ODNOS NEPOVOLJNIH ISKUSTAVA U DJETINJSTVU, ZAŠTITNIH ČIMBENIKA U SADAŠNJOSTI I ZADOVOLJSTVA ŽIVOTOM PROFESIONALNIH POMAGAČA

RELATIONSHIP BETWEEN ADVERSE CHILDHOOD EXPERIENCES, CURRENTLY AVAILABLE PROTECTIVE FACTORS, AND LIFE SATISFACTION OF PROFESSIONAL HELPERS

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Sažetak: *Istraživanja dobrobiti profesionalnih pomagača uglavnom su usmjerena na profesionalni aspekt, dok je manje podataka o subjektivnoj dobrobiti profesionalnih pomagača kao i čimbenicima koji joj doprinose. Dostupni podaci uglavnom ukazuju na veći broj nepovoljnih iskustava u djetinjstvu (NID) kod profesionalnih pomagača nego u općoj populaciji, ali i na višu razinu zadovoljstvo životom. Navedeno bi moglo upućivati na proces otpornosti, kojeg facilitiraju unutarnji i vanjski zaštitni čimbenici. Ovim istraživanjem nastoji se utvrditi doprinos NID-a te unutarnjih i vanjskih zaštitnih čimbenika u sadašnjosti u objašnjenju zadovoljstva životom, odnosno moderatorska uloga unutarnjih i vanjskih zaštitnih čimbenika u odnosu NID-a i zadovoljstva životom kod profesionalnih pomagača. Istraživanje je provedeno na uzorku od 622 profesionalna pomagača: pedagoga, psihologa, socijalnih pedagoga i socijalnih radnika. Provedenom hijerarhijskom regresijskom analizom utvrđeno je kako NID, kao i unutarnji (individualna otpornost i generalna samoefikasnost) te vanjski zaštitni čimbenici (percipirana socijalna podrška značajne druge osobe i obitelji) doprinose objašnjenju zadovoljstva životom profesionalnih pomagača. Nijedan interakcijski efekt zaštitnih čimbenika i NID-a u djetinjstvu nije značajan, ali zajedno, doprinose objašnjenju 1.5% varijance zadovoljstva*

Abstract: *Existing research on the well-being of professional helpers is mainly focused on the professional aspect. There is very little data on their subjective well-being, as well as on the factors that contribute to it. So far, studies have shown that professional helpers have higher numbers of adverse childhood experiences (ACE), as well as higher levels of life satisfaction compared to the general population. This could indicate resilience, which is facilitated by internal and external protective factors. Our study aims to explore the contribution of ACE and internal and external protective factors in explaining life satisfaction among professional helpers, as well as to determine the moderating influence of internal and external protective factors on the relationship between ACE and life satisfaction. The research was conducted on a sample of 622 professional helpers, including pedagogues, psychologists, social pedagogues, and social workers. The results of the hierarchical regression analysis indicate that adverse childhood experiences, as well as internal (resiliency and general self-efficacy) and external protective factors (perceived social support from special person and family) significantly contribute to determining the life satisfaction of professional helpers. There are no significant interaction effects of protective factors and ACE, but together they contribute to explaining 1.5% variance*

životom. Uvođenjem interakcijskih efekata, prediktivni značaj NID-a u objašnjenju zadovoljstva životom se gubi. Ovi rezultati ukazuju na dugoročno djelovanje NID-a, ali i na moguće sinergijsko, odnosno kumulativno djelovanje čimbenika zaštite.

Ključne riječi: nepovoljna iskustva u djetinjstvu, zadovoljstvo životom, zaštitni čimbenici, profesionalni pomagači

of life satisfaction. At the same time, the introduction of interaction effects in the last step resulted in the loss of the predictive significance of ACE in explaining life satisfaction. These results indicate the long-term effects of ACE on life satisfaction, as well as the possible synergistic or cumulative effect of protective factors.

Keywords: adverse childhood experiences, life satisfaction, protective factors, professional helpers

UVOD

Profesionalni pomagači osobe su koje su formalno obrazovane za neko od pomagačkih zanimanja te profesionalno djelujući pružaju stručnu pomoć drugima u rješavanju njihovih životnih problema (Ajduković i Ajduković, 1996). U fokusu ovog rada bit će profesionalni pomagači u psihosocijalnom području: pedagozi, psiholozi, socijalni pedagozi i socijalni radnici.

O dobrobiti i životnim problemima ljudi kojima profesionalni pomagači pomažu postoji mnogo podataka. S druge strane, istraživanja koja u fokusu imaju profesionalne pomagače uglavnom su usmjerena na njihovu profesionalnu dobrobit i čimbenike koji joj doprinose te je manje podataka o privatnom životu profesionalnih pomagača, odnosno njihovoj subjektivnoj dobrobiti (Pasupuleti, Allen, Lambert, Cluse-Tolar, 2009), rizicima s kojima se suočavaju, kao i njihovim unutarnjim i vanjskim resursima.

Izučavanje subjektivne dobrobiti kao i čimbenika koji joj doprinose nije važno samo za profesionalne pomagače već i za njihove korisnike. Ljudi s višom razinom subjektivne dobrobiti, odnosno zadovoljniji životom, skloniji su odnositi se bolje prema drugima te rješavati privatne i probleme na poslu produktivnije, kreativnije i učinkovitije (Pasupuleti i sur., 2009), manje sagorijevati na poslu, biti zadovoljniji poslom, manje mijenjati posao te imati bolje fizičko i mentalno zdravlje te manju smrtnost (Erdogan, Bauer, Truxillo, Mansfield, 2012; Dogan, Lacin i Tutal, 2015; Collins, Glei i Goldman, 2009). Zadovoljstvo životom definira se kao kognitivna prosudba o percipiranom ostvarenju potreba i aspiracija (Veenhoven, 2009).

Istraživanja u svijetu (Yeilyaprak i Boysan, 2014) i Hrvatskoj (Brajša-Žganec i Kaliterna,

INTRODUCTION

Professional helpers are individuals who have completed a formal education in one of the occupations related to providing professional help to others in order to solve their life problems (Ajduković and Ajduković, 1996). The present study focuses on professional helpers in the field of psychosocial science, including pedagogues, psychologists, social pedagogues, and social workers.

There is an almost immeasurable amount of information about the well-being and life problems of individual who require the assistance of professional helpers. However, existing research regarding professional helpers is mainly focused on their professional well-being and associated professional contributing factors. Data on the private lives of professional helpers, i.e., their subjective well-being (Pasupuleti, Allen, Lambert, Cluse-Tolar, 2009), the risks they face, as well as their internal and external resources is scarce.

It is important to study subjective well-being and the factors that contribute to it with respect to professional helpers and those who receive professional help. People with a higher level of subjective well-being, or rather, people who are more satisfied with their lives, have been shown to be more inclined to treat others better and solve private and work problems in a more productive, creative, and efficient manner (Pasupuleti et al., 2009). Such individuals rarely experience burnout at work, they are happier at work, change jobs less often, and have better physical and mental health, as well as lower mortality rates (Erdogan, Bauer, Truxillo, Mansfield, 2012; Dogan, Lacin and Tutal, 2015; Collins, Glei and Goldman, 2009). Life satisfaction is defined as cognitive judgment about the perceived fulfilment of needs and aspirations (Veenhoven, 2009).

2006; Hrženjak, 2019), ukazuju na visoku razinu zadovoljstva životom kod profesionalnih pomagača, čak i višu u odnosu na opću populaciju. S druge strane, postoje i istraživanja koja ukazuju na velik postotak problema mentalnog zdravlja profesionalnih pomagača i prije ulaska u profesiju (njih 40%), ali i tijekom pomagačke karijere (52%), poput problema s depresijom, konzumacijom sredstava ovisnosti i sl. (Straussner, Senreich i Steen, 2018), što ukazuje i na moguće smanjeno zadovoljstvo životom (Tokay Argan i Mersin, 2020).

Čimbenik koji u određenoj mjeri može objasniti nižu razinu zadovoljstva životom kod dijela profesionalnih pomagača odnosi se na broj nepovoljnih iskustava u djetinjstvu (NID) (Festinger i Baker, 2010; Mersky, Topitzes i Reynolds, 2013; Mosley-Johnson i sur., 2018). Nepovoljna iskustva u djetinjstvu (*eng. adverse childhood experiences*) krovni su pojam koji obuhvaća različite vrste zlostavljanja i zanemarivanja, kao i aspekte djetetove životne okoline koji mogu izazvati traumu ili kronični stres u prvih 18 godina života (Hughes i sur., 2017). Važno je naglasiti kako ne postoji usuglašen i precizno određen popis pojava koje navedeni pojam obuhvaća. Prva i vrlo korištena skala za mjerenje NID-a (The Adverse Childhood Experiences Questionnaire, ACE-Q) od 10 čestica, nastala je na temelju istraživanja s preko 17 000 sudionika, kojim su utvrđene tri kategorije: zlostavljanje, zanemarivanje i disfunkcionalnost kućanstva (Felitti i sur., 1998). Kasnije su autori dodavali i druga nepovoljna iskustva i proširivali navedenu skalu (primjerice Finkelhor, Shattuck, Turner i Hamby, 2015), odnosno kreirali nove skale s različitim brojem čestica (primjerice Adverse Childhood Experiences International Questionnaire Svjetske zdravstvene organizacije).

Većina istraživanja NID-a kod profesionalnih pomagača odnose se na studente pomagačkih profesija (Esaki i Larkin, 2013). Gilin i Kaufman (2015) proveli su istraživanje sa 162 studenta socijalnog rada, a Thomas (2016) s njih 79, oba na području SAD-a i oba s originalnom ACE-Q instrumentom. Utvrdili su kako je 80% studenata imalo ≥1 NID. U prvom istraživanju, njih 27.3% imalo je ≥4 NID-a, a u drugom njih čak

Based on global research (Yeilyaprak and Boysan, 2014) and research in Croatia (Brajša-Žganec and Kaliterna, 2006; Hrženjak, 2019), we know that professional helpers show high levels of life satisfaction, even higher than that observed in the general population. On the other hand, there are studies that indicate a high percentage of mental health problems, such as problems related to depression, addiction, and similar conditions, among professional helpers even before they enter into the profession (40%), as well as during their career as helpers (52%) (Straussner, Senreich and Steen, 2018). It can be assumed that helpers who show higher levels of mental health problems also have lower levels of life satisfaction, as evidenced by research on the general population (Tokay Argan and Mersin, 2020).

One factor that explains the lower level of life satisfaction among some professional helpers to some extent is the number of adverse childhood experiences (Festinger and Baker, 2010; Mersky, Topitzes and Reynolds, 2013; Mosley-Johnson et al., 2018). Adverse childhood experience (ACEs) is an umbrella term that encompasses different types of abuse and neglect, as well as aspects of a child's environment that can cause trauma or chronic stress in the first 18 years of life (Hughes et al., 2017). It is important to stress that there is no harmonised and well-defined list of phenomena that fall under the aforementioned term. The Adverse Childhood Experiences Questionnaire (ACE -Q) is a widely used scale to measure ACE: it consists of 10 items corresponding to three categories - abuse, neglect, and domestic dysfunction - and was created on the basis of research involving more than 17,000 participants (Felitti et al., 1998). Later, researchers added other adverse experiences and expanded the aforementioned scale (e.g. Finkelhor, Shattuck, Turner and Hamby, 2015), or created new scales with a different set of items (for example Adverse Childhood Experiences International Questionnaire of World Health Organization).

Most research on ACEs in professional helpers include students in helping professions (Esaki and Larkin, 2013). Gilin and Kaufman (2015) studied 162 social work students, and Thomas (2016) studied 79 students, both in the USA and both using the original ACE Q instrument. They found that 80% of the students had ≥ 1 ACE. Gilin and Kau-

42%. Istraživanje provedeno u Hrvatskoj, sa 166 studentica socijalne pedagogije, uz pomoć proširene verzije ACE skale koja obuhvaća 14 čestica (Finklehor i sur., 2015) pokazuje kako je 73% studentica doživjelo ≥1 NID, a 19.7% ≥4 NID-a (Amidžić, 2019).

Istraživanja koja su u fokusu imala profesionalne pomagače koji prakticiraju pomagačku djelatnost daju slične rezultate. Tako su Steen, Senreich i Straussner (2020) u istraživanju na uzorku od 5540 licenciranih socijalnih radnika iz 13 država SAD-a te Esaki i Larkin (2013) s 94 stručnjaka koji rade s traumatiziranom djecom u institucijama u sjeveroistočnom dijelu SAD-a, koristeći se originalnim ACE-Q instrumentom, utvrdili kako 70% sudionika ima ≥1 NID. U prvom istraživanju njih 23.6% imalo je ≥4 NID-a, a u drugom 15.9%. Nešto više rezultata vezanih za NID dobili su Lee, Pang, Lee i Melby (2017) u istraživanju sa 104 djelatnika u sustavu skrbi za djecu na području SAD-a, u kojem su se koristili verzijom ACE instrumenta s osam čestica. Utvrđeno je kako je 77.4% imalo ≥1 NID, a njih 31% ≥4 NID-a. Autori su usporedili ove rezultate s rezultatima prevalencije NID-a u općoj populaciji na istom i obližnjim područjima te u pet država SAD-a (Centers for Disease Control and Prevention, 2009, Gudmunson i sur., 2013, prema Lee i sur., 2017) prema kojima je 55% do 59% populacije imalo ≥1 NID, a njih oko 15% ≥ 4NID-a. Dakle, utvrdili su veću prevalenciju NID-a kod profesionalnih pomagača. Slične podatke na općoj populaciji dobili su i Fellitti i sur. (1998) u spomenutom prvom istraživanju NID-a, u kojem je utvrđeno kako je 63.9% sudionika imalo iskustvo ≥1 NID-a, a 12.5% ≥ 4 NID-a.

Veći broj NID-a kod profesionalnih pomagača ili studenata pomagačkih profesija u usporedbi s općom populacijom potvrđen je i u istraživanjima koja su izravno komparirala ta dva uzorka (Black, Jeffreys i Hartley, 1993; Elliot i Guy, 1993; Rompf i Royse, 1994; Russel, Gill, Coyne i Woody, 1993).

Povećanjem broja NID-a raste i vjerojatnost problema mentalnog zdravlja, i to kod četiriju i više rizika, za čak deset puta (Rutter 1978). Odrasli koji imaju ≥4 NID-a izloženiji su raznim kro-

fman (2015) reported that 27.3% of them had ≥ 4 ACEs, and Thomas (2016) reported that as many as 42% had similar numbers of ACEs. A study conducted in Croatia involving 166 social pedagogy students used the ACE scale, which included 14 items (Finklehor et al., 2015), and showed that among the female students, 73% experienced ≥ 1 ACE and 19.7% ≥ 4 ACEs (Amidžić, 2019).

Studies focusing on professional helpers who engage in helping activities show similar results. For example, a study involving a sample of 5540 licenced social workers from 13 US states conducted by Steen, Senreich and Straussner (2020), and a study involving 94 professionals working with traumatised children in institutions in the north-eastern US conducted by Esaki and Larkin (2013), both using the original ACE-Q instrument, found that 70% of their participants had ≥ 1 ACE. Steen, Senreich and Straussner (2020) reported that 23.6% of the participants had ≥ 4 ACEs, and Esaki and Larkin (2013) reported that 15.9% of the participants had ≥ 4 ACEs. Lee, Pang, Lee and Melby (2017) obtained slightly higher results based on a study of 104 workers in the childcare system in the USA using an eight-item version of the ACE instrument. The authors found that 77.4% of the participants had ≥ 1 ACE and 31% of them had ≥ 4 ACEs. The authors compared these results to the results of the prevalence of ACE in the general population in the same and nearby areas in five US states (Centres for Disease Control and Prevention, 2009, Gudmunson et al., 2013, adapted from Lee et al., 2017): they found that 55-59% of the general population had ≥ 1 ACE and about 15% of them had ≥ 4 ACEs. Thus, they found a higher prevalence of ACE among professional helpers. Similar data on the general population was obtained by Fellitti et al. (1998) in their above-mentioned study on ACE, where they found that 63.9% of participants had experienced ≥ 1 ACE and 12.5% had experienced ≥ 4 ACEs.

Higher numbers of ACEs in professional helpers or students of helping professions compared to the general population has also been confirmed in studies directly comparing these two samples (Black, Jeffreys and Hartley, 1993; Elliot and Guy, 1993; Rompf and Royse, 1994; Russel, Gill, Coyne and Woody, 1993).

ničnim fizičkim i psihičkim bolestima te rizičnim ponašanjima od onih bez iskustva NID-a (Bellis, Hughes, Leckenby, Perkins i Lowey, 2014; Felitti i sur., 1998; Hughes i sur., 2017). U metaanalizi istraživanja o dugotrajnim učincima NID-a, Hughes i sur. (2017) su utvrdili kako pojedinci s ≥4 NID imaju četiri puta veći rizik za probleme mentalnog zdravlja i sniženo zadovoljstvo životom u odrasloj dobi.

Valja imati na umu kako visoka stopa prevalencije NID-a kod profesionalnih pomagača može biti povezana i s većom osviješćenosti o samom fenomenu. Tome u prilog govore rezultati istraživanja Gore i Black (2009) koji su kod studenata socijalnog rada utvrdili veći broj iskaza o iskustvima seksualne viktimizacije nakon odslušanog predmeta na temu zlostavljanja. Ipak, ne može se isključiti vjerojatnost da su upravo takve teškoće bile ključne pri odabiru pomagačke profesije, što je potvrđeno u nekim radovima u Hrvatskoj i inozemstvu (Amidžić, 2019; Goldberg, Hadas-Lidor i Karnieli-Miller, 2015; Rompf i Royce, 1994).

Ovakvi rezultati mogli bi se objasniti pomoću koncepta „ranjenog pomagača" (Carl Jung, 1966, prema Newcomb, Burton, Edwards, i Hazelwood, 2015), prema kojemu pomagači odabiru svoju profesiju motivirani proživljenim bolnim iskustvom, a u želji da olakšaju bol i patnju drugima. Moć pomaganja dolazi iz pomagačevih rana.

Dakle, nepovoljna iskustva u djetinjstvu mogla bi imati i pozitivnu ulogu u profesionalnom, ali i subjektivnom životu pojedinca. Ovakav, atipičan proces u kojem pojedinac ostvaruje dobre ishode (primjerice, visoku razinu zadovoljstva životom) u situaciji u kojoj bi se mogli očekivati loši ishodi, u literaturi se naziva procesom otpornosti (Luthar, Cicchetti, Becker, 2000). Navedeni proces facilitiran je zaštitnim čimbenicima (Windle, 2011) koje je moguće podijeliti s obzirom na način djelovanja (izravni i moderirajući) te s obzirom na izvor (unutarnji i vanjski). Izravni zaštitni čimbenici (nazivaju se i promotivni čimbenici) predviđaju bolje ishode bez obzira na razinu rizika kojemu su pojedinci izloženi (primjerice, lak temperament), dok moderirajući zaštitni čimbenici kroz interakciju s rizicima predviđaju bolje ishode (primjerice, sposobnost pojedinca da se

As the number of ACEs (i.e., risks) increase, the probability of mental health problems also increase, for example, by as much as ten-fold in the case of four or more risks (Rutter 1978). Adults who have ≥ 4 ACEs are more exposed to a variety of chronic physical and mental illnesses and risky behaviours in adulthood than those who haven't experienced any ACEs (Bellis, Hughes, Leckenby, Perkins and Lowey, 2014; Felitti et al., 1998; Hughes et al., 2017). In a meta-analysis of research on the long-term effects of ACE, Hughes et al. (2017) found that individuals with ≥ 4 ACEs were four times more likely to have mental health problems and reduced adult life satisfaction.

It must be noted that the high prevalence rate of ACE among professional helpers may also be associated with greater awareness of the phenomenon itself. This is supported by the results of research conducted by Gore and Black (2009), who found that social work students talked more about their experiences of sexual victimisation after attending a course on abuse. Nevertheless, it cannot be ruled out that it is precisely such difficulties that proved decisive in choosing to work in the helping profession: this has been confirmed in a few studies conducted in Croatia and other parts of the world (Amidžić, 2019; Goldberg, Hadas-Lidor and Karnieli-Miller, 2015; Rompf and Royce, 1994).

Such results can be explained using the concept of the "wounded helper" (Carl Jung, 1966, in Newcomb, Burton, Edwards, and Hazelwood, 2015) according to which helpers choose their profession because they are motivated by a painful experience, whereby they themselves become motivated to alleviate pain and suffering to others. The power to help comes from the helper's wounds.

Thus, ACE can have a positive role in the professional and subjective life of an individual in the helping profession. This atypical process in which an individual achieves good outcomes (for example, a high level of life satisfaction) in a situation where one could expect poor outcomes is defined as resilience (Luthar, Cicchetti and Becker, 2000). This process is facilitated by protective factors (Windle, 2011), which can be stratified according to their mode of action (direct and moderating) and

brzo oporavi od nedaće) (Masten i Barnes, 2018). Neki zaštitni čimbenici mogu imati oba učinka (Masten i Barnes, 2018). Primjerice, socijalna podrška bliske osobe koja potiče dobrobit pojedinca bez obzira na razinu rizika kojoj su izloženi, dok istovremeno, s porastom rizika, pokazuje i veće učinke (Cohen i Wills, 1985).

Iako su potrebni višestruki teorijski modeli kojima bi se pojasnila priroda nepovoljnih iskustava u djetinjstvu i čimbenika koji doprinose kratkoročnim i dugoročnim pozitivnim i negativnim posljedicama (Binggellie, Hart i Brassard, 2001; Masten, 2021) za teorijsku podlogu ovog rada izabrane su teorija privrženosti (Bowlby, 1969) i teorija socijalne ekologije (Bronferbrenner, 1974). Prema teoriji privrženosti, kvaliteta odnosa između djeteta i primarnog skrbnika u ranoj dobi kreira djetetov stil privrženosti koji se očituje u vjerovanjima o sebi i svijetu oko sebe. Kada primarni skrbnik adekvatno i brižno odgovara na djetetove potrebe, dijete stvara razumijevanje sebe kao osobe vrijedne ljubavi, a svijeta kao sigurnog mjesta te očekuju takve interakcije. S druge strane, uslijed nepovoljnih iskustava u djetinjstvu, dijete može razviti nesigurnu privrženost, odnosno doživljavati sebe bezvrijednim, a svijet nesigurnim mjestom, što ima dugoročne posljedice na njegovo funkcioniranje u odrasloj dobi. Prema teoriji socijalne ekologije, koja je primijenjena u brojnim istraživanjima u području otpornosti (primjerice Ungar, 2011; Liebenberg i Moore, 2018), ljudsko ponašanje i dobrobit pod utjecajem su interakcije intrapersonalnih (bioloških i psiholoških), interpersonalnih (socijalnih i kulturnih) te drugih čimbenika u okruženju (Stokols, Lejano, i Hipp, 2013) koji mogu biti povoljni za pojedinca (poput zaštitnih čimbenika), ali i nepovoljni (poput rizika).

Jedan od važnih intrapersonalnih, odnosno unutarnjih zaštitnih čimbenika individualna je otpornost (eng. *resiliency*), a odnosi se na set crta ličnosti koje reflektiraju čvrstoću karaktera te fleksibilnost prilikom odgovora na nedaće (Block i Block, 1980, prema Luthar i sur., 2000), odnosno kompetentnost u prilagodbi i oporavku od nedaće (Prince-Embury, Saklofske i Vesely, 2015). Autori koji otpornost poimaju kao crtu ličnosti izjedna-

their source (internal and external). Direct protective factors (also referred to as promotive factors) predict better outcomes regardless of the level of risk the individual is exposed to (e.g., an easy temperament), while moderating protective factors predict better outcomes through interaction with risk (e.g., a person's ability to recover quickly from adversity) (Masten and Barnes, 2018). Some protective factors can have both effects (Masten and Barnes, 2018). For example, social support from a close person promotes an individual's well-being regardless of the level of risk they face, while at the same time having a greater impact as the risk increases (Cohen and Wills, 1985).

Although several theoretical models are required to clarify the nature of adverse childhood experiences and the factors that contribute to short- and long-term positive and negative outcomes (Binggellie, Hart, and Brassard, 2001; Masten, 2021), attachment theory (Bowlby, 1969) and social ecology theory (Bronferbrenner, 1974) are used as a theoretical basis for the present study. According to attachment theory, the child's attachment style is shaped by the quality of the relationship between the child and the primary caregiver in early infancy, which is reflected in the child's beliefs about itself and the world around it. When the primary caregiver responds appropriately and caringly to the child's needs, the child develops an understanding of him/herself as a person who deserves love, considers the world to be a safe place, and comes to expect such interactions. In contrast, due to unfavourable experiences in childhood, a child may develop insecure attachments, i.e., he or she perceives him/herself as worthless, as well as the world as an unsafe place, which can have long-term consequences for his or her functioning in adulthood. According to the social ecology theory, which has been applied in the context of resilience in a large body of research (e.g., Ungar, 2011; Liebenberg and Moore, 2018), human behaviour and well-being are influenced by the interaction of intrapersonal (biological and psychological), interpersonal (social and cultural), and other factors in the environment (Stokols, Lejano, and Hipp, 2013), which can be favourable (e.g., protective factors) or unfavourable (e.g., risks) for the individual.

čavaju termin individualne otpornosti (*resiliency*) i općenite, psihosocijalne otpornosti (*resilience*), no dominantno viđenje u literaturi jest da se ta dva pojma trebaju razmatrati odvojeno jer je utvrđeno kako otpornost ne može biti crta ličnosti jer resursi u okruženju mogu imati čak i veću ulogu u suočavanju s nedaćama od individualnih resursa (Liebenberg VanderPlaat i Dolan, 2020). Individualna otpornost pozitivno je povezana sa zadovoljstvom životom (Beutel, Glaesmer, Decker, Fischbeck, Brähler, 2009; Lau, Feher, Wilson, Babcock i Saklofske, 2018) te se pokazalo kako može smanjiti negativne učinke povezane s NID-om kroz jačanje mehanizama suočavanja sa stresom, emocionalne inteligencije i sveukupnog funkcioniranja (Bellis i sur., 2014; Howell i MillerGraff, 2014; prema Flynn, Parnes i Conner, 2021).

Daljnji je važan unutarnji zaštitni čimbenik generalna samoefikasnost, definirana kao vjerovanje pojedinca u vlastite kapacitete postizanja željenih rezultata u različitim okruženjima (Bandura, 1997). Visoka razina generalne samoefikasnosti povezana je sa sklonošću postavljanja ciljeva, upornosti i konstruktivnim načinima suočavanja (Schwarzer, 2000) te omogućava pojedincu vjerovati svojim sposobnostima i samopouzdano se suočiti s neprilikama (Jerusalem i Mittag 1995). Generalna samoefikasnost pozitivno je povezana sa zadovoljstvom životom (Burger i Samuel, 2016; Jhang, 2020; Lee, EunYoung i Wachholtz, 2016) te je značajan prediktor zadovoljstva životom (Savi Çakar, 2012). Malo je istraživanja o moderatorskoj ulozi generalne samoefikasnosti na odnos percipiranog stresa i zadovoljstva životom (Burger i Samuel, 2016). U jednom takvom istraživanju nije utvrđeno da generalna samoefikasnost moderira negativne učinke negativnih događaja na zadovoljstvo životom, već da ima samo izravan utjecaj (Jhang, 2020). Također, pregledom literature nije pronađeno istraživanje koje bi stavilo u odnos NID, generalnu samoefikasnost i zadovoljstvo životom kod odraslih osoba.

Uz individualne resurse, za suočavanje s nepovoljnim iskustvima važni su i vanjski resursi, a ključnom se pokazala socijalna podrška. Prema Cohenu (2004), socijalna podrška odnosi se na omogućavanje psiholoških i materijalnih resursa

One of the important intrapersonal/internal protective factors is resiliency, which refers to a set of personality traits that reflect the general resourcefulness of a person, strength of their character, and flexibility in responding to adversity (Block and Block, 1980, according to Luthar et al., 2000), i.e., competence to adapt to and recover from adversity (Prince-Embury, Saklofske and Veseley, 2015). It must be mentioned that researchers who considered resilience as a personality trait equated the term *resiliency* with *resilience*, but the dominant view in the literature is that the two terms should be considered separately because it has been found that resilience cannot be a personality trait because resources in the environment can play an even greater role in coping with adversity than individual resources (Liebenberg VanderPlaat and Dolan, 2020). Resiliency is positively associated with life satisfaction (Beutel, Glaesmer, Decker, Fischbeck and Brähler, 2009; Lau, Feher, Wilson, Babcock and Saklofske, 2018) and has been shown to reduce the negative effects associated with ACE by strengthening the mechanisms of coping with stress, emotional intelligence, and overall functioning (Flynn, Parnes and Conner, 2021).

Another important internal protective factor is general self-efficacy, which is defined as an individual's belief in their own capacity to achieve desired outcomes in different settings (Bandura, 1997). A high level of general self-efficacy is associated with the propensity to set goals, perseverance, and constructive coping (Schwarzer 2000), and it allows an individual to believe in their abilities and face adversity with confidence (Jerusalem and Mittag, 1995). General self-efficacy is shown to be positively associated with life satisfaction (Burger and Samuel, 2016; Jhang, 2020; Lee, EunYoung and Wachholtz, 2016) and is considered to be a significant predictor of life satisfaction (Savi Cakar, 2012). There is very little research on the moderating role of general self-efficacy in the relationship between perceived stress and life satisfaction (Burger and Samuel, 2016). One such study reports that general self-efficacy does not moderate the negative effects of negative events on life satisfaction, but has a direct impact on it (Jhang, 2012). Furthermore, a review of the literature showed no link between ACE, general self-efficacy, and life satisfaction in adults.

pojedincu od strane socijalne mreže, a sa svrhom osnaživanja njegovih sposobnosti suočavanja sa stresom. Pritom percepcija socijalne podrške može biti važnija za dobrobit pojedinca od primljene podrške (Santini i sur., 2015). Socijalna podrška iz različitih izvora drukčije je povezana s pokazateljima psihičke dobrobiti (Mikolić i Putarek, 2013). Kod osoba u ranoj odrasloj dobi te onih u braku, socijalna podrška partnera pokazala se značajnijim prediktorom psihofizičkog zdravlja te zadovoljstva životom od ostalih izvora podrške (Dehle, Larsen i Landers, 2001; Walen i Lachman, 2000). Mikulić i Putarek (2013) na uzorku su od 324 žene iz cijele Hrvatske u ranoj i srednjoj odrasloj dobi pronašle kako podrška obitelji i partnera doprinosi nižoj razini osamljenosti nezavisno od podrške drugih izvora. S druge strane, Brajša-Žganec, Kaliterna Lipovčan i Hanzec, (2018) na reprezentativnom su uzorku odraslih osoba u Hrvatskoj utvrdili kako je od triju mogućih izvora podrške, socijalna podrška prijatelja bila jedini značajan prediktor zadovoljstva životom.

Brojna istraživanja o percipiranoj socijalnoj podršci ukupno, neovisno o izvoru, utvrdila su kako je ona važan prediktor zadovoljstva životom (Hubbard, 2021; Roh i sur., 2015; Siedlecki, Salthouse, Oishi, i Jeswani, 2014) te medijator u odnosu između traumatskih iskustava u djetinjstvu i dobrobiti, mjerene kroz socijalnu anksioznost na uzorku studenata (Musella, 2021). Pronađeno je i kako percipirana socijalna podrška moderira odnos stresa i dobrobiti (za pregled istraživanja vidjeti Barragan, 2015) tako da smanjuje razinu percipiranog stresa i povećavajuća percipirane resurse potrebne za suočavanje (Jhang, 2020). Malo je istraživanja o moderatorskoj ulozi percipirane socijalne podrške na odnos NID-a i ishoda u odrasloj dobi (Cheong, Sinnott, Dahly i Kearney, 2017). Jedno takvo (Cheong i sur., 2017), utvrdilo je kako percipirana socijalna podrška moderira odnose između broja NID-a i depresije u odrasloj dobi, tako da je povezanost broja NID-a i depresije manja kod veće razine socijalne podrške. S druge strane, Cleary (2016) nije pronašla moderatorski utjecaj percipirane socijalne podrške na odnos broja NID-a i zadovoljstva životom na uzorku odraslih osoba.

In addition to individual protective factors, external protective factors are also important for dealing with adverse experiences, and social support has proven to be crucial. According to Cohen (2004), social support refers to the provision of psychological and material resources to an individual by the social network, with the aim of strengthening their ability to cope with stress. At the same time, the perception of social support may be more important to an individual's well-being than the support received (Santini et al., 2015). Social support from different sources is differently related to indicators of psychological well-being (Mikolić and Putarek, 2013). For people in their early adulthood years and those who are married, social support from partners is a more significant predictor of psychophysical health and life satisfaction than other sources of support (Dehle, Larsen and Landers, 2001; Walen and Lachman, 2000). Based on a sample of 324 women in early and middle adulthood from all over Croatia, Mikulić and Putarek (2013) found that support from family and partners contributes to a lower level of loneliness, independent of support from other sources. On the other hand, Brajša-Žganec, Kaliterna Lipovčan, and Hanzec (2018) found that among three possible sources of support, social support from friends was the only significant predictor of life satisfaction in a representative sample of adults in Croatia.

Studies on overall perceived social support, or rather, support regardless of the source, have shown that it is an important predictor of life satisfaction (Hubbard et al., 2021; Roh et al., 2015), as well as a mediator in the relationship between traumatic childhood experiences and well-being as measured by social anxiety in a sample of university students (Musella, 2021). It was also found that perceived social support moderates the relationship between stress and well-being (for review Barragan, 2015) by reducing the level of perceived stress and increasing the quantity of perceived resources needed to cope (Jhang, 2019). However, there is little research on the moderating role of perceived social support in the relationship between ACE and outcomes in adulthood (Cheong et al., 2017). One study (Cheong et al., 2017) found that perceived social support moderates the relationship between the number of ACE and depression in adulthood in such way that the association between the number of ACEs and de-

CILJ I PROBLEMI RADA

Cilj je rada utvrditi odnos NID-a, unutarnjih i vanjskih zaštitnih čimbenika te zadovoljstva životom profesionalnih pomagača. Problemi rada su: 1) utvrditi doprinos NID-a, unutarnjih zaštitnih čimbenika (individualne otpornosti i generalne samoefikasnosti) te vanjskih zaštitnih čimbenika (percipirane socijalne podrške obitelji, prijatelja i značajne osobe) u objašnjenju zadovoljstva životom kod profesionalnih pomagača te 2) ispitati moderatorsku ulogu unutarnjih zaštitnih čimbenika (individualne otpornosti, generalne samoefikasnosti) te vanjskih zaštitnih čimbenika (percipirane socijalne podrške obitelji, prijatelja i značajne osobe) u odnosu NID-a i zadovoljstva životom u odrasloj dobi kod profesionalnih pomagača.

METODE

Sudionici

U istraživanju je sudjelovalo 622 profesionalnih pomagača iz Republike Hrvatske: 239 socijalnih radnika (38.4%), 148 psihologa (23.8%), 139 socijalnih pedagoga (22.3%) te 96 pedagoga (15.4%). Većina sudionika, njih 588 (94.5%) ženskog je spola, 30 muškog (4.8%), a četvero ih se nije htjelo izjasniti (0.6%). Veća zastupljenost žena očekivana je jer je navedeno karakteristično za pomagačke profesije. Dob je sudionika od 24 do 74 godine, prosječno 41.38 godina (SD=11.02). Oko polovine sudionika spada u ranu odraslu dob (do 40 godina), a druga polovina u srednju odraslu dob (40 – 60 godina), a oko 7% sudionika u staru odraslu dob. Većina sudionika, 78.2% završilo je visoku školu ili diplomski studij, njih 10.7% završilo je poslijediplomski studij, 9.1% specijalistički poslijediplomski studij, a 2.1% su prvostupnici. Gotovo 80% sudionika stalno je zaposleno, njih 14.5% privremeno, 2.6% nezaposleno, dok su ostali samozaposleni / u mirovini / nekom drugom statusu. Sudionici rade u sustavu socijalne skrbi (42.7%), školstvu (25.8%), nevladinim organizacijama (7.7%), zdravstvu (5.4%) te visokom obrazovanju (4.7%). Radni je staž sudionika od 0 do 43 godine, prosječno 14.8 godina (SD= 11.13). Većina sudionika (62%) živi s partnerom/icom,

pression is lower when levels of social support are higher. On the other hand, Cleary (2016) did not find a moderating impact of perceived social support on the relationship between the number of ACEs and life satisfaction in a sample of adults.

AIM AND RESEARCH PROBLEMS

The objective of this study was to determine the relationship between ACE and internal and external protective factors in explaining the life satisfaction among professional helpers. The following issues were examined: 1) determining the contribution of ACE, internal protective factors (resiliency and general self-efficacy), and external protective factors (perceived social support from family, friends and a special person) in explaining life satisfaction among professional helpers; 2) determining the moderating influence of internal protective factors (resiliency, general self-efficacy) and external protective factors (perceived social support from family, friends and a special person) in relation to ACE and adult life satisfaction among professional helpers.

METHODS

Participants

A total of 622 professional helpers from the Republic of Croatia participated in this research study, including 239 social workers (38.4%), 148 psychologists (23.8%), 139 social pedagogues (22.3%), and 96 pedagogues (15.4%). A majority of the participants were women (588; 94.5%), only 30 were men (4.8%), and four did not want to declare (0.6%). Higher numbers of women participants was expected because the female gender is characteristic of helping professions. The age of participants ranged from 24 to 74 years, with an average of 41.38 years (SD = 11.02). About half of the participants were in their early adulthood (up to 40 years) and the other half were in their middle adulthood years (40-60 years); only about 7% of participants were older than 60 years. The majority of participants had completed college or graduate school (78.2%), 10.7% had completed postgraduate studies, 9.1% had completed specialist postgraduate studies, and 2.1% had an undergraduate degree. Participants worked in the

njih 41.2% s djecom, a 28.1% živi i s partnerom i s djecom. Ukupno 12.6% sudionika živi samo.

Instrumenti

U svrhu ovog istraživanja upotrebljavali su se instrumenti opisani u nastavku. Pouzdanost instrumenata, odnosno skale, navedena je u tablici 1.

(1) Upitnik sociodemografskih obilježja sastoji se od pitanja kojima se ispituju: spol, dob, razina obrazovanja, profesija (s obzirom na fakultetsko obrazovanje), dodatne edukacije, radni status, sektor rada, područje rada, radni staž ukupno te na sadašnjem radnom mjestu, tip kućanstva.

(2) Prilagođena verzija Upitnika nepovoljnih iskustava u djetinjstvu (Revised Inventory of Adversive Childhood Experience (Finkelhor i sur., 2015) prilagodba je upitnika Adversive Childhood Experience (Felitti i sur., 1998) koji se sastoji od 10 čestica kojima se mjere NID koji se odnose na disfunkcionalnost kućanstva, zanemarivanje, zlostavljanje. Finkelhor i sur. (2015) dodali su četiri tvrdnje koje se odnose se na zlostavljanje i isključivanje od strane vršnjaka, nasilje u zajednici, primanje socijalne pomoći te usamljenost. U ovom istraživanju isključena je tvrdnja koja se odnosi na fizičko zlostavljanje od strane majke/maćehe jer je procijenjeno kako je navedeno obuhvaćeno tvrdnjom koja se odnosi na fizičko zlostavljanje od strane roditelja/druge osobe u kućanstvu. Umjesto nje, dodana je tvrdnja koja se odnosi na prognanstvo/izbjeglištvo, što je procijenjeno važnim za hrvatski kontekst s obzirom na Domovinski rat. Dakle, instrument se sastoji od 14 tvrdnji na koje sudionici odgovaraju s „da" ili „ne" (doživjeli su ili nisu). Izloženost svakom od iskustava boduje se jednim bodom, a veći rezultat ukazuje na veći broj doživljenih nepovoljnih iskustava.

(3) Zadovoljstvo životom ispitivalo se jednom česticom *(Koliko ste zadovoljni*

social welfare system (42.7%), education (25.8%), non-governmental organisations (7.7%), health (5.4%), and higher education (4.7%). The length of service of the participants ranged from 0 to 43 years, on average 14.8 years (SD = 11.13). The majority of participants (62%) lived with a partner, 41.2% lived with children, and 28.1% lived with their partner and children. In total, only 12.6% participants lived alone.

Instruments

The instruments described below were used for this study. The reliability of the instruments, i.e., the scale, is shown in Table 1.

(1) The questionnaire of sociodemographic characteristics consisted of questions related to sex, age, level of education, profession (with regard to university education), additional education, employment status, labour sector, field of work, total length of service, current employment, and household type.

(2) The Revised Inventory of Adverse Childhood Experience (Finkelhor, Shattuck, Turner and Hamby, 2015) is an adaptation of the Adverse Childhood Experience questionnaire (Felitti et al., 1998). This questionnaire is widely used and is typically applied to examine the number and types of adverse experiences during the first 18 years of life. The original questionnaire contains 10 items measuring ACE related to household dysfunction, neglect, emotional, mental, and physical abuse. Finkelhor et al. (2015) added four statements relating to peer abuse and exclusion, community violence, receiving social assistance, and loneliness. In this study, the allegation of physical abuse by mothers/stepmothers was excluded because it was assessed to be covered by the allegation of physical abuse by parents/other persons in the household. Instead, a statement related to exile/refugee situations was added, which was considered important for the Croatian context in view of the Homeland War. Thus, the adapted instrument consisted of 14 statements to which participants responded with "yes" or "no" (indicating 'have experienced'

svojim životom u cijelosti?), preuzetom iz instrumenta *Indeks osobne dobrobiti* (International Wellbeing Group, 2013) koji se sastoji od devet čestica. Odgovori se daju na skali od 0 do 10, pri čemu 0 = „sasvim nezadovoljan", a 10 = „u potpunosti zadovoljan". U ovom istraživanju upotrebljavala se jedna čestica vodeći se potrebom za skraćivanjem instrumentarija, ali i preporukama Cheung i Lucasa (2014) prema kojima je opravdano upotrebljavati jednu česticu za mjerenje zadovoljstva životom jer ima dobru konstruktnu valjanost te je visoko povezana sa zadovoljstvom životom mjerenim s više čestica.

(4) Skala generalne samoefikasnosti (General Self-Efficacy Scale, Schwarzer i Jerusalem, 1995) mjeri opći i stabilan osjećaj osobne učinkovitosti u suočavanju s različitim situacijama. Sastoji se od 10 tvrdnji koje se procjenjuju na skali Likertova tipa od pet stupnjeva, pri čemu 1 znači „Uopće se ne odnosi na mene", a 5 znači „U potpunosti se odnosi na mene". Tipična je čestica ove skale npr. „Zahvaljujući svojoj snalažljivosti, znam kako se nositi s nepredvidljivim situacijama".

(5) Kratka skala otpornosti (Brief Resilience Scale – BRS; Smith i sur., 2008), izvorno se sastoji od šest tvrdnji, a validacija hrvatske inačice pokazuje kako je riječ o instrumentu s dobrim psihometrijskim svojstvima (Slišković i Burić, 2018). U ovom istraživanju upotrijebljene su tri tvrdnje, vodeći se potrebom za skraćivanjem instrumentarija, a prema navodima nekih autora, prema kojima je skraćivanje instrumenta opravdano ako se zadrže čestice s optimalnim obilježjima kako bi se minimalizirali gubici u pouzdanosti instrumenta. (e.g., Fu, Liu i Yip, 2007; Marteau i Bekker, 1992; Olatunji i sur., 2010, prema Kruyen, 2012). Dvije su tvrdnje pozitivnog, a jedna negativnog smjera („Obično brzo prevladavam teška razdoblja i stresne događaje, „Obično

or 'have not experienced'). Exposure to each of the experiences is scored by one point and a higher score indicates a higher number of adverse experiences.

(3) Life satisfaction was tested based on one item *("How satisfied are you with your life as a whole?")* taken from the instrument *Personal Wellbeing Index* (International Wellbeing Group, 2013) that consists of nine items. Answers are given on a scale from 0 to 10, where 0 indicates "completely dissatisfied" and 10 indicates "completely satisfied". In this study, following the example of many others, only one item was used, guided by the need to shorten the instruments. In addition, based on the recommendations by Cheung and Lucas (2014), it is justified to use one item for measuring life satisfaction because it has good constructive validity and is highly associated with life satisfaction measured with multiple items.

(4) General Self-Efficacy Scale (Schwarzer and Jerusalem, 1995) measures a general and stable sense of personal effectiveness in dealing with a variety of situations. It consists of 10 statements that are evaluated on a five-point Likert-type scale, with 1 indicating "does not apply to me at all" and 5 indicating "totally applies to me". A typical item of this scale is, for example, "Thanks to my resourcefulness, I know how to handle unforeseen situations". The total score is determined by a sum of the responses, with a higher score indicating a higher level of self-efficacy.

(5) The Brief Resilience Scale (BRS; Smith et al., 2008) originally consisted of six statements, and the validation of the Croatian version shows that it is an instrument with good psychometric properties (Slišković and Burić, 2018). In this study, three statements were used, guided by the need to shorten the instruments. Some authors claim that test shortening is justified when one retains the items that have optimal psychometric properties in the test, thus resulting in a total score reliability that has reduced as little as possi-

prolazim kroz teška razdoblja bez puno poteškoća, „Teško se oporavljam kada se dogodi nešto loše"). Odgovori su na skali od 1 do 7 (1 = uopće se ne slažem do 7 = potpuno se slažem), a odnose se na razdoblje od posljednjih mjesec dana. Iz tablice 1. vidljivo je kako je pouzdanost ovakvog instrumenta zadovoljavajuća i iznosi Cronbach α= 0.84.

(6) Multidimenzionalna skala percipirane socijalne podrške (Medved i Keresteš, 2011) prilagođena je prema Multidimensional Scale Perceived Social Support (Zimet, Dahlem, Zimet i Farley, 1988). Sadrži 12 tvrdnji, po četiri tvrdnje za mjerenje percipirane podrške obitelji (npr. „Moja obitelj voljna je pomoći mi kod donošenja odluka"), prijatelja (npr. „Imam prijatelje s kojima mogu dijeliti radost i tugu") i značajne osobe (npr. „Postoji posebna osoba koja je tu kada mi je potrebna"). Sudionici na skali od 1 do 7 (1 = uopće se ne slažem do 7 = potpuno se slažem) označavaju stupanj slaganja sa svakom tvrdnjom, a s obzirom na razdoblje od posljednjih mjesec dana.

Način prikupljanja podataka

Istraživanje je provedeno u sklopu projekta institucije zaposlenja autora istraživanja, uz potporu Sveučilišta u Zagrebu. Podaci su prikupljeni u razdoblju od 27. svibnja do 27. srpnja 2020. godine *online*, putem Lime Surveyja. Riječ je o razdoblju obilježenom mjerama ograničenja kretanja zbog pandemije koronavirusa. Poziv za sudjelovanjem u istraživanju poslan je profesionalnim pomagačima preko mrežnih i Facebook stranica strukovnih udruženja, obavještavanjem poslodavaca i putem privatnih kontakata.

Etički aspekti istraživanja

Prije provedbe istraživanja dobivena je suglasnost Etičkog povjerenstva institucije zaposlenja autora istraživanja. Sudionici su informirani o tome kako je sudjelovanje u istraživanju potpuno povjerljivo, odnosno da se podaci o sudioni-

ble (e.g., Fu, Liu, and Yip, 2007; Marteau and Bekker, 1992; Olatunji et al., 2010, in Kruyen, 2012). Two statements are positive and one is negative ("I tend to bounce back quickly after hard times and stressful events ", "I usually come through difficult times with little trouble", "It is hard for me to snap back when something bad happens"). The answers are on a scale from 1 to 7 (where 1 indicates strongly disagree and 7 indicates strongly agree). Table 1 shows that the reliability of this instrument is satisfactory with Cronbach's α = 0.84.

(6) The multidimensional scale of perceived social support (Medved and Keresteš, 2011), adapted from the Multidimensional Scale Perceived Social Support (Zimet, Dahlem, Zimet and Farley, 1988), contains 12 statements, including four statements to measure perceived family support (e.g., "My family is willing to help me make decisions"), friends (e.g., "I have friends with whom I can share my joys and sorrows"), and special people (e.g., "There is a special person who is around when I am in need"). Participants indicate their degree of agreement on a scale of 1 to 7 (where 1 indicates strongly disagree and 7 indicates strongly agree) with respect to the time period of the past month. The result on the subscales can be derived as the sum of the responses on individual items, with a higher result indicating a higher level of support.

Method of data collection

The research was conducted as part of an institutional project of the author institution, with the support of the University of Zagreb. Data were collected online between May 27 and July 27, 2020, using Lime Survey. This is a period marked by lockdowns due to the coronavirus pandemic. An invitation to participate in the study was sent to the professional helpers through the webpages and Facebook pages of professional associations, after informing employers and through private contacts.

cima i odgovori na upitniku drže na različitim mjestima te istraživači imaju pristup samo anonimiziranim odgovorima. Istaknuto je kako je istraživanje dobrovoljno. S obzirom na to da su se istraživanjem ispitivala prošla i sadašnja potencijalno neugodna iskustva, sudionici su upozoreni kako im razmišljanje o teškim životnim iskustvima može biti uznemirujuće te da u svakom trenutku mogu odustati od daljnjeg ispunjavanja upitnika ili pak kontaktirati određene formalne izvore podrške (savjetovališta i sl.), uz kontakte nekih od izvora.

REZULTATI

U Tablici 1. prikazani su osnovni deskriptivni pokazatelji i koeficijenti bivarijatnih korelacija među svim analiziranim varijablama u ovom istraživanju. Prema KS testu sve varijable statistički značajno odstupaju od normalne distribucije (p < 0.01). S obzirom na to da se KS test smatra strogom mjerom normaliteta (Field, 2009), kao mjera normalnosti distribucije u obzir su uzeti i koeficijenti asimetričnosti i spljoštenosti. Prema Klineu (2005), rezultati kod kojih je indeks asimetričnosti veći od 3, a indeks spljoštenosti veći od 10 smatraju se ekstremnima te upućuju na distribuciju koja odstupa od normalne. Ovaj preduvjet smatra se zadovoljenim pa su iz tog razloga u daljnjim analizama distribucije tretirane kao normalne te su se upotrebljavali parametrijski statistički postupci.

Kada je riječ o razini zadovoljstva životom, prosječan je rezultat 7.93 (SD = 1.27), na skali od 0 do 10. Dakle, utvrđena je visoka razina zadovoljstva životom na ovom uzorku profesionalnih pomagača.

Vezano za NID, profesionalni pomagači u uzorku doživjeli su prosječno 1.97 NID-a (SD=2.14). Više od dvije trećine uzorka (68.9%) doživjelo je ≥1 NID-a. Konkretno, 20.7% sudionika doživjelo je 1 NID, 15.8% 2 NID-a, a 13.5.% 3, a 18.8% ≥4 NID-a. Najčešća nepovoljna iskustva iz djetinjstva kod ovog uzorka su: članovi obitelji nisu se brinuli jedni za druge, nisu se osjećali bliskima ili podržavali jedni druge (30.4%), izloženost psihičkom nasilju roditelja ili druge odrasle osobe u

Ethical aspects of research

Prior to the implementation of the research study, we obtained the consent of the Ethics Committee of the institution of the author. Participants were informed that participation in the study was completely confidential, i.e., that data on participants and answers to the questionnaires were kept in different places and that the researchers had access only to anonymised answers. It was pointed out that participation was entirely voluntary. Since the study examined potentially unpleasant experiences from the past and the present, participants were warned that recollecting difficult life experiences can be disturbing and that they can give up on completing the questionnaire at any time or contact certain formal sources of support (counselling and so on). A list of relevant contacts related to support services was provided.

RESULTS

Table 1 shows the basic descriptive indicators for all analysed variables in this study, as well as the bivariate correlation coefficients. According to the Kolmogorov–Smirnov (KS) test, all variables deviated significantly from the normal distribution. Since the KS test is considered a strict measure of normality (Field, 2009), the coefficients of asymmetry and flatness were also taken into account as a measure of the normality of the distribution. According to Kline (2005), results with an asymmetry index greater than 3 and a flatness index greater than 10 were considered extreme and suggest a distribution that deviates from the normal. This precondition is fulfilled, which is why the distributions were treated as normal in further analyses and parametric statistical procedures were used.

When it comes to the level of life satisfaction, the average score for all participants was 7.93 (SD = 1.27) on a scale from 0 to 10. Thus, a high level of life satisfaction was found among this sample of professional helpers.

Regarding ACE, professional helpers in the sample experienced an average of 1.97 ACE (SD = 2.14). More than two-thirds of the sample (68.9%) experienced one or more ACEs. More specifically, 20.7% of the participants experienced 1 ACE, 15.8%

kućanstvu (20.6%), alkoholizam/upotreba droga od člana kućanstva (19.9%), čest osjećaj usamljenosti, odbijenosti, nevoljenosti (18.8%).

Kad je riječ o unutarnjim i vanjskim zaštitnim čimbenicima, moguće je utvrditi visoke rezultate. Sudionici istraživanja svoju generalnu samoefikasnost na skali od 5 stupnjeva procijenili su M = 3.97 (SD = .47). Preostale zaštitne čimbenike procjenjivali su na skali od 7 stupnjeva, pri čemu je prosječan rezultat za individualnu otpornost (M = 4.72, SD = 1.18), percipiranu socijalnu podršku obitelji (M = 5.81, SD = 1.14), prijatelja (M = 5.98, SD = 1.18) i značajne osobe (M = 6.28, SD = 1.21).

Radi provjere razlikuju li se profesionalni pomagači u razini zadovoljstva životom s obzirom na spol i vrstu profesije, provedeni su t-test i analiza varijance, a kako bi se utvrdila povezanost zadovoljstva životom s dobi, proveden je Pearsonov koeficijent korelacije. Nisu utvrđene razlike s obzirom na spol (t(616) = 0.14, p = 0.89), ni vrstu profesije ($F_{3,618}$=0.09, p=0.90). Također, nije utvrđena povezanost razine zadovoljstva životom s dobi (r=0.04, p=0.33).

Kada je riječ o povezanosti varijabli, uz pomoć Pearsonovnog koeficijenta korelacije utvrđeno je kako je razina zadovoljstva životom, statistički značajno, povezana sa svim ispitivanim varijablama. Pritom su korelacije umjereno visoke (r = 0.37, p = 0.01) između varijabli razine zadovoljstva životom i percipirane socijalne podrške obitelji, značajne osobe i individualne otpornosti te niske između zadovoljstva životom i percipirane podrške prijatelja (r = 0.28, p = 0.01) te generalne samoefikasnosti (r = 0.27, p = 0.01). Utvrđena je i statistički značajna, niska povezanost između zadovoljstva životom i broja NID-a (r = -0.23, p = 0.01). NID je statistički značajno, negativno i umjereno visoko povezan s percipiranom podrškom obitelji (r= -0.32 ,p = 0.01) te nisko s podrškom značajne osobe (r = -0.09, p = 0.01). Varijable koje se odnose na percipiranu socijalnu podršku iz različitih izvora (vanjski zaštitni čimbenici) međusobno imaju umjereno visoku korelaciju (r od 0.46 do 0.62, p = 0.01). Isto tako, varijable koje se odnose na unutarnje zaštitne čimbenike umjereno su povezane (r = 0.44, p =

2 ACEs, 13.5% 3 ACEs, and 18.8% ≥ 4 ACEs. The most common ACEs reported by this sample were family members who did not care for each other, did not feel close, or support each other (30.4%), exposure to psychological violence via parents or other adults in household (20.6%), alcoholism/drug use by a member of the household (19.9%), as well as frequent feelings of loneliness, rejection, and dislike (18.8%).

When it comes to internal and external protective factors, high scores were observed. Participants estimated their general self-efficacy on a 5-point scale with an average value of 3.97 (SD = 0.47.) The remaining protective factors were assessed on a 7-point scale with an average score of 4.72 for resiliency (SD = 1.18), as well as a score of 5.81 for perceived social support from family (SD = 1.14), 5.98 for friends (SD = 1.18), and 6.28 for a special person (SD = 1.21).

To check whether professional helpers differ in the level of life satisfaction according to sex and type of profession, a t-test and analysis of variance were performed. In addition, the Pearson correlation coefficient analysis was used to determine the relationship between life satisfaction and age. There were no differences with respect to sex (t(616) = 0.14, p = 0.89) or the type of profession ($F_{3,618}$ = 0.090, p = 0.90). Furthermore, there was no correlation between the level of life satisfaction and age (r = 0.04, p = 0.33).

When it comes to the correlation of variables, the results of the Pearson correlation coefficient analysis showed statistically significant relationships between level of life satisfaction and all examined variables. Correlations were moderately high (r = 0.37, p = 0.01) between life satisfaction and perceived social support from the family, a special person, and resiliency, and low between life satisfaction and perceived support from friends (r = 0.28, p = 0.01) and general self-efficacy (r = 0.27, p = 0.01). A statistically significant low correlation between life satisfaction and number of ACEs (r = - 0.23, p = 0.01) was also found. ACE showed a negative significantly low correlation with perceived social support of family (r = - 0.32, p = 0.01) and perceived support from a special person (r = - 0.09, p = 0.01). Variables related to perceived social support from different sources (external protective factors) had a moderately high correlation (r

Tablica 1. *Deskriptivni podaci, pouzdanost varijabli i povezanosti varijabli /* **Table 1.** *Descriptive data, reliability, and correlation of variables*

	1	2	3	4	5	6	7
1. Life satisfaction	1	- 0.23**	0.37**	0.27**	0.37**	0.28**	0.37**
2. ACE		1	- 0.07	- 0.05	- 0.32**	- 0.06	- 0.09*
3. Resiliency			1	0.44**	0.14**	0.20**	0.17**
4. General self-efficacy				1	0.15**	0.14**	0.01
5. Perceived social support - Family					1	0.46**	0.59**
6. Perceived social support - Friends						1	0.62**
7. Perceived social support - Special person							1
Mean	7.93	1.97	4.72	3.97	5.81	5.98	6.28
Standard deviation	1.27	2.14	1.18	1.47	1.40	1.22	1.21
Min-Max	0-10	0-11	1-7	1-5	1-7	1-7	1-7
Skewness (Std. error of skewness)	- 1.44 (0.01)	1.46 (0.10)	0.59 (0.10)	- 3.51 (0.10)	- 1.35 (0.10)	- 1.61 (0.10)	- 2.35 (0.10)
Kurtosis (Std. error of kurtosis)	4.60 (0.19)	2.30 (0.20)	0.38 (0.20)	1.16 (0.20)	1.17 (0.20)	1.17 (0.20)	5.59 (0.20)
KS_Z (p = 0.000)	0.24	0.50	0.09	0.09	0.20	0.20	0.28
Cronbach α	-	0.70	0.84	0.88	0.94	0.95	0.93

0.01). Nadalje, individualna otpornost kao unutarnji zaštitni čimbenik nisko je povezana sa svim mjerenim vanjskim zaštitnim čimbenicima (r od 0.14 do 0.17, p = 0.01). Generalna samoefikasnost nisko je povezana sa socijalnom podrškom obitelji i prijatelja (r = 0.15, p = 0.01; r = 0.14, p = 0.01), ali nije statistički značajno povezana s percipiranom socijalnom podrškom značajne osobe (r= 0.01, p=0.84).

Kako bi se odgovorilo na probleme istraživanja, provedena je hijerarhijska regresijska analiza kojoj je prethodilo pretvaranje varijable NID-a u dihotomnu varijablu (0 = sudionici s < 4 NID; 1 = sudionici ≥4 NID) te centriranje prediktorskih varijabli, a sa svrhom izbjegavanja problema vezanih uz multikolinerarnost (Berger, 2003). Pretvaranje NID-a u dihotomnu varijablu provedeno je zbog značajnijeg odstupanja ove varijable od normalne distribucije te odstupanja u smjeru suprotnom od odstupanja u zavisnoj varijabli. Granična vrijednost od 4 NID-a odabrana je na temelju rezultata istraživanja prema kojima je ≥ 4 NID-a indikator visoke rizičnosti za razne probleme fizičkog i mentalnog zdravlja u odrasloj dobi, odnosno za smanjeno zadovoljstvo životom

of 0.46-0.62, p = 0.01). Likewise, variables related to internal protective factors such as resiliency and general self-efficacy were moderately correlated (r = 0.44, p = 0.01). Furthermore, there was a low correlation between resiliency as an internal protective factor to all measured external protective factors (r of 0.14-0.17, p = 0.01), as well as between general self-efficacy and social support from family and friends (r = 0.15, p = 0.01; r = 0.14, p = 0.01). There was no statistically significantly correlation between general self-efficacy and social support from a special person (r = 0.01, p = 0.84).

To answer the research questions, a hierarchical regression analysis was performed, which was preceded by the transformation of the variable ACE into a dichotomous variable (0 indicating participants with < 4 ACEs; 1 indicating participants ≥ 4 ACEs) and the centring of predictor variables with the aim of avoiding problems related to multicollinearity (Berger, 2003). The variable ACE was transformed based on a significant deviation of this variable from the normal distribution and a deviation in the opposite direction to the deviation of the dependent variable. The cut-off score of 4 ACEs was chosen based on research findings that values ≥4 ACEs are an indicator

(Bellis i sur., 2014; Felitti i sur., 1998; Hughes i sur., 2017).

Prediktori su se uvodili u model kroz četiri koraka (tablica 2). S obzirom na to da nije utvrđena razlika u zadovoljstvu životom s obzirom na spol, dob te vrstu profesije, nije ih bilo potrebno uvrstiti u model kao kontrolne varijable. U prvom koraku u model je uvedena dihotomna varijabla NID-a. U drugom koraku uvedene su varijable koje se odnose na unutarnje zaštitne čimbenike (generalna samoefikasnost i individualna otpornost), a u trećem na vanjske zaštitne čimbenike (percipirana socijalna podrška obitelji, percipirana socijalna podrška prijatelja i percipirana socijalna podrška značajne osobe). U četvrtom koraku uvedeno je pet novih varijabli od kojih svaka predstavlja umnožak NID-a i pojedinog zaštitnog čimbenika.

Analiza je provedena na podacima 569 sudionika. Ukupno je objašnjeno 28.4% varijance zadovoljstva životom. U prvom koraku, NID je značajan prediktor ($\beta = -0.16$, $p = 0.00$) koji objašnjava 2.7% varijance. Očekivano, ≥ 4 NID-a povezano je s nižom razinom zadovoljstva životom. Uvođenjem individualnih zaštitnih čimbenika: generalne samoefikasnosti i individualne otpornosti, postotak objašnjene varijance povećao se za 13.5% varijance kriterija. Pritom je individualna otpornost najznačajniji prediktor ($\beta = -0.22$, $p = 0.00$), zatim slijedi generalna samoefikasnost ($\beta = -0.16$, $p = 0.01$) a potom NID ($\beta = -0.14$, $p = 0.00$). Varijable koje se odnose na vanjske zaštitne čimbenike dodane su u trećem koraku, a objašnjavaju 12.1% varijance kriterija. Pritom prediktivna vrijednost varijabli NID-a, generalna samoefikasnost i individualna otpornost ostaju značajne, a među dodanim prediktorima, kao značajni izdvajaju se varijable percipirana socijalna podrška obitelji i percipirana socijalna podrška značajne osobe. Četvrti skup varijabli, odnosno interakcijski efekti NID-a i zaštitnih čimbenika, daju dodatan, ali vrlo mali doprinos objašnjenju razine zadovoljstva životom, od 1.5% varijance. Uvođenjem moderatora, prediktori koji se odnose na zaštitne čimbenike koji su bili značajni u prethodnom koraku, ostali su značajni i u ovom koraku. S druge strane, NID je izgubio na značajnosti. Interakcijski efekti NID-a i zaštitnih čimbenika nisu značajni, što

of high risk for various physical and mental health problems in adulthood, i.e., lower life satisfaction (Bellis et al., 2014; Felitti et al. al., 1998; Hughes et al., 2017).

Predictors were introduced into the model in four steps (Table 2). Since there were no differences in life satisfaction based on sex, age, and type of profession, it was not necessary to include them in the model as control variables. In the first step, a dichotomous ACE variable was introduced into the model. In the second step, variables related to internal protective factors (general self-efficacy and resiliency) were introduced, and in the third step variables related to external protective factors (perceived social support from family, perceived social support from friends and perceived social support from a special person) were introduced. In the fourth step, five new variables were introduced, each representing a product of ACE and a single protective factor.

The analysis was conducted based on the responses of 569 participants. A total of 28.4% of the variance of the criteria, i.e., life satisfaction, was explained. In the first step, ACE was a significant predictor of life satisfaction ($\beta = -0.16$, $p = 0.00$), which explained 2.7% of the variance of the criteria. As expected, ≥ 4 ACEs were associated with a lower level of life satisfaction. By introducing individual protective factors, such as general self-efficacy and resiliency, the percentage of explained variance increased by 13.5% of the variance of the criteria. Resiliency is the most important predictor of life satisfaction ($\beta = -0.22$, $p = 0.00$), followed by general self-efficacy ($\beta = -0.16$, $p = 0.01$) and then ACE ($\beta = -0.14$, $p = 0.00$). Variables relating to external protective factors were added in the third step, explaining 12.1% of the variance of the criteria. At the same time, the predictive value of ACE, general self-efficacy, and resiliency remained significant. Among the added predictors, the variables of perceived social support from the family and perceived social support from a special person stood out as being significant. The fourth set of variables, i.e., the interaction effects of ACE and protective factors, make an additional small contribution to explaining the level of life satisfaction, further explaining 1.5% of the variance. With the introduction of moderators, the predictors related to protective factors that were significant in the previ-

Tablica 2. *Rezultati hijerarhijske regresijske analize testiranja interakcijskog efekta unutarnjih i vanjskih zaštitnih čimbenika u odnosu NID i zadovoljstva životom (N = 569) /* **Table 2.** *Results of the hierarchical regression analysis testing the interaction effect of internal and external protective factors in relation to ACE and life satisfaction (N = 569)*

Predictors	Step 1	Step 2	Step 3	Step 4
	β	β	β	β
ACE	- 0.16***	- 0.14***	- 0.09*	- 0.07
General Self-efficacy		0.15**	0.16***	0.12**
Resiliency		0.28***	0.22***	0.18***
PSP_Family			0.18***	0.14*
PSP_Friends			- 0.01	0.02
PSP_Special person			0.23***	0.26***
G. Self-efficacy x ACE				0.07
Resiliency x ACE				0.06
PSP_Family x ACE				0.06
PSP_Friends x ACE				0.03
PSP_Sp. Person x ACE				- 0.06
R^2	0.027	0.162	0.283	0.298
R_{kor}^2	0.025	0.157	0.275	0.284
ΔR^2	0.027***	0.135***	0.121***	0.015*

Note: *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$. $\Delta R2$ – contribution of each group of predictors to explained variance; R^2-total contribution to explained variance; R_{kor}^2- corrected total contribution to explained variance; PSP- Perceived Social Support

ukazuje na to da nijedan navedeni zaštitni čimbenik ne moderira odnos NID-a i zadovoljstva životom. Konačni poredak značajnosti prediktora je: percipirana socijalna podrška značajne osobe (β = 0.26, p = 0.00), individualna otpornost (β = 0.18, p = 0.00), percipirana socijalna podrška obitelji (β = 0.14, p = 0.02) te generalna samoefikasnost (β = 0.12, p = 0.01). Dakle, viša razina percipirane socijalne podrške značajne osobe i obitelji, individualne otpornosti i generalne samoefikasnosti povezana je s višom razinom zadovoljstva životom.

RASPRAVA

Ovim istraživanjem nastojao se utvrditi odnos nepovoljnih iskustava u djetinjstvu, unutarnjih i vanjskih zaštitnih čimbenika u sadašnjosti te zadovoljstvo životom kod profesionalnih pomagača.

Deskriptivni podaci pokazuju kako profesionalni pomagači u ovom uzorku imaju visoku razinu zadovoljstva životom (M = 7.93), višu u odnosu na reprezentativni uzorak odraslih osoba u Hrvatskoj (M = 6.61), prema istraživanju

ous step remained significant. On the other hand, the significance of ACE was lost. The interaction effects of ACE and protective factors were not significant, suggesting that none of these protective factors moderate the relationship between ACE and life satisfaction. The final order of significance of the predictors is as follows: perceived social support from a special person (β = 0.26, p = 0.00), resiliency (β = 0.18, p = 0.00), perceived social support from the family (β = 0.14, p = 0.02), and general self-efficacy (β = 0.12, p = 0.01). Thus, a higher level of perceived social support from a special person and the family, resiliency, and general self-efficacy were associated with higher levels of life satisfaction among professional helpers.

DISCUSSION

This study sought to determine the relationship between ACE, currently available internal and external protective factors, and level of life satisfaction in professional helpers.

According to Brajša-Žganec et al. (2018), descriptive data indicated that professional helpers in

provedenom 2015. godine (Brajša-Žganec i sur., 2018). Navedeno se dijelom može objasniti visokim obrazovanjem svih sudionika te velikim udjelom zaposlenih među sudionicima (94%), a prema istraživanjima u kojima je utvrđeno da su obrazovanje i radni status značajni prediktori zadovoljstva životom (za pregled vidjeti Brajša Žganec i Kaliterna, 2006). Ipak, valja uzeti u obzir i mogućnost da su određena profesionalna znanja doprinijela ovakvom rezultatu. Primjerice, De las Olas Palma-García i Hombrados-Mendieta (2016) longitudinalnim istraživanjem utvrdili su visoku razinu osobnih resursa kod studenata socijalnog rada i socijalnih radnika, koja se povećavala nakon određenih edukacija i profesionalno pomagačkog rada. Dakle, povećanje stručnih znanja i vještina povećava osobne resurse profesionalnih pomagača, što doprinosi i većoj subjektivnoj dobrobiti pomagača.

U skladu s navedenim, u ovom istraživanju utvrđeno je i kako su svi mjereni zaštitni čimbenici procijenjeni visokim vrijednostima. Primjerice, socijalna podrška iz različitih izvora procijenjena je prosječnim rezultatima od 5.81 do 6.28 (na skali od 1 do 7), što je nešto više nego je utvrđeno u spomenutom reprezentativnom uzorku hrvatskih građana (M od 5.7 do 5.9) (Brajša-Žganec i sur., 2018). Individualna otpornost i generalna samoefikasnost također su relativno visoko procijenjene.

Podaci prema kojima je nešto više od dvije trećine sudionika (68.9%) doživjelo ≥1 NID u skladu su s onima dobivenim u istraživanjima s profesionalnim pomagačima u inozemstvu (Steen i sur., 2020; Esaki i Larkin, 2013) te s istraživanjem provedenim sa studenticama socijalne pedagogije u Hrvatskoj (Amidžić, 2019). S druge strane, rezultati vezani za postotak sudionika koji su doživjeli ≥ 4 NID (18.8%) u određenoj mjeri odstupaju od rezultata utvrđenih u istraživanju Steena i sur. (2020), Eskina i Larkina, (2013) te Lee i sur. (2017) koji su utvrdili postotke od 27%, 42% i 31% sudionika s ≥4 NID. Pritom treba imati na umu da su navedena istraživanja ispitivala i manji broj NID-a (10 NID-a) od ovog istraživanja (14 NID-a). S druge strane, rezultati su u skladu s onima dobivenim sa studenticama u Hrvatskoj, prema kojima je 19.7% doživjelo ≥ 4 NID (Amidžić,

this sample have a high level of life satisfaction (M = 7.93), higher than in a representative sample of adults in Croatia (M = 6.61). This can be partially explained by the participants' higher education and the high proportion of employed people among the participants (94%), which is consistent with findings that show that education and work status are significant predictors of life satisfaction (for an overview, see Brajša-Žganec and Kaliterna, 2006). However, the possibility that certain occupational knowledge contributes to this result should also be considered. For example, a longitudinal study conducted by De las Olas Palma – Garcia and Hombrados – Mendieta (2016) found a high level of personal resources among social work students and social workers, which increased after certain levels of education and professional work. Thus, it seems that improving professional knowledge and skills can increase the personal resources of professional helpers. It certainly contributes to the greater subjective well-being of professional helpers.

Consistent with the above, the present study found that all measured protective factors were rated high. For example, social support from various sources was rated with average values of 5.81 to 6.28 (on a scale of 1 to 7), which is slightly higher than in the representative sample of Croatian citizens mentioned above (M of 5.7-5.9) (Brajša-Žganec et al., 2018). Individual resilience and general self-efficacy were also rated relatively high.

The data according to which slightly more than two-thirds of the participants (68.9%) experienced ≥ 1 ACE are consistent with those obtained in research with professional helpers abroad (Steen et al., 2020; Esaki and Larkin, 2013) and with research conducted with students of social pedagogy in Croatia (Amidžić, 2019). On the other hand, the results related to the percentage of participants who experienced ≥ 4 ACEs (18.8%) deviated to some extent from the results determined in Steen et al. (2020), Eskin and Larkin, (2013), and Lee et al. (2017), who found percentages of 27%, 42%, and 31% of participants with ≥ 4 ACEs respectively. At the same time, it should be kept in mind that the aforementioned studies examined a smaller number of ACEs (10 ACEs) than the present study (14 ACEs). However, the results are in line with those obtained with female students in

2019). Ipak, usporede li se podaci s onima u općoj populaciji, prema kojima od oko 12% do 15% ispitanika) ima ≥ 4 NID-a (za pregled istraživanja vidjeti Steen i sur., 2020) vidljivo je da su u ovom istraživanju rezultati nešto viši. Dakle, moguće je utvrditi kako je oko petina sudionika ovog uzorka u povećanom riziku za razvoj različitih fizičkih i psihičkih problema (Hughes i sur, 2017).

Rezultati korelacijske analize pokazuju kako je broj NID-a negativno povezan s percipiranom socijalnom podrškom obitelji i značajne druge osobe. Navedeni podaci u skladu su s istraživanjima koja potvrđuju povezanost NID-a i manje razine socijalne podrške općenito (Karatekin i Ahluwalia, 2016; Robinaugh i sur., 2011), te od strane obitelji, prijatelja i značajne druge osobe (Hubbard, 2021). Ovi nalazi mogli bi se pojasniti teorijom privrženosti prema kojoj odnosi s primarnim skrbnikom u ranoj dobi uvelike određuje stil privrženosti, odnosno svojevrstan kapacitet pojedinca da formira bliske odnose s drugima Bowlby, 1969). To se može reflektirati u poteškoćama u razvijanju posebno bliskog (značajnog) odnosa u odrasloj dobi kao i poteškoća u odnosima s članovima obitelji, bilo da je riječ o obitelji orijentacije (s kojom je moguće da podjedinici imaju narušene odnose još od djetinjstva uslijed NID-a) ili prokreacije (u kojoj pojedinci stvaraju odnose slične onima u obitelji orijentacije, a na temelju formiranog stila privrženosti).

Nadalje, NID je važan prediktor zadovoljstva životom i kao samostalan prediktor i kad se u regresijsku jednadžbu uvrste unutarnji i vanjski zaštitni čimbenici. To upozorava na moguće dugoročne posljedice NID-a, što je potvrđeno i rezultatima na općoj populaciji, ali i kod profesionalnih pomagača (Bellis i sur., 2014; Felitti i sur., 1998; Festinger i Baker, 2010; Hughes i sur., 2017; Mosley-Johnson i sur., 2018).

Svi zaštitni čimbenici, osim percipirane socijalne podrške prijatelja, značajni su prediktori zadovoljstva životom. To je u skladu s teorijom socijalne ekologije, koja upozorava na značaj resursa i samog pojedinca i onih u okruženju. Kao najznačajniji prediktor izdvaja se percipirana socijalna podrška značajne osobe. Ovaj rezultat mogao bi se pojasniti time što značajna osoba implicira po-

Croatia, according to which 19.7% had experienced ≥ 4 ACEs (Amidžić, 2019). However, if the data are compared with those in the general population, according to which about 12-15% of respondents had ≥ 4 ACEs (for an overview of the research, see Steen et al., 2020), it is evident that, in the present study, the results are somewhat higher. Thus, it is possible to conclude that about a fifth of the participants in this sample are at increased risk for the development of various physical and psychological problems (Hughes et al, 2017).

The results of the correlation analysis suggest that the number of ACEs is negatively related to perceived social support from family and special persons. These data are consistent with research indicating a relationship between ACE and lower levels of social support in general (Karatekin and Ahluwalia, 2016; Robinaugh et al., 2011), as well as the support received from family, friends, and significant others (Hubbard, 2021). These findings can potentially be explained by attachment theory, which states that the relationship with the primary caregiver in early childhood largely determines the attachment style, which is a type of individual ability to form close relationships with others (Bowlby, 1969). This may be reflected in difficulties when it comes to developing a particularly close (significant) relationship in an adult age, as well as in difficulties when it comes to relationships with family members, whether in the family of orientation (person can have disturbed relationships since childhood due to ACE) or in the family of procreation (person creates relationships similar to those in the family of orientation, based on the formed attachment style).

In addition, ACE is an important predictor of life satisfaction - both as an independent predictor and when internal and external protective factors are included in the regression equation. This suggests the potential long-term consequences of ACE as confirmed by results found in the general population and in professional helpers (Bellis et al., 2014; Felitti et al., 1998; Festinger and Baker, 2010; Hughes et al., 2017; Mosley-Johnson et al., 2018).

All protective factors, except perceived social support from friends, are significant predictors of life satisfaction. This is consistent with social ecology theory, which points to the importance of both

sebno blizak odnos, a brojna istraživanja utvrdila su kako je upravo takav odnos značajan čimbenik dobrih ishoda (Luthar i sur., 2000). Ne može se sa sigurnošću reći tko je značajna osoba na koju se odnose ovi podaci. Može ukazivati na podršku partnera, ali i prijatelja ili drugog člana obitelji. U nekim istraživanjima ova nejasnoća riješena je tako što je sudionicima u uputama navedeno da se značajna osoba ne odnosi na člana obitelji ili prijatelja, čime se poboljšala jasnoća dobivenih rezultata (Wongpakaran i Wongpakaran, 2012). S obzirom na to da u ovom istraživanju nisu dane nikakve upute oko toga na koga se odnosi značajna osoba, ne može se utvrditi uloga tih osoba u odnosu na sudionike istraživanja.

Percipirana socijalna podrška obitelji također je značajan prediktor zadovoljstva životom, što je u skladu s istraživanjem važnosti socijalne podrške obitelji u ranoj i srednjoj odrasloj dobi na uzorku žena iz Hrvatske, a s obzirom na razinu usamljenosti (Mikulić i Putarek, 2013). Ovaj rezultat ne čudi s obzirom na to da pojedinac obično ima bliskije odnose, i fizički i psihološki, s obitelji nego s većinom drugih ljudi te da članovi obitelji, posebice majke, ali i očevi, braće/sestre, ostaju važne figure tijekom cijelog života (Antonucci, Akiyama i Takahashi, 2004). Također, u skladu je s važnosti obitelji u hrvatskoj kulturi (Grandits, 2010).

Rezultati o neznačajnosti percipirane socijalne podrške prijatelja u objašnjenju zadovoljstva životom iznenađujući su i u neskladu s onima dobivenim na reprezentativnom uzorku odraslih u Hrvatskoj (Brajša-Žganec i sur., 2018) u kojem je utvrđeno kako je socijalna podrška prijatelja, između ostalih izvora podrške, jedini značajan prediktor zadovoljstva životom. Moguće objašnjenje ovih rezultata može biti i dijelom zbog većeg raspona dobi sudionika (18 - 88), u istraživanju Brajša – Žganec i sur., (2018), a koji obuhvaća sudionike i kasne adolescentne i vrlo stare dobi. Naime, istraživanja pokazuju da je socijalna podrška prijatelja posebno važna u vrijeme kasne adolescencije (Spitz, Winkler Metzke i Steinhausen, 2022) i u starijoj dobi (Li i sur., 2004). Nadalje, moguće je da važnost izvora podrške ima veze i obavljanjem pomagačkog posla,

individual and environmental resources. Perceived social support from an important person is the most significant predictor. This result can be explained by the fact that an important person implies a particularly close relationship and numerous studies have found that such a relationship is an important factor in good outcomes (Luthar et al., 2000). It is not possible to say with certainty who the important person is to whom these data refer to. It may indicate support from a partner, but also from a friend or other family member. In some studies, this ambiguity has been resolved by informing participants that the special person does not refer to a family member or a friend, which improved the clarity of the results obtained (Wongpakaran and Wongpakaran, 2012). Since no instructions were given in this study regarding as to who the specific person refers to, it is not possible to determine the role of these individuals in relation to the study participants.

Perceived social support from family is also a significant predictor of life satisfaction, which is consistent with research findings on the importance of social support from the family in early and middle adulthood based on a sample of women from Croatia, especially in terms of levels of loneliness (Mikulić and Putarek, 2013). This finding is not surprising given that individuals tend to have closer relationships with family, both physically and psychologically, than with most other people, and that family members, especially mothers, but also fathers and siblings, remain important attachment figures throughout one's life (Antonucci, Akiyama, and Takahashi, 2004). This is also consistent with the importance of family in Croatian culture (Grandits, 2010).

The results regarding the insignificance of perceived social support from friends in explaining life satisfaction are surprising and contradict previous findings based on a representative sample of adults in Croatia (Brajša-Žganec et al., 2018), in which social support from friends was found to be the only significant predictor of life satisfaction from a pool of other sources of support. These results can be explained by the wider age range of participants (18-88) in the study by Brajša-Žganec et al. (2018), which included participants in both late adolescence and old age. Studies also show

no nisu pronađena istraživanja koja bi poduprla ovakvu tezu. Rezultati ovog istraživanja mogli bi se objasniti nalazima drugih istraživanja prema kojima važnost podrške prijatelja u odrasloj dobi dolazi nakon podrške partnera i obitelji (Feeney, Hohaus, Noller i Alexander, 2001). Da bi prijatelj bio važna figura privrženosti (te izvor podrške), mora se raditi o dugotrajnom prijateljstvu (Fraley i Davis, 1997). Moguće je da su sudionici podršku tako važnog prijatelja razabrali u tvrdnjama o podršci značajne osobe te da stoga percipirana socijalna podrška prijatelja nije imala značaj u objašnjenju zadovoljstva životom.

Rezultat o važnosti individualne otpornosti za zadovoljstvo životom je očekivan i u skladu s rezultatima drugih istraživanja (Beutel i sur., 2009; Lau i sur., 2018). Razumljivo je kako su ljudi koji procjenjuju kako lakše savladavaju životne izazove i koji se brže i lakše oporavljaju od nedaća zadovoljniji životom od onih koji se teže nose s izazovima.

S obzirom na to da generalna samoefikasnost omogućava pojedincu vjerovati svojim sposobnostima i samopouzdano suočavanje s neprilikama, njena značajnost za zadovoljstvo životom pomagača ne začuđuje te je u skladu s nalazima drugih istraživanja (Burger i Samuel, 2016; Savi Çakar, 2012; Day i Kearney i Zhang, 2015). Ipak, čini se kako generalna samoefikasnost nije dovoljno jak zaštitni mehanizam koji bi samostalno umanjio djelovanje nepovoljnih iskustava iz djetinjstva na zadovoljstvo životom, što je i u skladu s istraživanjem Jhanga (2020).

Kako je ranije i navedeno, nijedan interakcijski efekt zaštitnih čimbenika i NID-a nije značajan, ali zajedno u maloj mjeri doprinose objašnjenju zadovoljstva životom. Pritom se i uvođenjem interakcijskih efekata u zadnjem koraku, prediktivni značaj NID-a u objašnjenju zadovoljstva životom gubi. Ovi rezultati mogu ukazivati na važnost sinergije čimbenika zaštite, odnosno njihova kumulativnog djelovanja. Slično kao što se rizici akumuliraju i time ozbiljno narušavaju dobrobit pojedinca, tako i zaštitni čimbenici sinergijskim djelovanjem mogu smanjivati nepovoljne utjecaje iz djetinjstva. Moguće je da bi djelovanje zaštitnih čimbenika bilo snažnije da

that social support from friends is particularly important in late adolescence (Spitz, Winkler Metzke, and Steinhausen, 2022) and old age (Li et al., 2004). Furthermore, it is possible that the importance of the source of support is also related to the type of employment in a helping profession, but no evidence was found to support this hypothesis. The results of the present study can be explained by the findings of other studies according to which the importance of support from friends in adulthood comes after the support from partners and family (Feeney, Hohaus, Noller, & Alexander, 2001). For a friend to be an important attachment figure (and a source of support), the friendship in question must be a long-term friendship (Fraley and Davis, 1997). It is possible that participants in our sample interpreted the support of such an important friend to be the support of a special person, and therefore perceived social support from friends was not significant in explaining life satisfaction.

The results regarding the importance of individual resilience for life satisfaction is as expected and it is consistent with the findings of other studies (Beutel et al., 2009; Lau et al., 2018). It is understandable that people who assess that they can cope more easily with life's challenges and recover more quickly are more satisfied with life than those who find it more difficult to overcome challenges.

Considering that general self-efficacy enables a person to believe in their abilities and face difficulties with confidence, its importance for the professional helpers' life satisfaction is not surprising. Again, this is consistent with the findings of other studies (Burger and Samuel, 2016; Savi Çakar, 2012; Day and Kearney and Zhang, 2015). However, it appears that general self-efficacy is not a strong enough protective factor to independently reduce the impact of adverse childhood experiences on life satisfaction, consistent with Jhang (2020).

As noted earlier, none of the interaction effects of protective factors and ACE are significant, but together, they contribute in a small extent to explaining life satisfaction. At the same time, when interaction effects were introduced in the last step, the predictive significance of ACE in explaining life satisfaction was lost. These results may point to the importance of the synergy of protective

su se u istraživanju ispitivali i drugi, potencijalno važno zaštitni čimbenici, poput podrške brižne odrasle osobe tijekom odrastanja (Luthar i sur., 2000), prorade nepovoljnih iskustava iz djetinjstvu (Newcomb i sur., 2015), upotrebe adekvatnih strategija suočavanja sa stresom (Sheffler i sur., 2019), ali i brojni drugi zaštitni čimbenici. Istraživanje značaja navedenih čimbenika preporuka je za buduća istraživanja.

Važno je spomenuti neka ograničenja ovog istraživanja. Prvenstveno, riječ je o prigodnom uzorku pomagača koji su dobili informaciju o istraživanju, bili voljni sudjelovati i koji koriste internet te se podaci ne mogu generalizirati. Nadalje, transverzalni nacrt ne omogućava donošenje zaključaka o uzročno-posljedičnim odnosima, a metoda samoprocjene povezana je s mogućim iskrivljenim dosjećanjima i problemima metodološke varijance (varijable dijelom koreliraju jer su mjerene istom metodom). U budućim istraživanjima važno bi bilo dobiti informacije iz više izvora o ispitivanim varijablama, ali i obuhvatiti više potencijalno važnih zaštitnih čimbenika.

ZAKLJUČAK

Rezultati ovog istraživanja pokazuju kako su nepovoljna iskustva u djetinjstvu negativno povezana sa zadovoljstvom životom profesionalnih pomagača te da nijedan od ispitivanih unutarnjih i vanjskih zaštitnih čimbenika u sadašnjosti ne moderira taj odnos. Ipak, ohrabrujući su podaci prema kojima interakcijski efekti svih ispitivanih zaštitnih čimbenika doprinose (iako vrlo malo) objašnjenju varijance zadovoljstva životom.

Praktične implikacije ovih rezultata brojne su, a očituju se prvenstveno u važnosti jačanja intervencija usmjerenih na poboljšanje obiteljskog funkcioniranja kako bi se smanjila prevalencija NID-a. Nadalje, rezultati upozoravaju na važnost brige o subjektivnoj dobrobiti pomagača, kako tijekom studiranja, tako i tijekom profesionalne karijere. Potrebno je educirati (buduće) profesionalne pomagače i osnažiti ih da prepoznaju i prorade vlastita nepovoljna iskustva te da jačaju zaštitne čimbenike, važne u suočavanju s nepovoljnim iskustvima iz djetinjstva, ali i iz sadaš-

factors, i.e., their cumulative effect. In the same manner as the accumulation of risks that can seriously affect an individual's well-being, protective factors can reduce the influence of ACEs through their synergistic effects.

In the present study, it is possible that the effect of protective factors would have been stronger if other potentially important protective factors had been examined, such as support from a caring adult while growing up (Luthar et al., 2000), processing negative childhood experiences (Newcomb et al., 2015), using appropriate coping strategies when stressed (Sheffler et al., 2019), as well as numerous other protective factors. Investigating the importance of the aforementioned factors is a recommendation for future research.

It is important to consider certain limitations of this study. First and foremost, we focused on a convenience sample of professional helpers who received information about the survey, were willing to participate, and knew how to use the Internet. Therefore, our data and results cannot be generalised. In addition, the cross-sectional design of the study does not allow for the inference of cause-and-effect relationships, and the self-assessment method is associated with possible distorted recall and methodological variance problems (variables were partially correlated because they were measured using the same method). For future studies, it would be important to obtain information on the variables studied from multiple sources, but also to include several potentially important protective factors.

CONCLUSION

The results of this study suggest that adverse childhood experiences are negatively related to life satisfaction in professional helpers and that none of the internal and external protective factors studied were able to moderate this relationship. Nevertheless, our findings are encouraging since the data indicate that the interaction effects of all the protective factors examined contribute (albeit a very small one) to explaining the variance in life satisfaction.

The practical implications of these findings are numerous and they are most evident with respect to the importance of conducting interventions to

njeg života. Također, izrazito je važno omogućiti redovitu superviziju koja bi pomagačima pomogla razdvajati osobne procese s procesima koji se događaju u radu s korisnicima. Dakako, velika je odgovornost i na samim profesionalnim pomagačima da potraže adekvatnu podršku za sebe, kako bi jačali svoje resurse i bili zadovoljni svojim životom.

improve family functioning in order to reduce the prevalence of ACEs. Furthermore, the findings point to the importance of caring for the subjective well-being of professional helpers, both during their studies and their professional careers. It is necessary to educate and empower (future) professional helpers to recognise and process their own negative experiences, as well as to strengthen protective factors that are important for coping with negative experiences in their childhood and in their current life. It is also extremely important to provide regular supervision that enables helpers to separate personal processes from the processes involved in working with clients. Needless to say, professional helpers themselves have a great responsibility to seek appropriate support for themselves in order to strengthen their resources and be satisfied with their lives.

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