

*Full Length Research Paper*

# Abuse and neglect as predictors of self concept among below poverty line adolescents from India

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The present study examined the maltreatment experiences and disturbances in self-concept of below poverty line (BPL) adolescents from India. The sample consisted of 140 participants (age 13-17 years), both male and female, 70 from BPL families and 70 from above poverty line (APL) families. Purposive sampling method was used to draw data from both groups. Childhood Trauma Questionnaire (CTQ) by Bernstein and Fink (1999) and Self Concept scale by Ahluwalia (2002) were employed. Results indicated that BPL participants were high on experiences of abuse and neglect and low on self-concept compared to APL participants. On gender differences of BPL adolescents, sexual abuse and emotional neglect were found high among females whereas physical neglect and self-concept were high among males. Among the various types of maltreatment only physical abuse was found to be the significant predictor of low self-concept of BPL adolescents. It is hoped that the study will prove helpful for planning interventions for this group of population.

**Key words:** Self-concept, abuse, neglect, BPL adolescents.

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## INTRODUCTION

With a bustling population, India is home to nearly 19% of the world's children. Of which 40% are in need of care and protection. 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, sexual abuse was found in more than 53% of the children, with another 5% having faced sexual assault. Sadly, most children did not report the matter to anyone (Kacker et al., 2007). Hence studying these aspects in Indian population would help us to focus on the major areas of immediate concerns and help facilitate policy formulation and resource allocations for the same.

Childhood socio- economic circumstances have an independent effect on adolescent mental health. Children from low socio-economic background are at risk of lower

achievement, behavioral problems, dropping out of school, health problems, anxiety, depression and other negative outcomes. (McLoyd, 1998; Klerman, 1991; McLeod and Shanahan, 1993).

Families provide the most significant influence on a child's development. Parents strive to meet their children's basic needs and to teach them skills, values, and attitudes which enable them to participate fully in society and foster their self-esteem (Canadian Council on Social Development, 2006). A family's ability to do this is severely compromised by the reality of living in poverty. Poverty harms children's development through its impact on parent's emotional state and parenting practices and on the home environment they create (Brooks-Gunn and Duncan, 1997). Families under economic stress are unlikely to monitor their children's activities, and lack of monitoring is associated with poorer school performance

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and social adjustment (Bolder et al., 1995). Frustrations created by poverty in parents also lead to abuse and maltreatment among children. Child maltreatment is clearly a complex and multi-dimensional problem (Hooper, 2005). It can occur in all socio-economic groups, but there is an association between poverty and an increased risk of neglect and physical abuse (Lovell, 2003).

According to Ministry of Women and Child Development, Government of India (2007) Harmful traditional practices like child marriage, caste system, discrimination against the girl child and child labour impact negatively on children and increase their vulnerability to abuse and neglect. Lack of adequate nutrition, poor access to medical and educational facilities, migration from rural to urban areas leading to rise in urban poverty, children on the streets and child beggars, all result in break down of families. These increase the vulnerabilities of children and expose them to situations of abuse and exploitation.

Having a clear operational definition of child maltreatment is increasingly recognized as fundamental to effective preventative strategies (Butchart et al., 2006). 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." (Butchart et al., 2006).

Although most poor parents do not abuse or neglect their children, self-report surveys and official report data find that the rates of child maltreatment, with the exception of sexual abuse, are higher for those whose family incomes are below the poverty line than for those whose income is above the poverty line (Pelton, 1994). Researches indicate that there is positive association between poverty and parenting difficulties, including neglect and to a lesser extent physical abuse (Frederick and Goddard, 2007; Cawson, 2002; Sidebotham et al., 2002; Taylor et al., 2000; Tuck, 2000; Gilham et al., 1998; Drake and Pandey, 1996; Gibbons et al., 1995; DiLeonardi, 1993; Jones and McCurdy, 1992).

The immediate and longer-term impact of abuse can include mental health problems such as anxiety, depression, substance misuse, eating disorders, self-injurious behaviour, anger and aggression, sexual symptoms, age-inappropriate sexual behaviour (Lanktree et al., 2008), low self-esteem and depression (Briere, 1996; Heim and Nemeroff, 2001) and being bullied (Duncan, 1999).

Child maltreatment exerts harmful effects on the development of an autonomous and coherent self system. Self-concept may be defined as conscious, cognitive perception and evaluation by individuals of themselves; it is their thoughts and opinion about themselves (Rice, 1984). It is the value that an individual places on his or her own characteristics qualities, abilities and actions (Woolfork, 2001). Family poverty is also associated with

a higher risk for teen childbearing, less positive peer relations, and lower self-esteem (Bolder et al., 1995; Wadsworth and Compass, 2002; Conger et al., 1999; Weinger, 1998; McLeod and Shanahan, 1993). The abuse is known to result in poor self-concept among the children and they develop a negative view of themselves (Kinard, 1980). In the most extreme cases, maltreatment experiences may lead to basic and severe disturbances in self-definition and self-regulation (Fischer and Ayoub, 1994; Westen, 1994), including the development of dissociative disorders. Other impairments in maltreated children's self systems have been noted as well. For example, maltreated children's negative feelings about themselves and their inability to talk about their own activities and states may impede their ability to engage in successful social relationships. In particular, maltreated children appear to be most reluctant to talk about their negative internal states (Beeghly and Cicchetti, 1994). Several other studies have documented associations between a child's exposures to maltreatment with negative mental health outcomes: low self-esteem and depression (Briere, 1996; Heim and Nemeroff, 2001).

### Objectives of the study

1. To study the self-concept and experiences of maltreatment among below poverty line (BPL) and above poverty line (APL) adolescents.
2. To study the gender differences on self-concept and maltreatment experiences of BPL adolescents.
3. To study the relationship between different forms of maltreatment and self-concept of BPL adolescents.
4. To study the impact of different forms of maltreatment experiences on self-concept of BPL adolescents.

### Hypothesis of the study

1. There is a significant difference between BPL and APL participants on Self-concept and experiences of maltreatment.
2. There is a significant difference between male and female BPL participants on self-concept and maltreatment experiences.
3. There is a significant relationship between different forms of maltreatment and self-concept of BPL participants.
4. There is a significant impact of different forms of maltreatment on self-concept of BPL adolescents.

## METHOD

### Participants

A total of 140 participants participated in the study. Among these

140 participants, 70 were below poverty line adolescents (37 males and 33 females) and 70 were above poverty line adolescents (42 males and 28 females). All the participants were in the age range of 13-17 years with mean age of 15. Using purposive sampling method, BPL and APL participants were selected from 7 schools in Jammu region (Jammu and Kashmir, India). Because of the unavailability of standard tool for the assessment of socio-economic status of the participants, the following criteria given by Indian Government were chosen for the selection of the BPL and APL participants.

**Defining BPL:** Monthly per capita consumption expenditure below Rs. 356.35 for rural areas and Rs. 538.60 for urban areas (61st round of the National Sample Survey)

**Defining APL:** Monthly per capita consumption expenditure above Rs. 356.35 for rural areas and Rs. 538.60 for urban areas (61st round of the National Sample Survey)

**Selection Criteria for BPL families:** Having BPL cards issued by the J&K Government.

**Selection Criteria for APL families:** Not having BPL cards issued by the J&K Government.

## Materials

**Semi structured Performa:** It was used for socio-demographic details and consisted of name, age, sex, class, parental occupation, and monthly income.

**Self-concept Scale (SCS):** The self concept scale (Ahluwalia, 2002) in Hindi has been used in the current study. It contains 80 items all with yes and no responses. The six subscales which are included in the self concept scale are:- Behavior, Intellectual, school, Physical appearance and attributes, Anxiety, Popularity, Happiness. It takes around 15-20 min to complete. The scale items are scored in positive and negative direction to reflect the evaluation of dimension. A high score on scale is presumed to indicate a favorable self concept. The total self concept scale can be obtained by adding score of all the six areas, which can be used as total self concept score. Test-retest and split half reliability method was used as an index of reliability. The coefficient of correlations is significant beyond 0.01 level of confidence. The validity of self concept scale was determined by back translation method. The face and content validity of this scale is of higher order. This scale also has concurrent validity, range from 0.397 to 0.621.

**Child Trauma Questionnaire (CTQ):** The child trauma questionnaire is a 28-item self-report inventory (Bernstein and Fink, 1998) 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 min to complete. The CTQ is psychometrically sound in community samples, with good internal and test-retest reliability (Paivio and Cramer, 2004) and convergent and discriminant validity (Bernstein et al., 1994). Bernstein and Fink (1998) 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

## Procedure

Prior to data collection, ethical permission was taken from higher authorities i.e Principal/Head of the schools and carried out informal visits to become familiarize with the participants, followed by taking their written informed consent to participate in the study. A self-reporting approach was used, with the participants completing the instruments. Purposive sampling was used to collect the data for both groups, due to the difficulty of using random procedures in social science research sampling (Robson, 1993; Teixeira and Gomes, 2005), and the fact that random samples are rare in psychological research studies (Stanovich, 2004). Participant's status of below poverty line was assured by taking information from teachers as well as checking participant's BPL cards. The participants in both BPL and APL groups were recruited from schools located in Jammu region of Jammu and Kashmir State, India. The data were collected in the period Feb. 2012 to July 2012. The participants were interviewed in their free periods. Confidentiality of the information was ensured. After completion of each administration, all the questionnaires were checked by the researcher to ensure that all items are responded to by the participants. Participants were given time as they needed and their queries were handled. At the end participants were thanked for their participation.

## RESULTS

The obtained data have been analyzed using descriptive and inferential statistics: mean, standard deviation (SD), t-test, Pearson's correlation and Stepwise multiple Regression analysis.

Table 1 shows significant difference between BPL and APL adolescents on emotional abuse ( $t=4.956, P<0.00$ ), physical abuse ( $t=5.810, P<0.00$ ), sexual abuse ( $t=8.841, P<0.00$ ), emotional neglect ( $t=2.247, P<0.00$ ) physical neglect ( $t=6.779, P<0.00$ ), maltreatment total score ( $t=8.9, P<0.00$ ), and self-concept ( $t=2.115, P<0.05$ ).

Table 2 shows significant difference between male and female adolescents on sexual abuse ( $t=2.46, P<0.05$ ), emotional neglect ( $t=2.46, P<0.05$ ) physical neglect ( $t=2.82, P<0.05$ ) and self-concept ( $t=1.96, P<0.05$ ).

Table 3 shows correlations of the variables. It can be seen that all correlations except for the between self-concept, physical abuse and physical neglect were statistically non-significant. Significant negative correlation was found between physical abuse and self-concept ( $r=-.245, p<0.05$ ) and between physical neglect and self-concept ( $r=-.231, p<0.05$ ).

The correlations of the variables show significant negative correlation between physical abuse, neglect and self-concept. Physical abuse and physical neglect were entered stepwise in multiple regression analysis to predict self-concept. The model was statistically significant for Physical abuse only,  $F(1, 68) = 4.33, p < 0.05$  and accounted for approximately 6% of the variance of self-concept ( $R^2 = .06, Adjusted R^2 = .046$ ). Self-concept was predicted by high levels of physical abuse ( $\beta = -.245,$

**Table 1.** Independent t-test results of maltreatment experiences and self-concept for BPL and APL adolescents.

Variables	Index group (BPL, N=70)		Control group (APL, N=70)		T	P
	Mean	S.D	Mean	S.D		
Emotional abuse	12.13	4.68	8.60	3.68	4.96	.000***
Physical abuse	12.87	4.83	8.55	3.91	5.81	.000***
Sexual abuse	13.53	4.68	7.51	3.23	8.84	.000***
Emotional neglect	12.74	4.87	10.94	4.59	2.24	.026*
Physical neglect	13.42	3.12	9.63	3.46	6.78	.000***
Denial	1.54	1.20	1.26	1.06	1.49	.138
Maltreatment score total	60.01	12.46	46.37	13.67	8.9	.000***
Self-concept	53.04	9.28	56.63	10.73	2.11	.04*

\* $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\* $P < .001$ ; BPL-Below poverty line, APL-Above poverty line.

**Table 2.** Independent t-test results showing gender differences on maltreatment experiences and self-concept of BPL participants.

Variable	Male (N=37)		Female (N=33)		T	P
	Mean	S.D	Mean	S.D		
Emotional abuse	12.94	4.82	11.21	4.40	1.56	.123
Physical abuse	13.65	5.33	12.00	4.09	1.43	.155
Sexual abuse	12.42	3.48	14.97	4.95	2.46	.02*
Emotional neglect	11.43	4.21	14.21	5.21	2.46	.02*
Physical neglect	14.38	2.91	12.36	3.06	2.82	.02*
Denial	1.46	1.09	1.64	1.31	0.61	.54
Maltreatment score total	58.16	16.19	54.22	16.36	1.43	.16
Self-concept	57.33	8.89	53.01	9.23	1.96	.05*

\* $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\* $P < .001$ .

$p < .05$ ) (Table 4).

## DISCUSSION

Child maltreatment occurs in many forms and across all socio-economic groups. We know that most parents who live in poverty do not maltreat their children and parent effectively; however research shows that children who grow up in poverty can be more vulnerable to maltreatment. While there is a vast amount of research on poverty and the link to maltreatment and its consequences, there is a dearth of research in India exploring the nature of the relationship between the two. Thus the present study is an attempt to systematically study the experiences of maltreatment and self-concept among BPL adolescents.

Findings of the present study suggest that BPL adolescents experience more maltreatment, that is, sexual, emotional, physical abuse and neglect and lower self-concept compared to APL adolescents. On gender differences of BPL adolescents, sexual abuse and

emotional neglect was found to be high among females whereas physical neglect and self-concept was high among males. Among the various types of maltreatment only physical abuse was found to be the significant predictor of low self-concept of BPL adolescents.

The finding that BPL adolescents experience more maltreatment i.e sexual, emotional and physical abuse and neglect and lower self-concept compared to APL adolescents is consistent with previous research. Thoburn (2000) reported 98% of the families whose children were at risk of suffering emotional maltreatment were characterized by the extreme poverty of their material environment. Sidebotham et al. (2002) found material deprivation independently predictive of child maltreatment. Sedlak and Broadhurst (1996) reported disproportionate numbers of sexually abused children from low-income families. Poverty has also been found to be a strong predictor of substantiated child maltreatment by Lee and Goerge (1999). Connell-Carrick (2003) found socio-economic status as the major correlate of neglect. The most widely used and accepted theoretical perspective for explaining the relationship between poverty and

**Table 3.** Correlation between self-concept and experiences of maltreatment of BPL participants.

Pearson correlation N=140	Emotional abuse	Physical abuse	Sexual abuse	Emotional neglect	Physical neglect	Denial	Maltreatment score total
Self-concept	-.111	-.245	.03	.061	-.231	.05	-.114
	.360	.04*	.803	.618	.054*	.679	.174

\* $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $P < .001$ .

**Table 4.** Stepwise multiple regression analyses to determine the effects of physical abuse and neglect on self-concept of BPL participants.

Model	B	SEb	Beta	t	P
Constant	60.873	3.003			
Physical abuse	-.455	.219	-.245	2.08	.04*

Note: The dependent variable was self-concept.  $R^2 = .06$  and Adjusted  $R^2 = .046$ ; \* $P < .05$ .

maltreatment focuses on stress. It is argued that the multitude of factors associated with poverty and social deprivation, especially when compounded by drug misuse or mental health problems, negatively impact on parenting by increasing vulnerability to stress. Stress increases the risk of parenting difficulties and breakdown, for example through reacting to the demands of childrearing with harsh or inconsistent discipline, or by sinking into depression, despair and hopelessness, all of which can impact on parents' capacity to meet their children's needs (Katz, 2004; Katz et al., 2007; Hooper, 2007).

The literature also supports the finding of lower self-concept among BPL adolescents compared to APL adolescents. A sense of self is unique to each child and is impacted by their experience of poverty. Experiencing such stressful life events can lead to adverse effects on self-concept, including mastery (Pearlin et al., 1981). Robinson et al. (2005) noted that some children living in poverty "feel deprived, part of the 'Poor group', embarrassed, hurt, picked on, inadequate and responsible."

The present study also found males to be high on physical neglect and self-concept and females to be high on emotional neglect and sexual abuse. These findings are supported by earlier researches showing boys are more likely to be the victims of physical abuse and specifically more likely to be severely abused (Kolko, 2002). Female children and adolescents are significantly more likely than males to suffer sexual abuse (Mraovick and Wilson, 1999). Whereas more boys are physically abused, and more girls sexually abused; there was no conclusive evidence to support an effect of gender on the likelihood of being neglected, although it seems boys may be more likely to die from neglect than girls (Connell-Carrick, 2003).

The literature also supports the finding of lower self-

concept among females. Young girls show lower self-esteem compared to boys (Orenstein, 1994; Marsh and Hattie, 1996; Oliva, 1999). According to these researches these differential patterns of self-appraisal have their origins partly in parental gender linked beliefs and partly in cultural stereotypes regarding their capabilities.

Analysis of the relationship between maltreatment experiences and self-concept has also given some interesting results. Physical abuse was found to be the only significant predictor of self-concept among BPL adolescents. Consistent with these ideas, several studies have found maltreated children to have less positive self-concepts than non-maltreated children as measured by both teacher ratings and child self-reports (Bolger et al., 1998; Kim and Cicchetti, 2006; Toth et al., 2000). The particular concern regarding child maltreatment arises from the child development field that emphasizes the role of the parent-child relationship and the importance of secure attachment figures in normal development. Based on positive interactions with caregivers (usually parents), children develop a sense of the world as dependable and trustworthy and a sense of themselves as competent and lovable (Bowlby, 1982). Children whose caregivers are unresponsive, neglectful, or use excessively harsh physical punishment are less equipped to accomplish critical developmental tasks and more likely to develop perceptions of themselves as ineffective and unworthy (Kim and Cicchetti, 2006). As only physical abuse predicted self-concept, further research is necessary to examine the role of other factors affecting the self-concept of BPL adolescents.

As majority of children in our study have screened positive for experiences of abuse, neglect and low self-concept, further research focusing on these aspects is needed for validation of these findings. In addition to increasing income and employment supports, there is a

need to provide psychological interventions to address the psychological problems identified and to help families to develop and maintain healthy parent–child relationships.

However, the study has some limitations. Findings of this study are limited to Jammu district of Jammu and Kashmir, which means they lack generalizability. India is a large country, and for a complete picture of the BPL context, it is necessary to study BPL children throughout India. It used self-reported measures rather than also incorporating parent and teacher reporting. Besides, CTQ is only a screening tool and therefore future research in this area needs to use more detailed assessment tools for the complete picture of abuse and neglect in this population. This study used Government criteria for defining BPL. It has been argued that these criteria may not properly differentiate the BPL and APL groups very well. However, despite that, a significant difference emerged between the two groups. This could be due to the fact that all the BPL adolescents were sampled from government schools while the APL adolescents were sampled from private schools. Small sample size and use of convenient sampling are some of the other limitations of the present study that need to be taken into consideration for planning further research in this area. Variance in self-concept accounted for by the physical abuse is very low; further research is needed to explore the role of other factors contributing to low self-concept of poverty affected adolescents. This research is also limited as aspects of positive mental health such as well being and resilience are not included in the study.

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