



Investigation of the Relationship Between Childhood Trauma Experiences and Future Expectations of Adolescents

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ABSTRACT

The present study aimed to investigate the relationship between childhood traumas experienced by adolescents and their future expectations. The sample comprised 408 high school students, with 212 girls and 196 boys. The researchers employed the Childhood Trauma Questionnaire Short Form (CTQ-SF) to assess participants' childhood trauma, the Future Expectations Scale for Adolescents (FESA) to measure their future expectations, and a researcher-developed Personal Information Form to collect demographic data. The study findings revealed a significant negative correlation between adolescents' childhood trauma experiences and their future expectations. Regression results show that physical neglect and emotional abuse account for 18% of the variance in future expectations. Considering the results, recommendations were made to researchers and practitioners.

Keywords:

adolescence, childhood trauma, future expectations

1. Introduction

Efforts to control time have existed since the dawn of humanity, endowing time with both a physical and subjective dimension. Moreover, the need to make sense of our experiences and the necessity to organize time have prompted an examination of our perceptions of time (Drake et al., 2008). An individual's present experiences are intricately shaped by their past encounters and expectations for the future. Within this context, researchers have focused on the impact of future time on human behavior and its influence on our current actions (Güler-Edwards, 2008; Lennings et al., 1998; Vazquez & Rapetti, 2006).

The concept of future time affects our present behaviors within the framework of expectations. According to Rotter (1954), the concept of future expectancy can be defined as thoughts about success or performance in a specific field in the future based on past experiences (as cited in Akman, 2002). Future expectations are cognitive maps that include fears and interests about the future. Therefore, future expectations are powerful decision-making factors (Nurmi, 1991).

Making plans for the future is one of the most critical and necessary characteristics of human beings. This characteristic helps individuals take responsibility for their current behaviors and shape them. Making plans for the future varies according to developmental stages. The most critical period in which plans for the future gain intensity is adolescence. Adolescence includes tasks such as having future expectations, planning future lives, and preparing for adult responsibilities (Shmotkin & Eyal, 2003).

Adolescence is a period of transition from childhood to adulthood in which development and maturation take place in all areas of development, relationships change quality, new experiences are experienced, and attempts are made to gain identity and independence (Yavuzer, 1998). During adolescence, bio-physiological change and cognitive development make it difficult for adolescents to re-establish a new balance. In addition to the

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changing dynamics of adolescence, adolescents are faced with the situation of planning their future lives and making healthy decisions for the future by interpreting their past experiences. Adolescents are in the preparation stage for adult roles such as career choice, relationships with the opposite sex, active participation in society, and identity development (Seginer & Lilach, 2004). Adolescents' expectations for the future affect their identity and self-development (Artar, 2003). Adolescents manage their development by evaluating different options and making choices in line with their future goals (Seginer & Lilach, 2004). Adolescents' thinking about how they will chart a path for their lives in adulthood and how they should behave in this direction constitutes an important part of developmental tasks (Erikson, 1968, as cited in Nemlioğlu, 2011). Adolescents' future expectations may be related to success, marriage, health, and existential goals.

The fact that adolescents, who make an important contribution to the development of society, form positive expectations for the future affects the direction of their current actions and their satisfaction with themselves and their lives (Yavuzer et al., 2005). In addition, adolescents' positive expectations for the future constitute a part of healthy identity development. Healthy identity development supports the fulfillment of social roles and the protection of mental health by leading a contented life. Future expectations of adolescents are affected by some factors. The plans formed during adolescence are influenced by environmental conditions, level of knowledge and skills, approach to the future, socioeconomic conditions, gender, and values (Güleri, 1998). In addition to these influences, adolescents' future expectations are also affected by past experiences. Adolescence serves as a bridge between childhood and adulthood as a transition period. Negative experiences in childhood can affect future expectations (Ney et al., 1994).

An individual is in interaction with their family or the person or organization responsible for taking care of them, encompassing a period that starts before birth and includes the growth process. A healthy childhood positively influences adolescence and adulthood. The family is responsible for providing the necessary care, protection, love, and attention for the child. This responsibility plays a key role in the child's current and future lives. Indeed, some families or responsible individuals subject their children to behavior that aims to cause harm, which is preventable (Polat, 2001). The experiences of trauma occurring during this period are referred to as childhood trauma experiences (Polat, 1998). Traumatic experiences endured during childhood can alter the perception of life. Childhood trauma experiences are multidimensional traumas due to being inflicted by the individuals closest to the child from the moment they begin their life, having long-lasting effects, and being difficult to treat (Polat, 2007a).

Childhood trauma experiences are experiences that negatively affect the physical, cognitive, emotional, and social development of the individual. Childhood trauma experiences have been focused on in relation to many mental problems such as depression, personality disorders, and substance use disorders that occur in adolescence and adulthood (Brown & Anderson, 1991). Children who are exposed to experiences of abuse are more likely to face developmental, interpersonal, and social problems later in life. Indeed, Adler (1994) argues that a person's behaviors are influenced not only by their expectations for the future but also by their past experiences. In individuals who are unable to show sufficient resistance in the face of negativity, negative experiences can give rise to emotions such as fear, anxiety, and disappointment (cited in Akman, 2002). These emotions can lead to a decrease in interest in the future and the formation of negative expectations (Rotter, 1954, cited in Akman, 1992). The future expectations of adolescents are influenced by the extent to which their past experiences affect them, the conditions they possess, and the positive or negative attributions they make to the situations they encounter. Positive past experiences support both the fulfillment of developmental tasks in the current period and the formation of positive expectations for future life stages (Tuncer, 2011).

It is thought that there is a relationship between adolescents' future expectations and childhood trauma experiences. There are studies supporting the existence of this relationship (for example, the impact of childhood traumas on hopelessness, smoking, and alcohol use) (Güler et al., 2002; Özen et al., 2007). However, despite the existence of similar studies in the literature, there are no studies directly examining adolescents' future expectations and childhood trauma experiences. It has been found that there are strong relationships between childhood trauma experiences and hopelessness for the future, depression, suicide attempts, anxiety, low academic achievement, and psychosomatic symptoms (Nurcombe, 2000; Ystgaard et al., 2004). Children who have been abused have learning difficulties, conduct disorders, substance abuse, low academic achievement, low self-esteem, and low positive future expectations (Cowen, 1999). However, studies on childhood trauma experiences and future behavioral problems of adolescents do not provide sufficient and

detailed information about adolescents' expectations for the future. It is known that negative experiences in childhood affect an individual's perspective on the future. When the literature is examined, it is seen that studies have been conducted on the effects of childhood trauma experiences (Beyazova & Şahin, 2007; Eroğul & Türk, 2013; Orhon, 2008), but studies on the direct effect on future expectations are insufficient.

According to McWhirter and McWhirter (2008), having high future expectations among adolescents helps keep them away from risky behaviors and contributes to their social development. Adolescents are capable of taking responsibility for the future effects of their current behaviors and behaving in ways that are suitable for their social roles. In order to develop appropriate action plans regarding adolescents' future expectations, it is necessary to reduce the impact of past experiences on adolescent future expectations through protective and preventive mental health services and studies. Recognizing the factors associated with adolescent future expectations can be achieved through examining the relationship between adolescents' experiences of childhood maltreatment and their future expectations. The present study aimed to investigate the relationship between childhood traumas experienced by adolescents and their future expectations. In line with this objective, the following questions were addressed in this study:

- Is there a relationship between childhood trauma experiences and the future expectations of adolescents?
- Do childhood trauma experiences predict future expectations in adolescents?

2. Methodology

2.1. Research Model

This research is a correlational survey model study that examines the relationship between childhood trauma experiences and future expectations. Correlational survey research is a type of research that shows the relationship between variables and that some of the change observed in one of the variables may be due to the other variable (Can, 2017).

2.2. Sample

The sample of this study consists of students in the 9th, 10th, 11th, and 12th grades attending five high schools located in the city center of Elazığ. A convenience sampling method was used in this study. Within this scope, data were collected from 430 voluntary students in the 9th, 10th, 11th, and 12th grades of these five high schools. Out of these data, 22 were not included in the research due to reasons such as missing, erroneous, or careless completion. As a result, 408 forms (212 girls and 196 boys) were included in the analyses.

2.3. Materials

Childhood Trauma Questionnaire Short Form (CTQ-SF): In this study, childhood trauma experiences were used for measurement with the Childhood Trauma Questionnaire Short Form (CTQ-SF), developed by Bernstein et al. (2003) and adapted into Turkish by Kaya (2014). The CTQ-SF is scored on a 5-point Likert-type scale (1=Strongly Disagree, 5=Strongly Agree). The CPSAS-CF consists of 28 items and measures five dimensions of abuse (physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect). The validity studies of the adapted scale were conducted with confirmatory factor analysis (CFA). It was seen that the 5-dimensional CTQ-SF model ($\chi^2 = 5777.659$, $df = 78$, $CFI = .89$, $TLI = .96$, $RMSEA = .047$) showed good fit. The factor loadings obtained as a result of CFA ranged between .81 and .90 for physical abuse, .36 and .80 for physical neglect, .65 and .82 for emotional abuse, .74 and .87 for emotional neglect, and .72 and .98 for sexual abuse. The criterion-related validity of the CTQ-SF was examined with the Beck Depression Inventory ($r = .43$), the Trait Anxiety Inventory ($r = .46$) and the Rosenberg Self-Esteem Scale ($r = -.41$). The lowest total score that can be obtained from the scale is 25, and the highest score is 125 (Kaya, 2014). High scores indicate neglect and abuse. In this study, the Elazığ Provincial Directorate of National Education decided that the sexual abuse items were not appropriate. For this reason, the application was carried out by removing the items of the sexual abuse sub-dimension from the CTQ-SF. Analyses were conducted on physical abuse, physical neglect, emotional abuse, and emotional neglect items. In this study, the Cronbach-alpha internal consistency reliability coefficient of the CTQ-SF was found to be .70.

Future Expectations Scale for Adolescents (FESA): In this study, the Future Expectations Scale for Adolescents (FESA), adapted into Turkish by Tuncer (2011), was used to measure adolescents' future expectations. The FESA consists of 25 items, and the items begin with the phrase "When I become an adult." The AFES uses a 7-point Likert-type rating scale and consists of four subscales: work and education, marriage and family, religion and society, and health and life. The Turkish version of the FESA was examined through Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA). In EFA, a four-factor structure with eigenvalues greater than 1 and explaining 67% of the total variance was identified. The four-dimensional model of adolescent future expectations obtained from EFA was tested through CFA. The results of CFA indicated a good fit for the model ($\chi^2= 596.199$, $p= .00$, $RMSEA= .085$, $CFI= .91$, and $GFI= .780$). The internal consistency of the Turkish version of the FESA was measured using Cronbach's alpha coefficient. The internal consistency reliability coefficient for the total score of the FESA was found to be .93. High scores obtained from the scale and its subscales indicate positive future expectations (Tuncer, 2011). In this study, Cronbach's alpha coefficient for internal consistency reliability of the FESA was found to be .95.

2.4. Procedure and Ethics

First of all, permission for the application was obtained from the Elazığ Provincial Directorate of National Education. After this stage, information about high school types was collected. Afterwards, it was seen that high schools were grouped into 4 main categories: science high school, Anatolian high school, vocational and technical high school, and religious vocational high school. For this reason, it was decided to conduct the application at one school from each high school type. Data were collected by the researchers. Only volunteer students were allowed to participate in the application. The application lasted 25 minutes. At the end of the application, data was collected from 430 students. Twenty-two of the application forms were not included in the study because they were incomplete and inaccurate. As a result, 408 forms were included in the analysis.

2.5. Data Analysis

Before analyzing the research data, the statistical method to be used (parametric or nonparametric) was analyzed. In this context, the histogram, Q-Q graph, skewness, and kurtosis coefficients (-1 and +1) of each variable were analyzed. As a result of the analysis, it was seen that the data showed a normal distribution. The Skewness and Kurtosis coefficients of the variables vary between -1 and +1. Therefore, parametric statistical methods were used. Correlation and Regression Analysis were used to analyze the data. The research data were analyzed with the SPSS 20.0 package program.

3. Findings

The relationship between adolescents' childhood trauma experiences and future expectations was examined by correlation analysis. The results of the analysis are presented in Table 2.

Table 1. Correlation analysis results

	1	2	3	4	5	6	7	8	9
1- Physical Abuse	1								
2- Physical Neglect	.44**	1							
3- Emotional Abuse	.59**	.46**	1						
4- Emotional Neglect	.09	.28**	.28**	1					
5-Future Expectations Total	-.26**	-.33**	-.39**	-.12*	1				
6- Work and Education	-.29**	-.31**	-.40**	-.13*	.91**	1			
7- Marriage and Family	-.15**	-.26**	-.28**	-.11*	.81**	.57**	1		
8- Religion and Society	-.20**	-.25**	-.24**	-.01	.76**	.64**	.52**	1	
9- Health and Life	-.18**	-.23**	-.31**	-.07	.78**	.62**	.55**	.57**	1

**p<.01, *p<.05

Table 1 presents the correlation values between childhood maltreatment experiences (physical abuse, physical neglect, emotional abuse, and emotional neglect) and future expectations, as well as the subscales of future expectations (work and education, marriage and family, religion and society, and health and life). According to the table, all correlation values, except for the relationships between emotional neglect and religion and

society ($r = -.01$; $p > .05$) and health and life ($r = -.07$; $p > .05$), were found to be statistically significant ($p < .01$, $p < .05$).

Statistically significant and negative correlations were found between physical abuse and the total score of future expectations ($r = -.26$; $p < .01$), work and education ($r = -.29$; $p < .01$), marriage and family ($r = -.15$; $p < .01$), religion and society ($r = -.20$; $p < .01$), and health and life ($r = -.18$; $p < .01$). Similarly, statistically significant and negative correlations were found between physical neglect and the total score of future expectations ($r = -.33$; $p < .01$), work and education ($r = -.31$; $p < .01$), marriage and family ($r = -.26$; $p < .01$), religion and society ($r = -.25$; $p < .01$), and health and life ($r = -.23$; $p < .01$).

Statistically significant and negative correlations were found between emotional abuse and the total score of future expectations ($r = -.39$; $p < .01$), work and education ($r = -.40$; $p < .01$), marriage and family ($r = -.28$; $p < .01$), religion and society ($r = -.24$; $p < .01$), and health and life ($r = -.31$; $p < .01$). Additionally, statistically significant and negative correlations were found between emotional neglect and the total score of future expectations ($r = -.12$; $p < .05$), work and education ($r = -.13$; $p < .05$), and marriage and family ($r = -.11$; $p < .05$). These findings indicate that childhood trauma experiences are negatively associated with future expectations, and as the experiences of childhood trauma increase, positive future expectations decrease. Conversely, as the experiences of childhood trauma decrease, positive future expectations increase.

To examine the contributions of adolescents' childhood trauma experiences in predicting future expectations, multiple regression analysis was conducted, and the analysis results are presented in Table 3.

Table 2. Regression analysis results for the prediction of future expectations

Predicted Variable	Predicting Variables	B	Standard Error	Beta	t	p
Future Expectations	Constant	154.545	7.512		20.574	.000
	Physical Abuse	.037	.537	.004	.069	.945
	Physical Neglect	-1.720	.474	-.193	-3.625	.000
	Emotional Abuse	-2.083	.395	-.314	-5.278	.000
	Emotional Neglect	.276	.529	.025	.523	.601

Multiple R = .428 R² = .183

Adj R² = .175, F(4, 407) = 22.595, $p < .01$

Table 2 shows that physical abuse, physical neglect, emotional abuse, and emotional neglect as independent variables significantly predict future expectations [(R = .428, R² = .18, F(4, 407) = 22.595, $p < .01$)]. According to the t-test results for the significance of regression coefficients, physical neglect and emotional abuse predict future expectations at a statistically significant level. However, physical abuse and emotional neglect do not significantly predict future expectations. Therefore, physical neglect and emotional abuse account for 18% of the variance in future expectations.

4. Discussion

Childhood trauma experiences are negatively associated with future expectations, and physical neglect and emotional abuse predict 18% of future expectations. This finding indicates that adolescents who have experienced trauma in childhood have lower levels of positive expectations for the future, while those who have not experienced trauma in childhood have higher levels of positive expectations for the future. This finding is consistent with some research findings (McCord, 1983; Nurmi, 1991; Thompson & Neilson, 2014).

Traumatic experiences in childhood have negative effects on individuals throughout their developmental stages. It is believed that traumatic experiences in childhood have an impact on negative evaluations and perceptions about the future. Indeed, Thompson and Neilson (2014) emphasize that childhood neglect negatively affects occupational future expectations. Similarly, McCord (1983) states that childhood trauma experiences cause damage in other developmental stages of individuals. Nurmi (1991) also draws attention to how childhood experiences of trauma influence how adolescents perceive the future. According to Nurmi (1991), adolescents who have experienced childhood trauma have more pessimistic perceptions of the future. Considering theoretical explanations and research findings, it can be said that traumatic experiences endured in childhood affect every stage of an individual's development.

Traumatic experiences occurring in childhood negatively affect children's belief in a just world (Lerner & Miller, 1978). Weakening or lacking the belief that the world is fair can hinder an individual's ability to have positive expectations for the future. In this context, Lerner and Miller (1978) emphasize that individuals have beliefs that the world is just. Belief in a just world enables individuals to make plans for the future and have positive expectations. However, if an individual is exposed to traumatic experiences, their beliefs about the world are shaken. This hinders the individual from making future plans and having positive expectations.

Childhood trauma experiences not only negatively impact childhood life satisfaction but also adversely affect an individual's sense of hope. In this regard, Ney et al. (1994) emphasize that individuals who have experienced trauma are disadvantaged in terms of deriving pleasure from life and looking hopefully toward the future. In other words, trauma experiences undermine life satisfaction and positive expectations for the future. In this context, Ystgaard et al. (2004) highlight that childhood trauma experiences increase pessimistic perceptions of the future and, therefore, suicidal tendencies.

Considering theoretical explanations, research findings in the literature, and the results obtained from this study, the relationship between childhood trauma experiences and future expectations is clearly understood. Trauma experiences in childhood also influence subsequent developmental stages. Therefore, childhood trauma experiences should not be limited to a single developmental period.

5. Recommendations and Limitations

In this study, it was determined that childhood traumatic experiences were negatively related to future expectations. The effects of childhood traumatic experiences can continue throughout life. For this reason, the quality of the education given to the child during childhood is extremely important. Some parents do not recognize traumatic behavior. Some parents do not recognize traumatic behavior. Some parents perceive traumatic behaviors as part of education. For this reason, the interaction between the caregiver and the child during childhood is of critical importance. In addition, individuals who are traumatized in childhood may lose their belief that life is fair, look hopelessly at the future, and have negative expectations about the future. Such individuals should be educated in terms of belief in a just world, future-time expectations, and hope. In this context, guidance and psychological counseling services at schools should carry out educational or therapeutic studies on future expectations for adolescents.

However, it is important to note that the findings of this study should be interpreted with caution due to several limitations. Firstly, the study utilized a nonclinical sample consisting of Turkish students, which may limit the generalizability of the results to other populations. Additionally, convenience sampling was used, which may introduce biases and affect the representativeness of the sample. Another limitation is that the variables were assessed using self-report measures, which are subject to potential response biases and may not capture the full complexity of the constructs being studied. Therefore, while the findings provide valuable insights, they should be considered within the context of these limitations.

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