

## UNDERSTANDING EMOTION REGULATION AND CHILD ABUSE IN ADOLESCENCE

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**ABSTRACT:** The present study aims to assess the child abuse and emotion regulation among orphan and non-orphan school adolescents residing in Jammu city. A purposive sample of 200 school going adolescents (100 from orphan schools and 100 from non-orphan schools) from Jammu, with an age range of 13-16 years was collected. Consent from guardians and assent from adolescents were taken. In conclusion, study demonstrated that the emotion regulation of orphan and non – orphan adolescents fall in the **poor** spectrum as observed from the manual comparatively. The mean value of emotion regulation of non-orphan adolescent boys & girls is slightly better than emotion regulation of orphan boys and girls. Child abuse of orphan adolescents and non- orphan adolescents differ significantly from each other. Orphan boys are more abused than non-orphan boys and abuse of non- orphan girls is more abused than orphan girls. Orphan boys are more abused than orphan girls but the non-orphan girls are more abused than non- orphan boys.

**KEYWORDS:** Child Abuse, Emotion Regulation Difficulties, Orphan, Non-orphan.

### INTRODUCTION

Child abuse 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 abuse 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 abused children is under the age of 4 years, with the highest victimization risk for children who are less than 1 year of age. The direct and indirect costs of maltreatment, including chronic mental and physical health problems, total 56 billion dollars per annum in the United States alone. 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.

Thus, traumatic stress leads to 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.

## Factors of child abuse leading to difficulty in emotional regulation:

Physical abuse	Sexual abuse	Emotional abuse	Neglect	Exploitation
<b>Emotional Dysregulation Outcomes</b> <ul style="list-style-type: none"> <li>- Increased somatization</li> <li>- Increased paranoid inaction</li> <li>- Psychoticism</li> <li>- Impairment of mental health</li> <li>- Depression</li> <li>- Onset of mental disorders</li> <li>- Anxiety</li> <li>- Self blame</li> <li>- ADHD</li> <li>- Suicide Ideation</li> <li>- Self harm</li> <li>- Attempted suicide</li> </ul>	<b>Emotional Dysregulation Outcomes</b> <ul style="list-style-type: none"> <li>- Feeling sad or Hopeless</li> <li>- Depression</li> <li>- Passive coping</li> <li>- Impairment of mental Health</li> <li>- Intermittent explosive Disorder</li> <li>- PTSD</li> <li>- Mood disorder</li> <li>- Obsessive- compulsive</li> <li>- Loss of memory</li> <li>- Attention impairment</li> <li>- Shame</li> <li>- Dissociation</li> <li>- Psychoticism</li> <li>- Suicide ideation</li> <li>- Suicide attempt</li> </ul>	<b>Emotional Dysregulation Outcomes</b> <ul style="list-style-type: none"> <li>- Anxiety</li> <li>- Depression</li> <li>- Anger-hostility</li> <li>- Low self- esteem</li> <li>- Common mental disorder</li> <li>- Anger</li> <li>- Fear</li> <li>- Hopelessness</li> <li>- Suicidal ideation</li> <li>- Attempted suicide</li> <li>- Self harm</li> <li>- Runaway impulse</li> </ul>	<b>Emotional Dysregulation Outcomes</b> <ul style="list-style-type: none"> <li>- Onset of Mental disorders</li> <li>- Suicide ideation</li> <li>- Attempted suicide</li> </ul>	<b>Impacts on education</b> <ul style="list-style-type: none"> <li>- Non-school attendance</li> <li>- Dropping out of school</li> </ul> <b>Employment</b> <ul style="list-style-type: none"> <li>- Debt bondage</li> <li>- Unpaid wages</li> <li>- Long hours</li> </ul> <b>Mental health</b> <ul style="list-style-type: none"> <li>- PTSD</li> <li>- Depression</li> <li>- Low self-esteem</li> <li>- Stigma</li> </ul>
<b>Physical health outcomes</b> <ul style="list-style-type: none"> <li>- Eating disorders</li> <li>- Pain disorders</li> <li>- Irritable bowel Syndrome</li> <li>- Functional Dyspepsia</li> <li>- Stomach pain</li> <li>- Shortness of breath</li> <li>- Chest pain</li> <li>- Dizziness</li> </ul>	<b>Physical health outcomes</b> <ul style="list-style-type: none"> <li>- Genital-urinary symptoms</li> <li>- Shortness of breath</li> <li>- Chest pain</li> <li>- Dizziness</li> <li>- Had ever been drunk</li> <li>- Problem drinking</li> <li>- Vomit or take laxatives</li> <li>- Premarital sex</li> </ul>	<b>Physical health outcomes</b> <ul style="list-style-type: none"> <li>- Psychosomatic disorder.</li> </ul>	<b>Physical health outcome</b> <ul style="list-style-type: none"> <li>- Current alcohol use</li> <li>- Problem drinking</li> <li>- Multiple partners (&gt;3)</li> </ul>	<b>Physical health outcome</b> <ul style="list-style-type: none"> <li>- Have ever drank alcohol</li> <li>- Have ever smoked tobacco</li> <li>- STIs</li> <li>- HIV/AIDS</li> <li>- Unwanted pregnancy</li> <li>- Abortion</li> </ul>

Past literature provides immense proof for the poor mental health and emotional dysregulation emerged as a key predisposing factor to sexual risk behavior among orphans and non-orphans. Poverty was associated with lack of food, poor housing, school dropout, and engaging in income generating activities, all of which increase their vulnerability to child maltreatment (transactional sex, early marriage, sexual experimentation, and the eventual consequences of increased risk of unintended pregnancies and STI/HIV). Juma et.al (July, 2013)

Nizami (2012 Jan) revealed that tens of thousands of orphans are suffering from trauma and other stress related disease including depression, sleeplessness and nausea due to the ongoing conflict in Jammu and Kashmir. On the impact of the conflict on the young minds, the survey has found that about two fifth of all the orphans (39%) often complained of headache and 29% had fever occasionally, while 9% had muscle pain and few also felt nausea (4%) and crams (3%). The survey found that many orphans experienced various symptoms of trauma- primarily as a result of conflict and the physical and social environment that they were experiencing. Forty percent of all the orphans showed signs of nervousness 21 percent were very silent, around 20 percent had depression , 16 percent reportedly had mood swings, 21 percent were very impatient 12 percent complained of sleeplessness and irritability and 11 percent had withdrawal symptoms.“ on the whole around 5% of all the orphan has faced some kinds of physical abuse such as having guns pointed at them, being openly

threatened by militants or the army/ police being accused of providing support to the Fighting sides and being to capture parents or as human shields harassed because of that being illegally detained and interrogated being forced to live outside the house or in hiding ( includes in forest without any protection being physically assaulted and hurt, being used as bait to capture parents or as human shields)", the survey states.

In an alarming trend, most of the children living in orphanages in Kashmir suffer from psychiatric and emotional disorders including depression, a survey has revealed. 60 percent of children had severe loneliness, 25.7 percent had moderate loneliness while as 15 percent had little or no loneliness. (Masoodi, Srinagar, Dec 2011)

Complex trauma involves chronic or repeated, typically early-onset exposure to two or more of the following forms of trauma exposure: sexual, physical or emotional abuse, domestic violence, or neglect, as well as severe caregiver impairment and school/community violence (Kisiel et al., 2009). A national sample of over 2,200 children in child welfare found that over 70% met exposure criteria for complex trauma (Greeson et al., 2011).

The study was to examine a model of factors that place psychiatrically hospitalized girls at risk for non-suicidal self-injury (NSSI). The role of familial and peer interpersonal difficulties, as well as emotional dysregulation, were examined in relationship to NSSI behaviors. Participants were 99 adolescent girls (83.2% Caucasian; M age = 16.08) admitted to a psychiatric hospital. Structural equation modeling indicated the primacy of emotional dysregulation as an underlying process placing adolescents at risk for NSSI and mediating the influence of interpersonal problems through the family and peer domains. When family and peer relationships were characterized by conflict and lack of support for managing emotions, adolescents reported more dysregulated emotion processes. Family relational problems were directly and indirectly related to NSSI through emotional dysregulation. The indirect processes of peer relational problems, through emotional dysregulation, were significantly associated with NSSI frequency and severity. The findings suggest that the process by which interpersonal difficulties contribute to NSSI is complex, and is at least partially dependent on the nature of the interpersonal problems and emotion processes. **(Adrian et.al April 2011)**

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 abuse and adult sexual victimization survivors.(Kate, Scaloraet.al July 2011)

Nair, Ramohanan, Ramadevi, Nair, Ghosh, Leena [2009] studied parents in Kerala, 1668 mothers aged 18-49. This interview focused primarily on disciplinary practice 62% mother reported using severe verbal discipline and 50% of mothers reported using severe physical abuse. Results suggest a high prevalence of normative and abusive practices in community with mothers playing a prime role in disciplining the child.

Major findings of Ministry of Women and Child Development, Government of India 2007 :

It has very clearly emerged that across different kinds of abuse, it is young children, in the 5-12 year group, who are most at risk of abuse and exploitation.

### **Physical Abuse**

- i. Two out of every three children were physically abused.
- ii. Out of 69% children physically abused in 13 sample states, 54.68% were boys.
- iii. Over 50% children in all the 13 sample states were being subjected to one or the other form of physical abuse.
- iv. Out of those children physically abused in family situations, 88.6% were physically abused by parents.
- v. 65% of school going children reported facing corporal punishment i.e. two out of three children were victims of corporal punishment.
- vi. 62% of the corporal punishment was in government and municipal school.
- vii. The State of Andhra Pradesh, Assam, Bihar and Delhi have almost consistently reported higher rates of abuse in all forms as compared to other states.
- viii. Most children did not report the matter to anyone.
- ix. 50.2% children worked seven days a week.

### **Sexual Abuse**

- i. 53.22% children reported having faced one or more forms of sexual abuse.
- ii. Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls.
- iii. 3. 21.90% child respondents reported facing severe forms of sexual abuse and 50.76% other forms of sexual abuse.
- iv. Out of the child respondents, 5.69% reported being sexually assaulted.
- v. Children in Assam, Andhra Pradesh, Bihar and Delhi reported the highest incidence of sexual assault.
- vi. Children on street, children at work and children in institutional care reported the highest incidence of sexual assault.
- vii. 50% abuses are persons known to the child or in a position of trust and responsibility.
- viii. Most children did not report the matter to anyone.

#### **Emotional Abuse and Girl Child Neglect**

- i. Every second child reported facing emotional abuse.
- ii. Equal percentage of both girls and boys reported facing emotional abuse.
- iii. In 83% of the cases parents were the abusers.
- iv. 48.4% of girls wished they were boys.

A UNICEF study carried out in excombatants in Somalia found high psychiatric morbidity and evidence of psychological effects of prolonged conflicts situations in high proportion of sample of 10,000 children. There is near total disruption of mental health services in the country. [Srinivasa, Mutrthy and Lakshminarauana 2006].

Montgomery and Spand [2005] conducted study on asylum seekers in Denmark who were either did nor did not obtain permission to stay in Denmark. Shortly after arrival in Denmark the parents of 1311 middle children answered structure interview on their exposure to organized violence and their mental health. Half of children had tortured parents in both groups about 2/3 suffered from anxiety and about 30% from sleep problems and children whose families did not later on get residence permit more often appeared sad or miserable [43.8%versus 27.9%]

Milner et.al (2000) revealed that physical maltreatment risk in a community sample, selected preexisting schema (external locus-of-control orientation, inappropriate developmental expectations, low empathic perspective-taking ability, and low perceived attachment relationship to child) were expected to predict child abuse risk beyond contextual factors (parenting stress and anger expression). Based on 115 parents' self-report, results from this study support cognitive factors that predict abuse risk (with locus of control, perceived attachment, or empathy predicting different abuse risk measures, but not developmental expectations), although the broad contextual factors involving negative affectivity and stress were consistent predictors across abuse risk markers.

A study in Hong kong has also shown that beating is a widely used form of child discipline (samuda 1988) physical punishment such as spanking has been used as a form of child discipline by almost all parents. A study with aim to test whether alexithymia mediates the relationship between childhood maltreatment and self injurious beahviour [SIB] in college women. The sample was comprised of 100 female undergraduate students. Child Trauma Questionnaire[CTQ] and self injurious behaviour Questionnaire were used which assessed the lifetime frequency six methods of superficial self injury.Results support a link between a history of childhood maltreatment and SIB among college women and the hypothesis that alexithymia mediates this relationship.

#### **AIM**

To assess the child abuse and emotion regulation of orphan and non- orphan adolescents belonging to Jammu city.

#### **OBJECTIVES OF THE STUDY**

- To assess emotion regulation of orphan and non-orphan school going adolescents belonging to Jammu district
- To assess child abuse of orphan and non-orphan school going adolescents belonging to Jammu district.

#### **HYPOTHESES**

- i. There will be no significant difference in emotion regulation of orphan adolescents and non – orphan adolescents.
- ii. There will be no significant difference in emotion regulation of orphan adolescent's boys and non – orphan adolescent's boys.

- iii. There will be no significant difference in emotion regulation of orphan adolescent's girls and non – orphan adolescent's girls.
- iv. There will be no significant difference in emotion regulation of orphan adolescent's boys and non – orphan adolescent's girls.
- v. There will be no significant difference in emotion regulation of orphan adolescent's boys and orphan adolescent's girls.
- vi. There will be no significant difference in emotion regulation of non- orphan adolescent's boys and non – orphan adolescent's girls.
- vii. There will be no significant difference in child abuse of orphan adolescents and non – orphan adolescents.
- viii. There will be no significant difference in child abuse of orphan adolescent's boys and non – orphan adolescent's boys.
- ix. There will be no significant difference in child abuse of orphan adolescent's girls and non – orphan adolescent's girls.
- x. There will be no significant difference in child abuse of orphan adolescent's boys and non – orphan adolescent's girls.
- xi. There will be no significant difference in child abuse of orphan adolescent's boys and orphan adolescent's girls.
- xii. There will be no significant difference in child abuse of non- orphan adolescent's boys and non – orphan adolescent's girls.

**METHOD:**

**Sample:-** In the present study the sample consisted of 200 school going adolescents. The sample of 100 school going adolescents belonged to orphan community. Other 100 school going adolescents were non orphan belonged to Jammu city. All participants were in the age range of 13-16 years.).

- **Variables:-**

The following variables were studied in the present research:-

(a) Independent variable:

- Sex ie boys & girls
- Orphan and non –orphan adolescents

(b) Dependent variable:

- Difficulty in emotion regulation scale scores (DERS)
- Child Trauma scores ( CTQ)

**Tools:-**

- 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.
- Child Trauma questionnaire [CTQ] was designed by Berstein and Fink (1998). This scale is consisted of 28 items. 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 1<sup>st</sup> and 2<sup>nd</sup> 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. All types of maltreatment assessed by the CTQ were significant associated with psychological disturbance, results supporting the concurrent validity of the CTQ.

**Procedure:-**

Data was comprised of 200 school going adolescents (100 orphan adolescents ie 50 orphan boys and 50 orphan girls and 100 non-orphan adolescents ie 50 non-orphan boys and 50 non- orphan girls). Data was collected, individually by regular visits. Parents/school consent was taken and adolescents assent was also taken verbally. Participants were told that their results were kept confidential.

**RESULTS AND DISCUSSION:-**

**Table 1: Showing the critical ratio on emotion regulation of orphan adolescents and non– orphan adolescents.**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Emotion regulation of Orphan adolescents	98.09	12.53	0.053	Not significant
Emotion regulation of Non - Orphan adolescents	101.65	13.4		

The C.R between Emotion regulation of orphan adolescents and non – orphan adolescents came out to be 0.053, *which* is not significant. This shows that both the groups do not differ significantly from each other. Thus hypothesis is accepted.

**Table 2: Showing the critical ratio on emotion regulation of orphan adolescent's boys and non – orphan adolescent's boys.**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Emotion regulation of Orphan boys	100.52	11.87	0.52	Not significant
Emotion regulation of Non -Orphan boys	102.3	15.40		

The C.R between Emotion regulation of orphan adolescent's boys and non – orphan adolescent's boys came out to be 0.52, *which* is not significant. This shows that both the groups do not differ significantly from each other. Thus hypothesis is accepted.

**Table 3: Showing the critical ratio on emotion regulation of orphan adolescent's girls and non – orphan adolescent's girls.**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Emotion regulation of Orphan adolescent girls	95.66	12.80	0.028.	Not Significant
Emotion regulation of Non -Orphan adolescent girls	101	11.13		

The C.R between Emotion regulation of orphan adolescent's boys and non – orphan adolescent's boys came out to be 0.028, *which* is not significant. This shows that both the groups do not differ significantly from each other. Thus hypothesis is accepted. The mean value shows that emotion regulation of non-orphan adolescent girls is better than orphan adolescent girls.

**Table 4: Showing the critical ratio on emotion regulation of orphan adolescent's boys and non – orphan adolescent's girls**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Emotion regulation of Orphan adolescent boys	100.52	11.88	0.83.	Not significant
Emotion regulation of Non -Orphan adolescent girls	101	11.12		

The C.R between Emotion regulations of orphan adolescent's boys and non – orphan adolescent's girls came out to be 0.83, *which* is Not significant. This shows that both the groups do not differ significantly from each other. Thus hypothesis is

accepted. The mean value shows that Emotion regulation of non -orphan adolescent girls is better than orphan adolescent boys.

**Table 5: Showing the critical ratio on emotion regulation of orphan adolescent’s boys and orphan adolescent’s girls.**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Emotion regulation of Orphan adolescent boys	100.52	11.88	0.0519	Not significant
Emotion regulation of Orphan adolescent girls	95.66	12.80		

The C.R between Emotion regulation of orphan adolescent’s boys and orphan adolescent’s girls came out to be 0.0519, which is not significant . This shows that both the groups do not differ significantly from each other. Thus hypothesis is accepted. The mean value shows that Emotion regulation of orphan adolescent boys is better than orphan adolescent girls.

**Table 6: Showing the critical ratio on emotion regulation of non- orphan adolescent’s boys and non – orphan adolescent’s girls.**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Emotion regulation of non-Orphan adolescent boys	102.3	15.39	0.349	Not significant
Emotion regulation of Non-Orphan adolescent girls	101	11.13		

The C.R between Emotion regulation of non- orphan adolescent’s boys and non – orphan adolescent’s girls came out to be 0.349, which is not significant. This shows that both the groups do not differ significantly from each other. Thus hypothesis is accepted. The mean value shows that Emotion regulation of non- orphan adolescent boys is better than non-orphan adolescent girls.

**Table 7: Showing the critical ratio on child abuse of orphan adolescent’s and non – orphan adolescent’s.**

Categories of adolescent	Mean	S.D	CR Ratio	Level of Significance
Child abuse of Orphan adolescents	63.25	10.61957	3.16	*significant
Child abuse of Non -Orphan adolescents	51.31	10.52241		

\*at .01 level of significance

The C.R between Child abuse of orphan adolescent’s and non – orphan adolescent’s came out to be 3.16 which is significant at .05 level. This shows that both the groups differ significantly from each other. Thus hypothesis is rejected at .01 level.

**Table 8: Showing the critical ratio on difference between child abuse of orphan adolescent’s boys and non – orphan adolescent’s boys**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Child abuse of Orphan adolescents boys	65.12	10.9	5.69	*significant
Child abuse of Non -Orphan adolescents boys	45.26	9.60		

\*at .01 level of significance

The C.R between Child abuse of orphan adolescent's boys and non – orphan adolescent's boys came out to be 5.69, which is significant at .01 level. This shows that both the groups differ significantly from each other. Thus hypothesis is rejected at .01 level.

**Table 9: Showing the critical ratio on child abuse of orphan adolescent's girls and non – orphan adolescent's girls**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Child abuse of Orphan adolescents girls	63.34	9.67	5.04.	significant *
Child abuse t of Non -Orphan adolescents girls	50.26	9.27		

\*at .01 level of significance

The C.R between Child abuse of orphan adolescent's girls and non – orphan adolescent's girls came out to be 5.04, which is significant at .01 level. This shows that both the groups differ significantly from each other. Thus hypothesis is rejected at .01 level.

**Table 10: Showing the critical ratio on child abuse of orphan adolescent's boys and non – orphan adolescent's girls.**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Child abuse of Orphan adolescents boys	65.12	10.9	5.76	significant *
Child abuse of Non-Orphan adolescents girls	50.26	9.27		

\*at .01 level of significance

The C.R between Child abuse of orphan adolescent's boys and non – orphan adolescent's girls came out to be 5.76, which is significant at .01 level. This shows that both the groups differ significantly from each other. Thus hypothesis is rejected at .01 level.

**Table11: Showing the critical ratio on child abuse of orphan adolescent's boys and orphan adolescent's girls.**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Child abuse of Orphan adolescents boys	65.12	10.9	0.388783	Not significant
Child abuse of Orphan adolescents girls	63.34	9.67		

The C.R between Child abuse of orphan adolescent’s boys and orphan adolescent’s girls came out to be 0.388783, which is Not significant. This shows that both the groups do not differ significantly from each other. Thus hypothesis is accepted. The mean value shows that Child abuse of orphan adolescent boys is better than orphan adolescent girls.

**Table 12: Showing the critical ratio on child abuse of non- orphan adolescent’s boys and non – orphan adolescent’s girls.**

Categories of adolescents	Mean	S.D	CR Ratio	Level of Significance
Child abuse of non Orphan adolescent boys	45.26	9.60	0.00939	Not significant
Child abuse of Non -Orphan adolescent girls	50.26	9.27		

The C.R between Child abuse of non- orphan adolescent’s boys and non – orphan adolescent’s girls came out to be 0.00939, which is not significant. This shows that both the groups do not differ significantly from each other. Thus hypothesis is accepted. The mean value shows that Child abuse of non- orphan adolescent girls is better than non- orphan adolescent boys

**CONCLUSION:-**

The study demonstrated that the emotion regulation of orphan and non – orphan adolescents fall in the **poor** spectrum as observed from the manual comparatively. The mean value of emotion regulation of non orphan adolescent boys & girls is slightly better than emotion regulation of orphan boys and girls. Child abuse of orphan adolescents and non- orphan adolescents differ significantly from each other. Orphan boys are more abused than non- orphan boys and non- orphan girls are more abused than orphan girls. Orphan boys are more abused than orphan girls but the non orphan girls are more abused than non- orphan boys.

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