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### Impact of Maltreatment: Psychosocial Experience of Parentless School Going Adolescents

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### Abstract

The present study examines the impact of maltreatment among the Parentless School Going Adolescents (PSGAs) and their psychosocial experiences in Northern Province in Sri Lanka. Prevalence of PSGAs' exposure to maltreatment can be understood considering the size of PSGAs exposed and their experiences, how exposure impacts PSGAs psychosocial development, factors that increase risk or provide protection against the negative effects of exposure, and the types of interventions that can be implemented to mitigate harmful effects. Participants (PSGAs) were recruited from two districts; namely Kilinochchi and Mullaithivu. Participants with recent experiences and had psychosocial distress were examined. 30 cases {[Female=18 (60%), Male=12 (40%)] and [Mean Age=14.7, SD=1.9]}, were recruited using purposive sampling techniques. An exploratory approach was adopted and semi-structured interview was conducted as the present study aims to have an in-depth understanding on various elements of maltreatment experiences. The questions were mostly open-ended and were intended to be used as a guide to explore or capture as much as possible the PSGAs' thoughts and feelings about his/her experiences. Content analysis was used to identify common themes related to the objective. Twenty two cases (73.3%) were subject to maltreatment by care takers and their family members. The three most frequent types of relationships to the PSGAs were grandparents (9 cases), uncle (6 cases), and aunty (2 cases). Others included cousin (3), and brother-in-law (2). Maltreated by other people occurred in 21 cases (70 %). This included neighbor (7 cases), total stranger (4), friend's parents (4), friend (2), teacher (2), priest (1) and servant (1). Many PSGAs faced with multiple maltreatment. Maltreatment occurs on the background of caretaker's dysfunction and sociocultural factors. The findings underscore the need of providing support for caretakers so they can provide better care of PSGAs. Psychosocial intervention should be individualized to meet the needs of each PSGA. Further research is needed to clarify the issues of risk and protective factors in the post-war context in Northern Province.

**Key words:** maltreatment, psychosocial experience, parentless school going adolescents

### Introduction

Maltreatment of adolescent is not a new issue. It has existed in various forms in every society since the early days in history. However, it is only in the past four decades that maltreatment and neglect of adolescents have attracted widespread interest among general public, health professional and other service providers. According to the World Health Organization (WHO, 2017), adolescents maltreatment including adolescent physical maltreatment, emotional maltreatment, sexual maltreatment

and neglect, are burning issues in both developed and developing countries, impairing the health and well-being of children and adolescents. Over the past decades, many researchers have documented the higher frequency of health and psychosocial problems among the survivors. The extent of adolescent maltreatment and its impact in most parts of the developing world is unknown or not well documented but there is increasing evidence that problems do exist and are of growing concern to policy makers, health professionals, researchers and general public (D'Antonio, Darwish, & McLean, 1993; Kawewe & Dibie, 1999; Qiao & Chan, 2005). Over the past decade there has been a small but steady increase in the number of articles from less developed countries published Journals such as "Adolescent maltreatment & Neglect" and "Adolescent Maltreatment" (Lachmen et al., 2002). However, there remains a relative dearth of research on maltreatment among school going adolescents in developing countries in general and within Asian cultures in particular. Additionally, a review of literature on adolescent maltreatment in developing world reveals that most research tend to be targeted at the prevalence of only one type of maltreatment and many studies do not examine risk factors in depth, or address the possible outcomes of maltreatment.

In this study, Parentless School Going Adolescents (PSGAs) are taken to be school going adolescents in the age group of 12-18 years, and those who have lost their both parents or parents subject to enforced disappearance due to the three decades of war. The PSGAs have been placed in the community and their grandparents or relatives look after them. Prevalence of PSGAs' exposure to maltreatment can be understood considering the size of PSGAs exposed and their experiences, how exposure impacts PSGAs psychosocial development, factors that increase risk or provide protection against the negative effects of exposure, and the types of interventions that can be implemented to mitigate harmful effects. Maltreatment is found to be a major risk factor for psychosocial problems of PSGAs. The present study examines the impact of maltreatment among the PSGAs and their psychosocial experiences in Northern Province in Sri Lanka.

## **Methodology**

### ***Participants***

Participants (PSGAs) were recruited from two districts; namely Kilinochchi and Mullaitivu. Participants with recent experiences and had psychosocial distress were included in the present study. 30 cases {[Female=18 (60%), Male=12 (40%)] and [Mean Age=14.7, SD=1.9]}, were recruited using purposive sampling techniques.

### ***Instrument***

An exploratory approach was adopted and the semi-structured interview was conducted as the present study aims to have an in-depth understanding on various elements of maltreatment experiences. The interview instrument consisted of items/questions focusing on the following issues: demographic information, maltreatment-specific variables such as the types of maltreatment and the dynamics of the relationship between the PSGAs and the persons who maltreated, the situations leading to maltreatment, disclosure-related information, psychosocial stressors, life circumstances after maltreatment, health problems of the PSGAs and his/her perceptions about the future. The questions were mostly open-ended and were intended to be used as a guide to explore or capture as much as possible the PSGAs' thoughts and feelings about his/her experiences.

### ***Procedure***

Before Instrument administration, researcher obtained approval to conduct this study from Faculty of Graduate Studies, University of Colombo. After the researcher explained about the aim and the procedure of the present study, informed consent was obtained from the caretakers. If the PSGAs stayed at a facility, permission was obtained from the caseworker who acted as a guardian of the PSGAs. Separate interviews were conducted with the caretaker and/or caseworker first, and later with the PSGAs. For the caretaker or caseworker, questions focused on the background information of the

PSGAs and the family, the impact of maltreatment on the family unit, the family's perception of the situation and the perception of the caretaker about the PSGA's adjustment. As for the PSGAs, questions focused on how he or she experienced the maltreatment. Each interview lasted 60-90 minutes on the average. In addition to the interview, case records or medical records were also reviewed

## Data Analysis

Data from the interview and relevant documents were coded. Content analysis was used to identify common themes related to the objective.

### *Characteristics of Maltreatment*

Twenty two cases (73.3%) were maltreated by care takers and their family members. The three most frequent types of relationships to the PSGAs were grandparents (9 cases), uncle (6 cases), and aunty (2 cases). Others included cousin (3), and brother-in-law (2). Maltreated by other people occurred in 21 cases (70 %). This included neighbor (7 cases), total stranger (4), friend's parents (4), friend (2), teacher (2), priest (1) and servant (1). Many PSGAs experienced with multiple maltreatment.

### *Types of Maltreatment*

Psychosocial maltreatment occurred in 22 cases (73.3%) and contact physical maltreatment in seven cases (23.3%). In one case, no definite information was available. Some PSGAs were physically maltreated and forced to do household chores.

### *Situations leading to Maltreatment*

Situations leading to maltreatment varied as in Table 1. (In chronic maltreatment, the interview focused on the last incident.) In most cases, maltreatment occurred when caretakers were not available and the maltreatment was committed by someone the adolescent trusted. Common reasons why caretakers could not take care properly of the adolescents were livelihood and work-hour problem.

Table 1: Situations leading to Maltreatment  
(N=30 Multiple Responses)

Situations leading to Maltreatment	No	%
Safety and security/love and affection by community	29	96.6%
Food and cloths	27	90%
Quality time (moral support by care takers)	24	80%
Discrimination between own children and PSGAs	23	76.6%
Sleeping time and place	22	73.3%
Teacher maltreated in school (compare to other children and their family support for education or extracurricular activities)	21	70%
Rest and recreation (allow them for pray)	20	66.6%
Space for study	19	63.3%
No recognition by community (Rewards system)	18	60%
PSGAs maltreated by friends in play ground	17	56.6%
PSGAs maltreated by shop keeper	16	53.3%
Senior student maltreated PSGAs in school	14	46.6%
Grandparents negligence	13	43.3%
Maltreated on the street by neighbor	11	36.6%
Maltreated by brother-in-law while watching television programme	9	30%
Toys broken by uncle	7	23.3%
Psychological maltreatment with labeling (using words like unknown adolescent)	6	20%
Uncle's maltreatment with routine self-care	4	13.3%

Neighbor maltreatment when caretaker was not around	3	10%
Maltreated by family members when PSGAs visited them	2	6.6%
Servant maltreated PSGAs when caretakers were away	1	3.3%
Unsafe school environment led to maltreatment (school toilet)	1	3.3%

Source: Field Data (2018)

### ***Emotional and behavior Problems***

Most of the Maltreated PSGAs are prone to develop emotional and behavioral problems (Table 2) that can persist throughout their life. PSGAs grew up with maltreatment experiences also suffered from impairment in basic trust and self-esteem, and are vulnerable to serious psychopathology as adolescents (Das et.al. 2003; Mark et. al. 2009 & Somasundaram, 2013). As most PSGAs came from disadvantaged families, it is difficult to differentiate out how much the upbringing experience and how much the maltreatment experience contributed to their emotional and behavior problems.

Table 2: Emotional and Behavior Problems related to Maltreatment  
(N=30 multiple responses)

<b>Emotional and Behavioral Problems</b>	<b>No</b>	<b>%</b>
Fear	28	93.3
Guilty feeling	26	86.6
Anxious	26	86.6
Irritable	25	83.3
Crying spell	24	80
Loneliness	24	80
Hopeless	23	76.6
Feel worthless	23	76.6
Dislike self	21	70
Poor concentration	20	66.6
Dissociative symptoms	18	60
Overactive	18	60
Aggressive	17	56.6
Lying	15	50
Withdrawal	14	46.6
Seductive	12	40
Stealing	09	30
Self-injury	08	26.6
Run away	03	10
Suicidal attempt	01	3.3
Suicidal ideation	01	3.3
Drug maltreatment	01	3.3

Source: Field Data (2018)

### ***Perceptions of the Future***

The sample's outlook for future is shown in Table 3. Most were hopeful and expected a better future. They had a strong ambition for further education, university education and vocational training. However, some had not yet recovered from traumatic experiences and refused to talk about the future.

Table 3: Perceptions of the Future  
(N=30)

<b>PSGAs' thoughts of the future "My future will be..."</b>	<b>No</b>	<b>%</b>
Better	14	46.6
Worse	6	20

The same as before maltreatment	3	10
Did not want to talk about it	3	10
Never thought about it	2	6.6
Unable to give opinion due to young age/ intellectual limitations	2	6.6

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Source: Field Data (2018)

## Discussion

Many findings in the present study are similar to previous studies in Asian countries (ESCAP, 1999; ESCAP, 2000). The majority of victims were maltreated by the people they knew. Putnam's study found gender to be a risk factor for sexual maltreatment (Putnam, 2000), in the present study, as in other studies in Asia, girls were victimized more than boys. Maltreatment occurs more frequently in PSGAs from socially deprived and disorganized caretakers and family background (Putnam, 2000; Beitchman et al., 1991; Kim, 2005).

Growing up in broken families increased the chance of neglect. The analysis of situations leading to maltreatment revealed that neglect, lack of supervision, and parental unavailability contributed most to maltreatment. Bonding between the PSGAs and the caretaker is not strong and incest easily occurs. In light of this, an important preventive strategy is to help families function better and decrease the rate of family breakdown.

Caretaker's substance maltreatment is associated with increased risk of maltreatment (Walsh, 2003). In the present study many episodes of maltreatment occurred when the caretaker (uncle or grandfather) were under the influence of liquor. Poverty is also a major factor. Many families lived in severe poverty level, which was characterized by crowded living space and inappropriate and poor sleeping arrangements.

Non-disclosure contributes to the chronicity of maltreatment. Many PSGAs kept it 'secret' for years due to the potential legal problem. Besides many reasons for nondisclosure such as being threatened, fear of disbelief or causing the family trouble, cultural factors played an important role. Study population of PSGAs is less assertive compared to other adolescents. They are taught to respect adults and, in some way, respect means keeping silent. This attitude also inhibited them from voicing their needs.

Almost half of the maltreatment in this sample was accidentally disclosed through the PSGAs' physical problems observed by caretakers or doctors, and behavioral changes observed by teachers. The findings that school teachers were the 'outside people' the children confided in most was significant in terms of prevention. Educational programmes should be provided to school teachers who have a higher index of suspicion regarding maltreatment.

Maltreatment brings many changes into the PSGAs life. Many PSGAs could not live at home because of family and community rejection or the risk of re-abuse. Children who have been removed from institutional care tend to feel rejected and to view the removal as punishment. They also suffer from emotional and behavioral problems. Intellectual limitations may contribute to the risk of maltreatment as the PSGAs may bring him/herself into risky situation. The finding in the present study suggested that there is an association between intellectual limitations and maltreatment. Studies found that most maltreated PSGAs develop psychological problems that can persist into adulthood (Putnam, 2000; Beitchman et al., 1991; Kim, 2005).

PSGAs who grew up in maltreated homes also suffered from impaired basic trust and self-esteem, and are prone to serious psychopathology as adults (Chandy, 1996; Gore-Felton et al., 2001). Psychological problems attributed to maltreatment may, therefore, be related as much to the disrupted childhood background as to the maltreatment itself. As most PSGAs in the present study came from disadvantaged families, it is difficult to differentiate out how much the upbringing experience and how

much the abusive experience contributed to their mental health problems. Despite traumatic experiences, most PSGAs were hopeful for their future. Those who were in placement found the centers to be safer and more peaceful than home. One of the serious consequences of PSGAs is the risk of substance addiction and sex work (Toth et al., 1997; Somasundram, 2013). A study in maltreated PSGAs found that their narratives contained more negative self-representations than controls. From the interviews, some children reported that they hated themselves and felt 'rotten' or as 'damaged goods'. Long-term rehabilitation focusing on improving school and work opportunities is important to help PSGA regain their self-esteem and reintegrate them into society

## Conclusion

PSGAs are prone to multiple maltreatment due to various reasons. Their poor psychosocial make up is one of the prime factors which led them to this dreadful situation. However, care takers' sociocultural background and their personal qualities also attributed to this issue and aggravated the susceptibility of the SGPAs. The existing psychosocial intervention initiatives should be individualized to meet the needs and protection of each PSGA. The study also appears to cement the psychosocial support model that has to be examined to enrich PSGAs' well-being with the focus on the role of government to make appropriate policy. Further research is needed to clarify the issues of risk and protective factors in the post-war context in Northern Province.

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