in emotional intelligence (EI) among university students, highlighting the significance of EI for managing life challenges and promoting well-being during this developmental stage. By exploring these relationships, the study seeks to inform targeted interventions that can support EI among students.

Materials and Methods: A total of 330 university students, aged between 18 and 44, were recruited from various academic departments to participate in this study. Data were collected via a self-administered survey that included a personal information form, the Childhood Trauma Questionnaire-Short Form, which measured experiences of emotional, physical, and sexual abuse as well as emotional and physical neglect, and the Trait Emotional Intelligence Questionnaire-Short Form, which assessed global trait EI. Hierarchical regression analysis was performed to evaluate the predictive influence of different trauma types on EI.

Results: The study found significant negative correlations between childhood trauma scores (including emotional, physical, and sexual abuse, as well as neglect) and EI scores. Hierarchical regression analysis indicated that childhood trauma, particularly emotional and sexual abuse, significantly predicted lower EI scores among university students.

Conclusion: These findings underscore the enduring impact of childhood trauma on emotional development and highlight the importance of early intervention and support to mitigate its negative effects on EI in adulthood. The study emphasizes the need for targeted interventions to enhance emotional competencies among university students with a history of childhood trauma.

Keywords: Childhood trauma, emotional intelligence, university students, predictive role

ÖZ

Amaç: Bu çalışmada üniversite öğrencilerinde duygusal zeka (DZ) yordayıcıları olarak çocukluk çağı travmalarının rolü incelenmiştir. Çalışma bu gelişim döneminde yaşam zorluklarını yönetebilmek ve iyi oluşu artırmak için DZ'nin önemini vurgulamaktadır. Çalışma, bu ilişkileri araştırarak, öğrenciler arasında DZ'yi destekleyebilecek hedefli müdahaleleri belirlemeyi amaçlamaktadır.

Gereç ve Yöntem: Bu çalışmaya katılmak üzere çeşitli akademik bölümlerden yaşları 18 ila 44 arasında değişen toplam 330 üniversite öğrencisi seçilmiştir. Veriler kişisel bilgi formu, duygusal, fiziksel ve cinsel istismar ile duygusal ve fiziksel ihmali ölçen Çocukluk Dönemi Örselenme Yaşantıları Ölçeği-Kısa Formu ile DZ'yi ölçen Duygusal Zeka Özellikleri Ölçeği-Kısa Formu aracılığıyla toplanmıştır. Farklı travma türlerinin DZ üzerindeki yordayıcı etkisi hiyerarşik regresyon analizi ile test edilmiştir.

Bulgular: Çalışmada çocukluk çağı travma puanları (duygusal, fiziksel ve cinsel istismarın yanı sıra ihmal dahil) ile DZ puanları arasında anlamlı negatif ilişki tespit edilmiştir. Hiyerarşik regresyon analizi, çocukluk çağı travmalarının, özellikle duygusal ve cinsel istismarın, üniversite öğrencileri arasında daha düşük DZ puanlarını anlamlı olarak yordadığını göstermektedir.

Sonuç: Bu bulgular, çocukluk çağı travmalarının duygusal gelişim üzerindeki kalıcı etkisinin altını çizmekte ve yetişkinlikte duygusal zeka üzerindeki olumsuz etkileriyle başa çıkmada erken müdahale ve desteğin önemini vurgulamaktadır. Çalışma, çocukluk çağı travması öyküsü olan üniversite öğrencileri arasında duygusal yeterlilikleri artırmak için hedefe yönelik müdahalelere duyulan ihtiyacı vurgulamaktadır.

Anahtar Kelimeler: Çocukluk çağı travmaları, duygusal zeka, üniversite öğrencileri, yordayıcılık

Address for Correspondence/Yazışma Adresi: İbrahim Taş Assoc. Prof., Sakarya University Faculty of Humanities and Social Sciences, Department of Psychology, Developmental Psychology, Sakarya, Türkiye

E-mail: ibrahimtas@sakarya.edu.tr **ORCID:** orcid.org/0000-0002-5752-2753

Received/Geliş Tarihi: 13.10.2024 **Accepted/Kabul Tarihi:** 07.08.2025 **Epub:** 29.06.2026

Cite this article as/Atıf: Taş İ, Göçet Tekin E. Childhood trauma as a predictor of emotional intelligence in university students childhood trauma as the predictor of emotional intelligence in university students. Turk J Child Adolesc Ment Health. [Epub Ahead of Print]

Introduction

Childhood trauma refers to experiences of severe harm or threat during early developmental stages. These traumatic experiences may involve physical, emotional, and sexual abuse, as well as neglect and family dysfunction, such as domestic violence, substance abuse by a family member, or parental separation.[1] Early exposure to such traumatic events can hinder a child's growth and lead to lasting negative impacts.[2] Thus, it is essential to understand its profound and widespread effects on an individual's psychological, emotional, and physical health across their lifespan. Research has consistently shown that childhood trauma can result in numerous adverse outcomes in adulthood, particularly mental health conditions such as depression, anxiety, and post-traumatic stress disorder.[3-5] For example, a study by Widom et al.[6] discovered that individuals who experienced childhood abuse and neglect had a higher likelihood of developing major depressive disorder and anxiety disorders later in adulthood. Additionally, childhood trauma has been linked to physical health problems, substance abuse, and difficulties in forming and maintaining healthy interpersonal relationships.[7-9]

Emotional intelligence (EI) is the ability to perceive, understand, and manage one's own emotions and those of others.[10] EI is considered crucial for personal and professional success because it influences how individuals handle stress, interact with others, and make decisions. Salovey and Mayer[10] initially conceptualized EI as the ability to monitor both one's own emotions and those of others, to differentiate between them, and to utilize this knowledge to guide thoughts and actions. Building upon this foundation, Goleman[11] characterized EI as the aptitude to identify one's own emotions as well as the emotions of others, to motivate oneself, and to manage emotions effectively in interpersonal interactions. Likewise, Bar-On[12] viewed EI as a blend of interconnected emotional and social abilities, skills, and facilitators that influence how we perceive and express ourselves, interact with others, and handle everyday challenges. Previous research suggested that high levels of EI are related to a variety of positive outcomes, including better mental health, stronger interpersonal relationships, and improved academic and work performance.[13-15] Individuals with high EI are better prepared to manage stress and more inclined to use proactive and adaptive coping strategies.[16,17] The significance of EI is highlighted by its strong connections to a range of positive outcomes, such as academic success,[18,19] job performance,[20] mental health,[21] relationship satisfaction,[22] leadership effectiveness,[23,24] life satisfaction,[25,26] well-being[27-29] and overall psychological adjustment.[30,31]

Research suggests that childhood traumas can impair the development of emotional competencies, potentially leading to lower levels of EI. For instance, a study by Zhang et al.[32] found that childhood trauma was positively associated with general distress among adolescents, with social support and family functioning serving as important mediating factors in this relationship. Another study in young men, exploring the relationship between childhood emotional abuse and the processing of emotional facial expressions, found that higher reported levels of childhood emotional abuse were associated with impaired emotional processing, particularly the recognition of negative facial expressions.[33] Similarly, a study by Rüfenacht et al.[34] found that individuals with a history of childhood maltreatment, particularly emotional abuse, exhibited significant difficulties in managing their emotions, which was marked by increased emotional reactivity and the reliance on maladaptive cognitive emotion regulation strategies. These findings underscore the profound and lasting impact of early maltreatment on emotional functioning in adulthood. The investigation of EI in the context of childhood trauma is particularly valuable, as EI serves as a protective factor that can mitigate the adverse psychological outcomes associated with early maltreatment. Individuals with higher EI are better equipped to regulate emotions, navigate social situations, and employ adaptive coping strategies, potentially buffering the negative impact of trauma on mental health.[10-12] Conversely, deficits in EI may increase trauma-related difficulties, leading to heightened vulnerability to stress, emotional dysregulation, and interpersonal problems.[32,34] As university students face increasing emotional demands and developmental pressures, enhancing EI could serve as a crucial component in trauma-informed support systems designed to promote overall well-being.[10-12]

Given the substantial impact of EI on university students' academic success, career development, and overall well-being,[18,19] this study aims to investigate how different types of childhood trauma—emotional, physical, and sexual abuse—predict EI within this population. University students in a transitional life stage face unique emotional and social challenges, making the development of emotional competencies particularly crucial. While previous research has linked childhood trauma to a variety of psychological outcomes, the specific influence of these traumatic experiences on EI remains underexplored, especially among university students.

Despite growing evidence that childhood trauma negatively affects emotional functioning, it remains unclear how specific types of trauma—such as emotional, physical, and sexual abuse—predict EI in university students. This study addresses a critical gap by examining these distinct relationships, aiming to inform interventions that support the emotional development of students during this formative life stage.

Materials and Methods

Research Design

This study employed the relational survey model, a type of general survey design that explores the co-variation between two or more variables and determines the direction of any observed relationships.[35]

Study Sample

A power analysis was conducted to determine the required sample size. Using G*Power 3.1.9.7 software, an a priori power

analysis indicated that a sample size of 107 would be sufficient for a medium effect size (f^2=0.15; α=0.05; power=0.95). The study sample comprised 330 university students. Among the participants, 182 (55.2%) were female, and 148 (44.8%) were male. The age range of the participants was 18 to 44 years, with a mean age of 20.85 years. The sample was selected from different departments by convenience sampling method.

The Childhood Trauma Questionnaire-Short Form (CTQ-SF)

The CTQ-SF developed by Bernstein et al.,[36] is a retrospective assessment tool designed to review past abuse experiences during childhood. It was adapted into Turkish by Şar et al.[37] Both the original and Turkish versions of the CTQ-SF consist of 28 items. The CTQ-SF is a 5-point Likert scale instrument comprising 28 items organized into 5 subscales: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Responses range from strongly disagree (1), disagree (2), somewhat agree (3), agree (4), to strongly agree (5). A sample item illustrating the instrument's scope is: "I had to wear torn, ripped, or dirty clothes." Cronbach's alpha coefficients for internal consistency were 0.81 for emotional abuse (items: 3, 8, 14, 18, and 25), 0.79 for physical abuse (items: 9, 11, 12, 15, and 17), 0.80 for sexual abuse (items: 20, 21, 23, 24, and 27), 0.81 for emotional neglect (items: 5, 7, 13, 19, and 28), and 0.62 for physical neglect (items: 1, 2, 4, 6, and 26). The Cronbach's alpha for internal consistency measured in this study was 0.81.

Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF)

TEIQue-SF was originally developed by Petrides and Furnham[38] and adapted into Turkish culture by Deniz et al.,[39] is designed to assess global trait EI. The TEIQue-SF consists of 30 items, selected from the full form of the TEIQue, and utilizes a 7-point Likert scale ranging from completely disagree (1) to completely agree (7). However, the Turkish form of TEIQue-SF consisted of 20 items because 10 were eliminated after they were found to load on multiple factors. The subscales of the instrument include Emotionality (items: 5, 11, 15, and 19), sociability (items: 3, 7, 8, and 17), well-being (items: 6, 13, 16, and 18), and self-control (items: 2, 4, 10, and 14). A sample item illustrating the instrument's scope is "I have the ability to influence other people's emotions in some way''. The Cronbach's alpha reliability coefficient for the entire scale is 0.81, and the test-retest reliability coefficient is 0.86. In this study, Cronbach's alpha for internal consistency was 0.82.

Statistical Analysis

Data were collected face-to-face from the participants between July 20, 2024 and October 5, 2024. The data collection process adhered to principles of voluntariness and confidentiality, ensuring participants could withdraw from the study at any time. All participants provided informed consent, and the study was conducted in line with the Declaration of Helsinki. Approval for the study was granted by the Social and Human Sciences Ethics Committee of Sakarya University (approval no: 11, date: 18.07.2024). SPSS 25 software was used for data analysis. Prior to analysis, the normality of the data was assessed, revealing that the dependent variable was normally distributed, with Kurtosis and Skewness values ranging from 0.027 to 2.30. The values obtained indicate that the data were normally distributed.[40] Subsequently, assumptions for multiple regression analysis were examined. Specifically, tests were conducted to assess multicollinearity among the predictor variables. Multicollinearity among variables was assessed using variance inflation factors (VIF) and condition indices (CI), with VIF values ranging from 1.001 to 2.279 (VIF<10), tolerance values from 0.439 to 0.999 (tolerance value >0.10), and CI values from 1 to 28 (CI<30), indicating no multicollinearity issues.[41] Autocorrelation was tested using the Durbin-Watson analysis, yielding a value of dw=1.858, which indicates no autocorrelation because it falls within the range of 1.5 to 2.5.[42] The assumption of homogeneity of variance-covariance matrices was tested using Box's M test, yielding p=0.271 (>0.05), indicating that the assumption was met.[41] Following confirmation that the assumptions for multiple regression analysis were met, hierarchical regression analysis was conducted. Within the hierarchical regression model, explanatory variables are introduced into the analysis in a sequence determined by the researcher. The variance explained by each variable in relation to the dependent variable was assessed independently. In this analytical approach, the explanatory variables included earlier in the model function as control variables for those added subsequently.[43]

Results

Descriptive statistics for the variables, including mean, standard deviation (SD), Skewness and Kurtosis, are presented in Table 1.

Table 1 provides descriptive statistics for key study variables, offering insights into the distribution and variability of dimensions of EI and experiences of childhood trauma in the sample of university students. Mean scores indicate that participants scored moderately high on EI dimensions, with the EI total score averaging 93.97 (SD=14.22). Childhood trauma scores varied across subtypes, with childhood physical abuse averaging 0.31 (SD=0.48) and childhood emotional neglect averaging 8.21 (SD=5.11). Skewness and Kurtosis values for all variables fell within acceptable ranges (±2), indicating no severe deviations from normality and supporting the use of parametric analyses.[40]

Table 1. Descriptive statistics

	n	$\bar{X}$	SD	Skewness	Kurtosis
EITS	330	93.97	14.22	0.52	0.03
CPA	330	0.31	0.48	1.44	1.74
CEA	330	1.38	1.32	0.65	-0.15
CSA	330	0.27	0.45	1.58	2.30
CPN	330	3.46	3.48	0.60	-1.23
CEN	330	8.21	5.11	0.89	-0.92

EITS: Emotional intelligence total score, CPA: Childhood physical abuse, CEA: Childhood emotional abuse, CSA: Childhood sexual abuse, CPN: Childhood physical neglect, CEN: Childhood emotional neglect, SD: Standard deviation

Before proceeding with hierarchical regression analysis, an examination of the relationships between variables was conducted, and the results are presented in Table 2.

According to Table 2, the total score of EI is negatively correlated with childhood trauma experiences (r=-0.48, p<0.01) and with its subscales: physical abuse (r=-0.36, p<0.01), emotional abuse (r=-0.40, p<0.01), sexual abuse (r=-0.38, p<0.01), physical neglect (r=-0.49, p<0.01), and emotional neglect (r=-0.52, p<0.01). Results of the hierarchical regression analysis predicting EI from age, gender, and childhood trauma experiences (abuse and neglect subscales) are presented in Table 3.

As seen in Table 3, the hierarchical regression analysis was conducted in three steps. In the first block, age and gender were included in the analysis. In the second block, the sub-dimensions of childhood trauma related to abuse, namely physical, emotional, and sexual abuse, were included in the analysis. In the third block, the sub-dimensions of childhood trauma related to neglect were included in the analysis.

When age and gender were entered in the first block, they did not significantly predict EI [F(2, 327)=0.44; p>0.05; R=0.05; R^2=0.00; ΔR^2=0.00].

In the second block, the sub-dimensions of childhood trauma related to physical, emotional, and sexual abuse were found to be significant predictors of EI [F(5, 324)=20.38; p<0.000, R=0.49; R^2=0.24; ΔR^2=0.24]. These sub-dimensions of childhood trauma explained 24% of the variance in EI. According to standardized regression coefficients, the order of effect sizes of the abuse sub-dimensions on EI was as follows: emotional abuse, sexual abuse, and physical abuse.

In the third block, the sub-dimensions of childhood trauma—physical and emotional neglect—significantly predicted EI [F(7, 322)=21.03; p<0.000, R=0.56; R^2=0.31; ΔR^2=0.07]. The childhood trauma sub-dimensions of physical and emotional neglect explained 7% of the variance in EI. According to standardized regression coefficients, the order of effect sizes of the neglect sub-dimensions on EI was as follows: emotional neglect, followed by physical neglect.

Table 2. The correlational analysis between study variables

	EITS	CPA	CEA	CSA	CPN	CEN
EITS	1					
CPA	-0.36**	1				
CEA	-0.40**	0.44**	1			
CSA	-0.38**	0.49**	0.35**	1		
CPN	-0.49**	0.56**	0.43**	0.66**	1	
CEN	-0.52**	0.60**	0.43**	0.68**	0.88	1

*p<0.05, **p<0.01, EITS: Emotional intelligence total score, CPA: Childhood physical abuse, CEA: Childhood emotional abuse, CSA: Childhood sexual abuse, CPN: Childhood physical neglect, CEN: Childhood emotional neglect

Table 3. Hierarchical regression analysis on the prediction of emotional intelligence by age, gender, and sub-dimensions of childhood trauma, abuse, and neglect

Variable	B	SD	β	t	p	Dual R	Partial R
Constant	90.32	5.47		16.50	0.000		
Age	0.21	0.24	0.05	0.88	0.378	0.05	0.05
Gender (male)	-0.56	1.58	-0.02	-0.36	0.722	-0.02	-0.02
1st block: R=0.05; R^2=0.00; ΔR^2=0.00; $F_{(2, 327)}$=0.44; p>0.65							
Constant	95.42	4.88		19.52	0.000		
Age	0.22	0.21	0.05	1.04	0.301	0.05	0.06
Gender	0.63	1.40	0.02	0.45	0.653	-0.02	0.03
CPA	-4.19	1.74	-0.14	-2.40	0.017	-0.36	-0.13
CEA	-2.70	0.59	-0.25	-4.56	0.000	-0.40	-0.25
CSA	-7.08	1.77	-0.23	-3.99	0.000	-0.38	-0.22
2nd block: R=0.49; R^2=0.24; ΔR^2=0.24; $F_{(5, 324)}$=20.38; p<0.000							
Constant	95.42	4.78		20.51	0.000		
Age	0.31	0.20	0.07	1.55	0.123	0.05	0.09
Gender	1.01	1.35	0.04	0.75	0.455	-0.02	0.04
CPA	-0.55	1.77	-0.02	-0.31	0.757	-0.36	-0.02
CEA	-2.09	0.575	-0.19	-3.63	0.000	-0.40	-0.20
CSA	-0.63	2.02	-0.02	-0.31	0.757	-0.38	-0.02
CPN	-0.46	0.41	-0.11	-1.12	0.263	-0.49	-0.06
CEN	-0.89	0.29	-0.32	-3.08	0.002	-0.52	-0.17

3rd block: R=0.56; R^2=0.31; ΔR^2=0.07; $F_{(7, 322)}$=21.03; p<0.000. CPA: Childhood physical abuse, CEA: Childhood emotional abuse, CSA: Childhood sexual abuse, CPN: Childhood physical neglect, CEN: Childhood emotional neglect, SD: Standard deviation

With the inclusion of the sub-dimensions of neglect in the third stage, the total explained variance in EI increased to 31%.

These findings suggest that experiences of childhood trauma, particularly emotional and sexual abuse, are associated with significantly lower EI in adulthood, highlighting the enduring impact of early life adversities on psychological outcomes.

Discussion

This study underscores the significant influence of childhood trauma on EI among university students. Findings indicate that experiences of childhood abuse and neglect—particularly emotional abuse, sexual abuse, and emotional neglect—strongly predict lower EI levels. Additionally, the study found that demographic factors such as age and gender did not significantly predict EI, suggesting that experiential factors related to childhood trauma play a more critical role in predicting EI. These results align with previous research highlighting the detrimental effects of early traumatic experiences on emotional and psychological development.[29,33,44-46]

The negative correlation between childhood trauma and EI, found in this study, is consistent with the existing literature. Childhood trauma, including physical, emotional, and sexual abuse and neglect, disrupts the normal development of emotional competencies. This disruption can result in difficulties in recognizing, understanding, and managing emotions, both in oneself and in interactions with others.[33,34] The current findings extend this body of knowledge by demonstrating that childhood trauma significantly predicts EI in a sample of university students, a population for whom emotional competencies are crucial for academic and social success.

Emotional abuse emerged as a significant predictor of lower EI, aligning with existing research that underscores the profound influence of emotional maltreatment on emotional functioning. For instance, Liu et al.[33] found that emotional abuse during childhood is associated with impaired emotional processing and increased emotional reactivity in adulthood. Similarly, Rüfenacht et al.[34] highlighted that individuals with a history of emotional abuse struggle with emotion regulation, often resorting to maladaptive coping strategies. These findings suggest that the internalized negative messages associated with emotional abuse may hinder the development of adaptive emotion-regulation strategies and impair interpersonal relationships, thereby diminishing EI among affected individuals.

Sexual abuse was also a significant predictor of lower EI. This is in line with research by Copeland et al.[47], which demonstrated that individuals exposed to sexual abuse in childhood are more likely to experience psychiatric disorders and social difficulties in adulthood. The trauma of sexual abuse can severely disrupt emotional development,[48] leading which are key components of EI.

Furthermore, emotional neglect significantly predicted lower EI, emphasizing the importance of nurturing emotional environments for healthy emotional development. Emotional neglect, characterized by a lack of emotional support and attention, can lead to difficulties in understanding and expressing emotions, as well as problems in interpersonal relationships.[49] This finding aligns with the works of Lo et al.[50] and Zhang et al.,[32] who found that emotional neglect negatively impacts emotional well-being and social functioning.

Our finding that age and gender did not significantly predict EI in this study contributes to a nuanced understanding of the factors influencing EI. Recent research has shown mixed results regarding the impact of these demographic variables on EI. For instance, a study by Öztimurlenk[51] found that while some aspects of EI may improve with age, the overall relationship between age and EI was not significant, suggesting that other factors play a more critical role. Furthermore, a recent study by Sergi et al.[52] confirmed that while gender differences in EI exist, they are not consistent across all contexts and populations, indicating that situational factors may be more influential than demographic characteristics. Additionally, research by Almajali et al.[53] found no significant differences in EI based on age or gender among adolescents, highlighting the complexity of these relationships. Collectively, these findings suggest that situational factors may play a more critical role than do demographic characteristics alone.

Understanding the predictive role of childhood trauma on EI has important implications for interventions aimed at addressing the adverse effects of early traumatic experiences. Interventions should focus on enhancing emotional competencies and providing support for individuals with a history of childhood trauma. One prominent example is trauma-informed therapy, which acknowledges the pervasive effects of trauma on individuals' lives. This approach prioritizes a safe therapeutic environment—physically, psychologically, and emotionally—to help clients regain a sense of empowerment and control by addressing trauma-related symptoms and equipping individuals with skills essential for resilience and long-term healing.[54]

Programs that promote emotional awareness, regulation, and social skills can help improve EI and, consequently, overall well-being and success in university students. Interventions also involve connecting individuals with supportive networks, including therapists, counselors, support groups, and community resources. These networks can provide ongoing support, validation, and encouragement, which are essential for healing from childhood trauma and developing EI.

Study Limitations

While this study provides valuable insights, it has several limitations. The use of self-report measures may introduce bias, and the cross-sectional design limits the ability to draw causal inferences. Future research should employ longitudinal designs to better understand the temporal relationship between childhood trauma and EI. Additionally, exploring the mechanisms through which different types of trauma impact EI can provide a deeper understanding of these relationships. The sample consisted solely of university students, which may limit the generalizability of the findings to non-students or individuals from different educational or cultural contexts. Variations in

emotional competencies across different demographic groups may not be captured in this study.

Conclusion

This study highlights the significant impact of childhood trauma on the EI of university students. The findings underscore the need for targeted interventions to support individuals with a history of trauma, promoting emotional competencies that are essential for overall well-being. By addressing the lasting effects of childhood trauma, we can better support the emotional and psychological development of university students, aiding their transition into adulthood.

Ethics

Ethics Committee Approval: Approval for the study was granted by the Social and Human Sciences Ethics Committee of Sakarya University (approval no: 11, date: 18.07.2024).

Informed Consent: All participants provided informed consent, and the study was conducted in line with the Declaration of Helsinki.

Footnotes

Authorship Contributions

Concept: İ.T., E.G.T., Design: İ.T., Data Collection or Processing: İ.T., E.G.T., Analysis or Interpretation: İ.T., Literature Search: E.G.T., Writing: İ.T., E.G.T.

Conflict of Interest: The authors declare no conflicts of interest.

Financial Disclosure: The authors declare that this study received no financial support.

References

1. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. Am J Prev Med. 1998;14:245-258.
2. Nemeroff CB. Neurobiological consequences of childhood trauma. J Clin Psychiatry. 2004;65 Suppl 1:18-28.
3. Anda RF, Felitti VJ, Bremner JD, Walker JD, Whitfield C, Perry BD, Dube SR, Giles WH. The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. Eur Arch Psychiatry Clin Neurosci. 2006;256:174-186.
4. Pratchett LC, Yehuda R. Foundations of posttraumatic stress disorder: does early life trauma lead to adult posttraumatic stress disorder? Dev Psychopathol. 2011;23:477-491.
5. Dunn EC, Nishimi K, Powers A, Bradley B. Is developmental timing of trauma exposure associated with depressive and post-traumatic stress disorder symptoms in adulthood? J Psychiatr Res. 2017;84:119-127.
6. Widom CS, DuMont K, Czaja SJ. A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up. Arch Gen Psychiatry. 2007;64:49-56.
7. Kendall-Tackett K. The health effects of childhood abuse: four pathways by which abuse can influence health. Child Abuse Negl. 2002;26:715-729.
8. Downey C, Crummy A. The impact of childhood trauma on children's wellbeing and adult behavior. Eur J Trauma Dissociation. 2022;6:100237.
9. Duffee J, Szilagyi M, Forkey H, Kelly ET; Council on Community Pediatrics, Council on Foster Care, Adoption, and Kinship Care, Council on Child Abuse and Neglect, Committee on Psychosocial Aspects of Child and Family Health. Trauma-informed care in child health systems. Pediatrics. 2021;148:e2021052579.
10. Salovey P, Mayer JD. Emotional intelligence. Imagin Cogn Pers. 1990;9:185-211.
11. Goleman D. Emotional intelligence. New York: Bantam Books; 1995.
12. Bar-On R. The emotional quotient inventory (EQ-i): a test of emotional intelligence. Toronto (ON): Multi-Health Systems; 1997.
13. Petrides KV, Frederickson N, Furnham A. The role of trait emotional intelligence in academic performance and deviant behavior at school. Pers Individ Dif. 2004;36:277-293.
14. MacCann C, Jiang Y, Brown LER, Double KS, Bucich M, Minbashian A. Emotional intelligence predicts academic performance: a meta-analysis. Psychol Bull. 2020;146:150-186.
15. Miao C, Humphrey RH, Qian S. A meta-analysis of emotional intelligence and work attitudes. J Occup Organ Psychol. 2017;90:177-202.
16. Sanchez-Ruiz MJ, Tadros N, Khalaf T, Ego V, Eisenbeck N, Carreno DF, Nassar E. Trait emotional intelligence and wellbeing during the pandemic: the mediating role of meaning-centered coping. Front Psychol. 2021;12:648401.
17. Houghton JD, Wu J, Godwin JL, Neck CP, Manz CC. Effective stress management: a model of emotional intelligence, self-leadership, and student stress coping. J Manag Educ. 2012;36:220-238.
18. Brackett MA, Rivers SE, Salovey P. Emotional intelligence: implications for personal, social, academic, and workplace success. Soc Personal Psychol Compass. 2011;5:88-103.
19. Sharon D, Grinberg K. Does the level of emotional intelligence affect the degree of success in nursing studies? Nurse Educ Today. 2018;64:21-26.
20. Alonazi WB. The impact of emotional intelligence on job performance during COVID-19 crisis: a cross-sectional analysis. Psychol Res Behav Manag. 2020;13:749-757.
21. Sánchez-Núñez MT, García-Rubio N, Fernández-Berrocal P, Latorre JM. Emotional intelligence and mental health in the family: the influence of emotional intelligence perceived by parents and children. Int J Environ Res Public Health. 2020;17:6255.
22. Parker JDA, Summerfeldt LJ, Walmsley C, O'Byrne R, Dave HP, Crane AG. Trait emotional intelligence and interpersonal relationships: results from a 15-year longitudinal study. Pers Individ Dif. 2021;169:110013.
23. Carmeli A. The relationship between emotional intelligence and work attitudes, behavior and outcomes: an examination among senior managers. Journal of Managerial Psychology. 2003;18:788-813.
24. Görgens-Ekermans G, Roux C. Revisiting the emotional intelligence and transformational leadership debate: (how) does emotional intelligence matter to effective leadership? SA Journal of Human Resource Management. 2021;19:1279.
25. Delhom I, Satorres E, Meléndez JC. Can we improve emotional skills in older adults? Emotional intelligence, life satisfaction, and resilience. Psychosocial Intervention. 2020;29:133-139.
26. Szcześniak M, Tułecka M. Family functioning and life satisfaction: the mediatory role of emotional intelligence. Psychol Res Behav Manag. 2020;13:223-232.
27. Martins A, Ramalho N, Morin E. A comprehensive meta-analysis of the relationship between emotional intelligence and health. Pers Individ Dif. 2010;49:554-564.
28. Di Fabio A, Kenny ME. Promoting well-being: the contribution of emotional intelligence. Front Psychol. 2016;7:1182.
29. Liu G, Isbell LM, Leidner B. Quiet ego and subjective well-being: the role of emotional intelligence and mindfulness. J Happiness Stud. 2021;22:2599-2619.

30. Salguero JM, Palomera R, Fernández-Berrocal P. Perceived emotional intelligence as predictor of psychological adjustment in adolescents: a 1-year prospective study. Eur J Psychol Educ. 2012;27:21-34.
31. Extremera N, Durán A, Rey L. Perceived emotional intelligence and dispositional optimism-pessimism: analyzing their role in predicting psychological adjustment among adolescents. Pers Individ Dif. 2006;42:1069-1079.
32. Zhang L, Ma X, Yu X, Ye M, Li N, Lu S, Wang J. Childhood trauma and psychological distress: a serial mediation model among Chinese adolescents. Int J Environ Res Public Health. 2021;18:6808.
33. Liu Y, Peng H, Wu J, Duan H. The relationship between childhood emotional abuse and processing of emotional facial expressions in healthy young men: event-related potential and behavioral evidence. Front Psychol. 2021;12:686529.
34. Rüfenacht E, Pham E, Nicastro R, Dieben K, Hasler R, Weibel S, Perroud N. Link between history of childhood maltreatment and emotion dysregulation in adults suffering from attention deficit/hyperactivity disorder or borderline personality disorder. Biomedicines. 2021;9:1469.
35. Durmuş B, Yurtkoru S, Çinko M. Sosyal bilimlerde SPSS ile veri analizi. 4. bs. İstanbul: Beta Yayınevi; 2011.
36. Bernstein DP, Stein JA, Newcomb MD, Walker E, Pogge D, Ahluvalia T, Stokes J, Handelsman L, Medrano M, Desmond D, Zule W. Development and validation of a brief screening version of the Childhood Trauma Questionnaire. Child Abuse Negl. 2003;27:169-190.
37. Şar V, Öztürk E, İkikardeş E. Validity and reliability of the turkish version of childhood trauma questionnaire. Turkiye Klinikleri J Med Sci. 2012;32:1054-1063.
38. Petrides KV, Furnham A. Trait emotional intelligence: psychometric investigation with reference to established trait taxonomies. Eur J Pers. 2001;15:425-448.
39. Deniz ME, Özer E, Işık E. Trait emotional intelligence questionnaire-short form: validity and reliability studies. Education and Science. 2013;38:407-419.
40. Kline RB. Principles and practice of structural equation modeling. 3rd ed. New York (NY): Guilford Press; 2011.
41. Çokluk Ö, Şekercioğlu G, Büyüköztürk Ş. Sosyal bilimler için çok değişkenli istatistik: SPSS ve LISREL uygulamaları. 5. baskı. Ankara: Pegem Akademi Yayıncılık; 2016.
42. Küçüksille E. Çoklu doğrusal regresyon modeli. In: Kalaycı Ş, editor. SPSS uygulamalı çok değişkenli istatistik teknikleri. 6. baskı. Ankara: Asil Yayıncılık; 2014. p. 257-270.
43. Büyüköztürk Ş. Sosyal bilimler için veri analizi el kitabı. Ankara: Pegem Akademi Yayıncılık; 2018. p. 1-214.
44. Ribaudo J, Lawler JM, Jester JM, Riggs J, Erickson NL, Stacks AM, Brophy-Herb H, Muzik M, Rosenblum KL. Maternal history of adverse experiences and posttraumatic stress disorder symptoms impact toddlers' early socioemotional wellbeing: the benefits of infant mental health-home visiting. Front Psychol. 2022;12:792989.
45. Roth SL, Andrews K, Protopopescu A, Lloyd C, O'Connor C, Losier BJ, Lanius RA, McKinnon MC. Mental health symptoms in public safety personnel: examining the effects of adverse childhood experiences and moral injury. Child Abuse Negl. 2022;123:105394.
46. Cimino S, Cerniglia L. The shadow of the past: how paternal traumatic experiences shape early parent-child interactions and offspring's emotional development. Eur J Trauma Dissociation. 2024;8:100433.
47. Copeland WE, Shanahan L, Hinesley J, Chan RF, Aberg KA, Fairbank JA, van den Oord EJCG, Costello EJ. Association of childhood trauma exposure with adult psychiatric disorders and functional outcomes. JAMA Netw Open. 2018;1:e184493. Erratum in: JAMA Netw Open. 2020;3:e207276.
48. Ani NC. The impact of child sexual abuse on children (survivors) in their adolescence age. Nigerian Journal of Arts and Humanities (NJAH). 2024;4:131-141.
49. Huh HJ, Kim SY, Yu JJ, Chae JH. Childhood trauma and adult interpersonal relationship problems in patients with depression and anxiety disorders. Ann Gen Psychiatry. 2014;13:26.
50. Lo CK, Ho FK, Yan E, Lu Y, Chan KL, Ip P. Associations between child maltreatment and adolescents' health-related quality of life and emotional and social problems in low-income families, and the moderating role of social support. J Interpers Violence. 2021;36:7436-7455.
51. Öztimurlenk S. Demographic factors affecting emotional intelligence levels: a study on human resources managers in Turkey. Journal of Global Business and Technology. 2019;16:80-90.
52. Sergi MR, Picconi L, Tommasi M, Saggino A, Ebisch SJH, Spoto A. The role of gender in the association among the emotional intelligence, anxiety and depression. Front Psychol. 2021;12:747702.
53. Almajali HK, Saraireh AN, Bendania AM, Katanani HJ. Emotional intelligence and its relation to social and psychological adjustment among the students of the university of Jordan. Eur J Soil Sci. 2016;52:613-663.
54. Black PJ, Woodworth M, Tremblay M, Carpenter T. A review of trauma-informed treatment for adolescents. Can Psychol. 2012;53:192.