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RESEARCH ARTICLE / ARAŞTIRMA MAKALESİ

Investigation of Alexithymia Levels and Childhood Trauma in Mothers of Sexually Abused Children

Cinsel İstismar Mağduru Çocukların Annelerinin Aleksitimi Düzeyleri ve Çocukluk Çağı Travmalarının İncelenmesi

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Abstract:

The aim of this study is to compare the levels of alexithymia and childhood trauma experiences of mothers of sexually abused children with those of mothers in the control group, and to examine the relationships between alexithymia and trauma experiences. The research was conducted with a case-control design. The case group consisted of 41 mothers of sexually abused children. The control group consisted of 41 mothers whose children had no history of sexual abuse. Data were collected using a personal information form, the Childhood Trauma Questionnaire (CTQ-28), and the Toronto Alexithymia Scale (TAS-20). In the case group, sexual abuse and emotional neglect scores were significantly higher compared to the control group (p=0.041; p=0.004, respectively), while minimization scores were significantly lower. No significant differences were observed between the groups on the TAS subscales and total scores. In the case group, negative correlations were observed between age and Difficulty Identifying Feelings (DIF), Difficulty Describing Feelings (DDF), and the TAS total score; positive correlations were observed between emotional neglect and DIF, DDF, EOT (Externally Oriented Thinking), and the TAS total score. The findings indicated that past traumatic experiences had marked effects on the mothers of sexually abused children and that these experiences were associated with alexithymia. The results highlight the importance of supporting the mental health of mothers for both parental well-being and the psychosocial development of the child.

Keywords: Alexithymia, Mother, Child sexual abuse, Child abuse.

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Öz:

Bu çalışmanın amacı, cinsel istismar mağduru çocukların annelerinin aleksitimi düzeylerini ve çocukluk çağı travma deneyimlerini kontrol grubundaki annelerle karşılaştırmak ve aleksitimi ile travma yaşantıları arasındaki ilişkileri incelemektir. Araştırma olgu-kontrol deseniyle yürütülmüştür. Olgu grubunu cinsel istismar mağduru çocuğun annesi olan 41 anne oluşturmuştur. Kontrol grubunu ise çocuklarında cinsel istismar öyküsü olmayan 41 anne oluşturmuştur. Araştırma verilerini toplamak için kişisel bilgi formu, Çocukluk Çağı Travmaları Ölçeği (CTQ-28) ve Toronto Aleksitimi Ölçeği (TAÖ-20) kullanılmıştır. Olgu grubunda cinsel istismar ve duygusal ihmal puanları, kontrol grubuna göre anlamlı olarak yüksektir (sırasıyla p=0,041; p=0,004); minimizasyon puanları ise anlamlı şekilde düşüktür. TAÖ alt boyutları ve toplam puan açısından gruplar arasında anlamlı bir fark gözlenmemiştir. Olgu grubunda yaş ile duyguları söze dökmede güçlük (DSDG), duyguları dışavurma/ifade etme güçlüğü (DDV) ve TAÖ toplam puanı arasında negatif korelasyonlar; duygusal ihmal ile DSDG, DDV, DTG ve TAÖ toplam puanları arasında pozitif korelasyonlar belirlenmiştir. Cinsel istismar mağduru çocukların annelerinde geçmişte yaşanan travmaların belirgin etkileri gözlenmiş ve bu yaşantıların aleksitimi ile ilişkili olduğu ortaya konmuştur. Bulgular, annelerin ruhsal sağlığının desteklenmesinin hem ebeveynlerin hem de çocukların psikososyal gelişimi açısından önemli olduğunu ortaya koymuştur.

Anahtar Kelimeler: Aleksitimi, Anne, Cinsel istismar, Çocuk istismarı.

Introduction

Child sexual abuse (CSA) is recognized worldwide as a major public health problem that negatively affects children's physical, mental, and social development. Global meta-analyses report the prevalence of CSA to be between 8–31% in girls and 3–17% in boys (Barth et al., 2013; Stoltenborgh et al., 2011). It has been shown that victims of CSA experience higher rates of depression, sleep disorders, suicide attempts, substance use, and behaviors such as running away from home or school (Marriott et al., 2014; Vachon et al., 2015).

The disclosure of CSA affects not only children but also their parents deeply. It has been reported that, especially in mothers, symptoms of major depressive disorder, psychological distress, and post-traumatic stress disorder (PTSD) are more common (Dubé et al., 2024). Studies have shown that mothers experience higher levels of functional impairment, psychological problems, and PTSD symptoms compared to fathers (Cyr et al., 2016; Cyr et al., 2018). Cyr and colleagues (2016) reported PTSD rates of 13.1% in mothers and 7.3% in fathers. PTSD is characterized by intrusive thoughts, nightmares, avoidance behaviors, and cognitive-emotional changes (APA, 2013). Therefore, the disclosure of CSA may result in more severe psychological consequences, especially for mothers with a history of interpersonal trauma.

Alexithymia is a noteworthy variable in terms of maternal mental health. Alexithymia is associated with difficulties in identifying and expressing one's emotions. Individuals with alexithymia have trouble distinguishing between emotional experiences and bodily sensations. They also tend to adopt a more practical and externally-oriented style of thinking (Luminet & Nielson, 2024; Preece & Gross, 2024). These characteristics lead to reduced emotional awareness and a limited capacity for emotional expression (Watters et al., 2016). Research has shown that alexithymia is associated with a range of psychopathologies, including depression, PTSD, suicidal ideation, dissociation, eating disorders, addictions, and sleep problems (Preece et al., 2024; De Berardis et al., 2017; Zorzella et al., 2019). Moreover, alexithymia is linked to both internalizing (e.g., anxiety, depression) and externalizing (e.g., aggression, behavioral problems) issues (Hamel et al., 2024; Muzi & Pace, 2023).

Traumas experienced by mothers during childhood or adulthood can increase the risk of their children developing emotional and behavioral problems (Fung et al., 2024; Lünnemann et al., 2019). This relationship is further strengthened by the development of trauma-related psychopathologies in mothers, such as depression, PTSD, and dissociative symptoms (Plant et al., 2018). Mothers who have experienced trauma may have difficulty recognizing their children's emotional needs and demonstrating sensitive parenting behaviors (Van Ee & Meuleman, 2024). This situation can weaken bonds in the mother-child relationship and impair the child's psychosocial adjustment (Almqvist & Broberg, 2003; Scharpf et al., 2024).

The relationship between childhood trauma and alexithymia is highly significant for both maternal mental health and child development. Research shows that, in particular, emotional neglect and abuse are strongly associated with alexithymia in adulthood (Kick et al., 2024). Meta-analytic findings indicate that all types of trauma are linked to alexithymia, but the effect of emotional neglect and abuse is especially pronounced (Khan & Jaffee, 2022). Alexithymia can act as a mediating factor in the transformation of trauma into psychopathology (Dinç et al., 2021). Furthermore, mothers' past traumas can intensify PTSD symptoms that emerge in their children following abuse, and alexithymia may serve as an important mediating variable in this relationship (Dubé et al., 2023; Kahya & Uluç, 2023).

Although the effects of childhood sexual abuse on victimized children have been widely addressed in the existing literature, its impact on parents—especially mothers—has been relatively less studied. In Turkey, research on this subject appears to be limited. This situation creates a significant gap in understanding the psychological processes mothers experience and in developing support mechanisms for them.

The aim of this study is to examine the levels of alexithymia and childhood trauma experiences among mothers of children who are victims of sexual abuse, and to compare these variables with those of mothers in a control group. Additionally, the study seeks to reveal the relationships between alexithymia and childhood traumas. In this way, the research will both address a gap in the literature and provide a unique contribution to the topic within the context of Turkey.

Method

Participants

This research was conducted using a case-control design. The case group consisted of 41 mothers aged 18 and over, who are literate and whose children were referred to a Child Advocacy Center in a province with allegations of sexual abuse. The control group comprised 41 mothers in the same age range whose children had no history of sexual abuse. Participation was voluntary, and 82 mothers were included in the study. The research was carried out in accordance with the Declaration of Helsinki, and informed consent was obtained from all participants.

Data Collection Tools

Personal Information Form

Prepared by the researchers to determine the participants' age, marital status, number of children, and educational background.

Childhood Trauma Questionnaire (CTQ-28)

The Childhood Trauma Questionnaire (CTQ-28) is a self-report scale designed to retrospectively assess experiences of abuse and neglect during childhood and adolescence (Bernstein & Fink, 1998). The Turkish adaptation of the scale was conducted by Şar and colleagues (2021). The CTQ has two different versions, consisting of 28 and 53 items. In this study, the 28-item version was used. The scale is a five-point Likert-type (1 = never, 5 = very often). It consists of five subscales: emotional neglect, physical neglect, emotional abuse, physical abuse, and sexual abuse. In addition, the scale includes a three-item minimization-denial subscale that assesses participants' tendencies to minimize or deny negative experiences.

Toronto Alexithymia Scale (TAS-20)

The Toronto Alexithymia Scale was developed by Bagby, Parker, and Taylor (1994a, 1994b). It is a 20-item self-report scale that assesses difficulties individuals experience in identifying and expressing emotions. The Turkish adaptation of the scale was conducted by Güleç and colleagues (2009). The TAS is a five-point Likert-type scale, with responses ranging from 1 (strongly disagree) to 5 (strongly agree). The scale consists of three subscales: Difficulty Describing Feelings (DDF), EOT: Externally Oriented Thinking, and Difficulty Identifying Feelings (DIF).

Difficulties in identifying and distinguishing emotions, difficulties in describing emotions, and externally oriented thinking subscales constitute the core components of alexithymia. For example, difficulty identifying feelings is measured by items such as "I often get confused about what I am feeling," while difficulty describing feelings is assessed with statements like "I have trouble finding the right words for my feelings." Externally oriented thinking is measured by items such as "I prefer to talk about daily activities rather than feelings with others." Higher scores on the scale indicate greater alexithymia among participants.

Procedure

The study commenced after obtaining approval from the Sakarya University Non-Interventional Clinical Research Ethics Committee on 07.03.2025, with decision number 224. Informed consent was obtained from all participants. As part of this consent, participants were informed about the aim and duration of the research, principles of confidentiality, that data would be used solely for scientific purposes, and that they could withdraw from the study at any time. The consent form also stated that participants' identities would be kept confidential, responses would be evaluated anonymously, and the research posed no physical or psychological risk. Participants were administered a personal information form, the Childhood Trauma Questionnaire (CTQ-28), and the Toronto Alexithymia Scale (TAS-20).

Data Analysis

SPSS 26.0 software package was used for data analysis. For descriptive variables, mean, standard deviation, count, and percentage were presented; for non-parametric data, median and interquartile range values were reported. The Kolmogorov-Smirnov test was used to assess whether numerical variables were normally distributed. For comparisons between two groups with normally distributed data, the independent-samples t-test was used; for comparisons of numerical variables between two groups when data were not normally distributed, the Mann-Whitney U test was used. Correlations between normally distributed numerical variables were evaluated using Pearson's correlation coefficient, while correlations between non-normally distributed numerical variables were assessed using Spearman's correlation coefficient. Statistical significance was accepted at $p < 0.05$.

Findings

Table 1 compares the demographic characteristics of mothers in the case and control groups. No significant differences were found between the groups in terms of mean age or marital status distribution ($p > 0.05$). However, the number of children was significantly higher in the case group ($p < 0.01$). Regarding educational level, the proportion of university graduates was higher in the control group, while the number of mothers with only primary school education was markedly greater in the case group ($p < 0.01$).

Table 1. *Comparison of demographic characteristics of mothers in the case and control groups*

Variable		Control (n=41)	Case (n=41)	p
Age		40.15 ± 7.16	40.24 ± 5.75	0.996
Marital Status (married)		37	31	0.140
Number of Children (median) (Min-Max)		2(1-3)	3(1-6)	<0.01
Educational Level		1	28	<0.01
	Primary School			
	High School	9	12	
	Associate Degree	6	1	
	Bachelor's Degree	25	0	

Table 2 compares the Toronto Alexithymia Scale (TAS) and Childhood Trauma Questionnaire (CTQ) subscale and total scores between mothers of sexually abused children (case group) and mothers in the control group. There were no significant differences between the groups in terms of TAS subscales or total scores ($p > 0.05$). However, in the CTQ subscales, scores for sexual abuse ($p = 0.041$) and emotional neglect ($p = 0.004$) were significantly higher in the case group. In addition, minimization scores were significantly lower in the case group ($p < 0.001$). The total CTQ score was also higher in the case group compared to the control group ($p = 0.01$).

Table 2. *Comparison of Alexithymia and Childhood Trauma scores between mothers of Sexually Abused Children and mothers in the Control Group*

Variable	Control (n=41)	Case (n=41)	p
(DDF) Difficulty Describing Feelings	10.37 ± 3.14	9.59 ± 2.93	0.23
(EOT) Externally Oriented Thinking	21.44 ± 2.67	22.34 ± 3.77	0.28
(DIF) Difficulty Identifying Feelings	12.41 ± 3.49	12.73 ± 4.81	0.81
TAS Total Score	44.22 ± 7.39	44.66 ± 7.22	0.72
Physical Abuse	5.41 ± 1.12	5.85 ± 2.17	0.254
Sexual Abuse	5.22 ± 0.65	6.12 ± 2.70	0.041
Emotional Abuse	6.51 ± 1.79	6.83 ± 3.26	0.587
Physical Neglect	9.63 ± 1.22	9.63 ± 1.41	0.776
Emotional Neglect	9.10 ± 3.40	11.80 ± 4.67	0.004
Minimization	11.02 ± 2.06	8.98 ± 2.81	<0.001
CTQ Total Score	35.88 ± 5.51	40.24 ± 8.92	0.01

CTQ: Childhood Trauma Questionnaire Total Score, EOT: Externally Oriented Thinking, DDF: Difficulty Describing Feelings, DIF: Difficulty Identifying Feelings, TAS: Toronto Alexithymia Scale,

Table 3 examines the relationships between age, Toronto Alexithymia Scale (TAS) subscales, and Childhood Trauma Questionnaire (CTQ) subscales in the case group. The findings show that age is significantly negatively correlated with Difficulty Describing Feelings (DDF), EOT: Externally Oriented Thinking, and TAS total score ($p < 0.05$). Additionally, there was a significant positive correlation between emotional abuse and Difficulty Identifying Feelings (DIF), as well as between emotional neglect and EOT, DIF, and TAS total score. Minimization scores were negatively correlated with EOT and TAS total scores. Furthermore, the total CTQ score was positively correlated with EOT, DIF, and TAS total scores.

Table 3. *Correlations between Age, Alexithymia Subscales, and Childhood Trauma scores in the case group*

Variable	Age	DDF	EOT	DIF	TAS Total
Age	1.000	-.255*	-.232*	-0.084	-.258*
Physical Abuse	0.164	-0.199	0.078	0.127	0.031
Sexual Abuse	0.017	-0.032	0.115	0.153	0.130
Emotional Abuse	0.161	0.008	0.084	.270*	0.158
Physical Neglect	-.232*	0.084	0.134	0.189	.223*
Emotional Neglect	-0.021	0.179	.291**	.241*	.338**
Minimization	0.018	-0.064	-.267*	-0.173	-.218*
CTQ Total	0.009	0.098	.262*	.229*	.276*

**p<0.05, **p<0.001, CTQ: Childhood Trauma Questionnaire Total Score, EOT: Externally Oriented Thinking, DDF: Difficulty Describing Feelings, DIF: Difficulty Identifying Feelings, TAS: Toronto Alexithymia Scale*

Discussion

In this study, childhood trauma levels and alexithymia characteristics of mothers whose children are victims of sexual abuse were examined, and the findings were compared between the case and control groups. The study showed that childhood trauma levels—particularly in the domains of sexual abuse and emotional neglect—were significantly higher in the case group compared to the control group. Previous studies have demonstrated that mothers' experiences of childhood sexual abuse or domestic violence are associated with higher levels of psychological distress, PTSD, and dissociation when they witness or learn about their own children's abuse (Daignault et al., 2018; Dubé et al., 2018). These psychological challenges can negatively impact mothers' capacity to provide emotional support to their children, thereby adversely affecting the recovery process (Langevin et al., 2021). The findings of this study are consistent with prior research indicating that mothers' own traumatic histories play a significant role both in the protection of children and in the process of disclosing abuse. The increase in total Childhood Trauma Questionnaire (CTQ) scores points to the cumulative effect of multiple trauma experiences endured by mothers throughout their lives. This result highlights the necessity for systematic assessment of not only the victimized children but also the trauma histories of parents in Child Advocacy Centers and similar institutions.

In this study, no significant differences were found between the case and control groups in total alexithymia

scores or subscale scores. This result may be due to the close association of alexithymia with personality traits and its relatively stable nature (Taylor et al., 1999; Bagby et al., 1994a), limitations in sample size, or the sensitivity of self-report scales to cultural factors (Tolmunen et al., 2010). Previous research using different samples has shown significant positive correlations between total CTQ and total TAS scores (Takım et al., 2024; Emir et al., 2023). Similarly, this study found a positive relationship between CTQ total scores and TAS total scores. This finding suggests that, even though group-level differences may not be significant, higher trauma burden at the individual level may be associated with higher levels of alexithymia. Therefore, in clinical practice, assessments of alexithymia should be considered at the individual level, independently of group comparisons.

One of the most striking findings of the study is the strong relationship between emotional neglect and alexithymia. The research shows that individuals who have experienced emotional neglect demonstrate weakened abilities in recognizing, expressing, and cognitively processing emotions. Meta-analyses have revealed that the correlation between emotional neglect and alexithymia is higher than that of other types of abuse (Ditzer et al., 2023; Khan & Jaffee, 2022).

Emotional neglect is strongly associated with deficiencies in emotional vocabulary and mentalization capacity in children and adolescents (Berardelli et al., 2021; Van Schie et al., 2017). These effects can result in persistent difficulties in social cognition, empathy, emotion regulation, and emotional expression. Therefore, psychosocial interventions targeting mothers with a history of severe emotional neglect are important. Such interventions should especially focus on improving emotion recognition and labeling skills. Additionally, strengthening emotion regulation and mentalization abilities is also crucial.

The finding that alexithymia scores decrease with increasing maternal age points to the protective effect of emotional awareness and life experience that develops over time. Some studies suggest that alexithymia scores may be higher in younger individuals, and that emotional awareness and expression skills improve with age (Huang et al., 2022; Thorberg et al., 2011). This suggests that emotional awareness skills acquired through experience and aging may play a protective role against alexithymia.

Research indicates a positive relationship between alexithymia and emotional intensity (Lyvers et al., 2022; Mehta et al., 2024). Findings show that as alexithymia increases, individuals experience negative emotions more intensely and, as a result, tend to resort to minimization more frequently. In the present study, however, the lower minimization scores in the case group compared to the control group suggest that these mothers may be less inclined to deny their traumatic experiences.

Conclusion and Recommendations

This study revealed that mothers of children who are victims of sexual abuse have significantly higher levels of childhood trauma—particularly in the areas of sexual abuse and emotional neglect—compared to the control group. The findings indicate that parents' traumatic histories play a decisive role in the processes of protecting children. Additionally, the positive relationship observed at the individual level between total CTQ scores and alexithymia levels suggests that trauma burden may have a direct impact on emotional awareness. This result underscores the importance of systematically considering parents' trauma histories in psychosocial support programs.

The findings particularly highlight the strong relationship between emotional neglect and alexithymia. Emotional neglect appears to impair parents' ability to recognize and express their emotions. In this context, it is important that psychosocial interventions targeting mothers in child abuse centers focus on improving emotional awareness, emotion regulation, and parenting skills.

The study also found a negative association between age and alexithymia, suggesting that life experiences may strengthen emotional awareness. On the other hand, the finding that mothers with lower educational levels are more likely to be parents of children at risk of abuse indicates the necessity of directing protective and preventive interventions, especially toward lower education groups.

In light of these findings, the following recommendations can be made:

In institutions such as Child Advocacy Centers, the childhood trauma histories and alexithymia levels of parents of victimized children should be assessed using standardized screening scales.

Structured psychosocial programs focusing on the development of emotion recognition and regulation skills should be implemented for mothers with a history of emotional neglect.

Future multicentre, longitudinal studies that also include fathers will help clarify the relationships between parenting experiences, trauma histories, and the processes of child protection in a more comprehensive manner.

In conclusion, this study demonstrates the importance of understanding parents' traumatic histories in the prevention and intervention processes of child abuse. The findings highlight the necessity of a holistic approach that focuses not only on the victim, but also on the parents.

Limitations

This study has several limitations. The cross-sectional design limits causal inference, and the single-center, relatively small sample restricts the generalizability of the findings. Additionally, because the data were collected via self-report scales, it is necessary to corroborate these findings with observational measures of parenting or clinical interview data. Future multicenter, large-sample, and longitudinal studies will help clarify the relationships between trauma, alexithymia, and parenting behaviors. Furthermore, including fathers and other caregivers in research will help identify gender differences.

Declarations

Ethical Approval

Ethics Approval and Participation Consent Ethical approval for the study was obtained from the Sakarya University Faculty of Medicine Non-Interventional Clinical Research Ethics Committee (Decision No: 224, Date: 07.03.2025).

Publication Permission

Not applicable.

Availability of Data and Materials
Not applicable.

Conflicts of Interest
The authors declare no conflicts of interest.

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Author Contributions

HO and ÖB made substantial contributions to writing the Methods and Discussion sections, as well as the Abstract. They also contributed to the overall writing and review of the manuscript. ES analyzed and interpreted the research data and also contributed to the overall writing and review of the manuscript. MTT made significant contributions to writing the Introduction and Discussion sections. HO and ÖB contributed substantially to data collection. All authors have read and approved the final version of the manuscript.

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