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PTSD Levels of Erenkoy War Veterans, Psychological Symptoms and Family Functions of the Second Generation

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Abstract

PTSD Levels of Erenkoy War Veterans, Family Functions and Psychological Symptoms of the Second Generation

Ayşe Buran

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Aim: The aim of this study is finding out the PTSD level of Erenköy veterans after 55 years (2018) the war times and the psychopathological symptoms of them, defining the effects of trauma on family functions and defining the psychopathological effects of the offspring who have traumatized parents. **Method:** 35 Erenkoy war veteran and 35 offspring participated in the study between July 2017- September 2017. Demopraphic Information Form, PTSD Checklist- Civilian Form (PCL-C) and Symptom Checklist (SCL-90-R) is used for the first generation participants, for the second generation Demographic Information Form, The McMaster Family Assessment Device and SCL-90-R is used. **Results:** In this study PTSD symptoms are found as 40% for the first generation and 80% of family dysfunctions of the second generation. The psychopathologies are in normal range for both the first and second generation participants, but it is found that hypersensitivity symptom of the first generation is related with obsessive compulsive symptoms and additional symptoms which are sleeping problems, appetite problems and guilty. The avoidance symptom of the first generation is related with depression and there is no correlation between any psychopathology with re-living symptom of the trauma. Also it is found that there is a correlation between not getting answers to the questions about the war times and having dysfunctions in the family functions such as problem solving, rolles and general functions of the family. Also it is found that the family dysfunctions lead to psychopathologies for the second generation. **Conclusion:** This study showed that even after 55 years of the war times, the PTSD symptoms still be in existance for Erenköy war veterans, and even there are no psychopathologies for both the first and second generation there are family dysfunctions for the second generation, and these dysfunctions may lead to psychopathologies for the second generation.

Keywords: PTSD, Cyprus, Ethnic Conflict, Family Functions, Second Generation, Psychopathologies.

Öz

Erenköy Gazileri'nin ÖSGB Düzeyi ile Aile Fonksiyonları ve İkinci Neslindeki Psikolojik Belirtilerin İncelenmesi

Ayşe Buran

Ocak, 2018 99 sayfa

Amaç: Savaş döneminden 55 sene sonra (2018) Erenköy Mücahitlerinde Örselenme Sonrası Gerginlik Bozukluğu seviyesini ölçmek ve olası psikopatolojik belirtileri saptamak, travmanın aile fonksiyonları üzerindeki etkisini ve ikinci nesildeki psikopatolojik belirtileri saptamak bu araştırmanın amaçlarını oluşturmaktadır. **Yöntem:** Bu araştırma için 35 Erenköy gazisi ve 35 çocuğuyla Temmuz 2017- Eylül 2017 tarihleri arasında görüşülmüş, birinci nesilde demografik bilgi formu, PCL-C ve SCL-90-R kullanılmış, ikinci nesilde ise demografik bilgi formu, aile değerlendirme ölçeği ve SCL-90-R kullanılmıştır. **Bulgular:** Yapılan çalışmada birinci nesil için ÖSGB belirtileri oranı %40 bulunurken ikinci nesilde aile fonksiyonlarında %80 oranında işlevselsizlik görülmüştür. Araştırma sonuçlarına göre hem birinci nesil hem de ikinci nesil katılımcılarda psikopatoloji normal oranlardadır, buna rağmen birince nesilde travma sonrası aşırı uyarılmışlık semptomu obsesif kompulsif semptomu ve ek semptomlar olan uyku bozuklukları, iştah bozuklukları ve suçlulukla ilişkili bulunurken, kaçınma semptomu depresyonla ilişkili bulunmuştur. Birinci nesilde yeniden yaşama semptomuyla herhangi bir psikopatolojik semptom arasında ilişki bulunmamıştır. Ayrıca yapılan çalışmada ikinci neslin savaş ile ilgili sorduğu sorulara cevap alamamasıyla aile fonksiyonlarında bozulmalar arasında, problem çözme, roller ve genel fonksiyonlar ile ilişkili olduğu bulunmuştur. Son olarak ikinci nesilde aile fonksiyonlarındaki bozulmaların psikopatolojiye yol açabileceği bulunmuştur. **Sonuç:** Bu araştırma ile savaş dönemi üzerinden 55 sene geçmiş olmasına rağmen Erenköy mücahitlerinde ÖSGB belirtilerinin hala devam ettiğini, bu mücahitlerde ve çocuklarında herhangi bir psikopatoloji görülmemesine karşın aile fonksiyonlarında bozulma olduğu, ve bu bozulmanın da ikinci nesilde psikopatolojiye yol açabileceği görülmüştür.

Anahtar sözcükler: ÖSGB, Kıbrıs, Etnik Çatışma, Aile Fonksiyonları, İkinci Nesil, Psikopatoloji.

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I should finish my words with a desire. I wish that people will get lessons from their traumas, live them as an experience and maybe one day, new generations will live in an unified island, without any boundaries and hostility.

Author

Ayşe Buran

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List of Abbreviations

ANX:	Anxiety
APA:	American Psychological Association
ASD:	Acute Stress Disorder
DEP:	Depression
FAD:	Family Assessment Device
GMI:	General Symptomatic Index
HOS:	Hostility
INT:	Interpersonal Sensitivity
O-C:	Obsessive-compulsive
PAR:	Paranoid Thoughts
PART:	Parental Acceptance and Rejection Theory
PCL-C:	PTSD Checklist- Civilian Version
PHOB:	Phobic Anxiety
PSY:	Psychoticism
PTSD:	Post-Traumatic Stress Disorder
SCL-90:	Symptom Checklist-90
SEM:	Structural Equation Modelling
SOM:	Somatization
SPSS:	Statistic Package for Social Sciences
TRNC:	Turkish Republic of Northern Cyprus
TRO:	Turkish Resistance Organisation

CHAPTER I

1. INTRODUCTION

Individuals experience numerous events in their daily life which might cause stress or affect the psychological well-being of the individual. People may experience micro-traumas like daily events which may give stress; similar to work stress, traffic, daily routines, and might also experience macro-traumas which may affect individual more; like loss of loved ones, divorce, accidents, and war. These experiences which are micro or macro may affect psychological well-being of the individual and may also cause post-traumatic stress disorder (PTSD) by these repetitive micro traumas, and these micro traumas should also considered in psychological disorders (Seides, 2010).

Some events are not accepted as daily events and those 'non-daily events' may affect individual more deeply and those events may affect individuals' life for a long time, perchance for a life time. These non-expected, non-daily events may affect people intensely and may create traumas. War can be a one of those severe events which may affect individuals' psychological well-being for a life time with remaining traumas. Several studies showed that there are psychological problems after war; like depression (Erickson, Wolfe, King, & Sharkansky, 2001; Hassija, Jakupcak, Maguen, & Shipherd, 2012), alcohol misuse (Hassija, Jakupcak, Maguen, & Shipherd, 2012), substance abuse (McDowell & Rodriguez, 2013) and post-traumatic stress disorder (Schlosberg & Strous, 2005). Also there are studies in the literature which showed that there are behavioral problems caused by war related post-traumatic stress disorder (Jakupcak, et al., 2007).

On the other hand; Cyprus, as an unshared island, the third largest Mediterranean island, had several dominant nations like Byzantines, Frankish, Venetian, Ottoman and British (Mallinson, 2011). Even though there were numerous nations and wars in the island, the nearest conflict of the island was in the 1963-1974 period. This 11 years of ethnic conflict leave countless loss, bereavement and traumatic experiments for the people who were living in the island even they were soldiers or civil. This war time did not ended in 1974 legally, and in the island there is still an UN-sponsored ceasefire

since 1974 which seem as an official end of the war (Hughes-Wilson, 2011) and also peace negotiations are still in progress but there is no known results for this negotiations. These war experiences in Cyprus may affect people's life and psychological well-being. There were lots of loss, bereavements, displacements and this situation of war lasts for 11 years. People had to move away from their homes, get bruised, lose their relatives and may also fight in the battle. These situations leaved traumas behind and people had really hard times for adaptation for their post-war life. According to a study post-traumatic stress disorder of internally displaced people is higher than non-displaced people in the war time. The rates post-traumatic stress disorder were 20% higher for internally displaced people in Turkish Republic of Northern Cyprus (TRNC), even 30 years after the war time and those people who internally displaced have negative beliefs about the future (Ergün, Çakıcı, & Çakıcı, 2008). In another study, made related to Cyprus war times showed that special war conditions like battle in Erenköy may cause higher post-traumatic stress disorder rates and specific psychological symptoms related to war area (Şimşek & Çakıcı, 2017).

The war time is a period longer than a decade so a generation lived their infancy, childhood and adolescence in war. This 'growing in war' may leave scars in people's psychologies and this may cause psychological problems in people's life for different age groups in the war time (Erden & Gürdil, 2009). Babies or children of the war are adults of today and they may get married or have children. Even though they continued to their life effects of the trauma affect their behaviors or attitudes to their life, and also their children. It is expected that those war times also have effects on these people's parenting styles. People who have loses in the past may be more protective to their families, can be more interfering parents to their children's choices. These parenting attitudes will affect children's behavior even they not experienced the war (Küçükertan, 2013).

Also memories, which were told to children by their families, affect them in their little ages. Not talking too much about past, or just the opposite talking too much about the past may affect children's schemas about the past and just by listening and realizing the bad times that their parents lived, these memories may affect children's psychological well-being even they did not experienced those traumatic events (To, 2014). In addition, trauma related mourning can be transmitted from one generation to another by symbolism as ideology and ideality. This unresolved grief of one generation

can unbeknown change the ideology of new generation and make harden the peace procedures (İlhan & Ersaydı, 2012).

The family structure and functions of the family may also have some kind of negative changes by the traumatic experiences of the parents because parents who had traumas may have problems in their parenting styles while they try to struggle with their traumatic experiences (Kiser, Nurse, Lucksted, & Collins, 2008).

1.1.Problem State

As mentioned before, Cypriot people experienced numerous traumatic events caused by war times and those experiences may cause some psychopathologies. Witnessing a traumatic event, in this study, this traumatic event is used for war experiences, may cause psychopathologies but then again it is expected that actively battled people may have higher psychopathology levels. In this study war veterans from Erenköy Exclave are chosen as the first generation, because it is known that they have higher PTSD levels than other war veterans who have battled in different regions of Cyprus (Şimşek & Çakıcı, 2017).

People who have traumas may have changes in their social functions as avoidance and this symptom of trauma may affect the family functions of the person who have traumatic experiences and PTSD, sometimes those effects are positive, as increased protectiveness (Kiser, Nurse, Lucksted, & Collins, 2008) which is also seen as a negative symptom as overprotectiveness (Marsanic, Margetic, Jukic, Matko, & Grgic, 2013) but sometimes negative as communication problems (Dalgaard, Todd, Daniel, & Montgomery, 2016). Person who has the trauma may avoid to talk about their trauma (Nachar, Lavoie, Marchand, O'Connor, & Guay, 2014), or the exact opposite, talk or write too much about their traumatic experiences (Pennebaker & Chung, 2007) or they may not understand, express or regulate their emotions because of the trauma (Knezevic, Krupic, & Šucurovic, 2017) This avoidance or comorbid symptoms like depression or anger is seem to affect both the trauma experiencer and the functions of the family (Evans, Mchugh, Hopwood, & Watt, 2003).

The second generation and sometimes the third generation, who are the children of the war experiencers, may have some psychopathologies such as mistrust, shame, anxiety and stress problems as transmission of trauma (Bezo & Maggi, 2015). It is believed that those psychopathological problems may be caused by the dysfunctions

of the family, parental psychopathology or marital discord (Christensen, Phillips, Glasgow, & Johnson, 1983).

Problem questions of this study are;

1) Is there any differences of SCL90R and FAD scores of the second generation between getting answers to questions about war times?

2) Do these families of war veterans have family dysfunctions?

3) Do the second generation of war veterans have any kind of psychopathologies?

4) Is there any relationship between fathers' psychopathology levels and second generations' psychopathology levels?

5) Do the fathers' PTSD level have any relationship with the family dysfunctions?

6) Do the fathers' psychopathology levels have any relationship with the family dysfunctions?

1.2.Aim of the Study

The aim of this study is to find the psychological symptoms of combat related traumas for the second generations, according to family functions of the families and parents who experienced 1963-1974 Cyprus War times in Erenköy Exclave.

Hypothesis 1: Experiencing war in a tough region like Erenköy Exclave creates war trauma and psychopathologies for war veterans. Erenköy war veterans will have high rates of post-traumatic stress disorder, and some psychopathologies because they combat in a tough region as geographically and they lived in bad physical conditions. Also being active in battle rather than being civil increase the rates of PTSD and psychopathology.

Hypothesis 2: Having traumatic experiences make changes in family functions of the family in the terms of communication, problem solving, roles in the family, affective responses, affective involvement, behavior control and general functions of the family.

Hypothesis 3: According to changes in the family functions for those families who experienced war, there are different psychological symptoms for second generation who has no war-related traumatic experience.

1.3.Significance of the Study

It is known that war leaves noticeable psychopathologies after it. This study will help to see if there are any different psychopathological symptoms for the second generation of this combat times according to the family functions. This study is an important study because it is known that it will become the first study to look the post-traumatic stress level of first generation and effects of war trauma as psychopathological symptoms for second generation, children of the first generation according to the family functions in Cyprus. This study is also important because in the literature there is not much source about the trauma of the father and its relation between the psychopathologies of the second generation according to family functions.

1.4.Limitations

This study includes combat veterans of Erenköy Exclave and children of them, so this study cannot be generalized to out Cyprus. This study looks only war trauma even there are questions of other traumas, so this study cannot be generalized to other kinds of trauma. Questionnaires are self-report so participants may hide or exaggerate their answers.

1.5.Definitions

Cyprus War: In this study, the term Cyprus war explains the 1963-1974 ethnic conflict and war times between Greek Cypriots and Turkish Cypriots.

Erenköy Exclave War: Erenkoy exclave is located on the western cost of Cyprus. Erenköy Exclave War was between 1964-1965 times and the importance of the Erenköy is all of the Turkish Cypriot war veterans in the region are adolescent students (Şimşek & Çakıcı, 2017) .

Family Functions: According to McMaster Model of family functions a family may have healthy/ functional or non-healthy/insignificant functions in the family. There are six dimensions of family functioning according to McMaster Model of Family Functions, which are, problem solving, communication, roles, affective responses, affective involvement and behavioral controls (Ryan, Epstein, Keitner, Miller, & Bishop, 2006).

Posttraumatic Stress Disorder (PTSD): PTSD is a psychological disorder which may be develop after exposing to a traumatic event like warfare, or other life threating

experiences on a person’s / significant other’s life (American Psychiatry Association, 2013).

First generation/ Second Generation: In this study; first generation represent the fathers who has been battled in Erenkoy Exclave in 1964 and the second generation represents the children of those fathers.

Psychopathology: Psychopathology refers to the studies of abnormalities in the behavior and mental disorders (Stirling & Hellewell, 2002). In this study, the term psychopathology refers to the dimensions of somatization, obsessions and compulsions, sensitivities in interpersonal relations, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism.

CHAPTER II

2. REVIEW OF RELATED LITERATURE

2.1.Cyprus

Cyprus is the last place on earth which has a divided city, Nicosia, which is the capital for the both sides of the island (Karatnycky, 2001). Even the island of the Cyprus has known as the "Island of Aphrodite" who is the goddess of love in the history, Cyprus lived numerous hostile conflicts. Cyprus experienced anticolonial struggles, instable problems of post colonization, ethnic conflicts between two major ethnic groups, Greeks and Turks, and several displacements of population, all of these problems known as Cyprus Problem in these days (Papadakis, Peristianis, & Welz, 2006).

Cyprus has an important geo-political position (Yüksel, 2009) and because of this importance, Cyprus has been colonized by different nations (Mallinson, 2011; Michael, 2009). This geo-political situation may cause both benefits and drawbacks or blesses and curses for the people of the island (Mallinson, 2011), and Cyprus's geopolitical situation caused handicaps for the island (Tayhani, 2013). Beside its geopolitical situation, forests for building ships and boats, copper and other mineral mines and easy access to trading goods are reasons for the big empires who always wanted to dominate the island (Sofroniou, 2015).

Cyprus passed from Roman control to Byzantine control, but after the breakage of the Byzantine Government after the Crusades the Lusignan control has been started in the island in 1192. After the Lusignan control, Cyprus passed from Genoa and Venice controls. In 1571 the island is conquered by Ottoman Empire and it has been controlled by Ottoman Empire until 1878 and in that time the island is rented for British Admistration after the treaty (Dodd, 2010). With this treaty, Ottoman Empire promise to rent the island for a period to British Administration in return to support of possible Russian threat for them (Morgan, 2010).

After the First World War the Treaty of Lausanne is signed between Turkey, which is Ottoman Empire that time, and Britain, France, Italy, Japan, Greece, Romania and Yugoslavia on the other (Britannica, 2017), and with this treaty Britain made Cyprus as her Crown Colony in 1925 (Hook, 2015). The ethnic populations who were living together before the colony administration of British (Dodd, 2010), started to think separatist and nationalist after the British Administration (Papadakis, Peristianis, & Welz, 2006). After all the conflict times the administration of British turned into a peacekeeping as in 1964 a peacekeeping force is stated by United Nations in the island (Michael, 2009).

2.1.1. The Ethnic Conflict

The term of ethnic conflict is difficult to define and there is no exact definition for this phenomenon (Cordell & Wolff, 2009). Ethnic conflicts happen all the time through history and still happening (Byman, 2002). In a point of view, it can be described as conflicts between groups of people who have common heritage, language and/or culture (Mohamad, 2015, p. 89). It is wrong to think that this conflicts happen suddenly between groups who live happily and peacefully. Also the ethnic roots can be seen as a tool not as a aim, like other motivations to choose to have ethnic conflict instead of negotiations and cooperations, such as power, financial income (Wolf, 2006, p. 3).

As stated by Mavratsas (2000), the ethnic conflict in Cyprus started because of the struggle between the Enosis movement of Hellenic Cypriots and Turkish Cypriot nationalism against this movement. This Turkish Cypriot nationalism started "Taksim" movement which means the division of the island according to ethnic bases. The Ethnic Conflict in Cyprus started by this struggle between this two ethnic groups and exploitation of British administration (Mavratsas, 2000).

Some of the Leaders of Greek nations wants to rebuild Byzantine Empire with the idea of Romanization, which is also called as "Megali Idea" ideology, and this will be come true with the idea of Enosis, in which they tried to make the reunion of all Greek Nations (Yüksel, 2009). After the World War I and World War II most of the small nations start to struggle with external powers or colonial dominations (Horowitz, 2001). It is understandable that an ethnic conflict is seen in Cyprus, which has different nations and ethnic groups who were ruled by different nations.

2.1.2. Erenköy Exclave Battle

Erenköy is one of the villages of Cyprus, which is also known Kokkina for Greek Cypriots. Erenköy was a residential area and it was surrounded by mountains and sea. The importance of the village for Turkish Cypriots comes from the conflict times because the village has an important location as the helps from Turkey came Cyprus as the mean of guns, information, logistic support by the sailors who called "Bereketçi" (Keser, 2011). 561 young men went to Erenköy via sea in order to fight in 1964. 500 of these 561 men were university students which is almost all of the students in that period of time (Bryant, 2012).

Four Turkish villages around the Erenköy have a population of a few hundred people. Greek Cypriot Administration detect by some information channels that this region used as a point to take guns from Turkey in the summer of 1964. The Greek power forgather to the mountains that surround the Erenköy and the preparations for the Erenköy Exclave Battle which is also known as Battle of Tillyria for Greek Cypriots has been started (Bryant, 2012). Turkish Cypriot students had to move back into Erenköy because of the regular association of the army of Grivas or superior army power of Greek Cypriots. Turkey made a warning flight after this back off and air attacks watched after these warning flights (Dodd, 2010).

The psychopathologies of these group who came to Erenköy were effected by living inssuficiencies after coming to fight with a little knowledge about military education and experience. Also these people had a thought of dereliction in that time which also affected their morales. The first commander of Turkish Resistance Organisation (TRO) which is known as "Türk Mukavemet Teşkilatı" (TMT); Ali Rıza Vuruşkan evaluated this a collapse of warrior powers and send a psychiatrist, Sezai Sezgin, to the region. Sezgin reported that the foothold life caused monotony and this monotony caused sleeplessness, nervous irritation and decreased level of tolerance for the veterans. There were psychological symptoms for the veterans who were evacuated and turned back to their normal lifes in mid 1965 (Bryant, 2012).

2.2.Trauma

In the ancient Greek; trauma "τραύμα" means puncture, wound or pierces. In ancient times it is believed that a warrior who has a wound from an arrow or spear has a trauma. In that times there is no separation between body and soul so a "trauma" can

be used as a wound both psychological and physiological (Tick, 2014). In the American Psychological Association's (APA) dictionary of psychology; the term trauma is described as any upsetting experience, which might cause a remarkable distress, vulnerability, dissociation, misunderstanding or other disruptive feelings extreme enough to have a long lasting negative effect on a person's assertiveness, behavior, and other characteristics of functioning or serious physical injury, for example burn or damage to head (American Psychology Association, 2015).

The term trauma used in medical literature in mid-1600's to represent bodily wounds, damages to tissues and scars. Even the term is a symbol used for the domain of medicine, with the development of industrialization in the late 1800s, new types of injuries and unwanted consequences come up and the term of trauma has started to use for other fields. Railway accidents seem as a starting point for the use of the term trauma in psychology because a damage to head or spine cord can cause losing the behavioral, psychological and intellectual functioning of the individual and the term "railway spine" is used for the patients who feel anxious and ill after a railway accident. (Kirmayer, Lemelson, & Barad, 2007). In 1860's John Eric Erichsen put out seven cases of traumatic situations of "railway spine" which is called as posttraumatic neurosis and then became the ancestor of the diagnostic of PTSD (Lerner, 2003). The "railway spine" started to known as traumatic neurosis and this is the first time the word trauma was used in the psychiatry. Post-traumatic stress disorder is firstly approved and psychiatric community started to talk officially about post-traumatic stress disorders as a psychiatric disorder in 1980, with the release of Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) (Doctor & Shiromoto, 2009).

In general, trauma can be divided into 3 main categories as; 1. Man-made disasters; which are the situations that happened because of an error made by a human, machine or system; such as transport disasters, fires and gas explosions or electric shocks, building or environmental disasters like chemical discharge. 2. Natural disasters; which are the natural disaster situations that caused trauma such as earthquakes, floods, storms and other natural situations that may cause losses. 3. Violence, crime and terror; even this type seems like man-made disasters in this type there is an act of violence as physical abuse, terrorism, rape, abuses, acts of inhumanity or wars (Herbert, 2002).

2.2.1. War Trauma

As one of the traumatic events, war affects everyone who experience it, and it may leave emotional scars, traumas for everyone who take a part in it as defeated or victim, veteran or civilian (Keynan, 2015). From past to nowadays, traumas that were caused by wars named as nostalgia, shell shock, soldier heart, Da Costa Syndrome, Agent Orange Effect, and post-traumatic stress disorder (Hunt, 2010). In a point of view, in modern psychiatry, first Pinel descripted war neurosis as "cardiorespiratory neurosis" or "idiotism" in 1798, in his book Nosographie Philosophique. He described that his patients had shockes by traumatic events and wars, in the French Revolution times (Crocq & Crocq, 2000). Nowadays a soldier or veteran who battled in a war may have combat stress reaction diagnosis if the veteran has changes in his/her behaviors and cannot fight anymore, and the PTSD diagnosis is for everyone who experience the battle, even being as a veteran or civilian (Keynan, 2015).

As PTSD is related with exposure to a traumatic event, generally it is seen after military operations and wars. It can be easily said that if a person experienced a war, as a veteran or a civil person, seeing PTSD symptoms after this traumatic events is high (Britt, Adler, & Castro, 2006).Trauma is closely related with war times with the intention of providing health services to war veterans and civilians, by means of every single war the technology will increase so the new weapons and new injuries can be seen, so the increased rates of trauma can be also seen (Kirmayer, Lemelson, & Barad, 2007).

Even the names changed, symptoms of the disorders show similarities such as fatigue or exhaustion or headache (Doctor & Shiromoto, 2009, p. 138). Even though it has different names; symptoms were always same like palpitation, stomach problems, rheumatic complaints, and neurological and psychiatric symptoms (Özdemir, Çelik, Özmenler, & Özşahin, 2010).

2.2.1.1. Prevalence of War Trauma

The prevalence studies about PTSD according to dealing with a war-related traumatic event varies from country to country and war to war. In a study that looks for the prevalence of PTSD in civilian population in Southern Lebanon, it is found that the prevalence of PTSD is 29.3% after two decades of the occupation of Israeli of

Southern Lebanon (Farhood, Dimassi, & Lehtinen, 2006). In another study, which looked for the prevalence of war related conditions according to displacement status in Jaffna, Sri Lanka, the PTSD prevalence is found as 7% (Husain, et al., 2011). Another study made with the civilians of Albanian Kosovars two years after the end of the conflict the PTSD prevalence is found as 23,5% (Eytan, et al., 2004).

2.2.2. Trauma and Psychological Consequences

Traumas can create post-traumatic stress disorder and signs of traumatic stress. In a study it is showed that bombing attacks in Istanbul, in 2003, create traumatic stress and post-traumatic stress disorder for the people who influenced by the attack directly or indirectly. Also the same study showed that these traumatic events may cause different traumatic stress signs for different socio-demographic groups and age groups. It is found that post-traumatic stress disorder rates are higher for elder people than adolescence group (Aker, et al., 2008). In another study made with terrorist attack in Turkey, Reyhanlı, it is found that after six months of the attack people who actively witnessed the attack have higher rates of stress reaction, anxiety and depression (Arı, et al., 2016).

Experiencing a trauma may also affect the life of the people after the traumatic event. People, who had a war or military experience, may feel desperate and depressed when they turn back to home town. In a study it is found that when depression is seen with burnout turning back to home; tendency to self-destructive attempts will increase (Taghva, Imani, Kazemi, & Shiralinia, 2015).

Also people may have some social and interpersonal relation problems when they turn back to their hometown after military service. In a study it is found, military veterans who served in Iraq and Afghanistan, three fourths of the married/cohabiting veterans reported some family related problems like feeling guest in their household (40.7%), their children acting afraid or not being warm toward them (25.0%), or being unsure about their family role (37.2%). Also veterans who are recently separated reported conflicts that involve ‘shouting, pushing or shoving’ (53.7%), and 27.6% of them reported that their partner was afraid from them. According to this study; depression and posttraumatic stress disorders symptoms are associated with higher rates of family reintegration problems (Sayers, Farrow, Ross, & Oslin, 2009).

Traumas affects not only the psychological wellness of people but also the physical health of the person who experience a trauma. It is also found that traumatic experiences lead to cause physical problems in heart and stomach and may also cause common health problems like cardiovascular or gastrointestinal diseases, arthritis or diabetes (Husarewycz, El-Gabalawy, Logsetty, & Sareen, 2014).

Trauma is also seen linked with several psychopathologies that may be seen as secondary symptoms of trauma. In a study made with war veterans, 93% of veterans reported pain, greater part (78%) of the veterans used descriptive terms analytical of neuropathic pain, with 29% reporting symptoms of a concussion or feeling dazed. This study showed that veterans with symptoms of war-related post-traumatic stress disorder have high prevalence of considerable pain, which includes neuropathic pain (Kip, et al., 2014).

Survivors of a trauma may also have different psychiatric disorders caused by the trauma. In a study made with women veterans from Gulf War I, Iraq and Afghanistan Wars, three trauma-related mental health outcomes are seen which are; posttraumatic stress disorder symptoms, depressive symptom severity and alcohol misuse (Hassija, Jakupcak, Maguen, & Shipherd, 2012). In another study it is found that people who had more traumatic experiences, such as witnessing death threating or injury, had much more alcohol misuse problems (Wilk, et al., 2010). Also another study made with combat veterans showed that co morbidity of substance misuse with posttraumatic stress disorder is high for combat veterans (McDowell & Rodriguez, 2013).

As seen in the long-term impact of the post-traumatic stress disorder, it is easy to say that PTSD is a constant, normative and main result of severe trauma, in a study made with former prisoners during war it has been found that more than the half of the man, 53%, met the criteria for lifetime post-traumatic stress disorder and 29% of them met the criteria of current post traumatic stress disorder (Engdahl, Dikel, Eberly, & Blank, 1997).

Traumas can cause several effects on individuals even some time past on the event. In a study it is found that even 11 years after the war, Kosovar families, both parents and children, have high prevalence rates of clinically relevant posttraumatic

stress, anxiety, and depressive symptoms (Schick, Morina, Klaghofer, Schnyder, & Müller, 2013).

In a study made in TRNC; after thirty years of the Conflict post-traumatic stress disorder rates are investigated between internally displaced and non-displaced people. 20% of PTSD rate for internally displaced people was significantly higher than non-displaced people and also depression scales were higher for displaced people (Ergün, Çakıcı, & Çakıcı, 2008).

2.2.3. Post-Traumatic Stress Disorder

Although the effects of trauma started to seen since the late 1800s, trauma officially recognized by the psychological medicine in 1980, with the release of Diagnostic and Statistical Manual of Mental Disorders III (DSM-III), under the name of Post-traumatic Stress Disorder (PTSD) (Micale & Lerner, 2001).

Stresfull or traumatic life events will cause trauma and stressor related disorders. According to Diagnostic and statistical manual of mental disorders fifth edition (DSM-V); trauma and stressor related disorders are reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder(PTSD), acute stress disorders and adjustment disorders (American Psychiatry Association, 2013).

Even the early findings made about post-traumatic stress disorder by many psychologists like Freud, Breuer or Janet, the world ignored to accept the term of PTSD (Keynan, 2015). In another view the term of PTSD is started to use after the Vietnam War, with the help of mental health workers (Micale & Lerner, 2001).

In DSM-III it is aimed to define the stressor, and PTSD qualified as a disorder caused by situations that are extraordinary or out of normal daily life experiences, by this definition war, rape or natural disasters are included but death of a loved one or losing job are excluded. Post-traumatic stress disorder has been reviewed in DSM-III-R in 1987, in DSM-IV in 1994 and in DSM-IV-TR in 2000. Most important change has been made in DSM-IV which was, person's response to the event, which may be fear, horror or helplessness, got more important than the event and the diagnostic criteria is based on both the response and the event in DSM-IV (Hunt, 2010).

In the up-to-date version, DSM V post-traumatic stress disorder takes part in trauma- and stressor- related disorders and in DSM V symptoms of post-traumatic stress disorder, the criteria A is directly experiencing the traumatic event which may be exposure to actual or threatened death, injury or sexual violence; witnessing or learning that a family member or a close friend had a traumatic experience, or experiencing repeatedly, or being exposure to details of the traumatic event. The B criteria is recurrent and involuntary, distressing memories of traumatic event, distressing dreams or affects of the dream related to traumatic event, and or dissociative reactions, as flashbacks related to traumatic event, intense or prolonged psychological distress when the trauma experience exposure to cues of traumatic event, and physiological reactions to those traumatic events. The C criteria is avoidance of stimuli associated with traumatic event, as avoiding or efforts to avoid distressing memories, avoiding external reminders as people, place or conversations. The criteria D is negative changes in cognitions or mood related with the traumatic event as inability to remember important details of the traumatic event, and/or negative beliefs about the traumatic event as being bad, untrusted or wrong, distorted cognitions about the traumatic event, negative emotions, decreased interest or participation to significant activities, feeling detached from other people, or persistent inability to have positive emotions. The E criteria is arousal or reactivity related with the traumatic event as irritability in behavior, anger bursts, self-destruction behaviors, hyper-vigilance, concentration and sleep disturbances. The duration of the criteria B,C,D, and E should be more than 1 month and these disturbance should cause clinically significant distress or impairment in social, occupational or important functions (American Psychiatry Association, 2013, pp. 271-272).

2.2.4. Risk Factors of Developing Post-Traumatic Stress Disorder

People experience trauma, but not all of them develop trauma related psychopathologies. In DSM-III, which is the first time that post-traumatic stress disorder is started to be known officially, it said that post-traumatic stress disorder is seen after an experience which can cause distress for almost everyone and also which is “generally outside of the range of usual human experience” (American Psychiatric Association, 1980, p. 236). Despite of these studies show that, even people experience a traumatic situation, an unusual human experience, not all people develops post-

traumatic stress disorder (Digangi, et al., 2013).Reactions to traumas are unpredictable and trauma related psychopathologies are affected by several factors. Even the post traumatic disorder is the most documented disorder after experiencing a trauma, not all people develop PTSD after the traumatic event. This shows that there should be the risk factors which may increase the vulnerability of traumatic event. The risk factors of developing trauma related psychopathologies can be divided into three sub-groups as pre-trauma factors, for the period of trauma factors and post-trauma factors (Sayed, Iacoviello, & Charney, 2015).

According to a review study made with 54 prospective post-traumatic stress disorder studies published between 1991 and 2013, it is revealed that many variables, which seems as results of the trauma are actually premature risk factors to develop post-traumatic stress disorder. This study shown that there are six categories of pre-trauma predictor variables which may be seen as risk factors for developing PTSD, which are listed as cognitive abilities, coping and response styles, personality factors, psychopathology, psychophysiological factors and social ecological factors (Digangi, et al., 2013).

In another study it is shown that pre-trauma risk factors may also include demographic factors like age, gender, race, education status and former psychopathologies, neurobiological factors (Sayed, Iacoviello, & Charney, 2015). Also in another study the effects of trauma according to developmental stages has been showed. In this study it is seen that in different ages there are different reactions to war related traumas like temper tantrums and sleeping problems in three year old or younger babies, asking more questions about war, somatic symptoms like gastrointestinal problems or pains in preschool period and aggression in adolescence (Erden & Gürdil, 2009).

According to studies the duration, type and the severity of trauma and the perception of the threat caused by the trauma may be seen as the peri-traumatic factors that may increase the risk of traumatic disorders (Sayed, Iacoviello, & Charney, 2015). For instance severity of the trauma is found a key factor of trauma related psychopathologies. In a study made with soldiers of U.S. who have battled in Vietnam it is seen that active participating in a combat, killing or wounding an enemy will

increase the risk of developing post-traumatic stress disorder symptoms than passive witnessing to a trauma (Van Winkle & Safer, 2011).

Quality, severity, previous traumatic events, posts traumatic life conditions are important factors that affect developing trauma related psychopathologies (Özgen & Aydın, 1999). Social support, and previous stress experiences are also factors which will affect developing trauma related psychopathologies. (Erden & Gürdil, 2009). In contrast, in another study it is found that if the feeling of shame is strong, the trauma experiencer of the trauma has negative thoughts about the helpfulness of social support (Dodson & Beck, 2017).

2.3.Family Functions

Family is the smallest social group and children learn to adjust to society and social groups by the help of family. Functionality of a family can be seen in different areas of relations within a family like communication, roles of the family members, problem solving methods of people in the family, showing care and control mechanisms within the family. A trauma may cause disruptions in the system of family as care, protection and these disruptions may cause impairments, isolations and depressions and these situations may affect the functions of the family (Gewirtz, Forgatch, & Wieling, 2008).Family is an important support system for human beings. When a person affect from a traumatic event, not just the person but the whole family will affect by this event and if the person could not find the needed support before, during or after the traumatic event, the whole family members may be affected by the event (Figley, 1986).

Family functions and trauma are interrelated as family cohesion and adaptability of family members has a noteworthy effect on trauma symptoms, as the family cohesion and adaptability increase the trauma decrease and on the contrary as the family cohesion and adaptability increase the psychological well-being of family members will increase (Uruk, Sayger, & Cogdal, 2007).

2.3.1. Effects of Parenting on Children

Different parental styles have different effect on offspring's attitudes towards their parents and this will change the psychological wellbeing of offspring's. If the parental attitude and behaviors are pressure, discipline, or over protective this will cause

consistent negative effects on children but if the parental attitude is democratic, acceptor this will cause consistent positive effects on children (Sümer, Aktürk, & Helvacı, 2010).

Parenting styles may affect psychological well-being of the offspring. In a study, made with Vietnamese fathers and their adolescent children, it is found that perceiving the fathers' parenting style as authoritarian may cause children to have lower self-esteem and higher depression scores than the children who perceive their fathers as authoritative (Nguyen, 2008).

In a review study it is mentioned that children's psychological well-being is related with parental acceptance and rejection. According to parental acceptance and rejection theory (PART) it is believed that acceptance of parents' supports growth of children's social, emotional and cognitional capacities in short and long term but rejection of parents may cause introversions and social problems in interpersonal relations for children (Önder & Gülay, 2008).

2.3.2. Effects of Post-traumatic Consequences on Parenting and Family Functions

PTSD affects the psychological well-being of the person who suffers from it and this situation may cause complications in daily life routines. Parenting is an important responsibility and problems in parenting may affect not only the parent but also the children.

People who experienced a trauma may feel helplessness and disappointment in their parenting performance and may feel several symptoms that may overlap with depression and anxiety which may without a doubt affect their parenting; also the PTSD symptoms may influence destructively the parent's functioning, because the parent may not be able to be helpful to children's needs because of their own problematic symptoms (Appleyard & Osofksy, 2003).

Family functions and parenting may also cause problems for interpersonal relations for the members of family. In a study made with high school students it is found that family dysfunctions may cause bullying and getting bullied, but behavioral control is healthy for the families who are getting bullied (Eşkisu, 2014).

2.3.3. Effects of Parental Trauma on Children

A child will learn everything from relations with parents so any problem that a parent live may directly affect the children. As mentioned before, a traumatic experience may cause helplessness and anxiety because of comorbid problems as depression, those effects on parenting may cause several depressed affects and behavioral problems for the children of the traumatized parent (Appleyard & Osofksy, 2003).

According to Dekel and Goldblatt, symptoms of trauma; like headaches, emotional numbing, difficulties to trust others, heightened sense of vulnerability will affect the significant others, families or caregivers of the trauma survivors and this will cause to see traumatic traces in the secondary people who do not personally experienced trauma (Dekel & Goldblatt, 2008).

Studies show that traumatized parents tend to use the authoritarian or permissive parenting styles (Leslie & Cook, 2015).In a study which examines parenting styles and effects of maternal trauma on toddlers, it is found that authoritarian parenting style, which includes verbal hostility, physical coercion and low nurturance, is seen as the most used parenting styles from the mothers who experienced interpersonal trauma. These parenting styles are predicted to cause hyperactivity, affective and oppositional defiant disorders for the toddlers, thus it is seen that maternal trauma and effects of trauma on parenting styles may affect the child in early stages of life and this will be seen as an intergenerational transmission of trauma (Schwerdtfeger, Robert, Werner, Peters, & Oliver, 2013).

Parental trauma may have negative effects on children. In a study especially emotional numbing cluster is significantly related with perceived personal relation domains. In the same study emotional numbing seem as the component of interpersonal impairment in war-zone areas (Ruscio, Weathers, King, & King, 2002).

According to a study it is found that aggression and anxiety is higher for children whose fathers are war veterans and have PTSD, same study showed that no significant difference was found in social development of offspring group whose fathers have PTSD to those whose fathers do not have any post-traumatic stress disorder (Ahmadzadeh & Malekian, 2004).

In a study that made after 11 years of the war, the study showed that there are correlations between children's depressive symptoms and paternal post-traumatic stress, anxiety and depressive symptoms, but there is no correlation with maternal symptoms (Schick, Morina, Klaghofer, Schnyder, & Müller, 2013). On the other hand in another study it is found that, maternal war related trauma have significant effects on children psychological well-being (Küçükertan, 2013).

In societies, repetitions of social traumas, named as remembrance, are popularly seen by politic groups to make references, to spread an ideology and to create new groups related to these politic groups (Yalçınkaya, 2011).

One of these psychological consequences is interpersonal and theistic object relations. First generation of the trauma survivors will have trauma responses and pervasive attitudes towards their children and this second generation of trauma survivors will have harmful ramifications worldview, interpersonal and theistic object relations, these limitations will cause problems in the lives of second generation survivor when they get in adulthood (Juni, 2015).

Parents who have a traumatic experience may have different attitudes to their children than other people. Parents who are Holocaust survivors may give less attention or validation to their children and this may cause emotional problems to their children (Brown, 2010).

CHAPTER III

3. METHODOLOGY

3.1. Model of Study

In this study correlational quantitative research method is used. In correlational research method, the relation between two or more variables are examining without any interruption for the variable groups (Büyüköztürk, Çakmak, Akgün, Karadeniz, & Demirel, 2013). Also in this study predictive correlational design is used, which is a method to estimate, not explain the values of one variable or group by using the values of another or more variables or groups (Vogt & Johnson, 2011).

3.2. Population of Sample

35 Erenköy war veterans and 35 offspring of them is chosen for the study. Exclusion criteria for the participants are; being a civil in that war times, and not being a veteran in Erenköy region, having a psychological illness before or after the war times or having an illness, that may probably effect the course of the study, like dementia. Also having no children is a exclusion criteria for the first generation participants.

3.3. Instruments

For the study there are two different questionnaire groups; which are divided into two in each group. First generation people of Cyprus Ethnic Conflict, who are actively battled in the war times in Erenköy Exclave region are the first group, and the second questionnaire group is designed for the second generation of people who are the children of people who experienced the Cyprus Ethnic Conflict in Erenköy Exclave war.

3.3.1. Instruments for First Generation People of Cyprus Ethnic Conflict

There are 3 different questionnaires for the first generation people of Erenköy exclave war, which will give information about pre-conflict, during conflict and post-conflict psychological status of the people, PTSD Checklist to obtain information about the post-traumatic stress level of the participant and SCL-90 to gain information about psychological status and psychological symptoms of the participant.

3.3.1.1 Demographic Information Form for First Generation People of Cyprus Ethnic Conflict, Erenköy Exclave War

Several questions are developed by the researchers to obtain information about the conflict times and socio-demographic status of the participant. This questionnaire also has questions about post combat times, social and psychological support of the participant. The form consists of 34 questions.

3.3.1.2 PTSD Checklist- Civilian Version

PTSD Checklist- Civilian Version (PCL-C) is a self-report instrument consist of 17 question which are six Likert type (0-5) and the participant chose between the options from "not at all" to "extremely". This instrument developed by Weathers in 1991 and examined the diagnostic efficiency by Blanchard, Jones-Alexander, Buckley and Forneris in 1996 (Brewin, 2005). In this instrument it is aimed to look for post-traumatic stress level of the participants (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996). The Turkish version of the checklist is made by Neşe Kocabaşoğlu, Aytül Çorapçıoğlu Özdemir, İlhan Yargıç and Pakize Geyran in 2005 (Kocabaşoğlu, Özdemir, Yargıç, & Geyran, 2005).The instrument has 3 subscales which are re-living, hypersensitivity and avoidance. From these subscales; re-living and hypersensitivity subscales have 5 questions each and the avoidance subscale has 7 question. The first 5 questions are for re-living subscale, the questions from 6 to 12 are for avoidance subscale and questions from 13 to 17 are for hypersensitivity subscale. All of the questions are designed for the DSM-IV PTSD sypmtoms.

It is suggested to use the cutoff point as 50 but also using the cutoff point as 44 gives accurate results (Brewin, 2005). On the other hand; the Turkish version of PCL-C cut-off points between 22 and 24 gives accurate results both sensitivity and specificity were over 70%. Also the Turkish reliability and validity study gives the Cronbach of PCL-C as 0. 922 (Kocabaşoğlu, Özdemir, Yargıç, & Geyran, 2005).

3.3.1.3 Symptom Check List (SCL-90)

Symptom Check List (SCL-90) is a 90 question, self-evaluation form of psychological symptoms which was developed by Derogatis to its' final situation. This scale's Turkish reliability and validity is made by İhsan Dağ in 1991. This scale has 9 different sub-groups to describe 9 different psychological symptom dimensions and three indexes of distress (Derogatis & Cleary, 1977). Those subscales are;

somatization (SOM), obsessive-compulsive (O-C), interpersonal sensitivity (INT), depression (DEP), anxiety (ANX), hostility (HOS), phobic anxiety (PHOB), paranoid thoughts (PAR) and psychoticism (PSY). The three indexes of global distress reflects overall psychological distress (Derogatis & Cleary, 1977). Each item has a 0 to 4 Likert type scale and participants will answer the sentences according to their last 15 days mood. All of the scale has 0.97 Cronbach Alfa internal consistency coefficients (Dağ, 1991). The reliability coefficient of the subscales found as .82 for DEP, .84 for O-C, .79 for INT, .78 for DEP, .73 for ANX, .79 for HOS, .78 for PHOB, .63 for PAR, .73 for PSY and .77 for additional scale (Kılıç, 1991).

The SOM dimension of the checklist 12 item which are 1, 4, 12, 27, 40, 42, 48, 49, 52, 53, 56, 58 and focuses on the perception of bodily dysfunctions. The second dimension is O-C and it has 10 item which are 3, 9, 10, 28, 38, 45, 46, 51, 55, 65 and this dimension is designed to look for the clinical syndrome of obsession-compulsion but it also looks for cognitive performance deficit. Third dimension is INT and this dimension focuses on self-deprecation, personal inadequacy and acute self-consciousness. This dimension has 9 item which are 6, 21, 34, 36, 37, 41, 61, 69, and 73. Fourth dimension of the checklist is DEP and it consist 13 items which are 5, 14, 15, 20, 22, 26, 29, 30, 31, 32, 54, 71 and 79. This dimension is the largest dimension of the SCL-90 and it focuses on clinical depression symptoms. The fifth dimension is ANX and the items are 2, 17, 23, 33, 39, 57, 72, 78, 80, 86. The sixth dimension is HOS and the items are 11, 24, 63, 67, 74, and 81. The seventh dimension is PHOB and the items are 13, 25, 47, 50, 70, 75, and 82. The PAR dimension includes the items 8, 18, 43, 68, 76, and 83. The final dimension which is PSY has the items 7, 16, 35, 62, 77, 84, 85, 87, 88 and 90, also there is a additional scale which looks for the sleeping disorders, appetite disorders and guilty feelings and has the items 19, 44, 59, 60, 64, 66, 89 (Derogatis & Cleary, 1977).

The cut off score of the SCL-R is suggested as 1,00 for psychiatric screening. As an increase seen for the average scores of the subgroups, it is an indicator that the seriousness of the participant’s psychopathology is increasing (Köroğlu & Aydemir, 2009). It is accepted as mild or average level of psychopathological symptom is a person gets a score between 1,00 to 1,50 in general symptomatic index (GMI) or in subscales (Dağ, 1991).

3.3.2. Instruments for Children of First Generation People of Cyprus Ethnic Conflict

There are 3 different questionnaires for the children of first generation which are demographic information form for children to get information about the children and relation between the parent and child, The McMaster Family Assessment Device to obtain information about the functions of the family and symptoms checklist to look if there is any psychological symptom for the child.

3.3.2.1. Demographic Information Form for Children of First Generation People of Cyprus Ethnic Conflict

Several questions are developed by the researchers to obtain information about children's relation with their parents and knowledge about their parents' experiences in the conflict time. This demographic Information Forms consist of 24 questions like gender, age, education status, education status of parents, if the parents talk about conflict times etc.

3.3.2.2. Family Assessment Device (FAD)

Family assessment device is prepared by Nathan B. Epstein, Lawrence M. Baldwin and Duane S. Bishop in 1983 according to McMaster Model of Family Functioning (Epstein, Baldwin, & Bishop, 1983), and Turkish revision of the device is made by Işıl Bulut in 1990 (Bulut, Aile Değerlendirme Ölçeği (ADÖ) El Kitabı, 1990).The cronbach alpha values for the Turkish version of the device is found between 0.38 and 0.86 for subscales, and test re-test values of the scale spread from 0.62 to 0.90 (Bulut, Ruh Hastalığının Aile İşlevlerine Etkisi, 1993).Family assessment device is a problem screening device which is self-report style and has 4 point Likert style 60 item, which has seven different domains. These domains are problem solving, communication, roles, emotional reaction, showing required care, control of attitude and general functions. Every domain has a point from 1 to 4, 1 shows the health of the family functions and 4 shows the unhealthy functions of the family. Two points is the cut-off point for the scales and higher points than two means that there are problems in that area of the family functioning. This device can be used for every person in the family who are older than 18 (Abalı, Durukan, Güdek, & Tüzün, 2006).

The operational descriptions of the seven subscales are listed as; statements 2, 12, 24, 38, 50 and 60 stand for problem solving subscale, statements 3, 14, 18, 22, 29, 35, 43, 52, 59 are for communication subscale, statements 4, 8, 10, 15, 23, 30, 34, 40, 45,

53, 58 stand for roles subscale; 9, 19, 28, 39, 49, 59 are listed for affective responsiveness or emotional reaction, statements 5, 13, 25, 33, 37, 42 and 54 are listed for affective involvement or showing required care subscale, behavioral control subscale is looked by states 7, 17, 20, 27, 32, 44, 47, 48, 55, and the last subscale which looks for the general functions of the family is looked by statements 1, 6, 11, 16, 21, 26, 31, 36, 41, 46, 51 and 56 (Bulut, 1993).

3.3.2.3. Symptom Check List (SCL-90)

This instrument has been also used for the first generation of the ethnic conflict and the checklist has been described in 3.3.1.3.

3.4. Procedure

In this study purposive sampling technique is used for reaching the participants. Purposive sampling technique helps for obtaining information from information rich-cases, and making in-depth research for these groups (Büyüköztürk, Çakmak, Akgün, Karadeniz, & Demirel, 2013). A list of mujahedeen's has been obtained from the "Erenköy Mücahitler Derneği" which is an association of Erenköy Mujahedeen's, then participants are called by phone first of all, asked for permission for the study and researcher made an appointment with the participants. Researcher read the consent form and then the participant signed it, when the mujahedeen finished the survey, the information form is given then the contact information of the child of the participants has been gained and the second part of the survey is made. All of the data are obtained between June 2017- August 2017.

3.5. Statistical Analysis

Statistical Package for Social Sciences(SPSS) and AMOS 21.0 is used for the statistical analysis of the study.

Frequancy analyses used for the determination of the distribution of descriptive information of the first and second generation, war time experiences, traumatic experiences of first generation and knowledge about the war times and having answers to the questions about the war times of their fathers of the second generation.

Descriptive statistics are given for the PCL-C and SCL90R scores of the first generation and FAD and SCL90R scores of the second generation as standart deviation, minimum and maximum scores.

The hypothesis testes for the research is decided by the concordance of normality distribution. In accordance to this purpose normality of distribution of the data set is investigated by Shapiro-Wilk test and nonparametric hypothesis tests are used because there is no normal distribution of the data set.

Pearson correlation analysis is used for the relation between the scores gained from the scales of the first generation and second generation. Structural Equation Model (SEM) is used for investigating the effects of PCL-C scores of the first generation on SCL90R scores of the first generation and FAD scores of the second generation, effects of SCL90R scores of the first generation on SCL90R scores on the second generation and FAD scores of the second generation, and the effects of FAD scores on the SCL90R scores of the second generation. Mann-Whitney U test is used for investigating the differences between FAD scores and SCL90R scores of the second generation according to getting answers to the questions about their fathers war time experiences and traumatic symptoms of the first generation.

CHAPTER IV

4. RESULTS

Table 1.

Distribution of First Generation according to Demographic Information

	(n)	(%)
Age		
72	5	14,29
73	9	25,71
74	8	22,86
75	9	25,71
76	4	11,43
Age when the conflict started		
19	5	14,29
20	9	25,71
21	9	25,71
22	6	17,14
23	6	17,14
Place of Birth		
Nicosia	9	25,71
Paphos	10	28,57
Limassol	3	8,57
Larnaca	3	8,57
Lapethos	2	5,71
Famagusta	2	5,71
Lefka	3	8,57
Kyrenia	3	8,57
Status of Education		
Highschool	1	2,86
University	32	91,43
Post-graduate	2	5,71
Marital Status		
Married	30	85,71
Widow	5	14,29
Marital status before the conflict		
Single	32	91,43
Engaged	1	2,86
Married	2	5,71
Occupation		
Retired from private sector	5	14,29
Retired from civil servant	30	85,71
Economic Status		
Intermediate	25	71,43
High	10	28,57

In the table 1. There is the demographic information of the first generation participants who joined in the study. When the table is examined, 14,29% of the participants is at the age of 72, 25,71% of the participants are at the age 73, 22,86% is at the age of 74, and 25,71% is at the age of 75, and again 14,29% of the participants are at the age of 19 when the conflict first started, 25,71% is at the age of 20, 25,71% is at the age of 21, 17,14% is at the age of 22 and 17,14% is at the age of 23, 25,71% is born in Nicosia and 28,57% is born in Paphos. When the education status is examined 91,43% of the participants are graduated from university. 85,71% of the participants are married now and 91,43% was single when the conflict first started. 85,71% is retired from civil servant and 71,43% has intermediate economical status.

Table 2.

Distribution of events lived in conflict times

	(n)	(%)
Actively battleing in Conflict times		
Yes	35	100,00
Having a military education		
Yes	35	100,00
Duration of military education		
1-15 days	13	37,14
16-30 days	18	51,43
31 days and more	4	11,43
Duration of staying in Erenköy		
1 month or less	2	5,71
6 month - 1 year	5	14,29
1 year- 1.5 year	9	25,71
More than 1.5 year	19	54,29
Doing the expectations before starting to battle		
Yes	30	85,71
No	5	14,29
Degree of adherence to purpose		
Extra dependent, as self-sacrifice	10	28,57
Very dependent- active work, private life is arrange according to work	6	17,14
Intermediately dependent- a little work, not self-sacrifice	11	31,43
Less dependent, no active work	8	22,86
Other veterans in the family		
Yes	29	82,86
No	6	17,14

Table 2.

Distribution of events lived in conflict times(continue)

Physical incapabilities at war times; hunger, health problems		
None	3	8,57
Light	2	5,71
Intermediate	5	14,29
Highly	9	25,71
Extreme	16	45,71
Any other people aroun who experienced physical incapabilities		
Yes	33	94,29
No	2	5,71
Captivity or torture		
Yes	2	5,71
No	33	94,29
Any other people aroun who experienced captivity or torture		
Yes	6	17,14
No	29	82,86
Bombing or army assault		
Yes	28	80,00
No	7	20,00
Physical Injury		
Yes, life-threatining	1	2,86
Yes, outpatient traitment	8	22,86
No physical injury	26	74,29
Physical Injury around		
Yes, life-threatining	12	34,29
Yes, outpatient traitment	11	31,43
No physical injury	12	34,29
Closeness of the Injured (N=23)		
Close friend	11	47,83
Friend	5	21,74
Familiar	7	30,43
Witnessing the death of a friend		
Yes	15	42,86
No	20	57,14
Having a person around who witness the death of a friend		
Yes	25	71,43
No	10	28,57
Wounding or killing someone in the conflict		
Yes	17	48,57
No	18	51,43
Having a person around who wounded or killed someone		
Yes	25	71,43
No	10	28,57

When the table 2 is examined, the distrubition of experiences and events lived in the conflict times is given.

In the table 2; it is identified that all of the participants had an active battleing experience and also all of the participants had a military education, 37,14% of the participants had 1-15 days military education, 51,43% had 16 to 30 days, and 11,43% had 31 days and more military education. 25,71% of the veterans lived in Erenköy between 1-1,5 years, and 54,29% lived more than 1,5 years in Erenköy.

It is found that 85,71% of the participants did what they expected in the conflict times, 28,57% are highly dependent to their purposes in the war, 31,43% are intermediately dependent and 22,86% are lightly dependent to their purposes in the war times. 71,42% feeled physically inssufficient and 94,29% of the people around the participants also had similar physicall inssufficiency. 5,71% of the participants had torturing or captivity, and 17,14% of the participants had people around who had been tortured or being hostaged. It is also found that 80% of the participants had bombing and army assault.

22,86% of the participants who joined to the study had a injury which had an outpatient treatment, 74,9% had no injury and 34,29% of the participants had people around who had a life-threating injury, 31,43% had outpatient treatment and 34,29% had no injury. 47,83% of the injured people were close friend, 21,74% are friend and 30,43% are familiar people around. 42,86% of the participants witnessed the death of a friend and 71,43% of the participants had a person around who witnessed the death of a friend.

Tablo 3.
Distribution psychological status of first generation about the events

	(n)	(%)
Being ready for the war events		
None	1	2,86
Light	4	11,43
Intermediate	11	31,43
Highly	8	22,86
Extreme	11	31,43
Having unforgotten events in the war time		
None	5	14,29
Light	4	11,43
Intermediate	10	28,57
Highly	12	34,29
Extreme	4	11,43
Being strained in te war time		
None	5	14,29
Light	3	8,57
Intermediate	7	20,00
Highly	15	42,86
Extreme	5	14,29
Having behaviours which are later disturbing and regretful		
Yes	5	14,29
No	30	85,71
Immigration after the war times		
Yes	11	31,43
No	24	68,57
Having a psychological illness before the conflict times		
Nı	35	100,00
Having a psychological illness after the conflict times		
Hayır	35	100,00

Psychological status of the participants about the war times is seen in the table 3. According to table 3; it can be seen that 22,86% of the participants highly, 31,43% are extremely ready for the war times. Also 34,29% of the participants reported that 34,29% of the participants feel extremely unforgetful about the war time events. 42,86% of the participants feels extreme difficulties at the war times, 14,29% of the participants feels no difficulties at the war time. 85,71% of the participants said that they had no behaviors at the war time that cause disturbance or regrets. 68,57% of the

participants did not migrate from where they live before the war times and 31,43% of the participants had been migrated from the place that they live before the war times. All of the participants had no psychological illnesses that need a treatment, before or after the war times.

Table 4.
Distribution of opinions about post war times and having support for the first generation

	(n)	(%)
Reflection of difficulties to the public		
Yes	14	40,00
No	21	60,00
Satisfaction about result		
None	13	37,14
Light	7	20,00
Intermediate	10	28,57
Highly	2	5,71
Extreme	3	8,57
Financial aid from the government		
Yes	8	22,86
No	27	77,14
Non-financial aid from the government		
Yes	16	45,71
No	19	54,29
Satisfaction about result		
Highly satisfacted	3	8,57
Lighltly satisfacted	10	28,57
No effect	21	60,00
Became irritated	1	2,86
Psychological illnesses in the family		
No	35	100,00
Political beliefs about Cyprus Problem		
Solution and bi-communal, bi-zonal federal state	12	34,29
Confederal solution of two seperate states	7	20,00
As a continuation of TRNC	12	34,29
Return to the 1960 Republic of Cyprus	3	8,57
Combining to Turkey	1	2,86

In the table 4 the distribution of first generation according to opinions about post war times and having support is seen.

When the table 4 is examined; 60% of the participants think that the difficulties did not reflected to the public and substantially not satisfied from the results of the

supports. 77,14% and 54,29% of the participants who participated in the study said that they did not have any financial or non-financial support from the government after the war times. %60 of the participants were not satisfies from the support results.

Also 34,29% of the participants think that the solution of the Cyprus problem can be by bi-communal states and 34,29% of the participants think that the solution of the Cyprus Problem should be the continuation of TRNC.

Table 5.
Distribution of Effects of war experience on first generation people's life

	None		**Light**		**Intermediate**		**Highly**		**Extremely**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Physical health	6	17,14	1	2,86	14	40,00	13	37,14	1	2,86
Family life	5	14,29	2	5,71	15	42,86	12	34,29	1	2,86
Social life	6	17,14	2	5,71	14	40,00	12	34,29	1	2,86
Economic status	4	11,43	1	2,86	17	48,57	12	34,29	1	2,86
Work-School life	3	8,57	2	5,71	17	48,57	12	34,29	1	2,86
Political Life	6	17,14	2	5,71	14	40,00	12	34,29	1	2,86
General Evaluation	4	11,43	3	8,57	16	45,71	11	31,43	1	2,86

The table 5 is given the distribution of the effects of war experiences on the first generation people's life.

When the table 5 is evaluated it can be seen that the vast majority of the participants think that the effects of the war experiences affected first generation people's life highly or intermediately in the questions of effects on physical health, family life, social life, economic status, work/school life, political life and on general evaluation.

Tablo 6.
Distribution of the support taken from the relatives during and after the war times

	None		Light		Intermediate		Highly		Extremely	
	n	%	n	%	n	%	n	%	n	%
Support from spouse during the war time	4	11,43	9	25,71	11	31,43	11	31,43	0	0,00
Support from friends during the war time	4	11,43	9	25,71	11	31,43	11	31,43	0	0,00
Support from parents during the war time	4	11,43	9	25,71	11	31,43	11	31,43	0	0,00
Support from relatives during the war time	4	11,43	9	25,71	11	31,43	11	31,43	0	0,00
Support from teachers during the war time	4	11,43	9	25,71	11	31,43	11	31,43	0	0,00
Support from spouse after the war time	1	2,86	7	20,00	7	20,00	14	40,00	6	17,14
Support from friends after the war time	1	2,86	7	20,00	7	20,00	14	40,00	6	17,14
Support from parents after the war time	1	2,86	7	20,00	7	20,00	14	40,00	6	17,14
Support from relatives after the war time	1	2,86	7	20,00	7	20,00	14	40,00	6	17,14
Support from teacher safter the war time	1	2,86	7	20,00	7	20,00	14	40,00	6	17,14

The table 6 gives the distribution of the support from the relatives during and after the war times.

According to table 6; the participants had lightly or intermediate support during the war times from relatives, teachers and friends and intermediate and high supports after the war times.

Table 7.

Distribution of traumatic experiences of first generation

	Life time				Last 6 months			
	Lived		Didn't live		Lived		Didn't Live	
	n	%	n	%	n	%	n	%
Child abuse	1	2,86	34	97,14	0	0,00	35	100,00
Natural disaster	11	31,43	24	68,57	0	0,00	35	100,00
Fire or explosion	5	14,29	30	85,71	0	0,00	35	100,00
Traffic accidents	6	17,14	29	82,86	1	2,86	34	97,14
Physical assault	4	11,43	31	88,57	0	0,00	35	100,00
Sexual assault	0	0,00	35	100,00	0	0,00	35	100,00
Experience of conflict or war	35	100,00	0	0,00	0	0,00	35	100,00
Torture or similar assault	0	0,00	35	100,00	1	2,86	34	97,14
Sudden death of loved one	23	65,71	12	34,29	4	11,43	31	88,57
Sudden illness of loved one	19	54,29	16	45,71	2	5,71	33	94,29
Sudden seperation from loved one	12	34,29	23	65,71	1	2,86	34	97,14
Domestic violence	0	0,00	35	100,00	0	0,00	35	100,00
Sudden unemployment, financial problems	4	11,43	31	88,57	0	0,00	35	100,00
Industrial accidents	2	5,71	33	94,29	0	0,00	35	100,00
Other specific stressful events	2	5,71	33	94,29	0	0,00	35	100,00

In the table 7 the distribution of traumatic events is given. And it can be seen that the participants did not lived a child abuse, a natural disaster, fire or explosition physical or sexual assault, domestic violence, unemployment or industrial disaster in the last 6 months. Also the participants did not experienced sexual assault and domestic violence in their life time. All of the participants had a conflict experience. 65,71% of the participants had a sudden loss of a loved one, 54,29% had a sudden illness of a loved one and 34,29% of participants had a sudden seperation from a loved one in their lifetimes.

Table 8.

Distribution of Demographic Infoımation of the Second Generation

	(n)	(%)
Age groups		
Younger than 35	16	45,71
Between 36-40	10	28,57
41 and older	9	25,71
Gender		
Female	18	51,43
Male	17	48,57
Place of Birth		
Cyprus	32	91,43
Turkey	2	5,71
London	1	2,86
Status of Education		
University	28	80,00
Post graduate	7	20,00
Marital Status		
Single	14	40,00
Married	20	57,14
Divorced	1	2,86
Occupation		
Private sector employer	5	14,29
Private sector labour	17	48,57
Civil Servant	13	37,14
Financial Status		
Intermediate	28	80,00
High	7	20,00

In the Table 8 distribution of the demographic information of the second generation is given.

When the Table 8 is examinated, it is found that 45.71% of the second generation participants are below the age 35, 28.57% are between 36 and 40 and 25,71% are older than 41. 51,43% of the offspring of war veterans are female and 48,57% are male. The place of birth of the second generation is 91,43% Cyprus, the education status is 80% university, the marital status is 57,14% married and the financial status of the second generation is found as intermadiate as 80%.

Table 9.

Distribution of the second generation according to the knowledge of war times of their fathers'

	(n)	(%)
Having open answers about their questions about war		
Very often	2	5,71
Ofen	2	5,71
Sometimes	14	40,00
Several times	13	37,14
Never	4	11,43
Knowing whether father is actively fighting or not		
Knowing	35	100,00
Talking frequency of father about this topic		
Very often	1	2,86
Ofen	3	8,57
Sometimes	17	48,57
Several times	9	25,71
Never	5	14,29
Knowing whether there is any other veteran in the family		
Yes, there was.	28	80,00
Yes, there wasn't.	1	2,86
No information.	6	17,14
Talking frequency of father about this topic		
Sometimes	13	37,14
Several times	15	42,86
Never	7	20,00
Knowing whether there was physical incapabilties for their fathers or around		
Yes, there was.	25	71,43
Yes, there wasn't.	1	2,86
No information.	9	25,71
Fathers' speaking situation about this topic		
Spoken	24	68,57
Not spoken	11	31,43
Knowing whether there was torture or prisoning for their fathers or around		
Yes, there was.	2	5,71
Yes, there wasn't.	13	37,14
No information.	20	57,14
Fathers' speaking situation about this topic		
Spoken	13	37,14
Not spoken	22	62,86
Knowing whether there was bombing or army assault for their fathers or around		
Yes, there was.	5	14,29
Yes, there wasn't.	4	11,43
No information.	26	74,29
Fathers' speaking situation about this topic		
Spoken	10	28,57
Not spoken	25	71,43
Knowing whether there was physical injury for their fathers or around		
Yes, there was.	2	5,71
Yes, there wasn't.	11	31,43
No information.	22	62,86

Table 9.

Distribution of the second generation according to the knowledge of war times of their fathers' (continue)

Fathers' speaking situation about this topic		
Spoken	11	31,43
Not spoken	24	68,57
Knowing whether there was witnessing death of a friend for their fathers or around		
Yes, there was.	6	17,14
Yes, there wasn't.	5	14,29
No information.	24	68,57
Fathers' speaking situation about this topic		
Spoken	11	31,43
Not spoken	24	68,57
Knowing whether there was killing or wounding for their fathers or around		
Yes, there was.	1	2,86
Yes, there wasn't.	2	5,71
No information.	32	91,43
Fathers' speaking situation about this topic		
Spoken	3	9,57
Not spoken	32	91,43
Knowing the effects of the war times on fathers' life		
Yes, there was.	25	71,43
Yes, there wasn't.	2	5,71
No information.	8	22,86
Fathers' speaking situation about this topic		
Spoken	31	74,29
Not spoken	9	25,71
Knowing whether the fathers had hard times in the war times		
Yes, there was.	25	71,43
Yes, there wasn't.	2	5,71
No information.	8	22,86
Fathers' speaking situation about this topic		
Frequent	20	57,14
Never	15	42,86

In the table 9; the knowledge about the experiences of their fathers' war time is given.

When the table 9 is examinated; it can be seen that 40% of the second generation participants get answers openly to their questions about war times, 80% know that there was anyone veteran in the family except their father, and 71,43% know that their fathers' had physical incapabilities such as hunger in the war times. 57.14% of the participants told that they do not know if their fathers got hostaged or being tortured and 62.86% told that their fathers did not talk about these topics. 91.43% of the second generation participants in the study told that they have no information if

their fathers killed or wounded someone in the war times and also 91.43% of the participants told that their fathers do not talked about this topic.

Tablo 10.

Distribution of the second generation according to the knowledge of war times' effects on their fathers

	(n)	(%)
Knowledge about the support during the war times		
Yes, there was.	16	45,71
Yes, there wasn't.	3	8,57
No information.	16	45,71
Fathers' speaking situation about this topic		
Spoken	16	45,71
Not spoken	19	54,29
Knowledge about the support after the war times		
Yes, there was.	16	45,71
Yes, there wasn't.	2	5,71
No information.	17	48,57
Fathers' speaking situation about this topic		
Spoken	15	42,86
Not spoken	20	57,14
Knowledge about the immigration after the war times		
Yes, there was.	10	28,57
Yes, there wasn't.	20	57,14
No information.	5	14,29
Fathers' speaking situation about this topic		
Spoken	19	54,29
Not spoken	16	45,71
Knowledge whether the father gets any proffessional support after the war times		
Yes, there wasn't.	24	68,57
No information.	11	31,43
Fathers' speaking situation about this topic		
Spoken	11	31,43
Not spoken	24	68,57
Knowledge about the governmental support after the war times		
Yes, there wasn't.	14	40,00
No information.	21	60,00
Fathers' speaking situation about this topic		
Spoken	13	37,14
Not spoken	22	62,86
Political beliefs about Cyprus Problem		
Solution and bi-communal, bi-zonal federal state	16	45,71
Confederal solution of two seperate states	9	25,71
As a continuation of TRNC	9	25,71
Other	1	2,86

Table 10 gives the distribution of knowledge of second generation about the effects of war on their fathers.

When the table 10 is examined, it is found that 45.71% of the second generation knows that fathers got a support from their relatives during and after the war times and 42,86% of the fathers talked about this topic. 68,58% of the second generation knows that their fathers did not get any proffesional psychological support and also their fathers did not talked about this. 45.71% of the second generation who were joined to the study, want a bicommunal solution about the Cyprus problem..

Tablo 11.

Distribution of traumatic events for the second generation

	Life time				**Last 6 months**			
	Lived		**Not Lived**		**Lived**		**Not Lived**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Child abuse	0	0,00	35	100,00	0	0,00	35	100,00
Natural disaster	1	2,86	34	97,14	0	0,00	35	100,00
Fire or explosion	1	2,86	34	97,14	0	0,00	35	100,00
Traffic accidents	2	5,71	33	94,29	0	0,00	35	100,00
Physical assault	2	5,71	33	94,29	0	0,00	35	100,00
Sexual assault	0	0,00	35	100,00	0	0,00	35	100,00
Experience of conflict or war	1	2,86	34	97,14	0	0,00	35	100,00
Torture or similar assault	0	0,00	35	100,00	0	0,00	35	100,00
Sudden death of loved one	11	31,43	24	68,57	3	8,57	32	91,43
Sudden illness of loved one	14	40,00	21	60,00	4	11,43	31	88,57
Sudden seperation from loved one	2	5,71	33	94,29	0	0,00	35	100,00
Domestic violence	0	0,00	35	100,00	0	0,00	35	100,00
Sudden unemployment, financial problems	1	2,86	34	97,14	0	0,00	35	100,00
Industrial accidents	0	0,00	35	100,00	0	0,00	35	100,00
Other specific stressful events	1	2,86	34	97,14	0	0,00	35	100,00

Table 11 gives the distribution of traumatic events for the second generation.

When the table 11 is examined none of the participants of the second generation lived a traumatic event as child abuse, natural disaster, traffic accident, torture or smilar assault for life time or for the last six months. Most of the second generation participants lived a trauma as death or illness of a loved one but again most of them did not lived this trauma for the last six months period.

Tablo 12.

Descriptive statistics for the PCL and SCL-90 scales for the first generation

	n	$\overline{x}$	s	Min	Max
Somatization (SOM)	35	6,34	4,32	0,00	19,00
Obsessive-Compulsive Symptoms (O-C)	35	7,74	5,63	0,00	23,00
Interpersonal Sensitivity (INT)	35	1,86	3,22	0,00	14,00
Depression (DEP)	35	8,74	5,39	1,00	21,00
Anxiety (ANX)	35	1,97	2,78	0,00	15,00
Hostility (HOST)	35	0,83	1,32	0,00	5,00
Phobic Anxiety (PHOB)	35	0,80	1,35	0,00	5,00
Paranoid Thoughts (PAR)	35	2,17	2,86	0,00	14,00
Psychoticism (PSY)	35	0,43	1,04	0,00	5,00
Additional Scale	35	4,51	2,64	0,00	12,00
SCL-90 General Scores	35	35,40	22,06	8,00	114,00
Re-living	35	6,86	5,33	0,00	22,00
Avoidance	35	11,11	6,58	0,00	26,00
Hyper-sensitivity	35	7,20	4,83	0,00	19,00
PCL Scale General Scores	35	25,17	14,53	0,00	64,00

Table 12 gives the descriptive statistics of the SCL-90-R and PCL-C scales as mean scores, standard deviations, minimum and maximum points.

When the table 12 is examined it can be seen that the first generation war veterans got mean scores as 6,34±4,32 in somatization subscale, 7,74±5,63 mean scores in obsessive-compulsive subscale, 1,86±3,22 mean scores in interpersonal sensitivity 8,74±5,39 mean scores in depression subscale, 1,97±2,78 mean scores in anxiety subscale, 0,83±1,32 mean scores in hostility subscale, 0,80±1,35 mean scores in phobic anxiety, 2,17±2,86 mean scores in paranoid thoughts, 0,43±1,04 mean scores in psychoticism subscale and 4,51±2,64 mean scores in additional scale. Overall scores

for the first generation in the SCL-90-R subscale is 35,40±22,06. The minimum score for the scale is 8 and the maximum score for the scale is 114.

When the PCL-C scores of the participants are examined, the mean scores for the re-living subscale are 6,86 ±5,33, the mean scores for the avoidance subscale are 11,11±6,58 and the mean scores for the hypersensitivity are 7,20±4,83. The minimum score for the PCL-C is 0 and the maximum score is 64 and the mean score for the overall scale is 25,17.

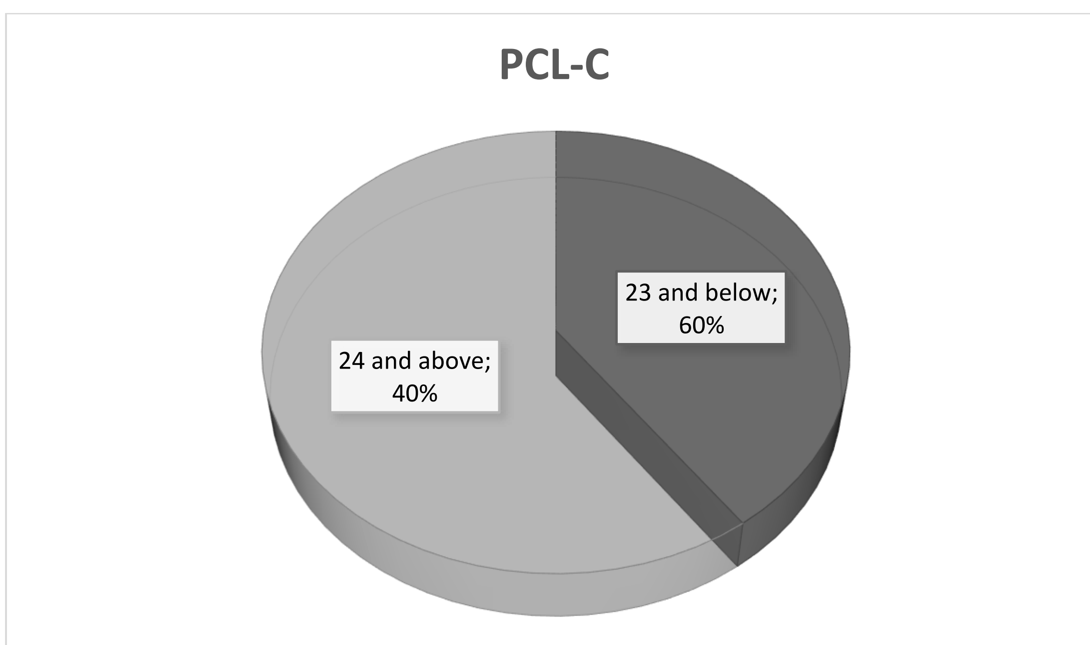

Figure 1. Distribution of PCL-scores

When the figure I. is examined, it can be seen that 40% the war veterans got 24 points and higher in the PCL-C Scale, which means that they have PTSD symptoms.

Table 13.

Descriptive Statistics of SCL90R and FAD Scales for the Second Generation

	n	$\bar{x}$	s	Min	Max
Somatization (SOM2)	35	6,51	4,48	1,00	20,00
Obsessive-Compulsive Symptoms (O-C2)	35	6,89	4,44	0,00	21,00
Interpersonal Sensitivity (INT2)	35	1,31	1,79	0,00	9,00
Depression (DEP2)	35	10,17	5,34	4,00	25,00
Anxiety (ANX2)	35	2,11	1,84	0,00	7,00
Hostility (HOST2)	35	1,40	1,61	0,00	6,00
Phobic Anxiety (PHOB2)	35	0,37	1,09	0,00	6,00
Paranoid Thoughts (PAR2)	35	0,91	1,80	0,00	9,00
Psychoticism (PSY2)	35	0,00	0,00	0,00	0,00
Additional Scale(ADD2)	35	2,89	2,49	0,00	12,00
SCL-90 General Scores2	35	32,57	16,78	8,00	81,00
Problem Solving	35	2,16	0,50	1,00	3,00
Communication	35	2,27	0,48	1,11	3,11
Roles	35	2,26	0,30	1,55	2,82
Affective Responsiveness	35	2,68	0,63	1,00	3,67
Affective Involvement	35	2,38	0,29	1,71	3,00
Behavioral Control	35	2,05	0,23	1,56	2,33
General Functions	35	2,09	0,43	1,00	2,83
FAD General Scores	35	2,27	0,32	1,52	2,86

*2 describes the second generation

Table 13 gives the descriptive statistics of the scores of SCL90R and FAD for the second generation participants in the study, as mean scores, standart deviation, minimum and maximum scores.

When the table 13 is examined, mean scores of the somatization subscale are 6,51±4,48, mean scores of obsessive compulsive subscale are 6,89±4,44, mean scores for interpersonal sensitivity subscale are 1,31±1,79, mean scores of depression subscale are 10,17±5,34, mean scores for anxiety subscale are 2,11±1,84, mean scores for hostility subscale are 1,40±1,61, mean scores for phobic anxiety subscales are 0,37±1,09, mean scores for paranoid thoughts subscale are 0,91±1,80, mean scores for psychoticism subscale are 0,00±0,00 and mean scores for the additional scale are

2,89±2,49 for the SCL90R Scale. The minimum score for the overall SCL90R scale for the second generation participants is 8 and the maximum score is 81, the mean score for the overall subscale is 32,57±16,78.

The mean scores for the problem solving subscale are 2,16±0,50, the mean scores of communication subscale are 2,27±0,48, the mean score for roles subscale are 2,26±0,30, the mean score for affective responsiveness subscale are 2,68±0,29, the mean scores for affective involvement subscale are 2,38±0,29, the mean scores for the behavioral control subscale are 2,05±0,23 and the mean scores of general functions subscale are 2,09±0,43. The mean scores of the participants in overall FAD scale are 2,27±0,32, as the minimum score is 1,52, and the maximum score is 2,86.

Table 14.

Descriptive Statistics of SCL90R for the first generation

First Generation	**n**	$\bar{x}$	**s**	**Min**	**Max**
Somatization (SOM)	35	0,53	0,36	0,00	1,58
Obsessive-Compulsive Symptoms (O-C)	35	0,77	0,56	0,00	2,30
Interpersonal Sensitivity (INT)	35	0,21	0,36	0,00	1,56
Depression (DEP)	35	0,67	0,41	0,08	1,62
Anxiety (ANX)	35	0,20	0,28	0,00	1,50
Hostility (HOST)	35	0,14	0,22	0,00	0,83
Phobic Anxiety (PHOB)	35	0,11	0,19	0,00	0,71
Paranoid Thoughts (PAR)	35	0,36	0,48	0,00	2,33
Psychoticism (PSY)	35	0,04	0,10	0,00	0,50
Additional Scale	35	0,64	0,38	0,00	1,71
SCL-90 General Scores	35	0,37	0,24	0,10	1,27

In the table 14, it can be seen that all of the subscales of SCL90R are in normal range for the first generation.

Table 15.

Descriptive Statistics of SCL90R for the second generation

Çocuk	n	$\bar{x}$	s	Min	Max
Somatization (SOM2*)	35	0,54	0,37	0,08	1,67
Obsessive-Compulsive Symptoms (O-C2*)	35	0,69	0,44	0,00	2,10
Interpersonal Sensitivity (INT2*)	35	0,15	0,20	0,00	1,00
Depression (DEP2*)	35	0,78	0,41	0,31	1,92
Anxiety (ANX2*)	35	0,21	0,18	0,00	0,70
Hostility (HOST2*)	35	0,23	0,27	0,00	1,00
Phobic Anxiety (PHOB2*)	35	0,05	0,16	0,00	0,86
Paranoid Thoughts (PAR2*)	35	0,15	0,30	0,00	1,50
Psychoticism (PSY2*)	35	0,00	0,00	0,00	0,00
Additional Scale(ADD2*)	35	0,41	0,36	0,00	1,71
SCL-90 General Scores2*	35	0,32	0,17	0,08	0,81

*2 describes the second generation.

In the table 15, it can be seen that all of the subscales of SCL90R are in normal range for the second generation.

Table 16.

Distribution of First and Second Generation according to severity of SCL90R scores

		First Generation		Second Generation	
		n	%	n	%
SOM	0-1,50 point	34	97,14	33	94,29
	1,51-2,50 point	1	2,86	2	5,71
O-C	0-1,50 point	31	88,57	34	97,14
	1,51-2,50 point	4	11,43	1	2,86
INT	0-1,50 point	34	97,14	35	100,00
	1,51-2,50 point	1	2,86	0	
DEP	0-1,50 point	34	97,14	31	88,57
	1,51-2,50 point	1	2,86	4	11,43
ANX	0-1,50 point	35	100,00	35	100,00
HOST	0-1,50 point	35	100,00	35	100,00
PHOB	0-1,50 point	35	100,00	35	100,00
PAR	0-1,50 point	34	97,14	35	100,00
	1,51-2,50 point	1	2,86	0	
PSY	0-1,50 point	35	100,00	35	100,00
ADD	0-1,50 point	33	94,29	34	97,14
	1,51-2,50 point	2	5,71	1	2,86
General	0-1,50 point	35	100,00	35	100,00

In the table 16 it can be seen that all of the participants are in normal range in ANX, HOST, PHOB, PSY and General scores of SCL90 for both first and second generation. 11.43% first generation participants have O-C symptoms and 11.43% second generation participants have DEP symptoms.

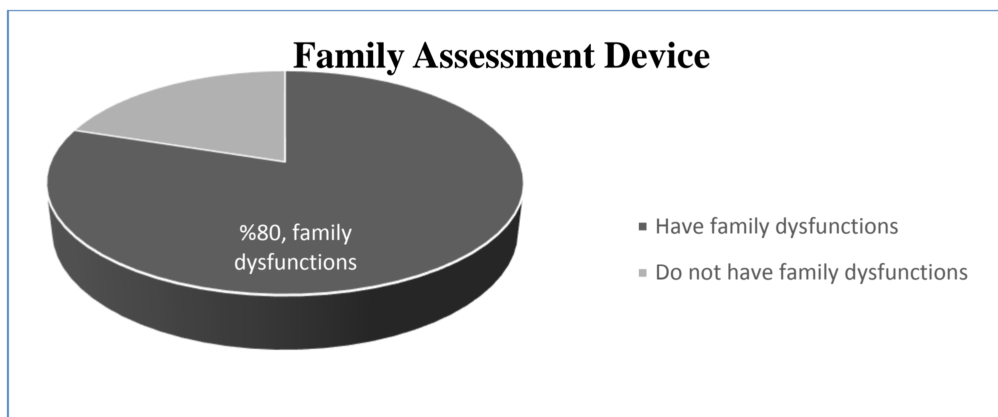

Figure 2. Scores of FAD for the second generation

When the Figure 2 is examined it is found that 80% of the second generation participants of the study got 2 points and higher from the FAD scale which means that they have family dysfunctions.

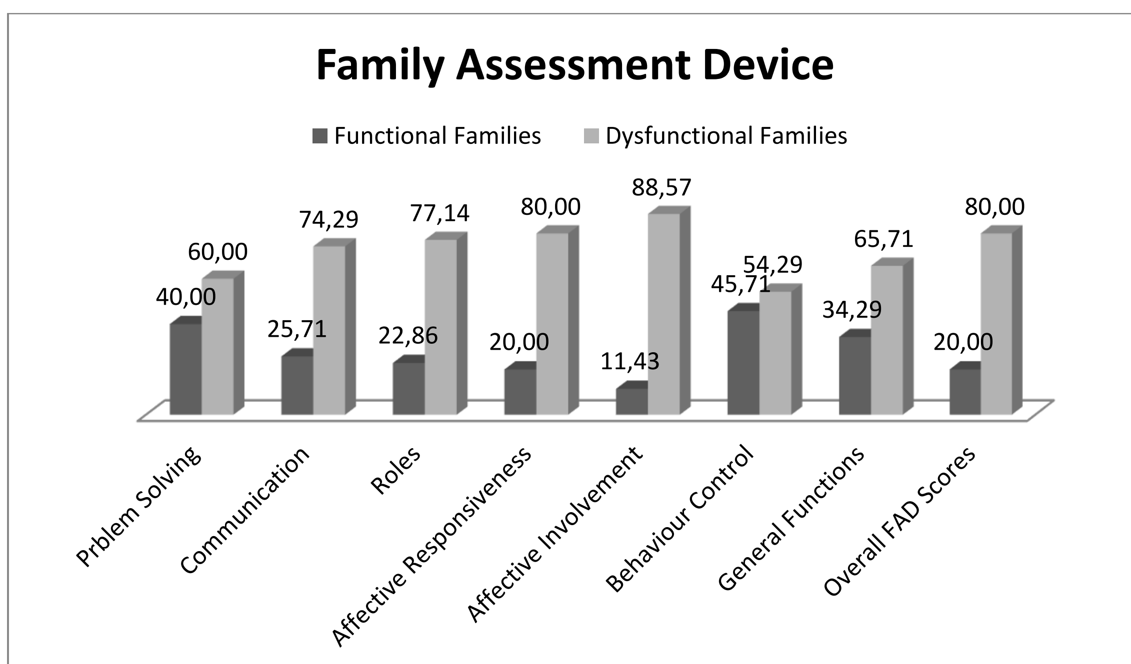

Figure 4. Scores of FAD subscales for the second generation

According to Figure 3, it can be seen that all of the subscales of family functions are dysfunctional. Especially affective involvement, affective responsiveness, roles and communication subscales are dysfunctional but behaviour control subscale is dysfunctional with a little difference.

Table 17.

The Correlations of SCL90R Scores between the First and Second Generation

		SOM	O-C	INT	DEP	ANX	HOST	PHOB	PAR	PSYY	ADD	GENERAL
SOM2**	r	0,16	0,07	0,22	0,24	-0,01	-0,06	0,16	-0,05	0,24	0,12	0,17
	p	0,35	0,70	0,21	0,16	0,94	0,72	0,35	0,76	0,17	0,51	0,32
O-C2**	r	0,15	0,18	0,24	0,10	0,05	0,05	0,00	-0,01	0,05	0,05	0,20
	p	0,38	0,31	0,17	0,56	0,77	0,76	0,99	0,95	0,79	0,77	0,26
INT2**	r	0,37	0,33	0,48	0,26	0,22	0,32	-0,12	0,12	0,07	0,29	0,41
	p	0,03*	0,05*	0,00*	0,14	0,20	0,06	0,49	0,49	0,70	0,09	0,01*
DEP2**	r	0,25	0,23	0,20	0,15	0,05	0,27	-0,05	0,05	0,06	0,10	0,25
	p	0,15	0,18	0,24	0,38	0,75	0,12	0,76	0,80	0,73	0,56	0,15
ANX2**	r	0,23	0,14	0,35	0,27	-0,13	-0,07	0,05	-0,07	-0,01	0,18	0,24
	p	0,18	0,42	0,04*	0,12	0,46	0,70	0,80	0,68	0,98	0,29	0,17
HOST2**	r	0,17	0,18	0,22	0,18	0,03	-0,10	0,03	-0,11	0,01	0,26	0,19
	p	0,33	0,30	0,20	0,29	0,87	0,58	0,87	0,54	0,97	0,14	0,28
PHOB2**	r	-0,18	-0,10	0,15	-0,24	-0,03	-0,07	-0,26	0,27	-0,10	0,09	-0,10
	p	0,29	0,57	0,38	0,16	0,87	0,70	0,13	0,11	0,55	0,60	0,58
PAR2**	r	-0,03	-0,04	-0,06	0,02	-0,04	-0,14	0,35	-0,07	0,15	0,03	-0,08
	p	0,86	0,80	0,73	0,89	0,83	0,43	0,04*	0,68	0,40	0,84	0,66
PSY2**	r	.	.	.	.	.	.	.	.	.	.	.
	p	.	.	.	.	.	.	.	.	.	.	.
ADD2**	r	0,02	0,06	0,01	0,09	-0,14	-0,08	-0,09	-0,19	-0,23	0,16	0,00
	p	0,89	0,72	0,96	0,62	0,43	0,63	0,59	0,27	0,19	0,37	0,99
GENERAL2**	r	0,24	0,32	0,34	0,20	0,04	0,18	-0,03	0,10	0,05	0,19	0,31
	p	0,17	0,06	0,05*	0,25	0,80	0,30	0,88	0,57	0,76	0,28	0,07

**p<0,05 **2 describes the second generation*

The Spearman corelation analysis results for obtaining the correlation between the SCL90R scores of first and second generation participants is given in the table 17.

When the table 17 is examined statistically significant and positive correlations were found between the SOM and O-C scores of the first generation and INT scores of second generation (p<0,05). The INT scores of the second generation will increase when the SOM and O-C scores of the first generation increase.

There are statistically significant correlations between the INT scores of the first generation and the INT, ANX and general scores of SCL90R of the second generation (p<0,05). This correlation is positive and when the INT scores of the first generation increase, also the INT, ANX and general scores of SCL90R of the second generation are increasing.

Statistically significant, positive correlations were found between the PHOB scores of the first generation and PAR scores of the second generation ($p<0.05$). According to this when the PHOB scores of the first generation increase, PAR scores of the second generation will also increase.

Statistically significant, positive correlations were found between the general scores of SCL90R of the first generation and INT scores of the second generation ($p<0,05$). According to this, when the scores of the general scale for the first generation increase, INT scores of the second generation will also increase.

Table 18. Correlation between the SCL90R and PCL-C scores of the first generation

		Re-living	**Avoidance**	**Hypersensitivity**	**Overall scores of PCL-C**
SOM	r	0,16	0,32	0,18	0,26
	p	0,36	0,06	0,30	0,13
O-C	r	0,15	0,19	0,41	0,27
	p	0,39	0,28	0,02*	0,11
INT	r	0,03	0,29	0,19	0,21
	p	0,84	0,09	0,28	0,23
DEP	r	0,29	0,38	0,20	0,34
	p	0,10	0,02*	0,25	0,04*
ANX	r	-0,01	0,05	0,07	0,04
	p	0,94	0,79	0,69	0,82
HOST	r	-0,20	0,07	-0,09	-0,07
	p	0,26	0,67	0,60	0,69
PHOB	r	0,33	0,31	0,13	0,30
	p	0,05	0,07	0,46	0,08
PAR	r	-0,03	0,03	0,18	0,06
	p	0,84	0,84	0,29	0,71
PSY	r	0,10	0,19	0,11	0,16
	p	0,56	0,27	0,55	0,36
ADD	r	0,32	0,33	0,38	0,39
	p	0,06	0,06	0,03*	0,02*
GENERAL	r	0,19	0,33	0,30	0,32
	p	0,28	0,06	0,08	0,06

$^*p<0,05$

In the Table 18 the Spearman correlation analyses results are given, which is made to look for the correlation between of the SCL90R of the first generation and PCL-C scales.

When the table 18 is examined, a statistically significant, positive correlation is found between the avoidance subscale of PCL-C and ANX subscale of SCL90R ($p<0,05$). According to this, when the scores of avoidance subscale increase, the scores of ANX will also increase.

Statistically significant, positive correlation is found between the hypersensitivity subscale of PCL-C and O-C and additional scale of SCL90R for the first generation ($p<0,05$). According to this when the scores of hypersensitivity from the PCL-C increase, the scores of O-C and additional scale will also increase for the first generation participants.

Statistically significant, positive correlation is found between the general scores of PCL-C and DEP and additional scale of SCL90R for the first generation ($p<0,05$). According to this, when the scores of PCL-C increase, the DEP and additional scale scores of SCL90R for the first generation participants will also increase.

Table 19.

The Correlation between the SCL90R scores for the First Generation and FAD scores for the Second Generation

		Problem Solving	Communication	Roles	Affective Responsive	Affective Involvement	Behavioral Control	General Functions	Overall FAD scores
SOM	r	-0,17	0,04	0,06	0,29	0,15	-0,16	0,04	0,05
	p	0,34	0,80	0,73	0,09	0,40	0,36	0,83	0,76
O-C	r	-0,12	0,09	0,10	0,21	0,17	-0,15	0,09	0,15
	p	0,50	0,60	0,58	0,22	0,34	0,38	0,62	0,39
INT	r	0,22	0,28	0,35	0,17	0,26	-0,09	0,26	0,36
	p	0,20	0,10	0,04*	0,32	0,13	0,59	0,13	0,04*
DEP	r	-0,14	0,13	0,27	0,16	0,14	-0,01	0,04	0,11
	p	0,44	0,45	0,12	0,35	0,43	0,94	0,81	0,52
ANX	r	-0,21	-0,07	-0,05	0,13	-0,01	-0,11	-0,05	-0,08
	p	0,22	0,71	0,76	0,45	0,95	0,52	0,78	0,63
HOST	r	0,31	0,37	0,39	0,17	0,21	-0,09	0,25	0,41
	p	0,07	0,03*	0,02*	0,32	0,23	0,62	0,14	0,01*
PHOB	r	-0,45	-0,13	0,00	0,01	-0,16	0,16	-0,18	-0,20
	p	0,01*	0,45	1,00	0,94	0,36	0,35	0,30	0,25
PAR	r	0,10	0,12	0,05	-0,05	0,28	-0,32	-0,07	0,11
	p	0,59	0,51	0,78	0,79	0,11	0,06	0,69	0,53
PSY	r	-0,27	0,00	-0,04	0,15	0,08	0,25	-0,10	-0,02
	p	0,11	1,00	0,84	0,40	0,67	0,15	0,56	0,92
ADD	r	0,20	0,32	0,30	0,38	0,37	-0,09	0,43	0,39
	p	0,24	0,06	0,08	0,02*	0,03*	0,62	0,01*	0,02*
SCL90R GENERAL	r	-0,06	0,16	0,22	0,26	0,19	-0,14	0,15	0,21
	p	0,75	0,35	0,20	0,14	0,28	0,43	0,40	0,23

$p<0,05$

The results of Spearman correlation analyses of SCL90R scores of first generation and FAD scores of second generation is given in the Table 19.

When the table 19 is examined, statistically significant, positive correlation was found between the INT scores of the first geneation and rolles subscale and the overall FAD scores of the second generation ($p<0,05$). According to this, when the

INT scores of the first generation increase the scores of rolles subscale and overall FAD scale scores will also increase.

Statistically significant, positive correlation is found between the HOST scores of the first generation and the communication, roles and overall FAD socres of the second generation ($p<0,05$). According to this, when the HOST scores of the first generation is increasing, the scores of communication and roles subscales and overall FAD scale scores will also increase.

Statistically significant, positive correlation is found between the additional subscale of SCL90R for the first generation and overall scores, affective responce, affective involvement and general functions of the second generation FAD scores ($p<0,05$). According to this, when the scores of the additional scale of SCL90 increase, the scores of overall FAD scale, affective responce scores, affective involvement scores, and general functions scores will also increase.

Table 20.

The Correlation between the SCL90R scores and FAD scores of Second Generation

		Problem Solving	Communication	Roles	Affective Responsive	Affective Involvement	Behavioral Control	General Functions	Overall FAD scores
SOM2**	r	0,04	0,15	0,35	0,39	0,28	-0,09	0,14	0,20
	p	0,83	0,40	0,04*	0,02*	0,10	0,60	0,42	0,24
O-C2**	r	-0,02	0,02	0,21	0,13	0,03	-0,03	0,18	0,16
	p	0,91	0,89	0,23	0,47	0,88	0,84	0,31	0,36
INT2**	r	0,23	0,16	0,28	0,40	0,27	0,01	0,30	0,37
	p	0,18	0,36	0,10	0,02*	0,12	0,97	0,08	0,03*
DEP2**	r	0,34	0,29	0,38	0,44	0,24	-0,01	0,32	0,44
	p	0,05	0,10	0,02*	0,01*	0,16	0,93	0,06	0,01*
ANX2**	r	0,18	0,33	0,40	0,33	0,13	0,03	0,38	0,28
	p	0,29	0,05	0,02	0,06	0,47	0,85	0,03	0,10
HOST2**	r	0,03	0,15	0,18	0,30	0,28	0,02	0,18	0,24
	p	0,87	0,40	0,31	0,08	0,10	0,90	0,29	0,16
PHOB2**	r	-0,15	-0,37	-0,23	-0,23	-0,21	-0,03	-0,17	-0,26
	p	0,39	0,03	0,19	0,19	0,22	0,85	0,33	0,13
PAR2**	r	-0,36	-0,15	-0,11	-0,02	-0,04	0,02	-0,18	-0,19
	p	0,04*	0,39	0,53	0,91	0,84	0,90	0,31	0,28
PSY2**	r	.	.	.	.	.	.	.	.
	p	.	.	.	.	.	.	.	.
ADD2**	r	0,25	0,35	0,35	0,50	0,28	-0,15	0,38	0,39
	p	0,15	0,04*	0,04*	0,00*	0,10	0,40	0,02*	0,02*
SCL90R GENERAL2**	r	0,11	0,18	0,33	0,34	0,27	-0,12	0,25	0,33
	p	0,54	0,29	0,06	0,04	0,11	0,50	0,15	0,05

p<0,05,2 describes the second generation*

Spearman Correlation Analysis results for the SCL90R results for the second generation and FAD scores are given in the Table 20.

When the table 20 is examinied, a statistically significant and positive correlation is faound between the SOM subscale scores of the second generation SCL90R and rolles and affective responces subscale scores of the FAD scale ($p<0,05$). When the SOM scores of the second generation increase the scores of the rolles and affective responces subscales will also increase.

Statistically significant and positive correlation is found between the INT scores of the second generation and overall scores of FAD and affective responces subscale scores ($p<0,05$). According to this, when the INT scores of the second generation increase, the overall scores of FAD and affective responces subscale scores will also increase.

Statistically significant, positive correlation is found between the DEP subscale scores of the second generation and overall scores of FAD, rolles subscale and affective responces subscale ($p<0,05$). According to this the overall scores of FAD, rolles subscale scores and emotional responsiveness scores will increase when the DEP scores increase.

Statistically significant, negative correlation is found between the PAR subscale scores of the second generation and problem solving subscale of FAD ($p<0,05$). According to this when the PAR scores are increasing, the scores from the problem solving subscale will decrease.

Statistically significant, positive correlation is found between the additional scale of SCL90R for the second generation and overall FAD scores, communication subscale, affective responce subscale, and general functions subscale ($p<0,05$). According to this when the scores from the additional scale increase, the overall score of the FAD scale, communication subscale scores, rolles subscale scores, affective responces subscale scores, and general functions subscale scores will also increase.

Table 21.

Comparison of Second Generations' SCL90R Scores to the Traumatic Symptoms of First Generation

	PCL-C	n	$\overline{x}$	sd	Z	p
SOM2	No traumatic symptoms	14	5,14	3,48	-1,63	0,10
	Traumatic symptoms	21	7,43	4,90		
O-C2	No traumatic symptoms	14	6,79	3,47	-0,27	0,79
	Traumatic symptoms	21	6,95	5,06		
INT2	No traumatic symptoms	14	0,79	0,97	-1,29	0,20
	Traumatic symptoms	21	1,67	2,13		
DEP2	No traumatic symptoms	14	9,43	4,54	-0,63	0,53
	Traumatic symptoms	21	10,67	5,87		
ANX2	No traumatic symptoms	14	1,36	1,01	-1,68	0,09
	Traumatic symptoms	21	2,62	2,11		
HOST2	No traumatic symptoms	14	0,64	0,93	-2,61	0,01*
	Traumatic symptoms	21	1,90	1,79		
PHOB2	No traumatic symptoms	14	0,29	0,61	-0,17	0,87
	Traumatic symptoms	21	0,43	1,33		
PAR2	No traumatic symptoms	14	0,43	0,65	-0,91	0,36
	Traumatic symptoms	21	1,24	2,23		
PSY2	No traumatic symptoms	14	0,00	0,00	0,00	1,00
	Traumatic symptoms	21	0,00	0,00		
ADD2	No traumatic symptoms	14	2,29	1,73	-0,84	0,40
	Traumatic symptoms	21	3,29	2,87		
SCL90R GENERAL2	No traumatic symptoms	14	27,14	11,27	-1,08	0,28
	Traumatic symptoms	21	36,19	19,02		

**p<0,05*

In the Table 21 Mann-Whitney U test results are given for the comparison of second generations' SCL90R scores to first generations traumatic symptoms.

Statistically significant difference is found between the traumatic symptoms of the first generation and the SCL90R HOST scores of the second generation (p<0,05). The children. whose fathers have traumatic symptoms have higher HOST scores.

Table 22.

Comparison of FAD scores of Second Generation according to the Trauma Symptoms of First Generation

	PCL	n	$\bar{x}$	s	Z	p
Problem Solving	No traumatic symptoms	14	2,12	0,52	-0,37	0,71
	Traumatic symptoms	21	2,18	0,49		
Communication	No traumatic symptoms	14	2,17	0,54	-0,98	0,33
	Traumatic symptoms	21	2,34	0,44		
Rolles	No traumatic symptoms	14	2,22	0,25	-1,12	0,26
	Traumatic symptoms	21	2,29	0,33		
Affective Responsiveness	No traumatic symptoms	14	2,46	0,67	-1,84	0,07
	Traumatic symptoms	21	2,83	0,57		
Affective Involvement	No traumatic symptoms	14	2,24	0,28	-1,97	0,05*
	Traumatic symptoms	21	2,46	0,27		
Behavioral Control	No traumatic symptoms	14	2,05	0,23	-0,27	0,78
	Traumatic symptoms	21	2,05	0,24		
General Functions	No traumatic symptoms	14	2,04	0,48	-0,22	0,83
	Traumatic symptoms	21	2,12	0,41		
Overall FAD scores	No traumatic symptoms	14	2,19	0,35	-1,11	0,27
	Traumatic symptoms	21	2,33	0,29		

**p<0,05*

In the Table 22 comparison of the traumatic symptoms of first generation to the FAD scores of second generation is given according to the Mann-Whitney U test results.

Statistically significant difference is found between the traumatic symptoms of first generation to the FAD scores of second generation (p<0,05). Affective involvement scores of the second generation participants seems to be higher when the first generation have traumatic symptoms.

Table 23.

Comparison of SCL90R scores of Second Generation according to getting answers to the questions of war time

	Having Answer	n	$\bar{x}$	sd	Z	p
SOM2*	Gets answers	18	6,44	5,09	-0,67	0,50
	Gets no answers	17	6,59	3,89		
O-C2*	Gets answers	18	6,11	4,04	-0,90	0,37
	Gets no answers	17	7,71	4,81		
INT2*	Gets answers	18	1,17	1,38	-0,35	0,73
	Gets no answers	17	1,47	2,18		
DEP2*	Gets answers	18	9,33	4,37	-0,80	0,42
	Gets no answers	17	11,06	6,22		
ANX2*	Gets answers	18	1,72	1,67	-1,58	0,11
	Gets no answers	17	2,53	1,97		
HOST2*	Gets answers	18	1,33	1,50	-0,02	0,99
	Gets no answers	17	1,47	1,77		
PHOB2*	Gets answers	18	0,56	1,46	-0,47	0,64
	Gets no answers	17	0,18	0,39		
PAR2*	Gets answers	18	1,17	2,23	-0,52	0,60
	Gets no answers	17	0,65	1,22		
PSY2*	Gets answers	18	0,00	0,00	0,00	1,00
	Gets no answers	17	0,00	0,00		
ADD2*	Gets answers	18	2,61	2,91	-1,44	0,15
	Gets no answers	17	3,18	2,01		
SCL90R GENERAL2*	Gets answers	18	30,44	14,41	-0,20	0,84
	Gets no answers	17	34,82	19,17		

**2 describes the second generation*

When the table 23 is examined no statistically significant difference is found between the SCL90R scores and getting answers to the war times of the first generation (p>0,05).

Table 24.

Comparison of FAD scores of Second Generation according to getting answers to the questions of war time

	Getting Answers	n	$\overline{x}$	sd	Z	p
Problem Solving	Gets answers	18	1,98	0,52	-2,28	0,02*
	Gets no answers	17	2,34	0,41		
Communication	Gets answers	18	2,17	0,51	-1,03	0,30
	Gets no answers	17	2,38	0,45		
Rolles	Gets answers	18	2,17	0,28	-2,01	0,04*
	Gets no answers	17	2,36	0,30		
Affective Responsiveness	Gets answers	18	2,50	0,76	-0,94	0,35
	Gets no answers	17	2,87	0,40		
Affective Involvement	Gets answers	18	2,40	0,32	-0,47	0,64
	Gets no answers	17	2,34	0,26		
Behavioral Control	Gets answers	18	1,98	0,26	-1,78	0,08
	Gets no answers	17	2,12	0,18		
General Functions	Gets answers	18	1,96	0,43	-2,12	0,03*
	Gets no answers	17	2,23	0,41		
Overall FAD scores	Gets answers	18	2,17	0,33	-1,75	0,08
	Gets no answers	17	2,38	0,27		

**p<0,05*

In the table Table 24 comparison of FAD scores fo second generation according to the getting answers to their questions about war time is given with the Mann-Whitney U test results.

According to these results, a statistically significant difference is found between the FAD subscales as problem solving, rolles, and general functions to getting answers for the questions of war times ($p<0,05$). Second generation participants gets higher scores from the FAD subscales of problem solving, rolles, and general functions when they did not get any answers openly for the questions of war time of the first generation.

Structural Equation Modeling (SEM) was used to investigate the interaction between SCL90R, PLC-C scores of the first generation and SCL90R and FAD scores of the second generation.

As shown in the path diagram in Figure 4, a model is formed as there is a effect of First Generations PCL-C scores on their SCL90R scores and FAD scores of the second generation, the SCL90R scores of first generation have an effect on the SCL90R scores and FAD scores of the second generation, and the FAD scores of the second generation have effects on the SCL90R scores of the second generation.

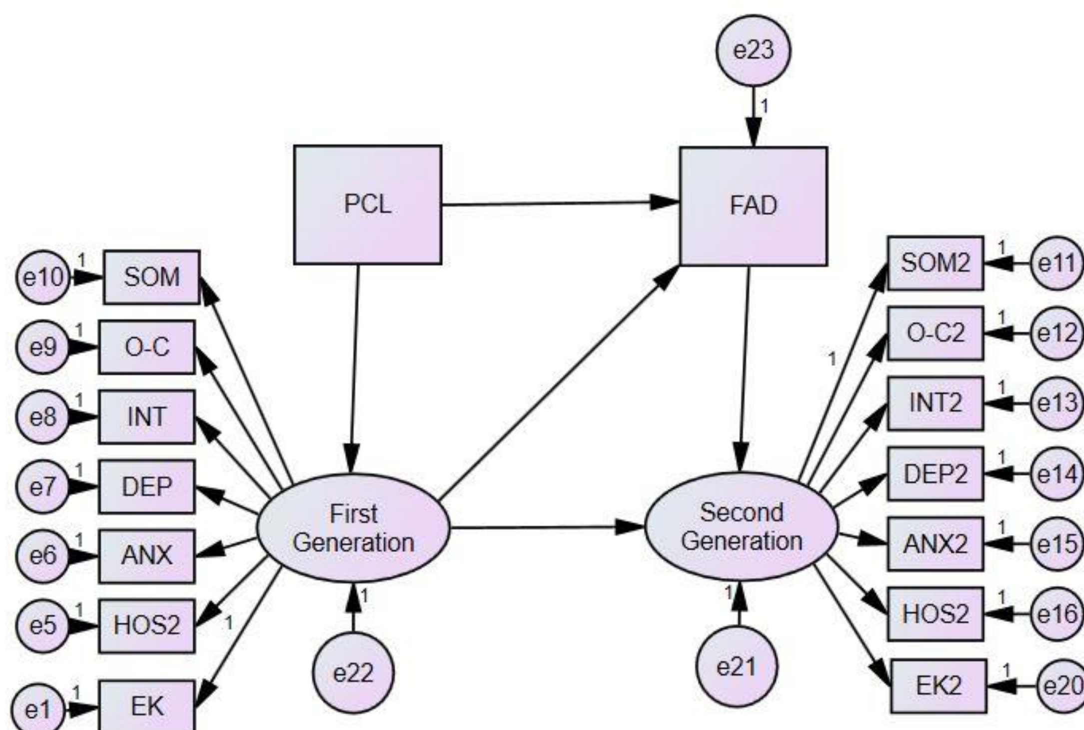

Figure 4. Path Analyses Diagram of the Model

Table 25.

Goodness of Fit Indexes of the Model

Goodness of Fit Index	Calculated value	Concordance
χ^2/df	1,51	Perfect
Root Mean Square Error of Approximation (RMSEA)	0,12	Bad Concordance
Normed Fit Index (NFI)	0,55	Bad Concordance
Comperative Fit Index (CFI)	0,76	Bad Concordance
Goodnes of Fit İndex (GFI)	0,68	Bad Concordance

When the goodness of fit indexes are examined in the Table 25; it can be seen that the model has a perfect concordance according to χ^2/df PCL-C scores of the first generation have an impact on their SCL90R scores and FAD scores of second generation, the SCL90R scores of the first generation have an impact on the SCL90R scores of the second generation and FAD scores of the second generation, and the FAD scores of second generation have an impact on the SCL90R scores of the second generation, but has bad concordance about the NFI, CFI, GFI ve RMSEA indexes.

Table 26.

Regression Results of the Model

			β	S.H.	C.R.	p
First Gen. (SCL90R)	<---	PCL-C	0,03	0,019	1,618	0,106
FAD	<---	PCL-C	0,003	0,004	0,651	0,515
FAD	<---	First Gen. (SCL90R)	0,024	0,044	0,556	0,578
Second Gen. (SCL90R)	<---	First Gen. (SCL90R)	0,603	0,395	1,527	0,127
Second Gen. (SCL90R)	<---	FAD	3,058	1,537	1,99	0,047*

$*p<0,05$

When the regression results is examined given in the Table 26 it is found that the PCL-C scores of the first generation have no impact on SCL90R scores of the first

generation and FAD scores of the second generation, the SCL90R scores of the first generation have no impact on the SCL90R scores of the second generation and FAD scores of the second generation, the FAD scores of the second generation have impacts on the SCL90R scores of the second generation. The FAD scores of the second generation will increase the SCL90R scores of the second generation.

CHAPTER V

5. DISCUSSION AND CONCLUSION

5.1. Discussion

The aims of this study were to illustrate the existence of PTSD symptoms and psychopathology among Erenköy war veterans are still high after 55 years and those traumatized parents will have dysfunctions in their family functions. According to these dysfunctions, in the family, offspring of traumatized parents will have high psychopathological symptoms.

The current prevalence of PTSD among Erenköy war veterans is found as 40%. In literature there were two studies that looked to the PTSD prevalence of Erenköy war veterans and in these studies the prevalence of PTSD found as 40% and 48% (Değirmenci, 2017; Şimşek & Çakıcı, 2017). These results showed similarities with our study. Also there are several studies which looked for the psychological situation of war veterans or civil community in 1963-1974 Cyprus and in these studies it is showed that trauma and psychopathological symptoms are still keep going. In a study made with war veterans in Cyprus who were fought between the years 1958, 1963 and 1974 it is found that there is still high levels of PTSD like 86,9%, also in this study showed that war veterans had ideas of suicide and hopelessness (Yontucu & Okray, 2015). In another study made with war veterans and civil people in 1974 war times, in Gönyeli, Cyprus, the PTSD level is found as 77,1% (Karasalih, 2017). As low educational status is seen as a risk factor to develop PTSD (Xue, et al., 2015), it is understandable to have lower PTSD levels for Erenköy veterans because all of the Erenköy veterans were high school graduate/ university students. Also the social support from family, friends and relatives are high for our study group. As it is known that social support has an important role on the decrease of PTSD (Gros, et al., 2016), it is understandable to have decreased levels of PTSD according to other groups.

The only study which looked for the prevalence of PTSD in Northern Cyprus, the prevalence is found as 19% (Babayiğit, 2017). The rates are low from our study because it can be said that in our study population has been traumatized by hard conditions in the war time and the prevalence of PTSD in Northern Cyprus also has participants who did not had any war experiences. Also in another study made with

internally displaced people similar results were found as the PTSD symptoms as 20% (Ergün, Çakıcı, & Çakıcı, 2008). In this study the low rates of PTSD can also described by the active participation in the war, as active battling has higher PTSD rates than witnessing the war times (Van Winkle & Safer, 2011). In another study made with Greek Cypriots who visited the Northern part of Cyprus (occupied area for the Greek Cypriots) had 45% of Acute Stress Disorder (ASD) symptoms (Adonis, Demetriou, & Skotinou, 2017). This study also shows that the traumatic symptoms about the Cyprus war is still obvious for both ethnics of Cyprus.

The prevalence of PTSD levels after a long time seems to be higher according to other studies in different countries. In a study made in Bosnia and Herzegovina the percent of people who met the criteria of PTSD is found as 28,3% (Klaric, Klaric, Stevanovic, Grkovic, & Jonovska, 2007), 30,9% for lifetime prevalence of PTSD for Vietnam Veterans (Weiss, et al., 1992), 29.3% for Southern Lebanon people (Farhood, Dimassi, & Lehtinen, 2006) and 23,5% for Albanian Kosovars (Eytan, et al., 2004). As the war time did not end up with a solution (Hughes-Wilson, 2011), for the participants in our study may not completed their grief about their losses and this situation may cause higher rates of PTSD for our sample.

In this study it is found that hypersensitivity symptom of the first generation is related with obsessive compulsive symptoms and additional symptoms which are sleeping problems, appetite problems and guilty. The avoidance symptom of the first generation is related with depression and there is no correlation between any psychopathology with re-living symptom of the trauma. The cause of seeing no correlation between re-living symptom and psychopathology may be the cause the long time from the war times. The cause of correlation between hypersensitivity of trauma and additional scale of psychopathology may be because the guilty feelings of the war veterans. In a study it is showed that war veterans diminished the effects of trauma as psychopathology with the help of social support (Cook, O'Donnell, Moltzen, Ruzek, & Sheikh, 2006).

The psychopathologies are found in normal range for both the first generation and the second generation. In literature it is found that sometimes there is no difference between the psychopathologies of the children whose parents have PTSD or non-PTSD (Dekel & Goldblatt, 2008) and also in another study it is found that only the

second generation of Holocaust survivors have psychopathologies and secondary traumatization symptoms if they have any clinical problems, as psychological or physical problems (IJzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003). As all of the participants are non-clinical in our study, seeing no psychopathologies can be seen as reasonable. Also studies show that support during or after a war time is an important factor that protects people from developing psychological consequences after a war experience (Murthy & Lakshminarayana, 2006). As most of the first generation participants had support from their relatives, it is understandable to have normal range of psychopathology for this study. Also the education level is an important protector from vulnerability of trauma (Masten & Reed, 2003), and having problems in physical and psychological health (Regidor, et al., 1999) because with a higher education a person may have more insight about their problems and, understand it and found a solution for the problem faster (Yen & Moss, 1999). Also the education level of the second generation beside the first generation is important for the risk of developing psychopathologic and physical symptoms (Pedras & Pereira, 2014). As all of the second generation participants are postgraduate in our study, it can be seen understandable to having normal range of psychopathology for the second generation. As a limitation of this study, war veterans who refuse to participate the study may have higher traumatic symptoms and may have higher rates of avoidance and find it difficult to participate in the study (Newman & Kaloupek, 2004) and this avoidance may be caused by unsesolved grief or uncomplicated mourning (Volkan & Zintl, 2015), and finding normal range of psychopathology may be caused by this factor (Kuwert, Spitzer, Trader, Freyberger, & Ermann, 2006).

In this study it is found that the family dysfunctions are 80% for war veteran families. This results are consistent with other studies that look for the family functions for war veterans which found that being a war veteran have negative effects on parenting and may cause family dysfunctions (Davidson & Mellor, 2001; Vukovic, et al., 2015). In another study it is found that emotional numbing is a key component for PTSD which is related to interpersonal deficiency of war veterans (Ruscio, Weathers, King, & King, 2002). As in our study, the highest subscale of PCL-C is avoidance and the second generation participants told that their fathers do not talk too much about their war times, which is also refered in a study as avoidance and emotional numbing is correlated with problems and impairments in parent-child relations (Ruscio,

Weathers, King, & King, 2002), it is conceivable that war veterans are avoiding with all their traumatic story and are still in an emotionally numbing situation and this may cause they have dysfunctions in their families. Although there is a relation between getting no answers to questions about war and family functions, there is no correlation between it and psychopathology for the second generation.

It is found that, in our study all of the family functions have mean scores higher than 2, which means that those functions are dysfunctional. Only the behavioral control function is dysfunctional with a small difference. These results are showing similarities with a previous study that looks for the family functions of the war veterans which founds the same results as there are more dysfunctions in the family functions according to the non-PTSD families (Ruscio, Weathers, King, & King, 2002; Davidson & Mellor, 2001). In our study it is found that according to first generation psychopathological problem as hostility increase the dysfunctions of family as roles and communication functions of the family. In a study it is found that the comorbid symptoms to the PTSD as anger or withdrawal may cause family difficulties as negative interpersonal relationships also their interpersonal sensitivity may cause avoidance and this may cause poorness in the functions of the family (Evans, Mchugh, Hopwood, & Watt, 2003). Also similar results are found in our study as when the problems in interpersonal sensitivity of the first generation increase, the dysfunctions of the roles will also increase in the family.

Also it is found that there is a correlation between not getting answers to the questions about the war times and having dysfunctions in the family functions such as problem solving, rolles and general functions of the family. In a study it is showed that rolles in the family have been changed by time (Olah, Richter, & Kotowska, 2014). In another point of view; the absence of men figure in the war time may caused more strong women figures in the society as workers in industrial places (Karlsson, 2016) and this situation may cause dysfunctions or changes in the family. Also the effect of war on the wives of war veterans is a factor, which may cause psychopathology and dysfunctions for the wife of war veteran (Al-Turkait & Ohaeri, 2008), and with the help of good relationship between the mother and child, second generation may have moderate levels of psychopathology (Dinshtein, Dekel, & Polliack, 2011; Davidson & Mellor, 2001).

In a study about prevention invention programs for military families which had war time deployments unhealthy functions of the family is twice as much as anxiety and depression, and by the prevention programs these dysfunctions were also decreased (Lester, et al., 2012), and veterans' numbing/ arousal or anger symptoms caused by war trauma is highly associated with problems in family functions (Galovski & Lyons, 2004). These findings show that as in our study, family dysfunctions are more distinguished than psychopathologies for war veteran families.

At last, in our study it is found that there is a relation between psychopathology and family functions for the second generation. According to the results, especially affective responsiveness dysfunction cause somatization, interpersonal sensitivity, depression and additional symptoms for the second generation. Also a study found that there is a strong relation between family dysfunctions and psychopathology for non-clinical participants, which support our results (Adamis, Petmeza, McCarthy, & Tsamparli, 2016).

5.2.Conclusion and Recommendations

This study results helped us to see that trauma is still effecting people who fought in Cyprus, Erenköy exclave war. This traumatic effects seems to be related with the dysfunctions of the traumatic families.

According to the results of this study, family strengthening programs should design for the families who have dysfunctions in the family. New strategies about those problematic family functions should be solved as seminars or educations about inter-family communication strategies, and problem solving for the families should enter in to the education programs. For the traumatized people, self-recognition seminars, problem solving and emotion displaying strategies should be designed and these people should be encourage to talk about their traumas and regrets and solve them. Also clinical professionals should not forget that even after 55 years people may still have effects of trauma and their parenting styles may change. Clinical psychologist may focus on traumatic experiences for populations who experienced a lot of loss in their lives.

In this study effects of mothers not included, so following studies may also look for the effects of the mother in the family to get a multi-perspective assessment of

family functioning. Likewise the following studies may look for the family functions of the non-traumatized families to compare the any diversities between traumatized and non-traumatized families.

As the concept of psychological growth and resilience is related with traumatic experiences following studies can focus on these concepts. Following studies may also focus on differences between psychopathologies or family functions according to different war regions, or different trauma types.

Following studies should also focus on the third generation to analyze the family functions of the generations who are not directly experienced a trauma. Psychopathologies of the third generations who were grown in dysfunctional families should be examined to see if there is any difference between the family functions of being a traumatized parent or being a secondary traumatized parent.

As this study only looked for the psychopathology and the family functions for the second generation of Erenköy war veterans, following studies may also focus on the trauma, and look whether there is a transmission of trauma from one generation to another.

Finally, studies on peace psychology may increase in Cyprus, with the help of remembering and forgiving those traumatized times. Those studies about war times and effects of war may help professionals to analyze the community about these concepts. Bi-communal studies may also help for peace psychology processes.

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7. APPENDIX

Appendix 1
Bölüm 1:Birinci Nesil için Kişisel Bilgi Formu

Aşağıda sizinle ilgili sorular bulunmaktadır. Lütfen boş soru bırakmadan cevaplamaya çalışın. Teşekkürler.

1. Yaşınız:____________________________
2. Olaylar ilk başladığında kaç yaşındaydınız?
3. Doğum Yeri:________________________
4. Eğitim Durumunuz:___________________
5. Olaylar ilk başladığındaki eğitim durumunuz?____________________________
   a. Eğer aynı ise devam etmeme sebebiniz ne idi?______________________
6. Medeni durumunuz:____________________
7. Olaylardan önce medeni durumunuz:____________________________________
8. Meslek:____
9. Gelir Düzeyi:____
10. Aktif bir şekilde çatıştınız mı?
    1. Evet 2. Hayır
    Evet ise; a. Nerede çatıştınız?______________________________
    b. Askeri rütbeniz ne idi?_____________________________________
    c. Herhangi bir askeri eğitim aldınız mı? 1. Evet 2. Hayır
    d. Ne kadar süre askeri eğitim aldınız?___________________________
    e. Hangi grupla adaya çıktınız?__________________________________
    f. Ne kadar süre Erenköyde kaldınız?_____________________________
    g. Mücahitliğe yazılırken umduklarınızı yapabildiniz mi?
       1. Evet 2. Hayır
    h. Yaşadığınız olaylarda amaca bağlılık dereceniz ne idi?
    1. Çok bağlı (kendini feda etme derecesinde)
    2. Oldukça bağlı (etkin çalışma, özel yaşamı fikirlerine göre belirlemiş)
    3. Orta derecede bağlı (bazı çalışmaları varsa da yaşam biçimini değiştirecek önemde değil)
    4. Az bağlı (sempatizan ama etkin çalışması yok)
    5. Hiç bağlı değil (tesadüfen karışmış)
11. Olaylar sırasında ailenizde mücahit olan başka biri var mıydı?
    1. Evet 2. Hayır
12. Çatışma sırasında fiziksel olarak yetersiz hissettiğiniz dönemler oldu mu? (Açlık, sağlık sorunu, vs.)
    1. Hiç 2. Hafif 3. Orta 4. Oldukça 5. Aşırı
    a. Çevrenizde bunu yaşayan oldu mu?
    1. Evet 2. Hayır

13. Çatışma sırasında esir düşme, işkence görme, hapis gibi alıkonulma durumları yaşadınız mı?
    1. Evet 2. Hayır
    a. Çevrenizde bunu yaşayan oldu mu?
    1. Evet 2. Hayır
14. Çatışma sırasında yaşadığınız bölgede bombalama ya da silahlı saldırı oldu mu?
    1. Evet 2. Hayır
15. Çatışma sırasında yaralandınız mı?
    1. Evet, yaşam tehdit eden bir yaralanma.
    2. Evet, ayakta tedavisi yapılan bir yaralanma
    3. Hayır, herhangi bir yara almadım.
    a. Çevrenizde yaralanan oldu mu?
    1. Evet, yaşam tehdit eden bir yaralanma.
    2. Evet, ayakta tedavisi yapılan bir yaralanma.
    3. Hayır, herhangi bir yaralanan olmadı.
    a. Yaralananın yakınlık derecesi ne idi?
    1. Yakın arkadaşım 2. İyi tanıdığım bir arkadaş 3. Uzaktan tanıdığım biri
16. Çatışma sırasında arkadaşınızın ölümüne tanık oldunuz mu?
    1. Evet 2. Hayır
    a. Çevrenizde arkadaşı ölen oldu mu?
    1. Evet 2. Hayır
17. Çatışma sırasında birini yaraladınız ya da öldürdünüz mü?
    1. Evet 2. Hayır
    a. Çevrenizde birini yaralayan ya da öldüren oldu mu?
    1. Evet 2. Hayır
18. Sizce bu olaylara zihnen ne kadar hazırlıklı idiniz?
    1. Hiç 2. Hafif 3. Orta 4. Oldukça 5.Çok
19. Sizin için yaşadıklarınız ne ölçüde umulmadık bir olaydı?
    1. Hiç 2. Hafif 3. Orta 4. Oldukça 5. Çok
20. Çatışma döneminde yaşanılanlar sizi ne derecede zorladı?
    1. Hiç 2. Hafif 3. Orta 4. Oldukça 5. Çok
21. O koşullarda sizi sonradan rahatsız eden, pişmanlık duyduğunuz, ya da keşke öyle yapmasaydım dediğiniz davranışlarınız oldu mu?
    1. Evet 2. Hayır
    a. Evet ise bu davranışınız diğerlerini ne derece zor duruma soktu (ya da zor duruma sokabilirdi?
    1. Hiç 2. Hafif 3. Orta 4. Oldukça 5. Çok

22. Bu deneyim, yaşamınız (sağlığınız/ aileniz / sosyal yaşamınız / ekonomik durumunuz / iş veya eğitim durumunuz/ siyasi kariyeriniz) üzerinde ne derecede etkili oldu?
    1. Hiç 2. Hafif 3. Orta 4. Oldukça 5. Çok
    A. Fiziksel
    B. Aile
    C. Sosyal Yaşam
    D. Ekonomik
    E. İş/ Okul
    F. Siyasi Kariyer
    G. Genel Değerlendirme
23. O dönem boyunca arkadaşlarınızdan / ailenizden / öğretmenlerinizden ne derece destek gördünüz? 1. Hiç 2. Hafif 3. Orta 4. Oldukça 5. Çok

a. Eş, nişanlı, sevgili: d. Akrabalar:
b. Arkadaşlar: e. Öğretmenler:
c. Anne baba:

24. Olaylardan sonra eşiniz/ arkadaşlarınız / akrabalarınız/ öğretmenleriniz size ne derece destek oldular? 1. Hiç 2. Hafif 3. Orta 4. Oldukça 5. Çok
    a. Eş, nişanlı, sevgili: d. Akrabalar:
    b. Arkadaşlar: e. Öğretmenler:
    c. Anne baba:
25. Olaylardan sonra, çatışma öncesi yaşadığınız yerden göç etmek zorunda kaldınız mı?
    1. Evet 2. Hayır
26. Çatışma öncesi tedavi gerektiren ruhsal bir rahatsızlık geçirdiniz mi?
    1. Evet 2. Hayır
    a. Evet ise; bu hastalık için herhangi bir tedavi gördünüz mü?
       1. Evet 2. Hayır
    b. Bu hastalık ne idi?________________________________
27. Çatışma sonrası tedavi gerektiren ruhsal bir rahatsızlık geçirdiniz mi?
    1. Evet 2. Hayır
    a. Evet ise; bu hastalık için bir tedavi gördünüz mü?
    1. Evet 2. Hayır
    b. Bu hastalık ne idi?_________________________________
28. A.Çatışma döneminde yaşadığınız zorluklar yeterince açığa çıkarılarak kamuoyuna yansıtıldı mı?
    1. Evet 2. Hayır
    B. Sonuçtan ne kadar tatmin oldunuz?
    1. Hiç 2.Hafif 3. Orta. 4. Oldukça 5. Çok

29. A. Devletten herhangi bir parasal yardım aldınız mı?
    1. Evet 2. Hayır
    B. Sonuçtan ne kadar tatmin oldunuz?
    1. Çok tatmin oldum, rahatladım.
    2. Biraz tatmin oldum, rahatladım.
    3. Hiç etkisi olmadı/ Bilmiyorum.
    4. Biraz rahatsız oldum.
    5. İleri derecede rahatsız oldum.
30. A. Devletten parasal olmayan herhangi bir tazminat aldınız mı? (örneğin eğitim yada mesleki konularda özel hakların tanınması, vb.)
    1. Evet 2. Hayır
    B. Sonuçtan ne kadar tatmin oldunuz?
    1. Çok tatmin oldum, rahatladım.
    2. Biraz tatmin oldum, rahatladım.
    3. Hiç etkisi olmadı/ Bilmiyorum.
    4. Biraz rahatsız oldum.
    5. İleri derecede rahatsız oldum.
31. Herhangi bir tazminat almadıysanız yada aldığınız tazminattan memnun değilseniz, ne tür bir tazminat beklerdiniz (parasal yada başka türlü) / kimden? ____
32. A. Anne, baba, kardeşleriniz ve diğer akrabalarınız arasında ruhsal bir rahatsızlık geçiren var mı? 1. Evet 2. Hayır
    A. Yakınlık Derecesi:__________________________
    B. Tedavi Biçimi:_____________________________
33. Kıbrıs'ta nasıl bir çözüme varılmasını istiyorsunuz?
    1. Çözüm bulunarak iki toplumlu iki bölgeli federal bir devlet
    2. İki ayrı devletli konfederal çözüm
    3. KKTC'nin devamı şeklinde ayrı cumhuriyet olarak devam etmesi
    4. 1960 Kıbrıs Cumhuriyeti'ne dönüş
    5. Türkiye'ye bağlanma
    6. Diğer
34. Aşağıda bir dizi travmatik olay verilecektir. Bu travmatik olayları hayat boyu ve son altı ayda yaşayıp yaşamadığınızı belirtiniz.

	Hayat boyu	Son altı ay
a.Çocukluktaki kötü olumsuz olay (ihmal, istismar, şiddet, cinsel taciz ve ilişki)		
b.Doğal felaket (sel, deprem, kasırga)		
c.Yangın veya patlama		
d.Ciddi bir ölüm tehlikesi içeren trafik kazası		

e.Fiziksel saldırı (Saldırıya uğrama, dövülme, tekmeleme, yumruklama, vurulma, buçaklama, tehdit edilme)		
f. Cinsel saldırı		
g. Çatışma veya savaş bölgesinde bulunma (sivil veya asker olarak)		
h.İşkence veya benzeri kötü muamele		
i.Sevdiğiniz birinin ani ve beklenmeyen ölümü		
j.Sevdiğiniz birinin ani ve beklenmeyen ciddi hastalığı		
k.Sevdiğiniz birinden ani ve beklenmeyen şekilde ayrılma		
l.Aile içi şiddet		
m. Ani ve beklenmeyen bir iş kaybı, ciddi ekonomik güçlük		
n. İş kazası		
o. Diğer herhangi çok stresli olay veya yaşantı		

Appendix 2

PCL-C Aşağıdaki soruları kendi yaşantınızı düşünüp özellikle son altı ayı değerlendirerek puanlayınız. 0: Hiç yok 1: Çok az var 2: Biraz fazla var 3: Orta derece var 3: Çok var 4:Oldukça fazla var

	0	1	2	3	4	5
1.Geçmişte yaşamış olduğunuz olumsuz ve zorlayıcı olayla ilişkili, rahatsız verecek şekilde tekrarlayarak zihninizde canlanan anılar, düşünceler ya da görüntüler oldu mu?						
2. Geçmişte yaşamış olduğunuz olumsuz ve zorlayıcı olayla ilişkili, rahatsız verecek şekilde tekrarlayan rüyalarınız var mı?						
3. Aniden geçmişte yaşadığınız olumsuz ve zorlayıcı olayı hatırlayarak sanki yeniden yaşıyorsunuz hissine kapıldığınız ve davrandığınız oluyor mu?						
4. Geçmişte yaşamış olduğunuz olumsuz ve zorlayıcı olayı hatırlatan konuşma, ortam ve kişiler ve de duygular sizde mutsuzluk, üzüntü ve alt üst olma duygusu yaşatıyor mu?						
5. Geçmişte yaşamış olduğunuz olumsuz ve zorlayıcı olayı hatırlatan konuşma, ortam ve kişi vb. benzeşen uyaranla karşılaştığınızda kalp çarpıntısı, terleme, nefes darlığı, titreme, uyuşma, ağrı vb. bedensel tepkileriniz ortaya çıkar mı?						
6. Geçmişte yaşamış olduğunuz olumsuz ve zorlayıcı olay hakkında konuşmaktan, düşünmekten kaçınır, olayı hatırlatan duygulardan uzak durur musunuz?						
7. Size geçmişte yaşamış olduğunuz olumsuz ve zorlayıcı olayı hatırlattığı için bazı kişilerden, ortamlardan ve eylemlerden kaçınır ve uzak durur musunuz?						
8. Geçmişte yaşamış olduğunuz olumsuz ve zorlayıcı olayın bazı bölümlerini hatırlamakta zorlanır mısınız? Olaylar arasında bağlantları kurmada zorlandığınız boşluklar var mı?						
9. Eskiden hoşlanarak yapmakta olduğunuz etkinliklere olan ilginizi kaybettiniz mi?						
10. Kendinizi diğer insanlardan uzak ve ayrı hissediyor musunuz?						
11. Kendinizi duygusal açıdan donuklaşmış, yakınlarına ve olaylara karşı sevinme, üzülme ve ağlama duygularınız uyuşmuş gibi hissettiğiniz oluyor mu?						
12. Geleceği planlamanın anlamsız ve boş olduğunu hissediyor musunuz?						
13. Uykuya dalma ve sürdürme güçlüğünüz var mı?						
14. Kendinizin gergin, tahammülsüz, sinirli ve çabuk öfkelenen biri olduğunu hissediyor musunuz?						
15. Dikkatinizi toparlamada ve sürdürmede bir güçlüğünüz oldu mu?						
16. Kendinizi aşırı derecede gergin, her an olumsuz bir şey olacağı hissi ile tetikte ve diken üstünde hissediyor musunuz?						
17. Çevreden gelen uyarılara abartılı tepkiler gösterdiğiniz, kolaylıkla irkildiğiniz ve sıçradığınız oluyor mu?						

Appendix 3

SCL-90Aşağıda zaman zaman herkeste olabilecek yakınmaların ve sorunların bir listesi vardır. Lütfen her birini dikkatle okuyunuz. Sonra bu durumun bu gün de dahil olmak üzere son üç ay içerisinde sizi ne ölçüde huzursuz ve tedirgin ettiğini numaralandırınız. Hiç:0 Çok az:1 Orta derecede:2 Oldukça fazla:3 İleri derecede:4

1. ( ) Baş ağrısı
2. ( ) Sinirlilik ya da içinin titremesi
3. ( ) Zihinden atamadığınız tekrarlayan, hoşa gitmeyen düşünceler
4. ( ) Baygınlık ya da baş dönmesi
5. ( ) Cinsel arzu ya da ilginin kaybı
6. ( ) Başkaları tarafından eleştirilme duygusu
7. ( ) Herhangi bir kimsenin düşüncelerinizi kontrol edebileceği fikri
8. ( ) Sorunlarınızdan pek çoğu için başkalarının suçlanması gerektiği duygusu
9. ( ) Olayları anımsamada güçlük
10. ( ) Dikkatsizlik ya da sakarlılıkla ilgili düşünceler
11. ( ) Kolayca gücenme, rahatsız olma hissi
12. ( ) Göğüs ya da kalp bölgesinde ağrılar
13. ( ) Caddelerde veya açık alanlarda korku hissi
14. ( ) Enerjinizde azalma veya yavaşlama hali
15. ( ) Yaşamınızın sonlanması düşünceleri
16. ( ) Başka kişilerin duymadıkları sesleri duyma
17. ( ) Titreme
18. ( ) Çoğu kişiye güvenilmemesi gerektiği hissi
19. ( ) İştah azalması
20. ( ) Kolayca ağlama
21. ( ) Karşı cinsten kişilerle utangaçlık ve rahatsızlık hissi
22. ( ) Tuzağa düşürülmüş veya yakalanmış olma hissi
23. ( ) Bir neden olmaksızın aniden korkuya kapılma
24. ( ) Kontrol edilemeyen öfke patlamaları
25. ( ) Evden dışarı yalnız çıkma korkusu
26. ( ) Olanlar için kendisini suçlama
27. ( ) Belin alt kısmında ağrılar
28. ( ) İşlerin yapılmasında erteleme duygusu
29. ( ) Yalnızlık hissi
30. ( ) Karamsarlık hissi
31. ( ) Her şey için çok fazla endişe duyma
32. ( ) Her şeye karşı ilgisizlik hali
33. ( ) Korku hissi
34. ( ) Duygularınızın kolayca incitilebilmesi hali
35. ( ) Diğer insanların sizin özel düşüncelerinizi bilmesi
36. ( ) Başkalarının sizi anlamadığı veya hissedemeyeceği duygusu
37. ( ) Başkalarının sizi sevmediği ya da dostça olmayan davranışlar gösterdiği hissi
38. ( ) İşlerin doğru yapıldığından emin olmak için yavaş yapmak
39. ( ) Kalbin çok hızlı çarpması
40. ( ) Bulantı ve midede rahatsızlık hissi
41. ( ) Kendini başkalarından aşağı görme
42. ( ) Adale (kas) ağrıları
43. ( ) Başkalarının sizi gözlediği veya hakkınızda konuştuğu hissi
44. ( ) Uykuya dalmada güçlük
45. ( ) Yaptığınız işleri bir ya da birkaç kez kontrol etme
46. ( ) Karar vermede güçlük
47. ( ) Otobüs, tren, metro gibi araçlarla yolculuk etme korkusu
48. ( ) Nefes almada güçlük
49. ( ) Soğuk veya sıcak basması

50. ( ) Sizi korkutan belirli uğraş, yer veya nesnelerden kaçınma durumu
51. ( ) Hiçbir şey düşünmeme hali
52. ( ) Bedeninizin bazı kısımlarında uyuşma, karıncalanma olması
53. ( ) Boğazınıza bir yumru takınmış hissi
54. ( ) Gelecek konusunda ümitsizlik
55. ( ) Düşüncelerinizi bir konuya yoğunlaştırmada güçlük
56. ( ) Bedeninizin çeşitli kısımlarında zayıflık hissi
57. ( ) Gerginlik veya coşku hissi
58. ( ) Kol ve bacaklarda ağırlık hissi
59. ( ) Ölüm ya da ölme düşünceleri
60. ( ) Aşırı yemek yeme
61. ( ) İnsanlar size baktığı veya hakkınızda konuştuğu zaman rahatsızlık duyma
62. ( ) Size ait olmayan düşüncelere sahip olma
63. ( ) Bir başkasına vurmak, zarar vermek, yaralamak dürtülerinin olması
64. ( ) Sabahın erken saatlerinde uyanma
65. ( ) Yıkanma, sayma, dokunma, gibi bazı hareketleri yineleme hali
66. ( ) Uykuda huzursuzluk, rahat uyuyamama
67. ( ) Bazı şeyleri kırıp dökme hissi
68. ( ) Başkalarının paylaşıp kabul etmediği inanç ve düşüncelerin olması
69. ( ) Başkalarının yanında kendini çok sıkılgan hissetme
70. ( ) Çarşı, sinema gibi kalabalık yerlerde rahatsızlık hissi
71. ( ) Her şeyin bir yük gibi görünmesi
72. ( ) Dehşet ve panik nöbetleri
73. ( ) Toplum içinde yer, içerken huzursuzluk hissi
74. ( ) Sık sık tartışmaya girme
75. ( ) Yalnız bırakıldığınızda sinirlilik hali
76. ( ) Başkalarının sizi başarılarınız için yeterince takdir etmediği duygusu
77. ( ) Başkalarıyla birlikte olunan durumlarda bile yalnızlık hissetme
78. ( ) Yerinizde duramayacak ölçüde rahatsızlık hissetme
79. ( ) Değersizlik duygusu
80. ( ) Size kötü bir şey olacakmış hissi
81. ( ) Bağırma ya da eşyaları fırlatma
82. ( ) Topluluk içinde bayılacağınız korkusu
83. ( ) Eğer izin verirseniz insanların sizi sömüreceği duygusu
84. ( ) Cinsiyet konusunda sizi çok rahatsız eden düşüncelerin olması
85. ( )Günahlarınızdan dolayı cezalandırılmanız gerektiği düşüncesi
86. ( ) Korkutucu türden düşünce ve hayaller
87. ( ) Bedeninizde ciddi bir rahatsızlık olduğu düşüncesi
88. ( ) Başka bir kişiye karşı asla yakınlık duymama
89. ( ) Suçluluk duygusu
90. ( ) Aklınızda bir bozukluğun olduğu düşüncesi

Anketimize katıldığınız için çok teşekkür ederiz.

Appendix 4
İkinci Nesil için Kişisel Bilgi Formu

Aşağıda sizinle ilgili sorular bulunmaktadır. Lütfen boş soru bırakmadan cevaplamaya çalışın. Teşekkürler.

1. Yaşınız:
2. Cinsiyetiniz:
3. Doğum yeriniz:
4. Eğitim Durumunuz:
5. Medeni Durumunuz:
6. Meslek:
7. Gelir Düzeyi:
8. A. İsminiz yeni isim mi yoksa ata ismi mi?
   B. Ata ismi ise kaybedilen biri mi? Kim?
9. Savaş dönemi ile ilgili sorduğunuz sorulara açıkca cevap alıyor muydunuz?
   1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç kez 5. Hiç
10. A. Babanızın aktif bir şekilde çatışıp çatışmadığını biliyor musunuz?
    1. Evet, çatıştı. 2. Evet, çatışmadı. 3. Hayır, bilmiyorum.
    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?
    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
11. A. Olaylar sırasında ailenizde mücahit olan başka birinin olup olmadığını biliyor musunuz?
    1. Evet, vardı. 2. Evet, yoktu. 3. Hayır, bilmiyorum.
    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?
    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
12. A. Babanızın çatışma sırasında fiziksel olarak yetersiz hissettiği dönemlerin ya da çevresinde bunu yaşayan insanların olup olmadığını biliyor musunuz? (Açlık, sağlık sorunu gibi)
    1. Evet, oldu. 2. Evet, olmadı. 3. Hayır, bilmiyorum.
    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?
    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
13. A. Babanızın çatışma sırasında esir düşme, işkence görme, hapis gibi dehşet verici durumların ya da çevresinde bunu yaşayan insanların olup olmadığını biliyor musunuz?
    1. Evet, oldu. 2. Evet, olmadı. 3. Hayır, bilmiyorum.
    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?
    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
14. A. Babanızın çatışma sırasında yaralanıp yaralanmadığını ya da çevresinde bu durumu yaşayan insanlar olup olmadığını biliyor musunuz?
    1. Evet, yaralandı. 2. Evet, yaralanmadı. 3. Hayır, bilmiyorum.
    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?
    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
15. A. Babanızın çatışma sırasında arkadaşının ölümüne tanık olup olmadığını biliyor musunuz?
    1. Evet, oldu. 2. Evet, olmadı. 3. Hayır, bilmiyorum.
    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?
    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç

16. A. Babanızın çatışma sırasında birini yaralayıp yaralamadığını ya da öldürüp öldürmediğini biliyor musunuz?
    1. Evet, yaraladı/ öldürdü. 2. Evet, yaralamadı/ öldürmedi. 3. Hayır, bilmiyorum.

    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?

    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
17. A. Çatışma döneminin babanızın yaşamınız üzerinde ne derece etkisi olduğu biliyor musunuz?

    1. Evet, etkisi oldu. 2. Evet, etkisi olmadı. 3. Hayır, bilmiyorum.

    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?

    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
18. Babanızın çatışma dönemi boyunca zorlanıp zorlanmadığını biliyor musunuz?
    1. Evet, zorlandı. 2. Evet, zorlanmadı. 3. Hayır, bilmiyorum.

    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?

    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
19. Babanızın çatışma süresi boyunca arkadaşları/akrabaları/öğretmenlerinden destek görüp görmediğini biliyor musunuz?
    1. Evet, destek gördü.2. Evet, destek görmedi. 3. Hayır, bilmiyorum.

    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?

    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
20. Babanızın çatışma sonrası arkadaşları/akrabaları/ öğretmenlerinden destek görüp görmediğini biliyor musunuz?
    1. Evet, destek gördü.2. Evet, destek görmedi. 3. Hayır, bilmiyorum.

    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?

    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
21. Babanızın çatışma sonrası göç etmek zorunda kalıp kalmadığını biliyor musunuz?
    1. Evet, göç etti. 2. Evet, göç etmedi. 3. Hayır, bilmiyorum.

    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?

    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç
22. Babanızın çatışma sonrası herhangi bir profesyonel yardım alıp almadığını biliyor musunuz?
    1. Evet, yardım aldı. 2. Evet, yardım almadı. 3. Hayır, bilmiyorum.

    B. Babanız bu konu hakkında ne sıklıkla konuşurdu?

    1. Çok sık 2. Sık 3. Ara sıra 4. Birkaç Kez 5. Hiç

23. Kıbrıs'ta nasıl bir çözüme varılmasını istiyorsunuz?

    1.Çözüm bulunarak iki toplumlu iki bölgeli federal bir devlet
    2.İki ayrı devletli konfederal çözüm
    3.KKTC'nin devamı şeklinde ayrı cumhuriyet olarak devam etmesi
    4. 1960 Kıbrıs Cumhuriyeti'ne dönüş
    5.Türkiye'ye bağlanma
    6.Diğer

24. Aşağıda bir dizi travmatik olay verilecektir. Bu travmatik olayları hayat boyu ve son altı ayda yaşayıp yaşamadığınızı belirtiniz.

	Hayat boyu	Son altı ay
a.Çocukluktaki kötü olumsuz olay (ihmal, istismar, şiddet, cinsel taciz ve ilişki)		
b.Doğal felaket (sel, deprem, kasırga)		
c.Yangın veya patlama		
d.Ciddi bir ölüm tehlikesi içeren trafik kazası		
e.Fiziksel saldırı (Saldırıya uğrama, dövülme, tekmeleme, yumruklama, vurulma, buçaklama, tehdit edilme)		
f. Cinsel saldırı		
g. Çatışma veya savaş bölgesinde bulunma (sivil veya asker olarak)		
h.İşkence veya benzeri kötü muamele		
i.Sevdiğiniz birinin ani ve beklenmeyen ölümü		
j.Sevdiğiniz birinin ani ve beklenmeyen ciddi hastalığı		
k.Sevdiğiniz birinden ani ve beklenmeyen şekilde ayrılma		
l.Aile içi şiddet		
m. Ani ve beklenmeyen bir iş kaybı, ciddi ekonomik güçlük		
n. İş kazası		
o. Diğer herhangi çok stresli olay veya yaşantı		

Appendix 5

ADÖ İlişikte aileler hakkında 60 cümle bulunmaktadır. Lütfen her cümleyi dikkatlice okuduktan sonra, sizin ailenize ne derecede uyduğuna karar veriniz. Önemli olan, sizin ailenizi nasıl gördüğünüzdür. Her cümle için 4 seçenek söz konusudur (*Aynen Katılıyorum/ Büyük Ölçüde Katılıyorum/ Biraz Katılıyorum/ Hiç Katılmıyorum*) Her cümlenin yanında 4 seçenek için de ayrı yerler ayrılmıştır. Size uygun seçeneğe (X) işareti koyunuz. Mümkün olduğu kadar çabuk ve samimi cevaplar veriniz. Kararsızlığa düşerseniz, ilk aklınıza gelen doğrultusunda hareket ediniz. Lütfen her cümleyi cevapladığınızdan emin olunuz.

CÜMLELER:	Aynen Katılıyorum	Büyük Ölçüde Katılıyorum	Biraz Katılıyorum	Hiç Katılmıyorum
1.Ailece ev dışında program yapmada güçlük çekeriz, çünkü aramızda fikir birliği sağlayamayız.	( )	( )	( )	( )
2.Günlük hayatımızdaki sorunların (problemlerin) hemen hepsini aile içinde hallederiz.	( )	( )	( )	( )
3.Evde biri üzgün ise, diğer aile üyeleri bunun nedenlerini bilir.	( )	( )	( )	( )
4.Bizim evde, kişiler verilen her görevi düzenli bir şekilde yerine getirmezler.	( )	( )	( )	( )
5.Evde birinin başı derde girdiğinde, diğerleri de bunu kendilerine fazlasıyla dert ederler.	( )	( )	( )	( )
6.Bir sıkıntı ve üzüntü ile karşılaştığımızda, birbirimize destek oluruz.	( )	( )	( )	( )
7.Ailemizde acil bir durum olsa, şaşırıp kalırız.	( )	( )	( )	( )
8.Bazen evde ihtiyacımız olan şeylerin bittiğinin farkına varmayız.	( )	( )	( )	( )
9.Birbirimize karşı olan sevgi, şefkat gibi duygularımızı açığa vurmaktan kaçınırız.	( )	( )	( )	( )
10.Gerektiğinde aile üyelerine görevlerini hatırlatır, kendilerine düşen işi yapmalarını sağlarız.	( )	( )	( )	( )
11.Evde dertlerimizi üzüntülerimizi birbirimize söylemeyiz.	( )	( )	( )	( )

12.Sorunlarımızın çözümünde genellikle ailece aldığımız kararları uygularız.	( )	( )	( )	( )
13.Bizim evdekiler, ancak onların hoşuna giden şeyler söylediğimizde bizi dinlerler.	( )	( )	( )	( )
14.Bizim evde bir kişinin söylediklerinden ne hissettiğini anlamak pek kolay değildir.	( )	( )	( )	( )
15.Ailemizde eşit bir görev dağılımı yoktur.	( )	( )	( )	( )
16.Ailemizin üyeleri, birbirlerine hoşgörülü davranırlar.	( )	( )	( )	( )
17.Evde herkes başına buyruktur.	( )	( )	( )	( )
18.Bizim evde herkes, söylemek istediklerini üstü kapalı değil de doğrudan birbirlerinin yüzüne söyler.	( )	( )	( )	( )
19.Ailede bazılarımız, duygularımızı belli etmeyiz.	( )	( )	( )	( )
20.Acil bir durumda ne yapacağımızı biliriz.	( )	( )	( )	( )
21.Ailecek, korkularımızı ve endişelerimizi birbirimizle tartışmaktan kaçınırız.	( )	( )	( )	( )
22.Sevgi, şefkat gibi olumlu duygularımızı birbirimize belli etmekte güçlük çekeriz.	( )	( )	( )	( )
23.Gelirimiz (ücret, maaş) ihtiyaçlarımızı karşılamaya yetmiyor.	( )	( )	( )	( )
24.Ailemiz, bir problemi çözdükten sonra, bu çözümün işe yarayıp yaramadığını tartışır.	( )	( )	( )	( )
25.Bizim ailede herkes kendini düşünür.	( )	( )	( )	( )
26.Duygularımızı birbirimize açıkça söyleyebiliriz.	( )	( )	( )	( )
27.Evimizde banyo ve tuvalet bir türlü temiz durmaz.	( )	( )	( )	( )
28.Aile içinde birbirimize sevgimizi göstermeyiz.	( )	( )	( )	( )
29.Evde herkes her istediğini birbirinin yüzüne söyleyebilir.	( )	( )	( )	( )
30.Ailemizde, her birimizin belirli görev ve sorumlulukları vardır.	( )	( )	( )	( )

31.Aile içinde genellikle birbirimizle pek iyi geçinemeyiz.	( )	( )	( )	( )
32.Ailemizde sert-kötü davranışlar ancak belli durumlarda gösterilir.	( )	( )	( )	( )
33.Ancak hepimizi ilgilendiren bir durum olduğu zaman birbirimizin işine karışırız.	( )	( )	( )	( )
34.Aile içinde birbirimizle ilgilenmeye pek zaman bulamıyoruz.	( )	( )	( )	( )
35.Evde genellikle söylediklerimizle, söylemekistediklerimiz birbirinden farklıdır.	( )	( )	( )	( )
36.Aile içinde birbirimize hoşgörülü davranırız	( )	( )	( )	( )
37.Evde birbirimize, ancak sonunda kişisel bir yarar sağlayacaksak ilgi gösteririz.	( )	( )	( )	( )
38.Ailemizde bir dert varsa, kendi içimizde hallederiz.	( )	( )	( )	( )
39.Ailemizde sevgi ve şefkat gibi güzel duygular ikinci plandadır.	( )	( )	( )	( )
40.Ev işlerinin kimler tarafından yapılacağını hep birlikte konuşarak kararlaştırırız.	( )	( )	( )	( )
41.Ailemizde herhangi bir şeye karar vermek her zaman sorun olur.	( )	( )	( )	( )
42.Bizim evdekiler sadece bir çıkarları olduğu zaman birbirlerine ilgi gösterir.	( )	( )	( )	( )
43.Evde birbirimize karşı açık sözlüyüzdür.	( )	( )	( )	( )
44.Ailemizde hiçbir kural yoktur.	( )	( )	( )	( )
45.Evde birinden bir şey yapması istendiğinde mutlaka takip edilmesi ve kendisine hatırlatılması gerekir.	( )	( )	( )	( )
46.Aile içinde, herhangi bir sorunun (problemin) nasıl çözüleceği hakkında kolayca karar verebiliriz.	( )	( )	( )	( )
47.Evde kurallara uyulmadığı zaman ne olacağını bilmeyiz.	( )	( )	( )	( )
48.Bizim evde aklınıza gelen her şey olabilir.	( )	( )	( )	( )

49.Sevgi, şefkat gibi olumlu duygularımızı birbirimize ifade edebiliriz.	( )	( )	( )	( )
50.Ailede her türlü problemin üstesinden gelebiliriz.	( )	( )	( )	( )
51.Evde birbirimizle pek iyi geçinemeyiz.	( )	( )	( )	( )
52.Sinirlenince birbirimize küseriz.	( )	( )	( )	( )
53.Ailede bize verilen görevler pek hoşumuza gitmez çünkü genellikle umduğumuz görevler verilmez.	( )	( )	( )	( )
54.Kötü bir niyetle olmasa da evde birbirimizin hayatına çok karışıyoruz.	( )	( )	( )	( )
55.Ailemizde kişiler herhangi bir tehlike karşısında (yangın, kaza gibi) ne yapacaklarını bilirler, çünkü böyle durumlarda ne yapılacağı aramızda konuşulmuş ve belirlenmiştir.	( )	( )	( )	( )
56.Aile içinde birbirimize güveniriz.	( )	( )	( )	( )
57.Ağlamak istediğimizde, birbirimizden çekinmeden rahatlıkla ağlayabiliriz.	( )	( )	( )	( )
58.İşimize (okulumuza) yetişmekte güçlük çekiyoruz.	( )	( )	( )	( )
59.Aile içinde birisi, hoşlanmadığımız bir şey yaptığında ona bunu açıkça söyleriz.	( )	( )	( )	( )
60.Problemimizi çözmek için ailecek çeşitli yollar bulmaya çalışırız.	( )	( )	( )	( )

Appendix 6

SCL-90 Aşağıda zaman zaman herkeste olabilecek yakınmaların ve sorunların bir listesi vardır. Lütfen her birini dikkatle okuyunuz. Sonra bu durumun bu gün de dahil olmak üzere son üç ay içerisinde sizi ne ölçüde huzursuz ve tedirgin ettiğini numaralandırınız. .Hiç:0 Çok az:1 Orta derecede:2 Oldukça fazla:3 İleri derecede:4

1. ( ) Baş ağrısı
2. ( ) Sinirlilik ya da içinin titremesi
3. ( ) Zihinden atamadığınız tekrarlayan, hoşa gitmeyen düşünceler
4. ( ) Baygınlık ya da baş dönmesi
5. ( ) Cinsel arzu ya da ilginin kaybı
6. ( ) Başkaları tarafından eleştirilme duygusu
7. ( ) Herhangi bir kimsenin düşüncelerinizi kontrol edebileceği fikri
8. ( ) Sorunlarınızdan pek çoğu için başkalarının suçlanması gerektiği duygusu
9. ( ) Olayları anımsamada güçlük
10. ( ) Dikkatsizlik ya da sakarlılıkla ilgili düşünceler
11. ( ) Kolayca gücenme, rahatsız olma hissi
12. ( ) Göğüs ya da kalp bölgesinde ağrılar
13. ( ) Caddelerde veya açık alanlarda korku hissi
14. ( ) Enerjinizde azalma veya yavaşlama hali
15. ( ) Yaşamınızın sonlanması düşünceleri
16. ( ) Başka kişilerin duymadıkları sesleri duyma
17. ( ) Titreme
18. ( ) Çoğu kişiye güvenilmemesi gerektiği hissi
19. ( ) İştah azalması
20. ( ) Kolayca ağlama
21. ( ) Karşı cinsten kişilerle utangaçlık ve rahatsızlık hissi
22. ( ) Tuzağa düşürülmüş veya yakalanmış olma hissi
23. ( ) Bir neden olmaksızın aniden korkuya kapılma
24. ( )Kontrol edilemeyen öfke patlamaları
25. ( ) Evden dışarı yalnız çıkma korkusu
26. ( ) Olanlar için kendisini suçlama
27. ( ) Belin alt kısmında ağrılar
28. ( ) İşlerin yapılmasında erteleme duygusu
29. ( ) Yalnızlık hissi
30. ( ) Karamsarlık hissi
31. ( ) Her şey için çok fazla endişe duyma
32. ( ) Her şeye karşı ilgisizlik hali
33. ( ) Korku hissi
34. ( )Duygularınızın kolayca incitilebilmesi hali
35. ( ) Diğer insanların sizin özel düşüncelerinizi bilmesi
36. ( ) Başkalarının sizi anlamadığı veya hissedemeyeceği duygusu
37. ( ) Başkalarının sizi sevmediği ya da dostça olmayan davranışlar gösterdiği hissi
38. ( ) İşlerin doğru yapıldığından emin olmak için yavaş yapmak
39. ( ) Kalbin çok hızlı çarpması
40. ( ) Bulantı ve midede rahatsızlık hissi
41. ( ) Kendini başkalarından aşağı görme
42. ( ) Adale (kas) ağrıları
43. ( ) Başkalarının sizi gözlediği veya hakkınızda konuştuğu hissi
44. ( ) Uykuya dalmada güçlük
45. ( ) Yaptığınız işleri bir ya da birkaç kez kontrol etme
46. ( ) Karar vermede güçlük
47. ( ) Otobüs, tren, metro gibi araçlarla yolculuk etme korkusu
48. ( ) Nefes almada güçlük
49. ( ) Soğuk veya sıcak basması
50. ( ) Sizi korkutan belirli uğraş, yer veya nesnelerden kaçınma durumu
51. ( ) Hiçbir şey düşünmeme hali
52. ( ) Bedeninizin bazı kısımlarında uyuşma, karıncalanma olması

53. ( ) Boğazınıza bir yumru takınmış hissi
54. ( ) Gelecek konusunda ümitsizlik
55. ( ) Düşüncelerinizi bir konuya yoğunlaştırmada güçlük
56. ( ) Bedeninizin çeşitli kısımlarında zayıflık hissi
57. ( ) Gerginlik veya coşku hissi
58. ( ) Kol ve bacaklarda ağırlık hissi
59. ( ) Ölüm ya da ölme düşünceleri
60. ( ) Aşırı yemek yeme
61. ( ) İnsanlar size baktığı veya hakkınızda konuştuğu zaman rahatsızlık duyma
62. ( ) Size ait olmayan düşüncelere sahip olma
63. ( ) Bir başkasına vurmak, zarar vermek, yaralamak dürtülerinin olması
64. ( ) Sabahın erken saatlerinde uyanma
65. ( ) Yıkanma, sayma, dokunma, gibi bazı hareketleri yineleme hali
66. ( ) Uykuda huzursuzluk, rahat uyuyamama
67. ( ) Bazı şeyleri kırıp dökme hissi
68. ( ) Başkalarının paylaşıp kabul etmediği inanç ve düşüncelerin olması
69. ( ) Başkalarının yanında kendini çok sıkılgan hissetme
70. ( ) Çarşı, sinema gibi kalabalık yerlerde rahatsızlık hissi
71. ( ) Her şeyin bir yük gibi görünmesi
72. ( ) Dehşet ve panik nöbetleri
73. ( ) Toplum içinde yer, içerken huzursuzluk hissi
74. ( ) Sık sık tartışmaya girme
75. ( ) Yalnız bırakıldığınızda sinirlilik hali
76. ( ) Başkalarının sizi başarılarınız için yeterince takdir etmediği duygusu
77. ( ) Başkalarıyla birlikte olunan durumlarda bile yalnızlık hissetme
78. ( ) Yerinizde duramayacak ölçüde rahatsızlık hissetme
79. ( ) Değersizlik duygusu
80. ( ) Size kötü bir şey olacakmış hissi
81. ( ) Bağırma ya da eşyaları fırlatma
82. ( ) Topluluk içinde bayılacağınız korkusu
83. ( ) Eğer izin verirseniz insanların sizi sömüreceği duygusu
84. ( ) Cinsiyet konusunda sizi çok rahatsız eden düşüncelerin olması
85. ( ) Günahlarınızdan dolayı cezalandırılmanız gerektiği düşüncesi
86. ( ) Korkutucu türden düşünce ve hayaller
87. ( ) Bedeninizde ciddi bir rahatsızlık olduğu düşüncesi
88. ( ) Başka bir kişiye karşı asla yakınlık duymama
89. ( ) Suçluluk duygusu
90. ( ) Aklınızda bir bozukluğun olduğu düşüncesi

Appendix 7

AYDINLATILMIŞ ONAM

Bu çalışma, Yakın Doğu Üniversitesi Fen Edebiyat Fakültesi Psikoloji Bölümü tarafından gerçekleştirilen bir çalışmadır.

Bu çalışmanın amacı KKTC'de savaşın etkilerinin ikinci nesilde etkilerinin incelemektir.

Anket tamamen bilimsel amaçlarla düzenlenmiştir. Anket formunda kimlik bilgileriniz yer almayacaktır. Size ait bilgiler kesinlikle gizli tutulacaktır. Çalışmadan elde edilen veriler yalnızca istatistiksel veri olarak kullanılacaktır. Yanıtlarınızı içten ve doğru olarak vermeniz bu anket sonuçlarının toplum için yararlı bir bilgi olarak kullanılmasını sağlayacaktır.

Yardımınız için çok teşekkür ederim.

Psikolog

Ayşe Buran

Yukarıdaki bilgileri ayrıntılı biçimde okudum ve anketin uygulanmasını onayladım.

İsim: İsim:

İmza: İmza:

Appendix 8

BİLGİLENDİRME FORMU

KKTC Erenköy Mücahitleri'nde TSSB Düzeyi, Aile Fonksiyonları ve İkinci Nesilde Etkilerinin İncelenmesi.

Bu çalışmanın amacı Kuzey Kıbrıs Türk Cumhuriyeti'nde savaşın etkilerini incelemek ve bunların ikinci nesilde nasıl izler bıraktığını görmektir.

Bu çalışmada size bir demografik bilgi formu ve bir dizi ölçek sunduk. Demografik bilgi formu sizin yaş cinsiyet gibi demografik özellikleriniz hakkında sorular içermektedir. Ölçekler ise savaşın travmatik etkilerini ve aile fonksiyonlarıyla ikinci nesilde etkilerini ölçmektedir.

Dana önce de belirtildiği gibi, ölçeklerde ve görüşmelerde verdiğiniz cevaplar kesinlikle gizli kalacaktır. Eğer çalışmayla ilgili herhangi bir şikayet, görüş veya sorunuz varsa bu çalışmanın araştırmacılarından biri olan Ayşe Buran ile iletişime geçmekten lütfen çekinmeyiniz. (aysebrn92@gmail.com , 05338304622).

Eğer bu çalışmaya katılmak sizde belirli düzeyde stres yaratmışsa ve bir danışmanla konuşmak istiyorsanız ülkemizde ücretsiz hizmet veren şu kuruluşlar bulunmaktadır:

Üniversite öğrencisi iseniz, devam etmekte olduğunuz üniversitede Psikolojik Danışmanlık, Rehberlik ve Araştırma Merkezi'ne (PDRAM) başvurabilirsiniz. Eğer öğrenci değilseniz, Barış Ruh ve Sinir Hastalıkları Hastanesi'ne başvurabilirsiniz.

Araştırmanın sonuçlarıyla ilgileniyorsanız, Şubat 2018 tarihinden itibaren araştırmacıyla iletişime geçebilirsiniz.

Katıldığınız için çok teşekkür ederim.

Psikolog,

Ayşe Buran

Psikoloji Bölümü,

Yakın Doğu Üniversitesi,

Lefkoşa.

Appendix 9

16.08.2017

Sayın Prof. Dr. Mehmet Çakıcı,

Bilimsel Araştırmalar Etik Kurulu'na yapmış olduğunuz YDÜ/SB/2017/50 proje numaralı ve **"Erenköy Mücahitlerinin ÖSGB Düzeyi ve Aile Fonksiyonları ve İkinci Nesildeki Psikolojik Belirtilerin İncelenmesi"** başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, etik olarak uygun bulunmuştur. Bu yazı ile birlikte, başvuru formunuzda belirttiğiniz bilgilerin dışına çıkmamak suretiyle araştırmaya başlayabilirsiniz.

Yardımcı Doçent Doktor Direnç Kanol

Bilimsel Araştırmalar Etik Kurulu Raportörü

Not: Eğer bir kuruma resmi bir kabul yazısı sunmak istiyorsanız, Yakın Doğu Üniversitesi Bilimsel Araştırmalar Etik Kurulu'na bu yazı ile başvurup, kurulun başkanının imzasını taşıyan resmi bir yazı temin edebilirsiniz.

Appendix 10
CURRICULUM VITAE

Ayşe Buran was born in 21th December, 1992 in Nicosia. She get graduated from Türk Maarif Koleji in 2010 and started to her psychology education in Near East University in the same year. She made her developmental psychology internship in a private kindergarden and her clinical psychology internship in Bakırköy Hospital in Turkey, in 2013. She graduated from university in 2014 and she started to her master education in Near East University in the same year. She made her internships in Uludağ University Hospital in Turkey and Near East Universtiy Hospital in Cyprus. She has positive psychotherapy basic training and having the master education, and also NAADAC substance addiction therapy consultant education. She worked as a volunteer psychologist in several associations. She is working as a research assistant in Near East University since 2017.

Appendix 11

PTSD Levels of Erenkoy Mujahedin, Family Functions and Psychological Symptoms of the Second Generation

ORIGINALITY REPORT

6%	5%	4%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

#	Source	Type	%
1	azreach.org	Internet Source	<1%
2	doc.rct.dk	Internet Source	<1%
3	aaltodoc.aalto.fi	Internet Source	<1%
4	acknowledgementsample.com	Internet Source	<1%
5	studentcentral.co.uk	Internet Source	<1%
6	d.lib.msu.edu	Internet Source	<1%
7	etd.lib.metu.edu.tr	Internet Source	<1%
8	www.rma.gov.au	Internet Source	<1%
9	scholar.sun.ac.za		