

Impact of Maltreatment on Mental Health: A Comparative Analysis of School-Going Children.

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Abstract:

Child maltreatment, a global concern transcending geographic, social, and cultural boundaries, carries profound implications for affected individuals. This issue, encompassing physical and emotional abuse, sexual abuse, and neglect, poses significant risks to children's health, development, and dignity within relationships of trust and power. Extensive research has elucidated the adverse effects of child maltreatment, spanning physical, developmental, cognitive, emotional, behavioural, and social domains, as well as its links to various mental health disorders. This study explores the multifaceted impact of child maltreatment on the mental health of children aged 8-11 years, providing a foundational understanding for future research. Specifically designed questionnaire was utilized to assess mental health. The study involved a sample of 400 children and employed statistical analyses. Findings reveal prevalent instances of child maltreatment in Kashmir, with noteworthy disparities between maltreated and other school going children, emphasizing the critical implications of childhood maltreatment on mental well-being. The statistical significance of the association also underscores the impact of maltreatment on mental health outcomes in different geographic contexts.

Introduction:

The World Health Organization (Korbin et al., 2014) defines 'child maltreatment' as "the abuse and neglect that occurs among individuals under 18 years of age." This encompasses various forms of physical and/or emotional mistreatment, sexual abuse, neglect, negligence, and commercial or other exploitation. Such maltreatment results in actual or potential harm to the child's health, survival, development, or dignity within the context of a relationship of responsibility, trust, or power.

Globally, child abuse manifests in four primary types of maltreatment: physical abuse, sexual abuse, emotional and psychological abuse, and neglect (Dabir & Nigudkar, 2007). In many

societies, certain forms of maltreatment may not be perceived as problematic by a majority. Nevertheless, there remains a lack of comprehensive understanding and acceptance of the magnitude, severity, and diverse forms of child abuse. The intentional use of corporal punishment on the young has, for centuries, been perceived as a legitimate means to instil discipline, provide education, or enforce religious obedience (Pfohl, 1977). Practices such as slapping, using sticks, kicking, hair pulling, making comparisons with other children, humiliating them in public, and belittling them are sometimes deemed acceptable for disciplining children. However, these practices yield numerous short-term and long-term negative consequences, affecting various aspects of their development.

Numerous studies have been conducted to understand the influence of maltreatment on the different aspects of mental health. Mental health outcomes like depression, anxiety, substance abuse (which leads to further complications like delinquency and criminal acts), Post Traumatic Stress Disorder (PTSD), increased risk for Anti-Social Personality Disorder (ASPD) and psychopathy depending upon the severity of maltreatment (Korbin et al., 2014), aggressive behaviour, depressive disorders, anxiety disorders, eating disorders, childhood behavioural or conduct disorders, drug use, suicide attempts, self-harming behaviour, weak in managing emotions, feeling of guilt and shame, etc (Fayaz, 2019). The study further adds that males and females react differently to trauma, where males are found to engage in more antisocial behaviours and females become more withdrawn

This study specifically focuses on the mental health of maltreated children and their peers within the school environment, highlighting the serious repercussions of maltreatment.

In India, both governmental authorities and civil society have undertaken initiatives to precisely define child maltreatment and implement policies and laws to address such abuses. The Ministry of Women and Child Development, Government of India, defines child maltreatment/abuse as "a state of emotional, physical, economic, and sexual maltreatment inflicted upon a person below the age of eighteen and is a globally prevalent phenomenon"(Loveleen Kacker, Srinivas Varadan, Pravesh Kumar, Nadeem Mohsin, Anu Dixit, 2007). Despite efforts to comprehensively define various aspects of child maltreatment, practical challenges persist in understanding its scope, particularly with the increased use of technology. In the current era, emotional and sexual abuse has taken new forms, such as exploitation on social media and other online platforms (Crosson-Tower, 1999).

Child maltreatment, recognized as a global phenomenon, is pervasive across the world, and Kashmir is no exception. While numerous studies globally have explored the prevalence, consequences, magnitude, and scope of the problem, Kashmir lacks such comprehensive data. Few studies have delved into child sexual abuse, and reports on physical maltreatment, emotional maltreatment, and neglect are notably scarce. This scarcity does not imply the absence of child maltreatment in Kashmir but underscores the unknown prevalence of the issue. Children in the region often face maltreatment under the guise of cultural practices, child-rearing, and efforts to instil discipline in schools and homes.

Statement of the problem:

The problem for the present study is stated as follows:

“Impact of Maltreatment on Mental Health: A Comparative Analysis of School-Going Children”.

Objective:

To assess and compare the mental health of maltreated and other school going children.

Literature review:

A study conducted was by (Scott et al., 2023) on the association between child maltreatment and mental disorders in Australian child maltreatment study, on 8503 participants aged 16 years and older using random sampling. Child maltreatment, especially multi-type maltreatment, is strongly associated with a higher prevalence of mental disorders. Individuals who have experienced any form of child maltreatment, including multi-type maltreatment, are at a significantly increased risk of developing mental disorders. Among the various mental disorders, lifetime major depressive disorder, alcohol use disorder, generalized anxiety disorder, and post-traumatic stress disorder are particularly prevalent among those who have experienced child maltreatment. The impact of these mental disorders can be long-lasting, causing substantial suffering that often persists throughout an individual's life.

(Goemans et al., 2023) conducted a study on child maltreatment, peer victimization, and mental health: neurocognitive perspectives on the cycle of victimization. The study revealed that children who experience maltreatment are more susceptible to rejection and victimization by their peers, leading to detrimental effects on their mental well-being. Additionally, it has been observed that child maltreatment is associated with poorer mental health outcomes. This can be attributed, in part, to the impact of maltreatment on brain development, which alters its normal trajectory and increases the risk of developing mental health problems or exacerbating existing ones. Therefore, addressing the effects of child maltreatment on both social interactions and neurodevelopment is crucial for promoting positive mental health outcomes in maltreated children.

A study conducted by Bartels and Middeldorp (2023) on the association of childhood maltreatment and mental health problems: partly causal and partly due to other factors found that apart from maltreatment there are multiple other factors that could add in the negative consequences of mental health. The study revealed that occurrence of childhood maltreatment is often indicative of the presence of risk factors associated with mental disorders. It has been observed that individuals who have experienced maltreatment during childhood are more likely to exhibit risk factors for various mental disorders for e.g., Attention-Deficit/Hyperactivity Disorder (ADHD).

A prospective study of the sequential mediating role of self-esteem and internalizing/externalizing problems on childhood maltreatment and subsequent depressive symptoms was conducted by (Li et al., 2023). The findings of the study indicated that the impact of childhood maltreatment (CM)

on depressive symptoms is mediated by two factors: self-esteem and internalizing problems. In other words, self-esteem and internalizing problems play a sequential role in linking CM to the development of depressive symptoms. This suggests that the negative effects of CM on mental health, specifically depressive symptoms, are partially explained by lower self-esteem and increased internalizing problems.

(Ndyareeba et al., 2023) conducted a study on child maltreatment increases the risk of self-esteem impairment with findings from children and adolescents among 232 school-going children and adolescents. The study conducted in Uganda explored the connection between various types of child maltreatment and self-esteem in children and adolescents using Rosenberg self-esteem scale. The findings demonstrated a significant and inverse association between child maltreatment and self-esteem. The regression analysis revealed that for each incremental increase in child maltreatment, there was a corresponding decrease of 1.3% in self-esteem. These results led to the conclusion that maltreatment exerts a harmful and negative influence on the self-esteem of children and adolescents.

A meta-analytic review of the impact of child maltreatment on self-esteem: 1981-2021, was conducted by (Zhang et al., 2022). The study discovered a significant and adverse correlation between child maltreatment and self-esteem. Emotional abuse and neglect were found to be moderately associated with lower self-esteem, while physical abuse, sexual abuse, and physical neglect were weakly associated with decreased self-esteem. These findings indicate that different forms of child maltreatment, including general maltreatment as well as specific subtypes, contribute to reduced levels of self-esteem in individuals.

Methodology:

Study Design: The present study has been completed by following the descriptive method of research.

Data Source: This study includes information gathered from both original (primary) sources and existing (secondary) sources.

Primary Source: The current research was carried out in multiple schools of three districts in Kashmir. Kashmir division is divided into three clusters i.e., North, Central, and South. North includes Baramulla, Bandipora, and Kupwara; Central includes Srinagar, Budgam, and Ganderbal; and South includes Anantnag, Kulgam, Pulwama, and Shopian. The present study was conducted in one district from each cluster, i.e., Anantnag, Baramulla and Srinagar. The reason for the selection of three districts from each cluster was to analyse the impact of child maltreatment in three different clusters of Kashmir.

A comprehensive mental health scale was developed and was employed after obtaining consent from the relevant institution and children. The scale comprised 37 questions that measured different aspects of mental health, including Emotional Stability, Psychological Wellbeing, Social

Development, Self-Concept, and Autonomy. Respondents used a five- point Likert scale format, with options ranging from "Strongly agree" to "Strongly disagree" to indicate their responses. The scale consisted of 22 positively worded questions and 15 negatively worded questions, scored from 1 to 5, with reverse scoring for the negatively worded items (5 to 1). The total score on the scale ranged from 37 to 150, serving as a measure of the children's overall mental health.

Secondary Source: The study utilized various sources, such as books, published or unpublished dissertations, medical and public health journals, online sources, and websites, to gather secondary data.

Sample Size: Children in the age group of 8-11, enrolled in the 2nd, 3rd, 4th, and 5th grades, constituted the study participants, drawn from both public and private schools in rural and urban areas of the Anantnag, Baramulla, and Srinagar districts. The selection of participants employed a purposive sampling technique as the preferred method due to the impracticability of random sampling during the COVID-19 pandemic. Official approval for data collection was secured in advance. To identify instances of child maltreatment within the broader student population, a self-constructed questionnaire on child abuse was employed. Consent for data collection was sought from both schools and students. The resultant sample comprised 400 school-going children, divided equally between maltreatment and other school going children (200 each).

Data collection tool: In order to assess the mental health of both maltreated and non-maltreated school-going children, a comprehensive scale was developed. The scale comprised 37 questions that measured different aspects of mental health, including Emotional Stability, Psychological Wellbeing, Social Development, Self-Concept, and Autonomy. Respondents used a five- point Likert scale format, with options ranging from "Strongly agree" to "Strongly disagree" to indicate their responses. The scale consisted of 22 positively worded questions and 15 negatively worded questions, scored from 1 to 5, with reverse scoring for the negatively worded items (5 to 1). The total score on the scale ranged from 37 to 150, serving as a measure of the children's overall mental health.

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.805
Bartlett's Test of Sphericity	Approx. Chi-Square	3448.212
	df	666
	Sig.	0

Reliability of mental health scale.

2.	Mental Health Scale	Emotional stability	37	0.76
		Psychological Wellbeing		
		Social Development		
		Self-Concept		
		Autonomy		

Statistical analysis: after coding the data was analysed using SPSS Version 20.0 (SPSS Inc., Chicago, Illinois, USA). Chi-square test, one way ANOVA was used as statistical tools. All p-values were two tailed and a P-value of less than 0.05 was considered statistically significant.

Table 1: Distribution of maltreated and other school going children in three districts Anantnag, Baramulla and Srinagar.

District	Category	n	Gender				Total	
			Boys		Girls		F	%
			F	%	F	%		
Anantnag	Maltreated	07	31	7.75	33	8.25	64	16
	OSGC		35	8.75	34	8.5	69	17.25
Baramulla	Maltreated	06	35	8.75	31	7.75	66	16.5
	OSGC		30	7.5	37	9.25	67	16.75
Srinagar	Maltreated	06	37	9.25	30	7.5	67	16.75
	OSGC		32	8	35	8.75	67	16.75
Total		38	200	50	200	50	400	100

OSGC= Other School Going Children
(n=400)

Table 2: Mental health of maltreated and other school going children.

Mental health	Maltreated		OSGC		Total	
	f	%	f	%	f	%
Low (<116)	72	36	24	12	96	24

Average (116-130)	96	48	110	55	206	51.5
High (>130)	32	16	66	33	98	24.5
Total	200	100	200	100	400	100
$\chi^2=36.74, df=2, p=0.0001^*$						

OSGC= Other School Going Children.
n=400.

Table 3: Mental health of maltreated and other school going children in district Anantnag, Baramulla and Srinagar.

Mental health	Anantnag		Baramulla		Srinagar	
	f	%	f	%	f	%
Low (<116)	15	11.28	33	24.81	48	35.82
Average (116-130)	61	45.86	74	55.64	71	52.99
High (>130)	57	42.86	26	19.55	15	11.19
Total	133	100	133	100	134	100
$\chi^2=47.43, df=4, p=0.0001^*$						

(n=400)

Table 4: Mental health of maltreated and other school going children with respect to gender.

Mental health	Boys		Girls		Total	
	f	%	f	%	f	%
Low (<116)	52	26	44	22	96	24
Average (116-130)	102	51	104	52	206	51.5
High (>130)	46	23	52	26	98	24.5
Total	200	100	200	100	400	100
$\chi^2=1.053, df=2, p=0.591$						

(n=400).

Results and discussion:

The study encompasses a sample size of 400 respondents both males and females from various geographical areas. The distribution of maltreated and other school going children in multiple districts reveal that both boys and girls are found to be maltreated equally while the geographical location is not found to impact its prevalence. In district Anantnag the sample comprised of 7.75% (f=31) maltreated boys and 8.25% (f=33) maltreated girls, followed by district Baramulla which comprised of 8.75% (f=35) maltreated boys and 7.75% (f=31) maltreated girls. In District Srinagar maltreated boys were found to be high i.e., 9.25% (f=37) and 7.5% (f=30) maltreated girls. Though the variations were not higher majority of maltreated girls found were from district Anantnag while majority of maltreated boys found were from district Baramulla and Srinagar.

The result of present study is inconsistent with the study conducted by Kumar et al., (2019). In his study he has reported that 90% of adolescents reported being abused, with boys being more frequently abused than girls.

Analysis of mental health among maltreated and other school going children revealed that maltreated children are found to low mental health as compared to other school going children. the study reveals that 36% (f=72) of maltreated children were found to have low mental health as compared to 12% (f=24) of other school going children and only 16% (f=32) of maltreated children were found to have high mental health as compared to 33% (f=66) of other school going children. Statistically significant association has been found between the mental health of maltreated and other school going children with p-value=0.0001, $\chi^2=36.74$, and df=2.

Consistent with the findings, Su et al., (2022) reported that the childhood maltreatment significantly increases the risk of developing mental health problems. In another similar study by Kisely et al., (2018) it has been reported that maltreatment has been found associated with multiple mental health problems such as depression, anxiety, problem behaviour, etc. especially by those experienced more than one type of abuse. Pandey et al., (2020) has also found a strong association between child maltreatment and poor mental health in their study. A history of physical abuse has been found to be linked with phobia, dysthymia, and emotional problems. Overall mental abuse has been found to be linked with higher rates of emotional and behavioural problems anxiety and depression, and emotional problems.

Analysis of mental health on the basis of district revealed that geographical location plays a vital role with development of positive mental health. The study has found that 35.82% (f=48) of children belonging to district Srinagar were found to have low mental health followed by 24.81% (f=33) in district Baramulla and 11.28% (f=15) in district Anantnag. While majority i.e., 42.86% (f=57) of children belonging to district Anantnag were found to have high mental health followed by 19.55% (f=26) in district Baramulla and 11.19% (f=15) in district Srinagar. In comparison to district Baramulla and Srinagar majority of maltreated and other school going children in district Anantnag were found to have high mental health. Statistically, significant association was found between maltreated and other school going children in district Anantnag, Baramulla and Srinagar on mental health with p-value=0.0001, $\chi^2=47.43$, and df=4.

While the study also analysed mental health of maltreated and other school going children on the basis of gender no significant difference has been found between the mental health of boys and girls with $p\text{-value}=0.591$, $\chi^2=1.053$, and $df=2$. With the study revealed that 26% ($f=52$) of boys were found to have low level of mental health as compared to 22% ($f=44$) of girls. Average mental health was found among 51% ($f=102$) of boys and 52% ($f=104$) of the girls. 23% ($f=46$) of boys were found to have high mental health in comparison to 26% ($f=52$) of girls.

Consistent with the findings similar results were found by Ram et al., (2014), where irrespective of family violence and restrictions to independence, mental health problems were found associated with both male and female youth with no differences. However, the findings of World Health Organization, (2004) in their research on gender in mental health indicates that mental disorders during childhood are more commonly found in boys. Furthermore, as a result of transition into adulthood, women are found more susceptible to experiencing mental health issues, particularly related to depression and eating disorders.

Conclusion:

Based on the study's findings, it can be concluded that maltreated analysis reveals noteworthy disparities between maltreated and other school going children, emphasizing the critical implications of childhood maltreatment on mental well-being. Geographical location has been found to play a vital role in maltreatment of children based on gender with girls being maltreated more in one areas than boys in other area. A striking finding is the higher prevalence of low mental health among maltreated children, with 36% exhibiting this condition compared to only 12% among their non-maltreated counterparts. Moreover, the statistically significant association, as evidenced by a $p\text{-value}$ of 0.0001, χ^2 value of 36.74, and df of 2, underscores the profound impact of maltreatment on mental health, emphasizing the urgent need for targeted interventions.

In analysing the mental health of maltreated and other school-going children across districts (Srinagar, Baramulla, and Anantnag), striking disparities emerge. District Srinagar exhibits a higher prevalence of low mental health, whereas district Anantnag stands out with a substantial proportion of children categorized as having high mental health. The statistical significance of the association underscores the impact of maltreatment on mental health outcomes in different geographic contexts. This district-wise variation emphasizes the need for targeted interventions that consider regional dynamics. Furthermore maltreatment has not been found to have significant difference on the mental health of both boys and girls. The observed disparities call for nuanced approaches in policy and intervention design, addressing the unique challenges faced by children in each district. This study lays the groundwork for further exploration of district-specific factors influencing mental health outcomes, contributing to the development of informed and tailored interventions.

Implications and Recommendations

- The government should spearhead initiatives aimed at fostering collaboration between multiple organizations, including NGOs, to effectively raise awareness about child maltreatment among school-age children.

- Awareness workshops shall be organized for parents, specifically focusing on the multifaceted implications of all forms of maltreatment.
- Comprehensive guidelines should be established regarding counselling sessions on maltreatment for both children and parents within school settings, ensuring the maintenance of accurate annual reports.
- Mandatory counselling services should be provided for vulnerable and maltreated children, as this intervention has the potential to yield a positive impact on their overall well-being.
- Considering the prevalence of low mental health status among maltreated children, it is crucial to prioritize the provision of emotional support and comprehensive counselling sessions. Schools should take proactive measures to identify and address these issues, ensuring that appropriate support is offered to the affected children.
- Play-based counselling sessions specifically designed for primary and middle school children shall be organised. Incorporating interactive and engaging approaches in these sessions not only enhances their appeal but also facilitates a more effective outcome, promoting the overall success of the counselling process.

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