

Child Maltreatment and Difficulties in Emotional Regulation among Female Students of Government and Private Higher Secondary Schools of Jammu District: A Comparative Study

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ABSTRACT

This study examined the child maltreatment and difficulties in emotional regulation of government school female students and private school female student. A sample consisted of 60 students i.e. 30 from govt. female students and 30 from private female students were selected through simple random sampling. Results have shown significant difference on child maltreatment and difficulties in emotional regulation between govt. female students and private female students. No other significant difference was found. Keeping these figures in mind, we need to focus on those factors which help to recover and awareness to the extent of this problem among female students, inspite of exposure to chronic adversity.

Key Words: Child maltreatment, Emotional dysregulation , Female school students.

INTRODUCTION

One of the major worldwide health issues among female students is child maltreatment. It is not only having immediate affects but also long term consequences and it cost extremely burden on society for prevention, treatment, develop policies and programs. The age of Adolescence is a distinct developmental stage, separable from both childhood and adulthood which prompts specific challenges and opportunities among the adolescents. Although adolescence can be a time of health and well-being, but special vulnerabilities associated with self-discovery and emerging independence pose significant threat to adolescents' health (Irwin, Burg, & Cart, 2002). Studies indicate that child maltreatment is significantly associated with greater adolescent emotional dysregulation, while a higher level of perceived family functioning was significantly associated with lower emotional dysregulation and child maltreatment.

Child Maltreatment

Child maltreatment is a major public health epidemic. Nearly one million children become documented victims of abuse or neglect annually, and countless more go unnoticed. Rates of maltreatment vary across studies and subtypes with varying prevalence estimates for neglect (11.8% to 13.7%), physical abuse (15.8% to 28.4%), and sexual abuse (3.3% to 32.3%), but there are no estimates for emotional abuse due to ongoing debate about its operational definition. More than half of all maltreated youth experience more than one type of abuse, with the highest rates of comorbidity in cases involving emotional abuse. One in 3 maltreated children is under the age of 4 years, with the highest victimization risk for children who are less than 1 year of age. Over the past 40 years, a corpus of empirical literature has documented the deleterious

impact of child maltreatment on cognitive, affective, physiological, emotional, and interpersonal functioning across the life span. Childhood exposure to interpersonal traumatic stressors is extremely common and has been described as a silent epidemic (Kaffman, 2009). Thus child maltreatment is a significant public health problem associated with emotional dysregulation among female students of Jammu district.

Emotional Dysregulation

Emotional dysregulation, has been defined as difficulties in controlling the influence of emotional arousal on the organization and quality of thoughts, actions, and interactions. Individuals who are emotionally dysregulated exhibit patterns of responding in which there is a mismatch between their goals, responses, and/or modes of expression.

Child Abuse and Emotional Dysregulation

Previous studies have reported that child maltreatment was associated with emotional dysregulation. A peak prevalence of emotion dysregulation occurred in a mid adolescence. Over the past 40 years, a corpus of empirical literature has documented the deleterious impact of child maltreatment on cognitive, affective, physiological, emotional, and interpersonal functioning across the life span. Researches have identified the high association between child maltreatment and emotional dysregulation in adolescence (Adrian et.al., April 2011, Ministry of Women and Child Development., Government of India 2007). The study examined associations between child sexual abuse (CSA), adult sexual victimization, and emotion regulation difficulties in a sample of 168 incarcerated women. Approximately 50 % of the sample reported CSA, 54% reported adult sexual victimization, and 38% reported sexual revictimization (i.e., CSA and adult victimization). Revictimized women reported significantly greater difficulties with several facets of emotion regulation when compared to singly victimized and non-victimized women. Interestingly, singly victimized women did not demonstrate greater emotion regulation deficits when compared to non-victims. Findings suggest that the negative impact of victimization experiences on adult emotion regulation abilities may be cumulative. Further, they highlight the potential importance of assessing and targeting emotion regulation difficulties among child maltreatment and adult sexual victimization survivors.(Kate, Scalora et.al July 2011).

Thus childhood maltreatment is a strong predictor of emotional dysregulation (Yael Dvir et al., 2014., Mandavia, Amar, Gabriella G. N. Robinson, Bekh Bradley, Kerry J. Ressler, and Abigail Powers. 2016.) A number of Studies revealed that the results of previous studies are equivocal. Therefore, further research needs to be conducted.

OBJECTIVES

Assessment of the significant difference in child maltreatment of government and private higher secondary school female students.

Assessment of the significant difference in emotional dysregulation of government and private higher secondary school female students.

HYPOTHESES

There will be no significant difference in child maltreatment of government and private higher secondary school female students.

1. There will be no significant difference in emotional dysregulation of government and private higher secondary school female students.

Methodology

Sample

A sample of 60 students i.e. 30 from govt. female students and 30 from private female students higher secondary female .All the subjects were in the age range of 14 to 15 years.

II.2 Description of Tools The brief description of the scales used for the assessment of child abuse and suicidal ideation is given below:

II.2.(i) Child Trauma Questionnaire [CTQ] by David P. Berstein and Laura Fink (1998). This scale is consists of 28 items in five dimensions -1) emotional abuse 2) physical abuse 3) sexual abuse 4) emotional neglect 5) physical neglect. Each dimension contains five items, three items measure denial score. Reliability coefficients ranged from satisfactory to excellent, with highest for the sexual abuse scale (median=0.92) and the lowest for the physical correlation between 1st and 2nd testing were high emotional Abuse $r = 0.80$, physical Abuse $r = 0.80$, sexual Abuse $r = 0.81$, emotional Neglect $r = 0.81$, physical Neglect $r = 0.79$ Overall $r = 0.86$. Concurrent validity. All types of maltreatment assessed by the CTQ were significant associated with psychological disturbance on all four symptom measures, results supporting the concurrent validity of the CTQ.

II.2.(ii) Difficulty in emotion regulation scale [DERS] by Gratz and Romer(2004). This scale is consisted of 36 items . This test assesses clinically relevant difficulties in the emotion response (with a particular emphasis on negative emotion). The test–retest reliability over a period of 4 to 8 weeks in a sample was found 0.88. The construct and predictive validity of DERS scores population has also been found.

III. Results and Discussion

Table 1: Following Table Shows T-Test Analysis For Government And Private Female Higher Secondary School Students

Variable	Sample	Mean	SD	t-ratio	df	Sig. (2-tailed)
Child Maltreatment	Private (30)	56.67	8.992	1.796	58	.078
	Government (30)	61.40	11.291			

There is no significant difference between government and private female higher secondary school students came out to be .078. This shows that both the groups do not differ significantly from each other. Thus hypothesis is accepted. Mean value shows that government schools have higher abuse than private institutions.

Table 2: Following Table Shows Factor Wise T-Test Analysis For Government And Private Female Higher Secondary School Students.

Variable	Sample	Mean	SD	t-ratio	df	Sig. (2-tailed)
Emotional Abuse	Private (30)	11.83	2.866	.427	58	.671
	Government (30)	11.50	3.170			
Physical Abuse	Private (30)	7.33	3.772	.178	58	.860
	Government (30)	7.50	3.491			

Sexual Abuse	Private (30)	5.93	2.016	1.176	58	.244
	Government (30)	6.80	3.498			
Emotional Neglect	Private (30)	12.57	4.747	.755	58	.454
	Government (30)	13.50	4.833			
Physical Neglect	Private (30)	19.00	3.686	3.311	58	.002*
	Government (30)	22.10	3.566			

** Significant at $P < 0.01$ level, * Significant at $P < 0.05$ level

There is significant difference between government and private female students on physical neglect. Mean score of government girls have higher physical neglect than private. Ministry of Women and Child Development, Government of India (2007) revealed that every second child reported facing physical neglect, emotional abuse, equal percentage of both girls and boys reported facing emotional abuse, in 83% of the cases parents were the abusers and 48.4% of girls wished they were boys.

Table 3: Following Table Shows T-Test Analysis For Government And Private Female Higher Secondary School Students

Variable	Sample	Mean	SD	t-ratio	df	Sig. (2-tailed)
Emotional Dysregulation	Private (30)	98.6667	10.92714	.970	58	.336
	Government (30)	101.5667	12.19294			

There is no significant difference between government and private female higher secondary school students came out to be .336. This shows that both the groups do not differ significantly from each other. Thus hypothesis is accepted. Mean value shows that government schools have higher emotional dysregulation than private institutions. Some protective factors working in case of private girls like internal strength manifested by religious beliefs and practices. Some attention has focused on links between participation in religious and/or spiritual activities and physical and mental health (Ko' enig 1997).

Recommendations:

More needs to be understood about how exposure to individual episodes of trauma, repeated exposure to abuse, and multiple types of exposure affect children providing many avenues for research and policy development.

More research is also needed that follows children into adulthood to assess the effects of abuse on their long-term health, emotional dysregulation and well-being.

To understand the implications of witnessing abuse, particularly the short- and long-term consequences of these events. Existing researches, suggests that high levels of witnessing violence indeed place youth at risk

for the development of psychological, social, academic, and physical difficulties as well as engaging in violent acts themselves.

Documented effects of exposure to child abuse include PTSD, emotional dysregulation symptoms are present. They have low self esteem and low achievement motivation. These findings have further implications for future investigations of changes in the suicide trends among adolescents, particularly for recent information indicating that suicide is on the rise particular in adolescents.

Researchers, practitioners, and policy- makers need to collaborate to develop and expand effective screening and assessment tools that are developmentally appropriate for children across all age ranges and types of abuse.

Researchers, practitioners, and policy- makers need to collaborate to develop and channelize the energy of youth towards right direction.

Awareness to the extent of this problem should be pursued to a wide range of audiences.

Proper diagnosing, counselling and treatment effective management and prevention is necessary.

School administrators may perhaps add information services to the “student guidebook” instead of just placing rules and regulations.

More research is needed to better understand when and how social responsibility contributes to the development of psychopathology.

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