The relation of traumatic childhood experiences with psychological symptoms and self-esteem in physical education and sport students

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Abstract

This study was performed as a descriptive study to identify the relationship of self-esteem of the students of physical education and sport department with childhood traumatic experience and psychological symptoms. The students joined the activity of 'Turkey Kocfest" Sport Games comprised the universe of this study. A hundred and five students who agreed participating in the study and filled in the data collection forms fully were recruited the study. Data were collected by using the Student Information Form, Childhood Trauma Questionnaire, Brief Symptom Inventory and Self-Esteem Scale. ANOVA (F) t Test and the Correlation Test were used for data evaluation as well as Mann-Whitney U Test which is a non-parametric test. The average ages of the students was 22.38 (SD=3.48) and 58.1 % of them were male. The self-esteem scores of the students were found not to be associated with the socio-demographic variables while the scores were found associated with childhood abuse experience. In addition both the self-esteem scores and childhood abuse experience scores were found associated with the psychological symptoms of students. There was strong negative relationship between emotional abuse (r=0.45; <0.01), physical abuse (r=-.33; <0.01) and sexual abuse scores of students with self-esteem scores (r=0.3; <0.01). Furthermore, a strong negative correlation was detected between all psychological symptoms and self-esteem [somatization (r=-.48; <0.01), obsessive compulsive disorder (r=-.47; <0.01), personal sensitivity (r=-.50; <0.01), anxiety disorder (r=-.50; <0.01), depression (r=-.49; <0,01), hostility /r=0.41; <0.01), phobic anxiety (r=0.49; <0.01), paranoid thoughts (r=0.51; <0.01), psychoticism (r=.051; <0.01), additional topic (r=-.41; <0.01)]. Self-esteem is a concept which is necessary to deal with absolutely for improving the quality of life of students and supporting them to resume successful lives through the various dimensions of the life. Childhood experiences should not been disregarded when conducting studies devoted to improve the self-esteem of students; attention should be paid to this issue certainly.

Keywords: Physical education and sports, self-esteem, psychological symptoms.

INTRODUCTION

The great leader Mustafa Kemal Atatürk allocated great responsibilities to sportsmen and trainers by saying 'I like sportsmen who are smart, agile and also well-behaved'. The trainers should improve healthy in terms of physical, social and psychological aspects in order to train sportsmen and educators who would shoulder that responsibility. The ego and the concepts related to this are indicators of mental health and psychological functions of the individual. From this point of view; the self-concept takes an important role on the individual's daily life-happiness, the success of different dimensions of the life and establishing effective and good relationships with others (2).

Self-esteem contains assessments of the individual about herself/himself and the value of herself/himself whereas self-concept includes descriptions related to identity of the individual. Self-esteem means that the individual embraces, appreciates, esteems and believes in herself/himself (25, 30). The people who have high self-esteem are self-reliant, optimistic and ambitious. Therefore they don't quail of difficulties, do not experience depression easily and expose aggressive behaviors. They solve problems they encounter easily (30). They are more tolerant in human relations and they think that the life is more eloquent. So their mental health is felicitous (5,8). In other words, the high self-esteem helps the individual to be secured in her/his life, to catch the success and happiness, and to overcome frustrations in the life. 'The high self-esteem is a desired condition due to all those features.

Self-concept and self-esteem develop as the result of the reciprocal interactions of hereditary and environmental factors. Self-esteem is composed of the components such as social identity, personal identity, and body image (20). The body image which involves the individual's 'assessment of her/his own physical power and attraction' mainly (7,22) is one of the predictors of self-esteem (22). Another component of the self-concept is the physical self-perception and it is closely relevant to body image. The physical self-perception is described as 'the perception and evaluation of an individual herself/himself in terms of psychomotor dimension' (1,2). The physical self-perception is developed more positively in the students of physical education compared to the other undergraduates (2,10,20,18). It is because that the physical self-perception contains the individual's perception and evaluation of his/her motor skills (coordination, sports skill etc.) and physical compatibility parameters (power, strength, flexibility, etc.) (23,18). Therefore it is expected that the favorable physical self-perception in the students of physical education may influence the self-esteem positively. There are studies in the literature showing the favorable effect of making sports on development of self-esteem (16,19).

The interpersonal relationships and especially close interpersonal relationships have specific place in development of self-concept (5,8,21). The individual develops the feeling of worthiness or unworthiness depending on the experiences that is satisfying or frustrating. The child feels herself/himself regarding those experiences (6). Once that feeling developed, it resumes its presence independent of evaluation of the individual herself/himself and, it affects all behaviors of the person (12). From this point, the unfavorable experiences through the childhood may be evaluated as a marker of development of self-concept. The effect of abuse during the childhood on self-concept has long-term reflections lifelong. Because, this condition constraints internal resources of the person (31).

This study was carried out to detect the self-esteem level in physical education and sports students who were assumed to have essential features for positive physical self-perception and, to search whether there were any relationship between self-esteem, childhood trauma experiences and psychological symptoms.

MATERIAL & METHODS

The study was carried on the students of physical education from several universities that joined the activity of 'Turkey Kocfest Sport Games between 11- 17 May 2012 in Eskisehir. A total of 360 students from 16 universities joined the activity. A hundred and twenty eight students who agreed to participate in the study were recruited. The study was completed with 105 students who fulfilled inventories and questionnaires after excluding 23 students because of filling the forms inadequately.

The study data were collected by using the Student Information Form, Coopersmith Self-Esteem Inventory (CSEI), Childhood Trauma Questionnaire (CTQ) and, Brief Symptom Inventory (BSI).

The Student Information Form: It includes socio-demographical characteristics and information related to school choices of the students. This form was developed by researchers through searching the literature about investigation field and receiving opinions of the experts charging in the field.

Coopersmith Self-Esteem Inventory (CSRI): The inventory developed by Coopersmith (1986) has a long form composed of 58 questions and a short form composed of 25 questions. The short form was used in the present study. Validity and reliability studies were performed on the short form after being adapted to Turkish by Turan and Tufan (1987). The consistency coefficient of alpha was found as 0.62 in the study performed.

The score of the inventory ranges from 0 to 100. The level of the self-esteem according to the score was like the following: 10 to 30 points is low, 31 to 70 points is moderate and 71- 100 points is high (29).

Childhood Trauma Questionnaire (CTQ): The questionnaire which was developed by Bernstein et al. in 1997 was adapted to Turkish by Aslan and Alparslan in 1999. The Turkish form of the questionnaire is a likert-type scale aimed to detect abuse and neglect behaviors through the childhood and puberty. Three dimensions were determined as result of factor analysis. These dimensions are as follows: Emotional Abuse and Emotional Neglect, Physical Abuse, and Sexual Abuse. The high score obtained from the questionnaire identifies the increase of the level of abuse during childhood. The test reliability of two-halves is 0.96 while Cronbach's alpha coefficient is 0.96 (3).

Brief Symptom Inventory (BSI): BSI is a self-assessment inventory which is comprised of 53

items and developed by Derogat is based on the need of both brief and valid and reliable inventory as well as the need of an inventory making a general psychopathological evaluation. The adaptation of the inventory for our country was made by Şahin and Batıgün (27).

The inventory is comprised of 9 sub-inventories, 3 global index and additional items. The sub-inventories of the inventory are as follows: somatization (S), obsessive compulsive disorder (OCD), interpersonal sensitivity (IS), depression (D), anxiety disorder (AD), hostility (H), phobic anxiety (PA), paranoid thoughts (PT) and psychoticism (P). The additional items of the inventory (AI) are nutrition disorders, sleeping disorders, death and thoughts related to death and guilt feelings.

The statistical analysis and interpretation of data were made by using ANOVA (F) test, t Test and, the Correlation Test as well as Mann-Whitney U Test of non-parametric tests.

RESULTS

Table 2 shows the variables of the students relating to the school. The proportion of the students according to the departments they are receiving education is as follows: 41.9% coaching; 35.2% preceptor ship and 22.9% sport management. A large majority of the students (95.2) reported that they had preferred the school willingly and also the majority of the students (81.9%) chose their school as the first choice. The reasons of the students for

preferring the department are ranged as enjoying that field (36.2%), thinking that the field is suitable for themselves (33.3%), graduating from sports training high school and evaluating the department as their own field (10,5%), and considering the job opportunities as adequate (4.8%).

Table 3 shows the distribution of the self-esteem scores of the students according to certain variables. We concluded that the family structure (t=0.65; p>0.05); the income (t=0.65; p>0.05); the department which the student attends (t=2.50; p>0.05); the willingness of the student for the department which she/he is receiving education (t=2.42; p>0.05) and the satisfaction of the student from the department (t=5.54; p>0.05) did not have a significant difference on self-esteem scores.

Table 1. Socio-demographical characteristics of the students.			
Characteristics		n	%
Gender	Women	44	41.9
	Men	61	58.1
Family Type	Nuclear	80	76.1
	Extended	25	23.9
Living Conditions	With Family	67	63.8
	Student Hostel	11	10.5
	With a Relative	18	17.2
	Student House	9	8.6
Economic status	Good	47	44.7
	Middle	49	46.7
	Poor	4	3.8
	Unanswered	5	4.8

Table 2. The characteristics of the students relating to the school.			
Characteristics		n	%
The program studied	Sport Management	24	22.9
	Traıner Education	44	41.9
	Physıcal Education and Sport Teacher	37	35.2
Voluntary status for Program	Yes	100	95.2
	No	5	4.8
Order of choosing the department	1	86	81.9
	2-3	15	14.2
	4-↑	4	3.9
The choosing reason for the school	Loves the Depertment	38	36.2
	Finds her/his job suitable	35	33.3
	Graduating from a sport hıgh school	11	10.5
	Employment opportunity	5	4.8
	Other	11	15.2
Bursary	Yes	44	41.9
	No	61	58.1
Satisfaction of department	Yes	54	51.4
	No	40	38.1
	Not sure	11	10.5

Table 3. The distribution of The CBSE score.						
		n	Mean	SD	t	p
Gender	Women	44	15.93	3.82	1.56	p>0.05
	Men	61	17.23	4.44		
Family Type	Nuclear	80	16.84	4.19	0.65	p>0.05
	Extended	25	16.20	4.37		
Economic status	Good	47	16.45	4.16		
	Middle	49	17.04	4.38	0.65	p>0.05
	Poor	4	14.75	4.19		
The Depertment	Sport Management	22	18.36	3.98		
	Traıner Education	43	16.37	4.16	2.50	p>0.05
	Physıcal Educatıon and Sport Teacher	35	16.03	4.51		
Voluntary status for Program	Yes	100	16.66	4.23	2.42	p>0.05
	No	5	17.20	4.55		
Satisfaction of depertment	Yes	54	16.59	4.39	5.54	p>0.05
	No	40	16.55	4.03		

Table 4. Relation between CTQ, BSI and CSRI.					
		Emotional Abuse	Physical Abuse	Sexual Abuse	CSRI
Somatization	r	.28(**)	.36(**)	.30(**)	-.48(**)
	p	<0.01	<0.01	<0.01	<0.01
Obsessive-Compulsiveness	r	.25(*)	.34(**)	.22(*)	-.47(**)
	p	<0.05	<0.01	<0.05	<0.01
Interpersonal Sensitivity	r	.22(*)	.35(**)	.32(**)	-.50(**)
	p	<0.05	<0.01	<0.01	<0.01
Anxiety	r	.22(*)	.27(**)	.17	-.50(**)
	p	<0.05	<0.01	>0.05	<0.01
Depression	r	.23(*)	.30(**)	.21(*)	-.49(**)
	p	<0.05	<0.01	<0.05	<0.01
Hostility	r	.154	.25(*)	.12	-.41(**)
	p	>0.05	<0.05	>0.05	<0.01
Phobic Anxiety	r	.30(**)	.35(**)	.29(**)	-.49(**)
	p	<0.01	<0.01	<0.01	<0.01
Paronoid Ideation	r	.25(*)	.32(**)	.26(**)	-.51(**)
	p	<0.05	<0.01	<0.01	<0.01
Psychoticism	r	.30(**)	.31(**)	.24(*)	-.51(**)
	p	<0.01	<0.01	<0.05	<0.01
Added items	r	.18	.33(**)	.16	-.41(**)
	p	>0.05	<0.01	>0.05	<0.01
CSRI	r	-.45(**)	-.33(**)	-.30(**)	-
	p	<0.01	<0.01	<0.01	-

Table 4 shows the relationship among the scores of students relating to CTQ, BSI and CSRI. There is strong negative correlation between emotional abuse experiences and self-esteem scores of the students (r=-.45; < 0.01). A strong positive correlation was found between emotional abuse scores and the sub-inventories such as somatization (r=.28; < 0.01), phobic anxiety (r=.30; < 0.01) and psychoticism (r=.30; < 0.01). Moreover, emotional abuse scores are correlated positively with sub-inventories such as obsessive compulsive disorder (r=.25; < 0.05), personal sensitivity (r=.22; < 0.05), anxiety disorder (r=.22; < 0.05), depression (r=.23; < 0.05) and paranoid thoughts (r=.25; < 0.05).

The physical abuse experiences of the students were also found closely associated with self-esteem (r=-.33; < 0.01). Self-esteem score decreases whereas the experience of physical abuse increases gradually. A strong positive correlation was found between all psychological symptoms except physical abuse score and hostility (somatization: r=.36; < 0.01, obsessive compulsive disorder: r=.34; < 0.01, personal sensitivity: r=.35; < 0.01, anxiety disorder: r=.27; < 0.01, depression: r=.30; < 0.01, phobic anxiety: r=.35; < 0.01, paranoid thoughts: r=.32; < 0.01, psychoticism: r=.31; < 0.01, additional item: r=.33; < 0.01). The physical abuse experience is correlated positively with hostility as well. However that correlation is moderate (r=.25; < 0.05).

There is a strong negative correlation between the scores of sexual abuse and self-esteem of the students (r=0.3; < 0.01). The sexual abuse experience scores of the students have a positive strong relationship between the sub-inventories such as

somatization (r=.30; < 0.01), personal sensitivity (r=.32; < 0.01), phobic anxiety (r=0.29; < 0.01) and paranoid thoughts (r=0.26; < 0.01). Similarly the sexual abuse scores was found to have a positive but poor correlation with obsessive compulsive disorder (r=.21; < 0.05), depression (r=.21; < 0.05) and psychoticism (r=.24; < 0.01).

The relationship between self-esteem scores and psychological symptoms is displayed in Table 4. A strong negative correlation was found between self-esteem and all psychological symptoms as a result of our study (somatization: r=0.48; < 0.01, obsessive compulsive disorder: r=0.47; < 0.01, personal sensitivity: r=0.50; < 0.01, anxiety disorder: r=0.50; < 0.01, depression: r=0.49; < 0.01, hostility: r=-.41; < 0.01, phobic anxiety: r=0.49; < 0.01, paranoid thought: r=0.51; < 0.01, psychoticism: r=0.51; < 0.01, additional item: r=0.41; < 0.01).

DISCUSSION

We can demonstrate the results of the present study under three main topics. The first main topic is the results showing the relationship between self-esteem scores of the physical education students and the variables concerning their socio-demographical characteristics; the second topic is the results showing the relationship between childhood abuse and self-esteem. The third topic shows the relationship between the self-esteem and psychological symptoms of the students. Discussion will be carried out in accordance with these three main topics.

It is evident that a large majority of the students (95.2%) preferred the department willingly and chose the department as the first choice (81.9%) by analyzing the socio-demographical data of the students and the variables concerning to the department they are attending. In this case, it is an expected condition for the students to feel 'satisfied and successful'. Furthermore the study participants who had part in school team due to they had the attributes to represent their departments were selected amongst a student group from department of physical education which stands physical performance in the forefront. All those factors are the conditions that affect the self-esteem positively. Thus, neither of the students recruited to study are within the limits of low self-esteem.

There are different study findings on undergraduates showing the relationship between gender and self-esteem as well. Karataş (17) found in his study on undergraduates that the female students had higher self-esteem while Gencer and Ilhan (13) found in their study concerning sports students that female students had lower self-esteem scores compared to male students. However Altunbaş (4) found in his study that the gender was out of relation to self-esteem.

We did not find any relationship between gender and self-esteem scores either (t=1.56; p>0.05). The same result is valid for economic situation as well (t=0.65; p>0.05). Similarly none relationship was found between self-esteem level of the students and socio-economic variables such as economic situation, gender etc. in the study of Altunbaş (4) amongst physical education students. We think that receiving education in the desired department, achieving her/his goal and having a high performance have neutralizing effect on the variables such as gender, economy so that this situation arises.

One of the most important results of our study may be the chapter that we took up the relationship between the scores of childhood abuse experience and self-esteem. According to our study results, there is strong negative correlation between the whole fields of childhood abuse experiences (emotional, physical and sexual) and the scores of self-esteem (emotional abuse: r=0.45; <0.01, physical abuse: r=0.33; <0.01andsexualabuse: r=0.3; <0.01). So, the reason of the difference amongst the self-esteem scores of the study participants may be thought as childhood experiences. Certain features of the students which positively affect self-esteem such as physical performance and realizing own self have the disadvantages concerning certain socio-demographical variables eliminated. However, this condition was not valid for childhood abuse experiences. The childhood abuse experiences sustain their negative effects on self-esteem even if some conditions that may positively influence self-esteem such as positive physical self-concept exist. There are certain studies in the literature revealing the relationship between the lower self-esteem score and all kinds of childhood abuse experiences (28).

Karademir et al. (14) described the variables influencing self-esteem levels of physical education students as taking part in social and sporting activities, type of family, manners and attitudes of the family in his study in 2010. According to the results of that study, those students who are the members of broken families and, who evaluates family's attitude towards her/him as strict and negligent had lower self-esteem (14). The aforementioned family structure is amongst families

that are risky for child abuse (32). The study results of Karademir et al. (14) seem to support our study findings.

The final part of our study results implicates the relationship between the self-esteem scores of the students and psychological symptoms. The emotional (r=.28; < 0.01), the physical (r=.36; < 0.01) and the sexual (r=.30; < 0.01) abuse experiences are strongly related to somatic complaints. Those people express their troubles and complaints as somatic disorders. Unsolved constraints and conflicts lead to physical and functional problems in those people (24). Those physical and functional problems will lead to far more stress in the field of physical education compared to the others; so that the stress will increase the physical and functional problems causing a vicious cycle.

Similarly childhood abuse experiences are correlated with many conditions influencing quality of life negatively such as negative feelings and thoughts like repetitive behaviors and obsessive thoughts, feeling of the person herself/himself insufficient compared to others, having difficulty in interpersonal relationships, feel of disturbance; thoughts, feelings and behaviors of anger and hostility; having insecure, skeptic, jealous and aggressive nature; lack of ability to evaluate the reality; nutrition and sleeping disorders. Childhood abuse experiences were found to have correlation with depression and lower self-esteem in the study of Durmuşoğlu and Doğru as well (9).

According to our results, self-esteem has a strong relationship with all psychological symptoms; however this relationship has negative direction. So, psychological symptoms are increased while self-esteem level is lowered. It was reported in the studies concerning self-esteem that lower self-esteem had a relationship with a large extent of psychological symptoms (15) and; there was a negative correlation between self-esteem and coping (26). Self-esteem is one of the most important predictors of psychological symptoms (11). The results of that study seem to support our study results as well.

In conclusion; the ego and concepts related to ego are indicators of mental health and psychological functions of the individual. From this point of view, the high level of self-esteem takes an important role on increasing the individual's daily life happiness, having success on different dimensions of the life and helping to establish effective and good relationships with others. The socio-economic variables were found to have no relationship with self-esteem in the students of physical education. However, the childhood abuse experiences were found related with self-esteem. Both self-esteem and childhood abuse experience scores are associated with the psychological symptoms of students. When considered from this point of view, self-esteem is a concept that should certainly be dealt with for improving the quality of life of the students and for maintaining a life along with all aspects. Childhood experiences should not been disregarded when conducting studies devoted to improve the self-esteem level of students; attention should be paid to this issue certainly.

REFERENCES

1. Altıntas A, Asçı H, Özenir B. Physical self-perception. Hacettepe Üniversitesi Spor Bilimleri Dergisi.2007; 18 (2):91-99.

2. Asçı H. A comparison of the physical self-perception of gender and physical activity level. Hacettepe Spor Bilimleri Dergisi, 2004; 15(1): 39-48.

3. Aslan SH, Alparslan ZN. The reliability, validity and factor structure of the childhood trauma questionnaire among a group of university students. Türk Psikiyatri Dergisi, 1999; 10: 275–285.

4. Altunbas Ç. Examination of relationship between level of self esteem and academic success in university students majoring in physical education and sports. Cumhuriyet University Institute of health Science. Master Thesis, Sivas, 2006.

5. Crocker J, Park LE. The costly pursuit of selfesteem. Psychological Bulletin, 2004; 130: 392-414.

6. Cüceloğlu D. Human and Behavior. Remzi Kitabevi, İstanbul, 1991.

7. Çelen N. Adolescence and Young Adulthood. Papatya Yayıncılık, İstanbul, 2007.

8. Dubois DL, Flay BR. The healthy pursuit of self-esteem: comment on and alternative to the crocker and park formulation. Psychological Bulletin, 2004; 130: 415-420.

9. Durmuşoğlu N, Doğru SSY. The effects of childhood traumatic experiences of individuals close relationships in adolescence. Selçuk Üniversitesi Sosyal Bilimler Enstitü Dergisi, 2006; 15: 237-246.

10. Doğan O, Doğan S, Çorapçıoğlu, Çelik G. The effect of Active participation in social activities on self-image and self-esteem. Psikiyatri Psikoloji Psikofarmakoloji Dergisi, 1994; 2(1): 33-38.

11. Erol A, Toprak G, Yazıcı F, Erol S. Comparison of Locus of Control and Self-Esteem as Predictors of Severity of Anorexic Symptoms. Kilinik Psikiyatri, 2000; 3: 147-152.

12. Geçtan E. Psychoanalysis and its aftermath. Remzi Kitabevi, İstanbul, 1988.

13. Gencer E, İlhan EL. Examınıng badmınton athletes' self-esteem. Nigde University Journal of Physical Education and Sport Sciences, 2012; 6(1).

14. Karademir T, Döşyılmaz E, Çoban B, Kafkas ME. The self-esteem and emotional intelligence of students who participate in special ability examinations in order to attend the department of physical education and sport. Kastamonu Education Journal, 2010; 18(2).

15. Karaırmak ÖS Çetinkaya R. The effect of self-esteem and locus of control on resilience: the mediating role of affects. Türk Psikolojik Danışma ve Rehberlik Dergisi, 2011; 4(35):30-43

16. Karakoç Ö, Çoban B, Konar N. The differences between deaf athletes and deaf non athletes in the levels of self respect. Selcuk University Journal of Physical Education and Sport Science, 2012; 14(1): 12-17.

17. Karataş Z. An investigation of self esteem levels and empathic skills of educational faculty students. Mehmet Akif Ersoy University Journal of Education Faculty, 2012; 12(23).

18. Kılıçarslan E. The comparison of physical personality perceptions between physical education teachers and the other branches: Kdz. Ereğli sample. Sakarya University Institute of Social Science. Master Thesis, Sakarya, 2006.

19. Korkmaz NH. The relationship between summer sports schools with children's self-esteem. Eğitim Fakültesi Dergisi, 2002; 20(1):49-65.

20. Stanford LT, Donovon ME. Women and Self-Esteem. 2. Ed, HYB Yayıncılık, 2006: 273.

21. Kurtmanlı E. The Factors Affecting High School Students' Self-Designing. Marmara University Institute of Educational Science. Doctoral Thesis, İstanbul. 1988

22. Oktan V, Sahin M. Examination of the relationship between the body image and self-esteem of female adolescents. International Journal of Human Sciences, 2010; 7(2).

23. Özerkan KN. Introduction to sports psychology. The basic concepts. 1.Ed., Ankara: Nobel Publishing, 2004.

24. Öztürk MO. Mental Health and Disorders. Nobel Tıp Kitapevleri, Ankara, 2001.

25. Rosenberg M. Society and The Adolescent Selfimage. Princeton, Nj: Princeton University Press. 1965.

26. Sala Razı G, Kuzu A, Yıldız AN, Ocakcı AF, Çamkuşu Arifoğlu B. Self-esteem communication skills and coping with stress of young workers. Preventive Medicine Bulletin, 2009: 8(1).

27. Şahin NH, Durak A. The validity, reliability and factor structure of the brief symptom inventory (BSI). Türk Psikoloji Dergisi, 1994; 9: 44-56.

28. Toker T, Tiryaki A, Özçürümez G, İskender B. The relationship between traumatic childhood experiences and proclivities towards substance abuse, self-esteem and coping strategies. Türk Psikiyatri Dergisi, 2011; 22.

29. Tufan B, Turan N. The validity and reliability study on the Coopersmith Self-Esteem Scale. 23. Ulusal Psikiyatri Kongresi Bildirileri, İstanbul, 1987.

30. Ünal Keskin G, Orgun F, Studying the strategies of students' coping with the levels of selfefficacy-sufficiency. Anatolian Journal of Psychiatry, 2006; 7: 92-98.

31. Vahip I. Domestic violence and its developmental dimension: a different perspective. Türk Psikiyatri Dergisi, 2002; 13 (4): 312-319.

32. Yavuzer H. Parenting and Children, 8. Ed., Istanbul: Remzi Publishing, 2001.