

## Experiences of loneliness and strengths difficulties among shelter home children

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The number of homeless children around the world has reached more than 150 million. It is widely documented that institutionalized children represent a vulnerable sector of the Population as they carry a high risk for the development of psychological problems. Youths living in institutions take more risks, have more threats to achievement, and have poorer peer influences. This study adds to the knowledge base by focusing on children who are living in out-of-home care i.e shelter homes. The total sample consisted of 120 participants in the age range of 10-13 years which is divided into 60 shelter home and 60 non-shelter home children. Each group further consisted of 30 females and 30 males. The samples were drawn using purposive sampling method. Strengths and Difficulties Questionnaire (SDQ) (Goodman et al., 1998) and Loneliness and Social dissatisfaction scale (Asher et al., 1984) were administered. Independent samples t-test and Pearson correlation was used as statistical methods. Significant differences were found between shelter home and non shelter home children on emotional symptoms, conduct problems, peer problems and loneliness. Males were found to be higher on hyperactivity and females on pro-social behavior. Significant positive correlation was found between duration of stay, emotional symptoms and peer problems. Poverty was the main reason of stay in shelter homes for these children followed by being orphans, militancy and other reasons. Overall findings suggest the presence of psychological problems among shelter home children and highlight the need of intervention programs to cater the specific needs of this group.

Keywords: strengths-difficulties, loneliness, shelter home children

Home is the best place for the satisfaction of the physical, mental and emotional needs of children. Desertion, divorce, long illness, imprisonment, death, etc. of a parent, natural calamities, war, militancy etc. often leads to the problem of homelessness in children. "Homelessness deprives individuals of basic needs, exposing them to risky, unpredictable environments. In short, homelessness is more than the absence of physical shelter, it is a stress-filled, dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of violent events" (Fitzpatrick et al., 1999).

Childhood abandonment is particularly prevalent in the developing world where poverty, war, and disease play a significant role. Shelters homes are generally considered as a substitute for home for these homeless children. However compared with an ordinary home, there is likely to be less warmth and physical contact; less intellectual, emotional, and social stimulation; and a lack of encouragement and help in the positive learning. Children living in emergency homeless family shelter experience multiple psychosocial stressors that may be detrimental to their mental health (Bassuk et al., 1997).

The experience of homelessness results in a loss of community routines, possessions, privacy and security. Children who live in shelters need to make significant adjustments to shelter living and are confronted by other problems, such as the need to reestablish a home, interpersonal difficulties, mental health and physical problems. Loneliness is one among such problems. Loneliness has been defined as "a sense of deprivation in one's social relationships" (Murphy & Kupshik, 1992). Rook (1984), on the other hand defined it as "an enduring condition of emotional distress that arises when a person feels estranged from, misunderstood, or rejected by others and/or lacks appropriate social partners for desired activities, particularly activities that provide a sense of social integration and

opportunities for emotional intimacy". Loneliness depends on person's appraisal and this appraisal is influenced by a wide variety of factors such as mood, sex, age, cultural norms, social comparison and so on (Murphy & Kupshik, 1992).

Abandonment, coupled with the array of victimization experiences reported by children living in developing world institutions, likely contribute to the mental health disorders (Turner; Finkelhor & Ormrod, 2006). Cognitive, affective, and social deficits resulting from institutionalization have been described in both children and adults with histories of institutionalization. (Nalven, 2005; Perry et al., 2005; & Sigal, 2003). Many children institutionalized in infancy and early childhood show severe emotional, behavioral, learning problems and are at risk for disturbed attachment relationships and psychopathology (Carson, Butcher, Mineka & Hooley, 2007). Further complicating their psychological profile, institutionalized children commonly present with histories of physical and sexual abuse, neglect, exposure to violence, and non-victimization adversity (parental substance abuse, unemployment, disease), the mental health consequences of which are extensively reported in the literature. (Turner et al., 2006; Edward et al., 2003; Fleming et al., 1998; Kalpan et al., 1998; Kazdin et al., 1985; Libby et al., 2004; Molnar et al., 2004; Mullen et al., 1996; Paz et al., 2005; Spates et al., 2003; Stein et al., 2003; Thabet & Vostanis, 1999; & Sareen et al., 2005).

Some of the children institutionalized at an early age show some resilience and do well in adulthood. In some cases this is because of influential protective factors, which include having some good experiences at school, whether in the form of social relationships or athletic or academic success, and having a supportive marital partner in adulthood; these successes probably contribute to a better sense of self-esteem or self-efficacy. The results of this line of research had a major impact on public policy which recognized the need to place such children in foster or adoptive families rather than institutions (Carson et al., 2007).

*Objectives of the study*

- To study the emotional-behavioral problems and experiences of loneliness among shelter home and non shelter home children.
- To study the relationship between strengths-difficulties, loneliness experiences and duration of stay in shelter homes.
- To study the gender differences in experiences of loneliness and strengths-difficulties.

**Method**

*Participants*

The study sample consisted of 120 children 60 children living in shelters (the out-of-home sub sample) and 60 children living with their families (the family sub-sample). In each sub-sample, 50% are males and 50% are females. The inclusion criteria for all participants was age range 10-13 years, staying in shelter homes for the duration of at least 2 years and had the ability to successfully understand the questions. For the family sub-sample, participants were taken from 4 Govt. and private schools in Jammu region. Members of the out-of-home sub-sample were taken from six governmental and non-governmental shelters located in Jammu (J&K). (Ved Mandir Aamphalla, Paradise Bantalab, Susheela sadan trust D.B.N, S.O.S children's village channi, S.O.S international children's village Gol gujral and Neha Ghar).

*Instruments*

*Socio-demographic record sheet:* Socio- demographic record sheet was developed and used which included name, age, gender, class, duration and reason of stay in shelter homes.

*Loneliness & Social Dissatisfaction Questionnaire (LSDA):* The twenty-four item Loneliness and Social Dissatisfaction questionnaire designed by Asher et al.(1984) and revised by both Asher & Wheeler (1985) and Cassidy & Asher (1992) was used in this study.

The sixteen principal items addressed children's feelings of loneliness (e.g. "Are you lonely at school?"), feelings of social adequacy versus inadequacy (e.g. "Are you good at working with other children?"), subjective estimations of peer status (e.g. "Do you have lots of friends at school?") and judgments of whether important relationship provisions are being met (e.g. "Are there children you can go to when you need help at school?"). Interspersed between these were eight filler items to do with children's hobbies and activities (e.g. "Do you like to paint and draw?"). These served to make the child feel more comfortable about revealing their feelings and experiences on the principal items. Children were required to respond to each item by answering "yes", "sometimes" or "no", the response format employed by Cassidy & Asher (1992). The scale was found to be internally consistent (Cronbach's a = .90) and reliable (split-half correlation between forms = .83; Spearman-Brown reliability coefficient = .91; Guttman split-half reliability coefficient = .91).

*Strength and Difficulties Questionnaire (SDQ):* The Strengths and Difficulties Questionnaire (Goodman, Meltzer, & Bailey, 1998) is an internationally well-validated screening tool for child's emotional and behavioral difficulties. The SDQ contains 25 items and five clinical subscales for prosocial behavior, hyperactivity, emotional, conduct and peer problems. Scores >90th percentile predict substantially raised probability of independently diagnosed

psychiatric disorders (Goodman 2001). The SDQ has been translated into 51 languages and extensively validated in many Western and developing countries (Mullick & Goodman, 2001), but not in South Africa. Reliability is satisfactory, whether judged by internal consistency (mean Cronbach á: .73), cross-informant correlation (mean = 0.34), or retest stability after 4 to 6 months (mean = 0.62). The reliability and validity of the S.D.Q. makes it a useful brief measure of the adjustment and psychopathology of children and adolescents (Goodman, 2001).The correlation of the self report S.D.Q. total scores and the Child Behavior Checklist-Youth self Report total scores was 0.71(Koskelainen, Sourander, & Kaljonen, 2001).

*Procedure*

Prior to data collection, the researcher took permission from the higher authorities in schools and shelter homes and carried out informal visits at both places for building rapport with the participants.

After taking participant's and caretakers/teachers consent, actual process of data collection was started. A self-reporting approach was used, with the participants completing the instruments. Convenience sampling was used to collect the data for both groups, due to the difficulty of using random procedures in social science research sampling (Robson 1993; Teixeira & Gomes 2005), and the fact that random samples are rare in psychological research studies (Stanovich 2004). For the out-of-home sub-sample, 8 governmental and nongovernmental shelters in Jammu were visited with only 6 agreed to participate in the study. The study was carried-out across the months of Jan and July 2012. The participants were interviewed in groups, each group comprising of 4-5 participants. Confidentiality of the information was ensured. Participants were given sufficient time and were instructed not to say anything to the other participants. At the end participants were thanked for their participation.

**Results**

The obtained data have been analyzed using descriptive and inferential statistics i.e mean, standard deviation (SD), t-test & Pearson's correlation.

*Table1: Independent t-test results of Strengths-Difficulties and experiences of loneliness for Shelter-home and Non-shelter-home children.*

Variables	SH children		NSH Children		T	P
	M	SD	M	SD		
Pro-social behavior	8.4167	1.84383	8.1186	1.49810	.967	.336
Hyperactivity	4.1667	1.69912	4.4000	2.14081	.661	.510
Emotional symptoms	5.3167	1.95276	3.3333	2.43329	4.924	.000**
Conduct problems	4.3500	1.77387	3.4667	2.37549	2.308	.023*
Peer problems	3.9167	1.92479	2.9333	1.97327	2.308	.007**
Loneliness	35.033	5.9	33.12	4.71	1.971	.051*

SH-shelter home, NSH-non shelter home

Sig. at 0.05\* & 0.01\*\*

The above table shows significant difference between shelter home and non-shelter home children on emotional symptoms (t=4.924, P<0.001), conduct problems (t=2.308, P<0.05), peer problems (t=2.308, P<0.01) and experiences of loneliness (t=1.971, P<0.05)

Table2: Correlation between strengths-difficulties, loneliness experiences and duration of stay in shelter homes

Variables (N=60)	Pro-social Behavior	Hyper-activity	Emotional symptoms	Conduct problems	Peer problems	Loneliness experience
Duration of Stay						
Experiences	.215(0.01)**	-	-	.271(0.003)**	-	

Sig. at 0.05\* & 0.01\*\*

The above table shows significant positive correlation between duration of stay and emotional symptoms ( $p < 0.01$ )\*\* and between duration of stay and peer problems ( $p < 0.01$ )\*\*. Significant positive correlation was also found between experiences of loneliness and pro-social behavior ( $p < 0.01$ )\*\* and between loneliness and peer problems ( $p < 0.01$ )\*\*.

Table3: Independent t-test results showing gender differences on strengths-difficulties and experiences of loneliness

Variables	Gender	Mean	S.D	T	P
Pro-social behavior	M	7.9500	1.68166	2.207	.029*
	F	8.6167	1.62701		
Hyperactivity	M	4.6833	1.76108	2.314	.022*
	F	3.8833	2.01765		
Emotional symptoms	M	4.5667	2.56023	1.099	.274
	F	4.0833	2.24961		
Conduct problems	M	4.2167	2.04269	1.593	.114
	F	3.6000	2.19553		
Peer problems	M	3.7333	2.09006	1.700	.092
	F	3.1167	1.87844		
Loneliness experiences	M	33.9167	5.49666	3.21	.749
	F	34.2333	5.32460		

Sig. at 0.05\* and 0.01\*\*

The above table shows significant difference between males and females on pro-social behaviors ( $t = 2.207$ ,  $P < 0.05$ ), and hyperactivity ( $t = 2.314$ ,  $P < 0.05$ ).

Table 4: Percentage of Orphan and non-orphan shelter home children

S.NO	Total Orphan	Single Orphan	Having both parents
BOYS (30)	3.34% (1)	40% (12)	36.66% (11)
GIRLS (30)	16.67% (5)	26.66% (8)	43.33% (13)

6 boys and 4 girls did not provide this information.

Table 5: Reason of stay in shelter homes for shelter home children

S.NO	Poverty	Terrorism	Orphans	Other Reasons
Boys (30)	63.33% (19)	3.33% (1)	3.33% (1)	3.33% (1)
Girls (30)	73.33% (22)	3.33% (1)	16.66% (5)	3.33% (1)

8 boys and 1 girl did not provide this information

## Discussion

It has been seen that parental deprivation either through death or separation from significant attachment figures was a major factor affecting the psychological wellbeing of a child. Institutional rearing is considered an adverse care-giving environment, but few studies have systematically examined its effects. Secondly loneliness is a phenomenon that has been recorded in literature throughout the ages. It is now being recognized as problem not only in adults but in children and adolescents as well. It is an emotional state that can be a barrier to children's social development and affect their physical and mental health. Thus the present study is an attempt to systematically study the experiences of loneliness and emotional-behavioral problems in shelter home children.

Taking study's first objective, findings of the present study indicates significant difference between shelter home and non shelter home children on strengths-difficulties and experiences of loneliness. Shelter home children were found to be high on emotional symptoms, conduct and peer problems and experiences more loneliness and social dissatisfaction compared to non shelter home children. These findings are consistent with the earlier studies reporting severe institutional deprivation associated with higher percentage of behavior problems (Zeanah et al., 2011). Goodman, Saxe and Harvey (2010) reported institutionalized children were more frequently insecurely attached and generally displayed higher levels of difficulties and lower levels of strengths than non-institutionalized children. And research on homeless youth in Ireland demonstrated evidence of depression, loneliness and social isolation (Mayock & O'Sullivan, 2007).

In view of the second objective significant positive correlation was found between duration of stay, emotional symptoms and peer problems. Significant positive correlation was also found between experiences of loneliness, pro-social behavior and peer problems. Buckner, Bassuk, Weinreb and Brooks (1999) found Homeless youths internalizing behavior problems had a positive but curvilinear relationship with number of weeks having lived in a shelter. In another study Hodges and Tizard (1989) provided evidence that Children who had spent at least the first 2 years of their life in residential care were likely at age 16 to have more social and emotional problems and more disruptions in their lives compared to other children. Homelessness leads to lose of contact with family members and peers in their home neighborhoods and the resulting absence of social bonds, networks and social supports has a profound negative impact (Mayock & O'Sullivan, 2007). The friendships homeless young people make are often fleeting and their peer networks can become concentrated among other homeless youth and adults. Homeless young people often stress the erratic and exploitative nature of their friendships (Fitzpatrick, 2000) and they are often victims of bullying, intimidation and violence in the contexts where they are forced to socialize (Mayock & O'Sullivan, 2007; Mayock & Vekić, 2006).

In view of the third objective significant gender differences were found on pro-social behavior and hyperactivity, males were found to be high on hyperactivity whereas females were found to be high on pro-social behavior. This could arise from gender differences in the evolved origins of altruistic tendencies (Sober & Wilson, 1998) or it could arise from gender differences in social contexts that proffer opportunities for personality to influence prosocial behavior (Zakrisky, Wright, & Underwood, 2005).

Carbone et al. (2007) found that the children living in out-of-home care often come from backgrounds of Extreme poverty associated with familial problems. In the present study majority of the children were found to be Orphans, poverty was the main reason for being in the shelter homes followed by other reasons. Similar are the findings of Bhattacharya (2008) who found majority of orphans are single orphans and poverty was the main reason in their study.

As the majority of children in our study are screened positive for psychopathology, this disturbance demands for preventive psychological interventions for this youngest population. It seems more likely that the common difficulties of many of children were due to their institutional experiences, perhaps in interaction with genetic or biological factors. Although the Shelter home is a good option for those who are homeless but adequate, consistent and responsive care-giving cannot be met without parents so foster care and adoption can be a good alternate compared to institutions. The state govt. needs to develop policies that provide solutions to the critical issues like unemployment and poverty as financial support is needed for long term change in these areas.

The limitations of the study such as sample not so big, not using the random sampling procedure, very narrow age range and sample taken from a particular region/area can be taken into consideration for further research in this area.

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