

Does Child Maltreatment Obstruct Mental Health of Adolescents?

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ABSTRACT

Child maltreatment is a global phenomenon which is considered as one of the most salient psycho-social problems, causing detrimental impact on health and overall development of children and adolescents. Present study intended to examine the consequences of child maltreatment on mental health of students. The study is based on a 2x2x2 factorial design with two types of schools (Government & Private) x Two age groups (Neo adolescents & Adolescents) x Two levels of maltreatment (High & Low). Child abuse in Schools Checklist (CASC) and Mental health battery were administered on a total of 240 school going adolescents to determine the level of abuse/maltreatment and mental health of students. Data analysis was done using univariate analysis technique. ANOVA results revealed the negative impact of child maltreatment on adolescents' mental health. More specifically, high maltreated children showed poor mental health status as compared with low/ non maltreated counterparts. However, the effects of type of school and age were found partially significant. Results of the study indicate the risk of psychological health problems in adolescents caused by child maltreatment in schools. Findings are discussed.

Keywords: Age, Child Maltreatment, Mental health, Type of Schools

Child maltreatment (abuse) as a socio- psychological problem is witnessed at epidemic level around the world. The problems caused by child maltreatment are indeed complex and have negative effects on mental health of children and adolescents. In 1960s, this problem inflamed academicians and practitioners following a seminal paper on, 'Battered child syndrome' (Henry, Kempe et. al.,1962). to investigating issues related to child abuse/maltreatment. U.S. Government called it a national emergency and conducted National Incidence Studies (NIS) and identified a large number of abused cases. Then, Child abuse prevention and treatment act was passed in 1974 and nature of abuses was conceptualized. Later on, World Health Organization (1999) defined, "**Child maltreatment is the all forms of physical and/or emotional ill-treatment, sexual-abuse, neglect or negligent treatment or 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**". Moreover, on the basis of sound review of existing studies, Sedlak and Broadhurst (1996) classified child abuse (maltreatment) in four major

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Does Child Maltreatment Obstruct Mental Health of Adolescents?

categories i.e. physical, sexual, emotional/ psychological abuse and child neglect. Often, these forms of abuses occur in different combinations and also vary from culture to culture. They reviewed National Incidence Studies (NIS-1, 2& 3) conducted in U.S., and reported maximum cases of child neglect (70%), whereas, the cases of physical, psychological and sexual abuses were identified 43% in total. Other research reports also indicated that this problem is present at high level in other countries including India (Pandey, 2007; 2021).

Although, a bulk of studies has been conducted focusing on the cases of maltreatment within the family but less emphasis is given to examine child maltreatment in schools and its impacts on students. Some children confront their first incidence of abuse by teachers in schools. Often, they do not report their experiences of abuses to teachers or other school professionals because they believe that nothing will be done about it. When they do report, they will disclose to peers or family members. Research reports multiple causes of child maltreatment and perpetrators are identified as parents, neighbours, relatives, school personnel, other students and sometimes unknown people (Pandey, 2021). According to a study report, out of the 872,000 child abuse victims, parents were the abusers in 78.5% of the cases; 6.5% were relatives; 4.1 % were teachers and the remaining were residential facility staff, legal guardians, and foster parents. More than half (50 %) of these abusers neglected their children, 10 % physically abused them, and 6% sexually abused them, and 15% committed more than one type of abuses (NCANDS's report, *Child Maltreatment 2004*). Researches investigating the incidence of child maltreatment in schools/institutional settings suggest that child maltreatment in these out-of-homes setting is less common than other forms of child maltreatment. Wage and Daro (1998) proved that only 3% of confirmed abuse cases occurred in day care centers, foster care, or other institutional care setting and this pattern remained consistent during the past 11 years. The characteristics of child maltreatment occurring in child care facilities differ in significant ways from abuse perpetrated in other circumstances (Finkelhor & Lewis; 1988; Kelley, et.al. 1993; Waterman et.al. 1993). In a comprehensive study, Pandey (2021) identified maximum cases of child neglect (36%) followed by psychological abuse (26%), physical abuse (25%), and sexual abuse (13%) in schools of U.P., India.

Studies investigating the psychological consequences of child maltreatment denote that child abused in child care setting exhibited sign and symptoms similar to children abused within their homes (Pandey, 2007). Another study (Waterman et al., 1993) found that children who reported experiencing sexual abuse in preschool, exhibited more social incompetence, cognitive problems, emotional difficulties, sexualized behavior, and behavior problems than a control group of children attending preschool. There is also evidence that abuse circumstances involving multiple perpetrators, multiple victims, pornography, and ritualistic elements are associated with more developmental and psychological problems for abused children (Finkelhor et al., 1988; Pandey, 2007;2021; Waterman et al., 1993). Other studies also report high incidence of maltreatments in different types of schools and adverse impact on students. Maltreated children exhibited poor cognitive functioning, low self-esteem and mental health problems than non/ low abused counterparts (Pandey, 2021; Pandey& Prasad, 2023).

Mental health is more holistic than mental illness and mental health incorporates both the positive and negative associations that contribute to the way we interact with life's challenges. On the other hand, mental illness occurs when there is a significant interruption of interpretation of life's challenges, and individuals begin to struggle interacting and coping with life's challenges (Adelman & Taylor, 2002). The assumption of what positive mental

Does Child Maltreatment Obstruct Mental Health of Adolescents?

health can be different depending on the values that a specific social group deems important. According to World Health Organization (1999), “**Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community**”. Studies have proved the adverse impacts of child maltreatment on physical and mental health of children and adolescents. Hussey et. al. (2006) found that all types of abuse and neglect were found linked with number of health risk in adolescents. Health problems resulting from shaken baby syndrome may include brain damage, spinal cord injuries, hearing loss, speech difficulties and even death. *Child abuse impacts young people’s mental health, emotional well-being and identity. Abusive experiences may cause mental disorders like: self-isolation, self-harm, fears, anxiety, insecurity, depression, and inability to concentrate in class. Moreover frustration, suicidal thoughts, low-self-confidence, low self-esteem, sleep disorder etc. have also been identified as impacts of severe maltreatments.* Studies show that children and adolescents who are maltreated showed depression, anxiety, suicide ideation, hyperactivity, conduct problems and numerous physical health problems (Carlyle, et al., 2007; Nansel, et al., 2004; Seals, et al., 2003; Williams, et al., 1996). Extensive research has explored a strong association between child maltreatment and post-traumatic stress disorder (Gilbert, 2009). A bulk of studies (Brown et.al. 1999; Gilbert et.al. 2009; Harkness et.al.;2008; Pandey, 2021) have evidenced that depression, stress and anxiety have been highly linked with child maltreatment. In another study, Pandey and Prasad (2023) examined the influence of school bullying/abuses on mental health. Researchers reported that abusive experiences exerted adverse impacts on mental health of students.

Objective

A close perusal of review of pertinent studies revealed that mental health has been found negatively associated with abusive behavior. However, the impact of child maltreatment on positive mental health of students is less investigated issue. Keeping this view in the mind, the study was planned to investigate the impact of Type of School, Age, and Child Maltreatment on Mental health of school going adolescents.

Hypotheses

On the basis of above objective following hypotheses were formulated.

Prior research denotes that types of school exert role in mental health of children and adolescents (Gilbert, 2009; Pandey, 2021;). Therefore, it was hypothesized that government and private school students would differ on level of positive mental health.

Earlier studies showed a close relationship between age and health. Adolescents were found more vulnerable to mental illness in contrast to children (Olfson, et al., 2015). Here, it was hypothesized that Neo-adolescents would display poor mental health as compared with Adolescent students.

Previous researchers have proved adverse impacts of child maltreatment on children s’ health (Gilbert et.al. 2009; Harkness et.al.;2008; Lereya et al., 2015; Pandey, 2021). Therefore, it was assumed that child maltreatment would exert detrimental impact on mental health of students. More specifically, abused students would exhibit poor mental health as compared to their low/non - abused counterparts.

METHODOLOGY

Participants

A total of 240 students, age ranged 11 to 18 yrs. (Mean age= 14.31 yrs.), class- 6 to 12th standard, enrolled in different schools of Gorakhpur city, participated in the present study. Stratified random sampling technique was exercised for sample selection. The study is based on a 2x2x2 factorial design with two types of schools (Government & Private) X two age groups (Neo-adolescents and Adolescents) X two levels of maltreatment (high & low). Based on responses by students on Child Abuse Checklist in Schools, Median score (mdn=117) was calculated and on the basis of median score, high and low abused groups were made.

Measures

Following measures were used in the present study:

Personal Data Sheet (PDS): To determine the socio-demographic characteristics of students, personal data sheet was used.

Child Abuse in School Checklist (CASC) - To ascertain the extent and forms of abuse/ maltreatment with students, 'The Child Abuse in School Checklist' (S. Pandey, 2017) was used. The checklist includes four sub sections i.e., Physical abuse (18 items), Psychological abuse (20 items), Sexual abuse (13 items) and Child Neglect (total= 28 items; physical neglect -08; emotional neglect- 08 and educational neglect- 12).

The CASC has five-point scale ranging from Always (5), Very often (4), Sometimes (3), Rarely (2), to Never (1). For NOT Applicable, zero (0) score is provided. The Test-retest reliability of the checklist was found high ($r=.83$). The reliability alpha was also calculated which was found to be high and significant ($r=.89$). This checklist has been extensively used in many studies.

Scoring: Obtained responses on each item were scored following 5,4,3,2, and 1 scores. Scores could range from 79 to 395. Total summated scores in each area denote the magnitude of abuse and neglect in specific area and on the basis of grand total abuse as a whole was determined.

Mental health Battery. This battery includes 6 categories of Mental health related to Emotional Stability, Adjustment, Autonomy, Security-Insecurity, Self-Concept, and Intelligence. There is no fixed time limit for the first five parts. However, generally normal examinee/ participant having average mental health takes about 25 minutes giving complete answers. Part VI is a speed test. The total allotted time for this part is 10 minutes.

Scoring-The answers of those items (in each of the parts I - VI) which tally with the answers given in the scoring key would be given a score of +1, however, if they don't tally; they will be given a score of zero. Total summated scores on each domains indicates the extent of mental health in specific area and on the basis of grand total overall mental health was determined.

Procedure

At the outset, various schools situated in Gorakhpur area were approached and approval was taken from the school authority to conduct the study. Afterwards, students were contacted in the class rooms and briefed about purpose of the study. After establishing proper rapport, participants were given a booklet containing Personal Data Sheet (PDS), Child abuse in School Checklist (S.Pandey, 2017) and Mental Health Battery (MHB) and they were

Does Child Maltreatment Obstruct Mental Health of Adolescents?

requested to respond on each measures one by one carefully. As they completed responses on various measures, data were collected and participants were thanked for cooperation.

Analysis Plan: Data obtained from students were scored according to prescribed rules given in manuals. Scores were subjected to descriptive and univariate analysis by using SPSS, 21st version.

RESULTS

Firstly, the level and forms of child abuse (maltreatment) were determined on the basis of scores obtained on child abuse in school checklist. Further, Mental health scores were categorized as per six sub scales i.e., Emotional stability, Overall Adjustment, Autonomy, Security-Insecurity, Self-Concept, and Intelligence. Moreover, overall mental health was determined on the basis of grand total. scores. To determine the effect of type of school, age and level of child maltreatment on mental health (overall and area wise) of students, descriptive and ANOVA analyses were done. Results are displayed in tables and graphs in the following section.

Mental health (as a whole)

To examine the impact of type of school, age and child abuse/ maltreatment on overall mental health of students, Mean, S.D. and ANOVA were calculated. Results are presented in Table-1 and Fig. 1, & 2. Results revealed that Mean scores of mental health differed across type of schools, age and child abuse.

Table 1: Mean, SD and Significant F-values of Mental Health as a function of Type of School, Age and Level of Child Abuse.

Age ↓		Government School		Private School		F-value A=Type of School, B=Age C=Child Abuse
		High Abused (N=30)	Low Abused (N=30)	High Abused (N=30)	Low Abused (N=30)	
Neo-Adolescents	Mean	45.16	83.13	45.40	79.43	A=7.52** C=1235.82**
	S.D.	6.49	9.05	7.73	9.98	
Adolescents	Mean	47.00	83.86	44.93	78.30	
	S.D.	6.35	8.48	6.45	7.30	

N= 240, **= P<.01

Furthermore, to determine the significant influence of type of school, age and child abuse, ANOVA analysis was done. Results are presented in Table-1.

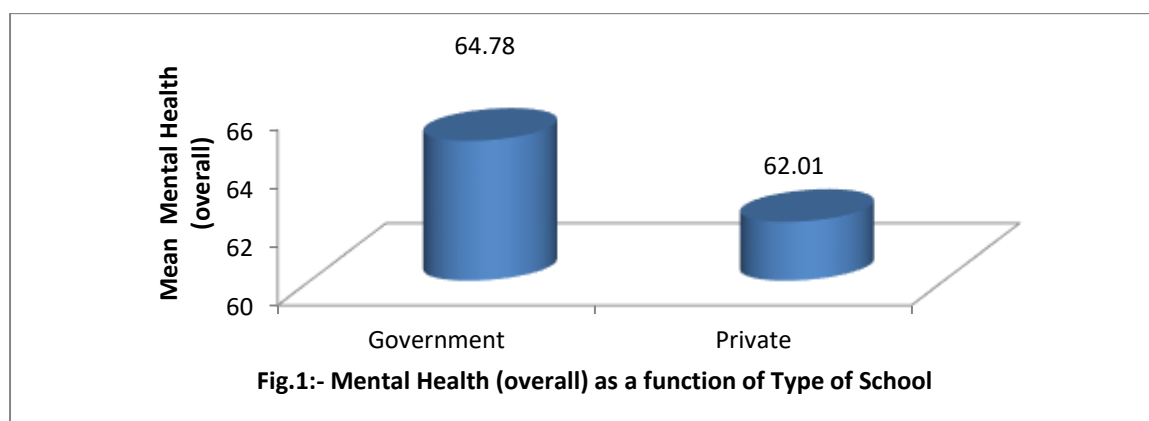
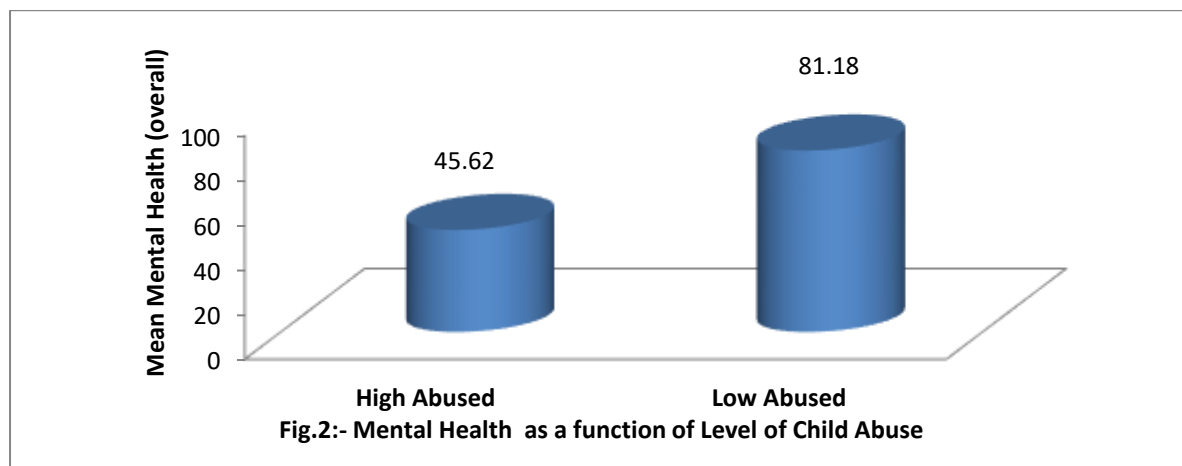


Fig.1:- Mental Health (overall) as a function of Type of School

Does Child Maltreatment Obstruct Mental Health of Adolescents?

ANOVA results indicate that main effect of type of school on mental health was found significant [$F(1,232) = 7.52, P < 0.01$]. As Figure-1 suggests that government school students exhibited better mental health ($M = 64.78$) as compared with private school counterparts ($M = 62.01$).



Likewise, the main effect of level of child abuse on mental health was found significant [$F(1,232) = 1235.82, P < 0.01$] which indicates that high abused students showed poor mental health ($M = 81.18$) than low abused participants ($M = 45.62$), (Fig-2).

Mental health (Dimension-wise)

Further, Mental health scores related to Emotional stability, Overall Adjustment, Autonomy, Security-Insecurity, Self-concept and Intelligence were analyzed as a function of type of school, age and child abuse. Results related to each domain are displayed in tables and figures and reported in subsequent section.

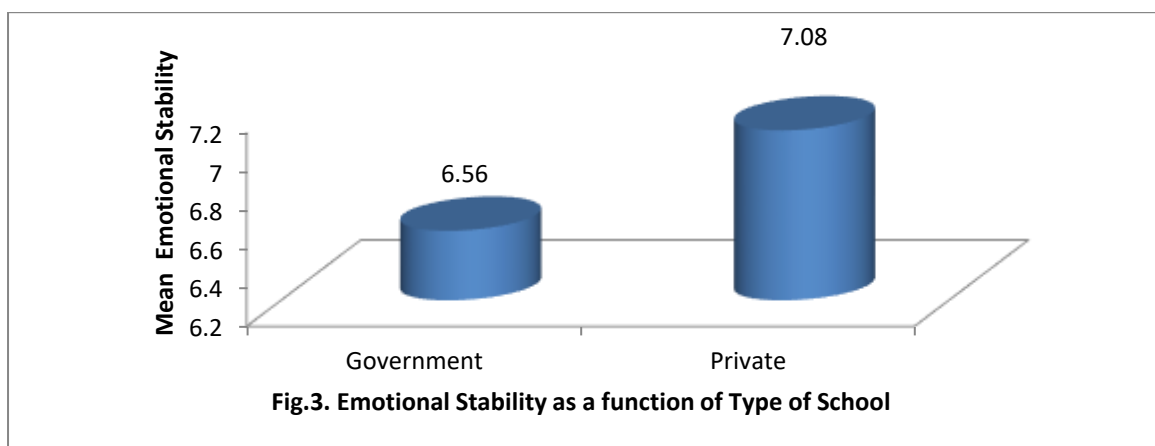
1- Emotional Stability: Results (table -2) show that Mean scores of emotional stability differed across type of schools, age and child abuse.

Table 2: Mean, SD and Significant F-values of Emotional Stability by Type of School, Age and Level of Child Abuse

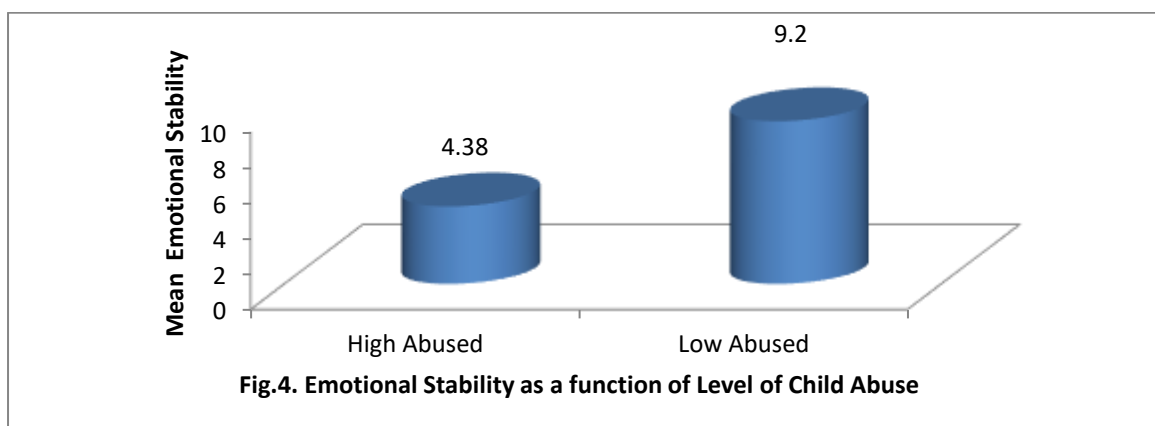
Age ↓		Government School		Private School		F-Value
		High Abused	Low Abused	High Abused	Low Abuse	
Neo-Adolescents	Mean	4.13	9.20	4.56	10.10	A= Type of School B= Age C=Child Abuse A= 5.232* C= 467.35**
	S.D.	1.79	1.84	1.94	1.53	
Adolescents	Mean	4.53	8.40	4.30	9.36	
	S.D.	1.38	1.40	1.64	2.26	

$N = 240, ** = P < .01, * = P < .05$

Does Child Maltreatment Obstruct Mental Health of Adolescents?



ANOVA results (Table-2) denote that main effect of type of school was found significant [$F(1,232) = 5.23, P < .05$] on emotional stability and respective Mean scores (Fig-3) indicate that private school students showed higher emotional stability ($M=7.08$) as compared to government schools' counterparts ($M= 6.56$).



Likewise, the effect of child abuse on emotional stability was found highly significant [$F(1,232) = 467.35, P < 0.01$]. As Figure-4 reflects, high abused students showed very poor emotional stability ($M=4.38$) as compared to low abused students ($M=9.2$).

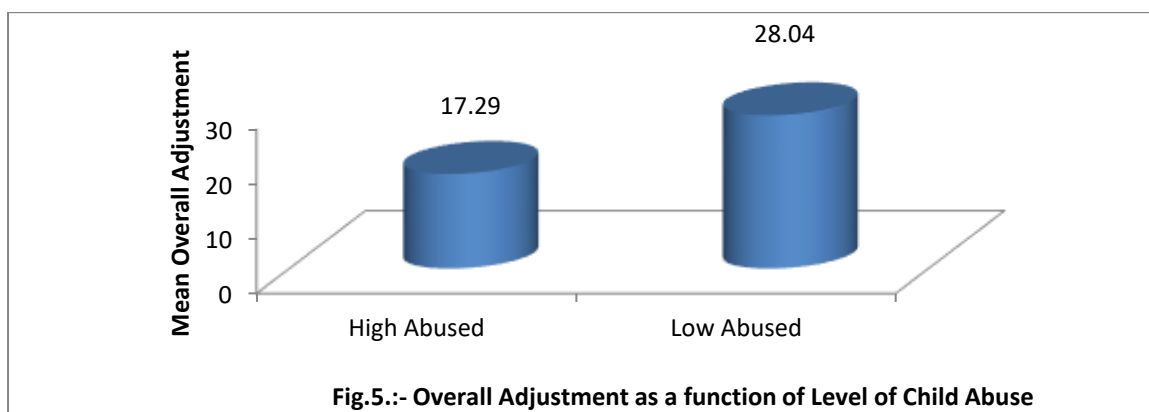
Overall Adjustment: Obtained results (Table -3) exhibited that overall adjustment of adolescents varied across type of school, age and child abuse. Moreover, ANOVA results proved that overall adjustment of adolescents was significantly influenced by level of abuse.

Table 3: - Mean, S.D. and Significant F values of Overall Adjustment by Type of School, Age and Level of Child Abuse

Age ↓	Government School		Private School		F-Value	
	High Abuse (N=30)	Low Abuse (N=30)	High Abuse (N=30)	Low Abuse (N=30)		
Early Adolescents	Mean	17.50	28.26	17.40	29.33	A=Type of School B=Age C=Abuse C=440.93**
	S.D.	5.15	3.21	4.88	2.79	
Late Adolescents	Mean	17.83	27.06	16.46	27.53	
	S.D.	3.56	3.54	4.27	3.70	

$N=240, **= P < .01$

Does Child Maltreatment Obstruct Mental Health of Adolescents?



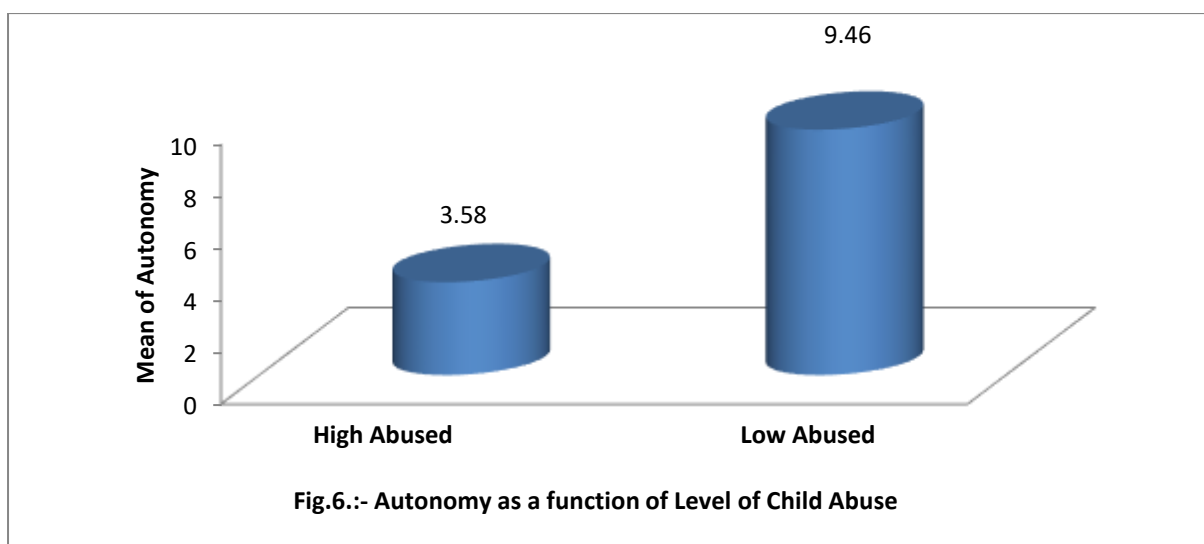
The main effect of level of Child Abuse on overall adjustment was found significant ($F(1,232) = 440.93, P < 0.01$). It is clear from Figure-5, highly abused students exhibited very poor level of adjustment ($M=17.29$) as compared to low abused students ($M= 28.04$).

Autonomy: Results (Table -4) suggest that autonomy of adolescents varied as a function of type of school, age and gender. Moreover, ANOVA results proved that autonomy was significantly influenced by level of abuse (Table-4).

Table 4: - Mean, SD and Significant F values of Autonomy by Type of School, Age and Level of Child Abuse

Age ↓		Government School		Private School		F-value
		High Abuse (N=30)	Low Abuse (N=30)	High Abuse (N=30)	Low Abuse (N=30)	
Neo Adolescents	Mean	3.26	9.30	3.70	8.96	C= 460.22**
	S.D.	1.68	2.56	2.33	2.64	
Adolescents	Mean	3.66	9.93	3.70	9.66	
	S.D.	1.66	2.53	1.48	1.68	

$N=240, **=P < .01$



ANOVA results (Table-4) denoted that the main effect of level of child abuse was found significant [$F(1,232) = 460.22, P < 0.01$] on autonomy. As Figure-6 suggests that high

Does Child Maltreatment Obstruct Mental Health of Adolescents?

abused students showed very poor level of autonomy ($M= 3.58$) as compared to low abused counterparts ($M= 9.46$).

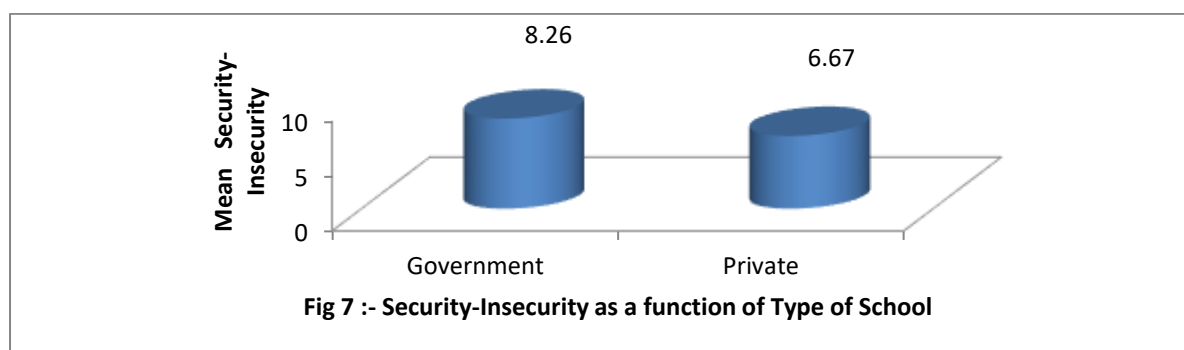
Security- Insecurity: Further, results (Table -5) showed that on the security-insecurity domain, Mean scores varied as a function of type of school, age and gender.

Table 5: -Mean, S.D and Significant F values of Security-Insecurity scores by Type of School, Age and Level of Child Abuse

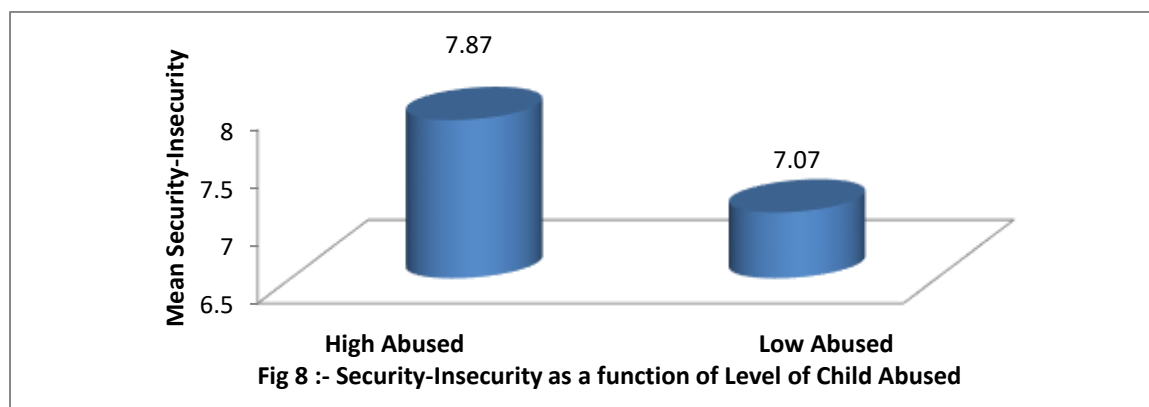
Age ↓		Government School		Private School		F-value A=Type of Bullying B=Age C= Abused
		High Abused (N=30)	Low Abused (N=30)	High Abused (N=30)	Low Abused (N=30)	
Early Adolescents	Mean	7.90	8.96	7.76	4.86	A=16.40** C=4.18* AXC=38.72** BXC=.089**
	S.D.	3.82	3.54	3.11	2.19	
Late Adolescents	Mean	7.26	8.93	8.56	5.53	
	S.D.	3.41	2.62	2.69	2.40	

$N = 240$, **= $P < .01$, *= $P < .05$

ANOVA results proved that security was significantly influenced by type of school and level of abuse. Interaction effects were also found significant (Table-5).

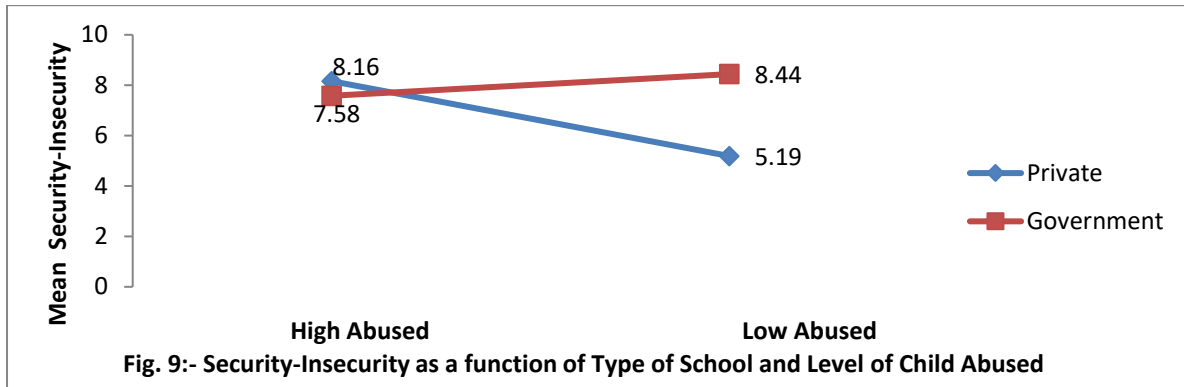


The main effect of type of school on security-insecurity was found significant [$F= (1,232) = 16.40$, $P < 0.01$]. As (Fig-7) denotes that government school students scored higher on security-insecurity domain ($M= 8.26$) than private school students ($M= 6.67$).



Similarly, significant main effect of level of Child Abuse on security-insecurity was found significant [$F = (1,232) = 4.18$, $P < 0.05$]. As Fig.8 indicates that high abused students showed more insecurity ($M= 7.87$) as compared to low abused (7.07) counterparts.

Does Child Maltreatment Obstruct Mental Health of Adolescents?



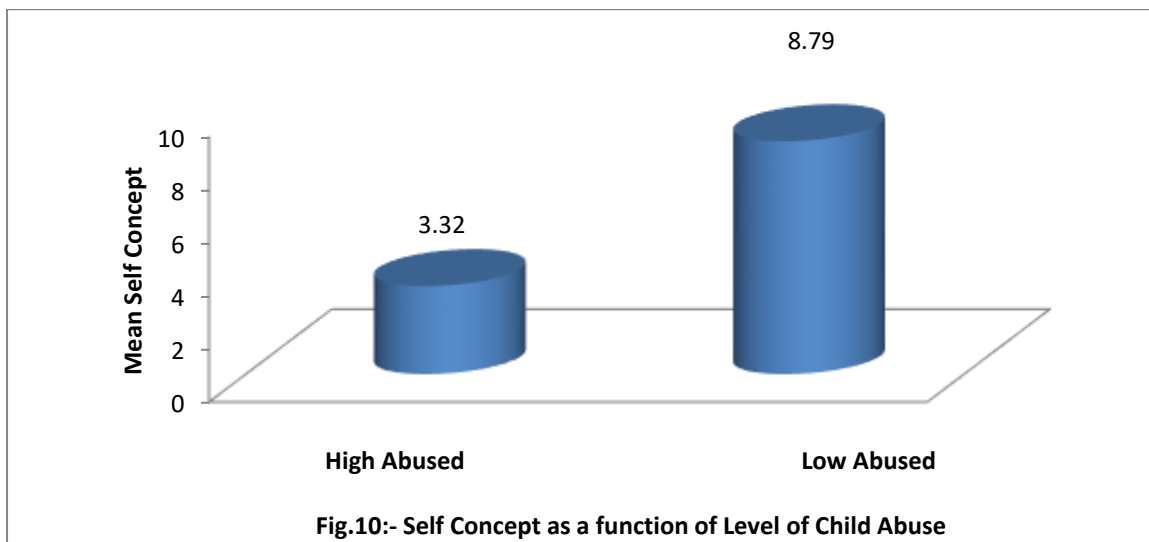
The type of school x level of child abuse interaction effect was also found significant [$F(1,232) = 38.72, P < 0.01$]. Interaction graph (Fig.9) indicates that in case of high abused students, very little variation was found between government and private school students. Whereas, in case of low abused students, government school students scored higher on security-insecurity domain than private school students.

Self-Concept: Results presented in Table-6, indicate that on self-concept domain, Mean scores varied as a function of type of school, age and gender. ANOVA results reflect that students' self-concept was significantly influenced by child abuse.

Table 6: Mean, SD and Significant F Values of Self Concept by Type of School, Age and Level of Child Abuse

Age ↓		Government School		Private School		F=value A=Type of Bullying B=Age C= Child Abuse C=353.381**
		High Abused (N=30)	Low Abused (N=30)	High abused (N=30)	Low Abused (N=30)	
Early Adolescents	Mean	3.26	8.23	2.93	9.20	
	S.D.	1.85	2.72	1.99	2.13	
Late Adolescents	Mean	3.86	9.33	3.23	8.43	
	S. D.	1.90	3.08	2.06	1.95	

N = 240, ** = $P < .01$



Does Child Maltreatment Obstruct Mental Health of Adolescents?

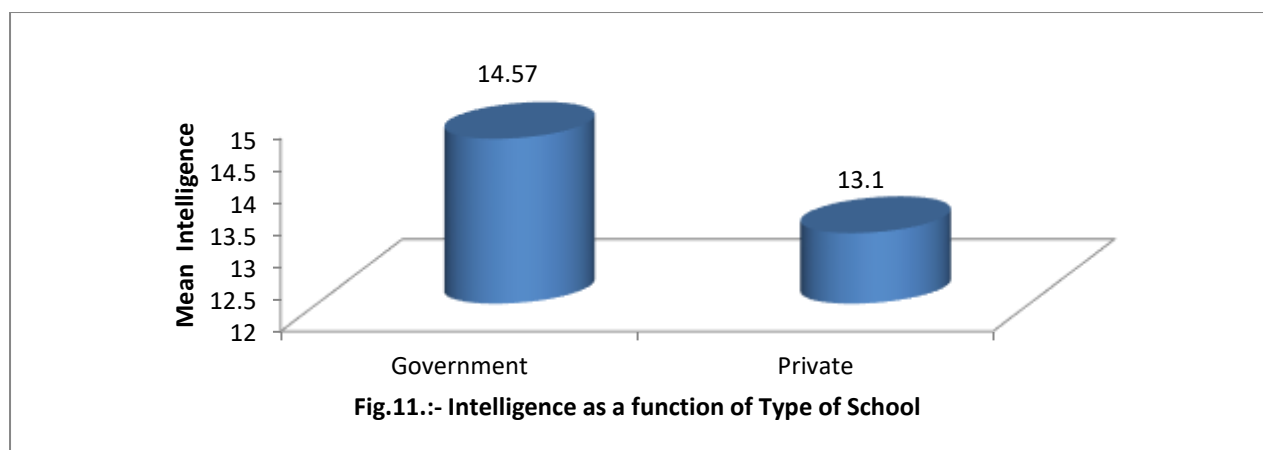
ANOVA results (Table-6) display that the main effect of level of child abuse was found significant [$F = (1,232) = 353.38, P < 0.01$]. Results (Fig-10), indicate that high abused students expressed very low self-concept ($M = 3.32$) as compared to low abused counterparts ($M = 8.79$).

Intelligence level: As result (Table-7) indicate that Mean score of intelligence varied as a function of type of school, age and gender. ANOVA results suggest that students' intelligence level was significantly influenced by type of school and level of child abuse.

Table 7: - Mean, SD and Significant F Values of Intelligence by Type of School, Age and Level of Child Abuse

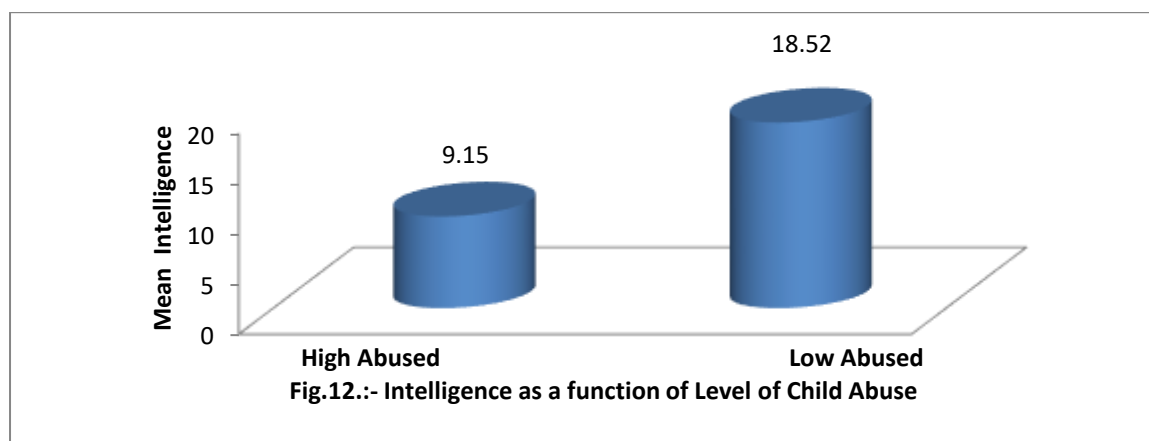
Age ↓		Government School		Private School		F-value
		High Abused (N=30)	Low Abused (N=30)	High Abused (N=30)	Low Abused (N=30)	
Early Adolescents	Mean	9.10	19.16	9.03	16.96	A=Type of Bullying B=Age C=Abused A=9.11** C=371.90**
	S.D	3.17	2.05	2.51	7.00	
Late Adolescents	Mean	9.83	20.20	8.66	17.76	
	S.D	4.44	2.65	2.66	3.08	

N = 240, **=P<.01



The main effect of type of school on intelligence was found significant [$F = (1,232) = 9.11, P < 0.01$]. Results (Table-7) denote that government school students displayed better Intelligence level ($M = 14.57$) than private school counterparts ($M = 13.1$), (Fig.11).

Does Child Maltreatment Obstruct Mental Health of Adolescents?



Likewise, significant main effect of level of Child Abuse on intelligence [$F= (1,232) = 371.90, P<0.01$] indicates that high abused students were found less intelligent ($M=9.15$) than low abused ($M= 18.52$) student, (Fig-12).

An overview of ANOVA results suggested the adverse impact of child abuse (maltreatment) on mental health (overall) and its various domains. The role of gender in mental health was found low and nonsignificant. Whereas the influence of type of school on mental health was found partially significant.

DISCUSSION

The study intended to examine the influence of type of school, age and child maltreatment on positive mental health of students. Findings have clearly indicated the high prevalence of child maltreatment in schools and its adverse impact on mental health of students. More specifically, high abused students exhibited poor emotional stability, low adjustment and autonomy, insecurity, low self-concept, and low intelligence level as compared with non/low abused students. The role of age in mental health was found low and non-significant. Whereas, the type of school on mental health was found partially significant. Specifically, overall mental health and intelligence level were found better in government school students. Despite this, emotional stability and security were found higher in private school students. Present findings have ample empirical supports.

A number of studies have proved the major finding of the present research that child maltreatment caused detrimental impact on mental health of school going adolescents (Nansel et.al.; 2004; 1996; Pandey, 2021; 2007; Pandey& Prasad, 2023). Other studies have also proved the negative impacts of different types of child maltreatment on physical and mental health of children and adolescents (Carlyle, et al., 2007; Seals, et al., 2003; Williams, et al., 1996). In a study, Hussey et. al. (2006) found that all types of abuse and neglect were found closely associated with 8 of 10 major adolescent health risk. *Child abuse impacts young people's mental health, emotional well-being and identity. Abusive experiences may cause mental disorders like: self-isolation, self-harm, fears, anxiety, insecurity, depression, and inability to concentrate in class. Moreover frustration, suicidal thoughts, low-self-confidence, low self-esteem, sleep disorder etc. have also been identified as consequences of severe maltreatments* Adolescents who are maltreated have been found to exhibit mental health problems, such as depression, anxiety, suicide ideation, hyperactivity and conduct problems (Carlyle, et al., 2007; Nansel, et al., 2004;) Extensive research has explored a strong association between child maltreatment and post-traumatic stress disorder (Gilbert, 2009). A bulk of studies (Brown et.al. 1999; Gilbert et.al. 2009; Harkness et.al.;2008;

Does Child Maltreatment Obstruct Mental Health of Adolescents?

Pandey, 2021) have evidenced that depression, stress and anxiety have been highly linked with child maltreatment. Moreover, in a recent study, Pandey and Prasad (2022) showed a close positive link between school bullying and mental health problems like depression, stress and anxiety in Indian context.

Moreover, the influence of age on mental health of students was also investigated in the present study. ANOVA results have proved little effect of age on mental health. However, Interaction results indicated that Neo adolescents who were abused displayed poor mental health as compared to adolescents at some extent. In fact, abusive experiences in neo-adolescence may be more intense and different than those in adolescence period, because the quality and relevance of teacher/peer -student relationship may differ between neo adolescents and adolescents (Pandey, et.al.;2022; Pandey & Prasad; 2023). Other studies have shown a positive association between abusive experiences and mental health problems in preadolescents (Lohre, et.al.;2011). Moreover, many studies have explored high risk of a mental health problems including suicidal ideation in abused/bullied pre-adolescents (Geoffroy, et.al.;2015; Hepburn, et.a.l., 2011; Arango, et. al.;2016; Klomek, et. al.;2016).

Another important finding of the present study is that mental health of students varied across the type of school. Pandey (2017) found that incidence of child abuse was identified more or less in all types of schools in same or other forms. Physical abuse was reported higher in government schools whereas, psychological abuse was found more in urban schools. As a result, intensive abusive experiences caused negative impact on physical and mental health of abused students. Researchers have explored the variations in government and private schools' climate, and culture (Pandey & Rai, 2014; Pandey, 2021). Studies indicate that school environment, classroom interactions, school activities and students' participation are major contributing factors to emotional, social and intellectual development of students. Contrary to this, school with weak adult authority, a climate of low expectations, absence of caring relationships between teachers and students has higher absence level and dropout rates. Juvonen and Graham, (2014) found that that abused/ bullied adolescents often have felt depressed, anxious and alienated. This finding is closely supported by other studies (Pandey, 2021; Pandey and Prasad, 2023).

Present results can be theoretically supported by the reciprocal nature of the Teacher – Student relationship. The Interaction theories of maltreatment (Milner, 1993), suggests that difficult child behaviours interact with behavioural problems and deficits of adults (parents/ teachers) i.e. poor skills or anger control problems. Poor bond in family continues and shifts outside the family in the abusive pattern of student- teacher relationship. The cultural explanations of present results can also be made. The cultural explanation of child maltreatment approach suggests that violence is an accepted and encouraged form of cultural explanation in our society in the form of illegitimate discipline, and causes negative impact on health and entire development of children and adolescents.

CONCLUSION

Present study examined the impact of child maltreatment, type of schools and age on mental health of students. The study has proved the adverse effect of child maltreatment on mental health of students. Specifically, highly maltreated students exhibited low emotional stability, poor adjustment and autonomy than low abused counterparts. Moreover, insecurity, low levels of self-concept and intelligence as well as overall mental health problems were found fairly high in abused students. The effect of type of school on mental health was found partially significant. Findings have ample empirical and theoretical validations.

Does Child Maltreatment Obstruct Mental Health of Adolescents?

Present results are supported by the Interaction theories and cultural perspective of child maltreatment. Apart from this, the study has established a framework which is found to be associated with the existing literature in the pertinent area. On the basis of present findings, some methodological and practical recommendations can be made to scholars and professionals working in the area of child maltreatment and school psychology. Based on results of the study it is recommended to aware parents, teachers, school personnel and administrators about the salient causes of maltreatment in schools and its consequences on mental health. School based preventive measures can be implemented to control incidence of maltreatment in schools and its impacts on mental health and overall development of students.

There are some limitations of the study Firstly, to make generalization of findings, the study needs larger sample to examine the mental health of students in general and maltreated children in particular. Secondly, researcher should use mixed research method to get more insight about the findings.

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Conflict of Interest

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