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Original Article

Maltreatment experiences as predictors of self-esteem and psychiatric morbidity among sheltered homeless adolescents

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Abstract

Background: It is widely documented that institutionalized children and adolescents represent a vulnerable sector of the population. The adverse past life experiences of institutionalized adolescents have far reaching ramifications on affective, cognitive, behavioral, and physiological development.

Objective: The present study was planned to examine maltreatment experiences in relation to mental health outcomes among sheltered homeless adolescents, selected from various shelter homes located in Jammu region of Jammu & Kashmir, India.

Method: The total sample consisted of 140 male and female participants, 70 shelter home and 70 non-shelter home adolescents, between ages 13-17 years. The samples were drawn using purposive sampling method. Childhood trauma questionnaires, GHQ-12 & Rosenberg's Self-Esteem Scale were used for assessment.

Result: Results showed more experiences of maltreatment, high level of psychiatric morbidity and low self-esteem among shelter home adolescents compared to non-shelter home adolescents. Male shelter home adolescents were found to be high on physical abuse and neglect compared to female shelter home adolescents. Among the various types of maltreatment, emotional neglect and physical abuse were found to be the significant predictors of self-esteem and emotional abuse and emotional neglect as significant predictors of psychiatric morbidity.

Conclusion: Overall findings thus suggests the presence of psychological problems among shelter home adolescents and highlight the need of intervention programs to cater the specific needs of this group.

Key Words: Shelter home, maltreatment, self-esteem and psychiatric morbidity.

INTRODUCTION

Home is generally considered as the best place for satisfaction of physical, mental and emotional needs of children. Homelessness deprives individuals of basic needs and exposes them to risky and unpredictable environments. A range of individual and behavioral factors are associated with youth homelessness. These include learning difficulties, educational problems, school failure, drug and alcohol misuse, conduct disorder and criminal behavior. Homeless young people also report problems with family members, including rows and serious conflict with parents, sometimes ending in violence [1-7].

While many homeless young people report a history of offending, they are also highly vulnerable to victimization, including verbal and physical abuse, robbery, sexual harassment and violence [8-10]. The link between domestic violence and homelessness has been uncovered in many researches examining the experiences of homeless youths [11-13].

Childhood abandonment is particularly prevalent in the developing world where poverty, war- and disease play a significant role. Abandonment, coupled with the array of victimization experiences reported by children living in developing world institutions eg. India, likely contributes to the mental health disorders [14-15]. Child victimization is an important etiologic factor in the development of several psychiatric disorders in both childhood and adulthood [16-17]. The evidence linking both child maltreatment [18-19] and sexual abuse [20-21] to subsequent disorder is considerable. It has been reported that institutionalized children commonly present with histories of maltreatment such as physical and sexual abuse, neglect, exposure to violence, and non-victimization adversity (parental substance abuse, unemployment and disease), the mental health consequences of which are extensively reported in the literature [22-33].

Child maltreatment is increasingly recognized as fundamental to effective preventative strategies. The World Health Organization has defined *child maltreatment* as being: "All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" [34]. The immediate and longer-term impact of abuse can

include mental health problems such as anxiety, depression, substance misuse, eating disorders, self-injurious behaviour, aggression and age-inappropriate sexual behaviour [27, 29, 35] low self-esteem and depression [36-37] and being bullied [38]. Self esteem is an essential contribution to the life process and is indispensable to normal and healthy self development, and has a value for survival [39]. Kim and Cicchetti [40] identified positive self esteem as a protective factor for victimized children, impacting favorably on the progression to later maladjustment. In addition to being protective against the impact of negative life experiences, improving self esteem can also lead to improvements in behavior, personality and emotional functioning, and academic performance, and decreases in anxiety and anxiety related problems [41]. With respect to self-esteem, one of the most influential and enduring conceptualizations is provided by Rosenberg [42, 43] who defines the construct as ‘‘the evaluation which the individual makes and customarily maintains towards himself or herself: it expresses an attitude of approval or disapproval towards oneself’’ [42]. It has been reported that children living in shelter homes experience more stressful life events, low life satisfaction, are less well adjusted and manifest low self-esteem compared to matched healthy controls [44-45].

Although research is sparing on child maltreatment in India, few that have recently been conducted too reflect upon the high incidence of child maltreatment in India. One major study conducted by the Ministry of Women and Child Development, Government of India 2007 has reported high percentage of abuse among children and sadly, most children did not report the matter to anyone [46]. Hence studying these aspects in Indian population

would help us focusing on the major areas of immediate concerns and help facilitate policy formulation and resource allocations for the same.

Objectives of the study:

1. To study the experiences of maltreatment, self-esteem and psychiatric morbidity among shelter and non shelter home adolescents.
2. To study the experiences of maltreatment, self-esteem and psychiatric morbidity among male and female shelter home adolescents.
3. To study the impact of different forms of maltreatment on self-esteem and psychiatric morbidity of shelter home adolescents.

Hypothesis of the study:

1. There is a significant difference between shelter home and non-shelter home adolescents on experiences of maltreatment, self-esteem and psychiatric morbidity.
2. There is a significant difference between male and female shelter home adolescents on experiences of maltreatment, self-esteem and psychiatric morbidity.
3. There is a significant impact of different forms of maltreatment on self-esteem and psychiatric morbidity of shelter home adolescents.

METHOD

Participants

The study sample consisted of 140 adolescents–the first sub-sample consisted of 70 adolescents living in shelters (the out-of-home sub sample) and the second sub-sample consisted of 70 adolescents living within their families. Out of the total sample, 50% are males and 50% are females within the age range of 13–17 years. For the family sub-

sample, participants were selected from 4 schools in Jammu region of Jammu and Kashmir, India. Participants in the out-of-home sub-sample were selected from six governmental and non-governmental shelters homes located in Jammu region. For the out of home sub-sample only those participants who had been in the shelters for an average of more than 2 years, were selected. Purposive sampling method was used for participant's selection.

Materials

Socio-demographic record sheet: It was used to collect information about name, age, gender, class, orphan or non orphan, duration and reason of stay in shelter homes.

Child Trauma Questionnaire (CTQ): It is a 28-item self-report inventory [47] that provides brief reliable and valid screening for histories of abuse and neglect. The CTQ is appropriate for adolescents (age 12 and over) and adults. The CTQ inquires about 5 types of maltreatment-emotional, physical and sexual abuse, and emotional and physical neglect-with 5 items representing each type. The CTQ also includes a 3-item minimization or denial scale for detecting false negative trauma reports. Individuals respond to a series of statements about childhood events, which are endorsed on a 5-point likert scale, according to their frequency. It takes around 10 minutes to complete. The CTQ is psychometrically sound in community samples, with good internal and test-retest reliability [48] and convergent and discriminant validity [49]. Bernstein and Fink [47] found test-retest reliabilities from 0.79 to 0.86 (four-month interval) and internal consistency reliability of 0.66 to 0.92. They also showed convergent validity in terms of correlations with clinician-rated interviews of child abuse.

General Health Questionnaire (GHQ): This questionnaire [50] has been widely used as a screening instrument for the detection of the possible presence for psychiatric morbidity. Goldberg developed the 60 item original version of the GHQ in 1972. Now the 30, 28 and 12 item version is in vogue. The 12 item version which is a very popular screening measure in primary care and community settings is used in the current study. It is a 4- point scale in which each item is noted on a 2 -point scale (if the individual opts for any of the first two options it is rated as 0 and if the individual opts for 3rd or 4th option it is rated as 1). A score of less than 3 indicated that the subject is free from any psychiatric illness. Test- retest reliability comes out to be 0.86 and split-half reliability of the GHQ-12 is 0.83 [51].

Rosenberg's Self-Esteem Scale (SES): This scale developed by Rosenberg [42] consists of 10 self-report items dealing with a person's general belief about himself. Each item is answered on a four-point likert scale – from strongly agree (3) to strongly disagree (0). Five items are reverse scored – from strongly disagree (3) to strongly agree (0). This scale was originally validated on a large sample of high school students. Test–retest correlations are typically in the range of 0.82 to 0.88 and Cronbach's alpha for various samples are in the range of 0.77 to 0.88.

Procedure

Prior to data collection, the researcher received theoretical, methodological and ethical training to work with this population from a licensed clinical psychologist. The study was approved by the Department of Psychology, University of Jammu, India. The researcher then took permission from head of the schools and shelter homes and started carrying out informal visits for building rapport with the participants before conducting the actual

research. After taking participant's written informed consent, the actual process of data collection started. A self-reporting approach was used, in which participants themselves completed the questionnaires. In this process, firstly each participant's reading and comprehension ability was assessed. Then each item was read aloud with explaining their meanings in order to help the participants to comprehend the questionnaires. All the participants were interviewed individually and were given sufficient time to complete the questionnaires. Purposive sampling was used to collect the data, due to the difficulty of using random procedures in social science research sampling [52-53], and the fact that random samples are rare in psychological research studies [54]. For the shelter home participants, eight governmental and nongovernmental shelter homes in Jammu were visited with only six agreeing to participate in the study. The inclusion criteria for shelter home participants was age between 13–17 years, who had been staying in shelter homes for a duration of at least 2 years and had the ability to comprehend the questionnaires. The data was collected between the periods from 1st February 2012 to 15th June 2012. Confidentiality of the information was ensured. In the end participants were thanked for their participation.

RESULTS

The obtained data has been analyzed using descriptive and inferential statistics i.e mean, standard deviation (SD), percentages, t-test and Stepwise multiple Regression analysis.

Table No. 1

SHOWS PERCENTAGE OF ORPHAN AND NON-ORPHAN SHELTER HOME ADOLESCENTS

N=70	Total orphans	Single orphans	Both parents alive
BOYS (N-35)	14.28% (5)	71.42% (25)	14.28% (5)
GIRLS (N-35)	5.71% (2)	54.2% (19)	14.28% (5)

Note: Information could not be obtained from rest of the 9 girls.

Table 1 shows the percentage of orphan and non-orphan shelter home adolescents. Among 35 boys, 14.28% are total orphan, 71.42% are single orphan and 14.28% have both parents alive. Among 35 girls 5.71% girls are total orphan, 54.2% are single orphan and 14.28% have both parents alive. Rest of the 9 girls did not provide information.

Table No. 2

REASON FOR STAY OF ADOLESCENTS IN SHELTER HOMES

N=70	Poverty	Terrorist affected	Orphans	Domesticviolence/ family disputes
BOYS (N-35)	(82.8%) 29	(2.85%) 1	(5.7%) 2	(8.57%) 3
GIRLS (N-35)	(54.2%) 19	(14.28%) 5	(2.85%) 1	(2.85%) 1

Note: Information could not be obtained from rest of the 9 girls.

Table 2 shows the reason for stay of adolescents in shelter homes. Among 35 boys 82.8% reported poverty, 2.85% reported terrorism, 5.7% reported orphanhood and 8.57% reported reasons such as **domestic violence or family disputes** for being in the shelter homes. Among 35 girls 54.2% reported poverty, 14.28% reported terrorism, 2.85% reported

orphanhood and 2.85% reported **domestic violence or family disputes as** reasons for being in the shelter homes. Rest of the 9 girls did not provide information.

Table No. 3

PERCENTAGES OF SHELTER HOME ADOLESCENTS EXPOSED TO MALTREATMENT

Type of Abuse	Frequency (n=70)	Percentage
Emotional abuse	11	15.7%
Physical abuse	12	17.14%
Sexual abuse	0	0%
Emotional neglect	28	40%
Physical neglect	25	35.7%

Table 3 shows the percentages of shelter home adolescents exposed to maltreatment. Among all, 15.7% reported history of emotional abuse, 17.14% reported physical abuse, 40% reported emotional neglect and 35.7% reported history of physical neglect. History of sexual abuse was not reported by any of the participant.

Table No. 4

INDEPENDENT t-TEST RESULTS COMPAIRING MALTREATMENT, SELF-ESTEEM AND PSYCHIATRIC MORBIDITY OF SHELTER AND NON-SHELTER HOME ADOLESCENTS

Variables	Shelter home adolescents (N=70)		Non shelter home adolescents (N=70)		T	p
	Mean	S.D	Mean	S.D		
Emotional abuse	8.15	3.20	6.92	1.84	2.78	0.05*
Physical abuse	6.9	2.47	5.63	1.49	3.68	0.001***
Sexual abuse	5.31	1.06	5.41	1.58	. 439	0.36
Emotional neglect	10.14	3.17	8.48	3.23	3.06	0.05*
Physical neglect	9.86	3.78	6.34	2.03	6.85	0.001***
Self-esteem	17.24	3.09	20.64	4.7	5.08	0.001***
Psychiatric morbidity	3.30	1.48	2.4	2.9	2.25	0.05*

*p<0.05, ** p<0.01, ***p <.001

Table 4 shows significant difference between shelter home and non-shelter home adolescents on emotional abuse (t=2.78, $p<0.05$), physical abuse (t=3.68, $p<0.001$), emotional neglect (t=3.06, $p<0.05$), physical neglect (t=6.85, $p<0.001$), self-esteem (t=5.08, $p<0.001$) and psychiatric morbidity (t=2.25, $p<0.05$). Mean scores indicates that shelter home adolescents experienced more emotional and physical abuse, emotional and physical neglect, had high level of psychiatric morbidity and low self-esteem compared to non-shelter home adolescents.

Table No. 5

INDEPENDENT t-TEST RESULTS COMPAIRING MALTREATMENT, SELF-ESTEEM AND PSYCHIATRIC MORBIDITY OF MALE AND FEMALE SHELTER HOME ADOLESCENTS.

Variables	Male (N=35)		Female (N=35)		T	p
	Mean	SD	Mean	SD		
Emotional abuse	8.83	3.65	7.49	2.54	1.78	.08
Sexual abuse	5.46	1.35	5.17	.62	1.13	.261
Physical abuse	8.15	2.94	5.66	.72	4.85	.000**
Emotional abuse	10.6	3.11	9.69	3.21	1.21	.231
Physical neglect	11.17	4.18	8.54	2.82	3.08	.003*
Self esteem	16.82	3.98	17.65	1.81	1.12	.266
Psychiatric morbidity	3.05	1.23	3.54	1.68	1.37	.174

*****p<0.05, ** p<0.01, ***p <.001

Table 5 shows significant difference between male and female shelter home adolescents on physical abuse (t=4.85, $p<0.001$) and physical neglect (t=3.08, $p<0.01$). The mean scores indicates more physical abuse and neglect among male compared to female shelter home adolescents, whereas no significant differences were found between males and females on other dimensions of maltreatment, self-esteem and psychiatric morbidity.

Table-No. 6

STEPWISE MULTIPLE REGRESSION ANALYSES TO DETERMINE THE EFFECTS OF MALTREATMENT ON SELF-ESTEEM OF SHELTER HOME ADOLESCENTS.

Model	**B**	**SEb**	**Beta**	**T**
Constant	23.01	1.42		
Emotional neglect	-0.331	0.107	-0.339	3.12**
Physical Abuse	-0.349	0.137	-0.278	2.55**

Note: The dependent variable is Self-esteem. For Emotional Neglect as independent variable R2=.13 & Adjusted R2=.117 and for Physical Abuse as independent variable R2 = .20, Adjusted R2=.183 & R2 change= .077.

*$p<.05$, **$p<.01$, ***p<.001

Table 6 shows stepwise multiple regression analyses to determine the effects of maltreatment on self-esteem of shelter home adolescents. The model was statistically significant for emotional neglect F (1, 68) =10.14, $p < 0.01$ and physical abuse, F (2, 67) =8.72, $p < 0.001$, Emotional neglect accounted for approximately 13% of the variance of self-esteem ($R2$ = .13, Adjusted $R2$ = .117) and physical abuse accounted for additional approximately 7% of the variance of self-esteem ($R2$ = .207, Adjusted $R2$ = .183). Low self-esteem was predicted by high levels of emotional neglect (β = -.339, p < .01) and high levels of physical abuse (β = -.278, p < .01).

Table-No. 7

STEPWISE MULTIPLE REGRESSION ANALYSES TO DETERMINE THE EFFECTS OF MALTREATMENT ON PSYCHIATRIC MORBIDITY OF SHELTER HOME ADOLESCENTS.

Model	**B**	**SEb**	**Beta**	**T**
Constant	.107	.769		
Emotional Abuse	0.185	0.071	0.303	2.614**
Emotional neglect	0.169	0.072	0.273	2.35*

Note: The dependent variable is Psychiatric morbidity. For Emotional Abuse as independent variable R2=.164 & Adjusted R2=.152 and for Emotional neglect as independent variable R2 = .228, Adjusted R2=.205 & R2 change= .064.

*p<.05, **p<.01, ***p <.001

Table 7 shows stepwise multiple regression analyses to determine the effects of maltreatment on psychiatric morbidity of shelter home adolescents. The model was statistically significant for emotional abuse F (1, 68) =13.32, p < 0.001, and emotional neglect, F (2, 67) =9.88, p < 0.001, Emotional abuse accounted for approximately 16% of the variance of psychiatric morbidity (R2 = .164, Adjusted R2 = .152) and emotional neglect accounted for approximately 6% of the variance of psychiatric morbidity (R2 = .228, Adjusted R2 = .205). Psychiatric morbidity was predicted by high levels of emotional abuse (β = .303, p < .01) and high levels of emotional neglect (β = .273, p < .05).

DISCUSSION

Problem of homelessness in children occur due to several reasons such as desertion, divorce, long illness, imprisonment, death of a parent, natural calamities, war and militancy etc. Homelessness is not just the absence of physical shelter, "it is a stress-filled, dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of violent events" [55]. Homeless young people are vulnerable to verbal and physical abuse, robbery, sexual harassment and violence [8-10]. While there is a vast amount of research on sheltered homeless population understanding the link between history of maltreatment and its consequences, there is a dearth of research

in India exploring the nature of the relationship between the two. Therefore the present study is an attempt to systematically study the experiences of maltreatment, self-esteem and psychiatric morbidity among sheltered homeless adolescents.

Findings of the present study suggest that majority of shelter home adolescents were single orphans, Poverty was the main reason for these adolescents to be in the shelter homes followed by terrorism and being orphans. Emotional neglect had the highest prevalence followed by physical neglect, physical abuse and emotional abuse in this sample. Shelter home adolescents experienced more emotional and physical abuse, emotional and physical neglect, had high level of psychiatric morbidity and low self-esteem compared to non-shelter home adolescents. Regarding gender differences of shelter home adolescents, physical abuse and neglect was found to be high among males compared to females whereas no differences were found between males and females on self-esteem and psychiatric morbidity. Among various types of maltreatment high emotional neglect and physical abuse were found to be the significant predictors of low self-esteem and high emotional abuse and emotional neglect as significant predictors of psychiatric morbidity of sheltered homeless adolescents.

Findings that majority of the shelter home adolescents are single orphans and poverty is the main reason for these adolescents to be in the shelter homes are consistent with previous researches. For eg. Silva [56] reported in a study that majority of families whose children were placed in out of home care belonged to low-income and single-female headed households. Similarly, Carbone et al. [57] reported children living in out-of-home care had often experienced multiple adversities and came from backgrounds of extreme

poverty associated with familial problems. The literature also supports the findings that shelter home adolescents have more experiences of maltreatment such as emotional and physical abuse, emotional and physical neglect [15, 23, 27-31, 33] have high level of psychiatric morbidity and low self-esteem compared to non-shelter home adolescents. Research has demonstrated a high incidence of mental disorders among homeless young people [58-59] and they are also reported to be less well-adjusted and manifest low self-esteem compared to healthy controls [45]. The present study has further reported male shelter home adolescents to be high on physical abuse and neglect compared to females. These findings on gender differences are in concordance with the results from some previous studies showing boys are more likely to be the victims of physical abuse and specifically more likely to be severely abused [60].

Consistent with the findings of stepwise multiple regression analysis i.e, high emotional neglect and physical abuse are significant predictors of low self-esteem and high emotional abuse and emotional neglect as significant predictors of psychiatric morbidity of shelter home adolescents, several studies have found poor positive self-concepts and low self-esteem among maltreated children compared to non-maltreated children as reported by both teacher ratings and child self-reports [41, 61-62]. Several other studies have also documented associations between a child's exposures to maltreatment with negative mental health outcomes such as low self-esteem, anxiety and depression [36, 37, 63- 64]. In another study Spertus et al. [65] reported history of emotional abuse and neglect was associated with increased anxiety, depression, posttraumatic stress and physical symptoms, as well as lifetime trauma exposure.

As majority of participants in our study are screened positive for experiences of maltreatment and its mental health outcomes, this disturbance demands for preventive psychological interventions for e.g. Providing the supportive environment and enhancing the coping abilities and self-esteem of affected group. Along with this the government needs to develop policies and programs to address critical issues such as unemployment and poverty. In addition to increasing income and employment supports, public awareness campaigns such as educational and media-based efforts aimed at increasing the public understanding of what constitutes abuse and the ways in which it can be reported is another approach to reducing child abuse and neglect.

As with all studies, there are limitations to the design and methods of this research study. So these methodological limitations need to be taken into account when considering the results. First the sample size is modest and has been recruited using purposive sampling method from only Jammu district of Jammu and Kashmir which means they lack generalizability. Only self-report measures are used rather than also incorporating parent reporting. Besides, CTQ is only a screening tool, therefore future research in this area needs to use more detailed assessment tools for the complete picture of maltreatment in this population. Variance in self-esteem and psychiatric morbidity accounted for by the maltreatment experiences is low so further research is needed to explore the role of other factors contributing to low self-esteem and psychiatric morbidity of shelter home adolescents.

Declaration of conflict of Interest: None declared.

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