

**A COMPARATIVE STUDY OF ABANDONED AND ORPHAN
ADOLESCENTS ON TRAUMATIC EVENTS, POST-TRAUMATIC
STRESS DISORDER SYMPTOMS AND RESILIENCE**

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CERTIFICATE

This is to certify that the work which is being presented in the thesis entitled "A Comparative study of Abandoned and Orphan adolescents on Traumatic events, Post-Traumatic Stress Disorder symptoms and Resilience", in partial fulfillment of the requirements for the award of degree of Master of Arts in Psychology submitted in the School of Humanities and Social Sciences, Thapar University, Patiala, is an authentic record of candidate's (Ms. Pooja Thakur) own work carried out under the supervision of Dr. Simerpreet Ahuja and refers other researcher's work which are duly listed in the reference section.

The matter embodied in this thesis has not been submitted in part to any other university or institute for the award of any degree in India.


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ABSTRACT

A person has many relationships over the course of their life span, of which the most important is the relationship between a parent and a child. But not every child gets the opportunity to learn and grow under the shade of their parents. Some get separated by their parents at an early stage; either become an orphan or abandoned. And this detriment leaves great impression on the children which can lead to various physiological and psychological changes. These changes may even take the shape of chronic disorders which needs to be studied. As every individual is unique in themselves, so the strategies one applies to fight with these traumas may be different in each individual as per the rate of severity of the traumas. Therefore, the aim of this study is to find out the incidence of traumatic events, post-traumatic stress disorder symptoms and resilience among abandoned and orphan adolescents residing in different orphanages of Amritsar and Patiala city of Punjab state. A purposive research design methodology was adopted to achieve the set goals of this study. Five hypotheses were tested in this study. Sample size of 100 participants was collected with the age range of about 11-16 years. Sample consists of boys and girls from different orphanages of Amritsar and Patiala city. A self- administered structured questionnaire was used to testify the socio-demographic characteristics. Two standardized tests relating traumatic events, PTSD symptoms and the resilience scale were also used. Statistical analysis such as; Mean, standard deviation, 2*2 Factorial Anova and regression co-efficient was used to compute the results set at significant $p < 0.001$ level. Findings showed that abandoned boys and girls are higher on Traumatic events as compared to orphan boys and girls. The number of Post-Traumatic Stress Disorder symptoms of abandoned girls and orphan boys were high. Resilience was found more in abandoned and orphan boys as compared to abandoned and orphan girls. Calculated results could be beneficial for further planning intervention techniques to help these adolescents residing in orphanages. Care-takers at the orphan homes should be trained to recognize the traumatic symptoms among these adolescents, so that they could be recommended for intervention.

Key Words: Abandoned and Orphaned Adolescents, Traumatic Events, Post Traumatic Stress Disorder (PTSD) Symptoms, Resilience.

1. INTRODUCTION

“Good times come and go, but memories last forever”. They are the most precious treasures of any heart. But they do not always bring smile on our face. In some cases, memories are painted with dark colors referred here as ‘Traumas’, which leave its impression on one’s mind forever. The definition of the word ‘Trauma’ can be explained as an occurrence of devastating and distressful event that affects the emotional & psychological health of an individual. Research studies relating traumatic experience is very low in Asia, specifically India. Reports of only Jammu & Kashmir state are available relating these psychological constructs, because earlier only war militants were diagnosed in the post-traumatic stress disorder criteria of Diagnostic and statistical manual of Mental disorder (DSM). With advancement and improvement of the mental disorder classification, other traumas like death of loved one, rape, terrorism, natural disasters, violence, combat, kidnapping and abuse etc. were also included into the Post-Traumatic Stress Disorder symptoms. Out of these, the most destructive aspect of abuse is the trauma of parental loss and separation at childhood or adolescence age. Many researchers are finding the incidence of traumas among abandoned and orphan adolescents worldwide and revealed that these children are most vulnerable population (UNICEF, 2012). Studies also show that incidence of psychological symptoms are more among adolescents living in orphanages when compared to adolescents living with their parents at home (Camon, O.K., & Ozcebe, H., 2011). Exposure to traumatic events can be similar in different cases, but the effect and experience of these events are different in each individual. Therefore, not all individuals react to them in a negative way, some acquire the strong coping skills; resilience to adapt positively in adverse environment. This study aims to understand the incidence of traumatic events, post-traumatic stress disorder symptoms and resilience among abandoned and orphan adolescents who resides in different orphanages of Amritsar and Patiala city of Punjab state.

Today, the concept of abandoned and orphan adolescents is creating some degree of misunderstanding with regard to who is an orphan and who is abandoned. The orphan is defined on the basis of age, i.e. the child who is below 18years, and has lost one or both parents, is considered as orphan. Abandoned child, on other hand is one who is also below 18years, but lives without parents because their parents left them due to poverty, marriage

disputes, medical problems, imprisonment and alcoholism etc. These children are then admitted to orphanages by the parents, relatives, child welfare societies and non-profit organizations etc. (UNICEF, 2005). An orphanage is a residential institute dedicated to the care of these children and adolescents. About 80% of children in institutions have at least one living parent and the cause for this separation include poverty, access to education, disability and emergencies (Csaky, 2009).

Research studies have revealed that Orphanage children have high rates of psychiatric symptoms. Length of institutions, age and physical structure, at neglect differently relate to psychiatric symptoms (M.M., & Ahmad, S.A., 2006). According to the analysis of one study, 11% of the children are exposed to traumatic event by the age of 11 years which increased to 43% by the age of 18 years ("identifying and addressing trauma", 2007). This shows that during adolescence, the exposure to traumatic events increased many folds (Crane & Clements, 2005). Reactions from the outcomes of traumatic events include sleep disturbances, fear, nightmares, anxiety, physical complaints like back pain, stomach, shoulder pain, headaches, emotional and behavioral problems etc. Studies also show that these reactions are not limited to emotional changes but also to physiological and neurological components (Saltzman, Holden, & Holahan, 2005). Another study with adolescents demonstrates that who have experienced violence at home had high rates of heartbeats as compared to those not exposed to violence at home (Crane & Clements, 2005).

Adolescents are treated like children and expected to behave like adults, therefore they are the most misunderstood people in this world. Suzanne Collins penned on adolescence, "I don't write about adolescence, I write about war for adolescents". Exposure to different traumas in the childhood, leads to the development of different psychiatric symptoms during adolescence which include, depressive symptoms, anxiety related symptoms, post-traumatic stress disorder symptoms, obsessive compulsive symptoms, conduct issues, anti-social behavioral problems and sexual problems etc. ("Identifying and addressing trauma in adolescents," 2007).

According to the American Psychiatric Association, it is not compulsory that everyone who gets exposed to traumatic event surely exhibit post-traumatic stress disorder symptoms. There is a particular criteria of PTSD defined in DSM and ICD classification systems on the basis of duration, severity etc. PTSD symptoms more commonly occur when individual is exposed

to violence and sudden death of loved one (American Psychiatric Association, 2013). Findings show that traumas caused by humans like violence and terrorism are more dangerous than naturally happening traumatic events like earthquakes, floods and accidents etc. (Wiesaeth, 1995).

Human brain has the tendency to grow throughout adolescence and adulthood, therefore it is essential to study the effects of post-traumatic stress disorder symptoms at this stage of development. These symptoms affect one's learning capacity and memory power (Yasik, Saigh, Oberfield, & Halamandaris, 2007; Moradi, Doost, Taghavi, Yule, & Dalgleish, 1999). This is the cause that PTSD symptoms are overlooked in the stage of adolescents because of the fact that some of the symptoms like rebelliousness, moodiness and withdrawal are naturally present in this age (Crane & Clements, 2005). Family functioning is very important for the adaptation ability to adverse situations (Stern & Zevon, 1990). Therefore, when parental support is not present, emotional and behavioral problems are likely to occur (Garber & Little, 2001). There is a gender difference in response to exposure to traumatic event and symptoms, where boys are more prone to stressors and girls are more likely to diagnose with PTSD (Shaw, 2000; Crane, & Clements, 2005; Stuber, Resnick, & Galea, 2006).

Some studies suggests more exposure to difficult circumstances could prove beneficial socially as well as psychologically [Garmezy, N. (1983; Dawes, A. (1992); Boyden, J., & Mann, G. (2005)]. Humans have natural tendency to fight with hard circumstances in order to survive and this coping skill is called resilience (Luther, Cicchetti & Becker, 2006). Resilience as recovery standpoint is defined as the time taken to recover from a disturbance or stressor (Maguire, B., & Hagan, P. 2007). Resilience is the ability to face the challenges and become somewhat more able in spite of bad experiences. People who show resilience adaptation may become stronger by learning new coping skills and overcoming life changes.

This study focuses over finding the incidence of traumatic events, post-traumatic stress disorder symptoms and resilience among abandoned and orphan adolescents of different orphanages of Punjab state. Traumatic events are responsible in generating PTSD symptoms in individuals, but these traumatic events do not always create negative effects in one's life, sometimes they work as a booster to bounce back to real and natural self. This bouncing back capacity as describes above, Resilience is an important factor in well-being of an individual, which this study aims to find out. The psychological and physical well-being of orphan and

abandoned adolescent's is very important to make them productive members of society. Along with their basic survival needs like food, clothes and shelter, the emotional safety is also essential (UNICEF and UNAIDS, 2004). This study believes that there is a need to study all these variables; traumatic events, post-traumatic stress symptoms & resilience, in Punjab state so that it could help in picturing the true condition of these Orphans and abandoned adolescents residing in orphanages. This study could be beneficial for government, non-profit organizations, and policy makers to support these adolescents to know their psychological health and therefore plan treatments and intervention for this targeted part of society.

2. LITERATURE REVIEW

Since we are evolved as a species, the risk of acquaintance to trauma has been a part of the human life. Either it is a natural disaster or man-made activities like terrorism etc. all traumas probably produced similar psychological significance in the survivors of each violence. It is easy to talk about these traumatized individuals but there are wounds that never show on their body, & that are deeper and more hurtful than anything that bleeds.

2.1 Description of orphan and abandoned Adolescents

In accordance with the definition of UNICEF (2005), an orphan is a child whose one or both parents have died. Abandoned adolescent is one who lives without living parents. In reference to this definition, the number of orphan and abandoned children in Asia, America and Africa lies between ranges of 143 million. This figure also includes children who have lost single parent. And out of the above range discussed, 13% million orphans are those whose both parents have died. Results indicate that bulk of these orphans either live with grandparents, relatives or other known relation. The number of these adolescents is increasing all over the world, due to increase extra marital relations, poverty etc. But the victims of such circumstances are mainly children or adolescents, who feel pain without any fault. Thus, the present study targets the group of abandoned and orphan adolescents because they are the most vulnerable and essential part of society which is more vulnerable.

2.1.1 Orphan/ Abandoned Adolescents in India

In India, the number of orphan children is about 55 million with age range of 0 to 12 years (GCM India; UNICEF, 2005). Out of this number, 18 million children survive by working in the streets, begging, involving in gang practices, crime and are substance abusers (Shrivastava, 2007). Comparative study on youngsters and adolescents regarding mental health shows, adolescents are more prone to diseases (Fergusson and Lynskey, 1998). Most of the studies relating orphan adolescents in India are conducted in Jammu & Kashmir states, which states the prevalence of 1 million orphans.

2.1.2 Abandoned and Orphan adolescents residing in Orphanages

Study of Jammu & Kashmir orphanages (2006), gives the findings of residents of 120,000 children. Another study in this state under Human Rights section gives the estimates of 600,000 ignored orphan children. Research studies investigated that children residing in orphanages with inadequate care experienced child labor, poor school attendance and

education, which is allied with the risk of sexual health in low resource countries [Birdthistle et al., (2009); Cluver, Orkin, Boyes, Gardner, & Meinck, (2011); Daniel & Mathias, (2012); Case, Paxson, & Abledinger, (2004); Dalen, Nakitende, & Musisi, (2009)]. Most of the studies have concluded orphanage care is not healthy for growth and development of children (Tizard B, Hodges J., 1978).

On the other hand, some studies show children residing in institutional care shows positive outcomes due to good caregiving and structural conditions [McKenzie RB (1997); Richard MacKenzie, editor. (1999)]. For example, in a study on 9-14 years of orphans at Eritrea, found that when children were encouraged to become self-reliant, they acquire good decision power and also had less behavioral and emotional problems as compared to those institutions where children are not given such opportunities to learn (Wolff, P., 1995).

2.2 Description of Traumatic Events:

Traumatic events can be defined as an incident in which one finds difficulty to survive and adapt, regardless of any source (Silove, Psychol, & Steel, 2006). Traumas are usually divided into two parts; process and event trauma by researchers. Example of Process trauma include war and physical abuse, which has continued exposure whereas, Event trauma include limited duration of exposure like earthquakes, fire etc. (Shaw, 2000). Trauma is also defined as a normal reaction by an individual to an extreme event (Substance Abuse and Mental Health Services Administration, 2007). Traumas are not always caused by an incident or event, in fact they could be easily triggered by person's feeling, perception, thought, surrounding experience of particular event (Boscarino, 1996). Traumas are not limited to particular event, they could be related to any threat that cause psychological and emotional problems. DSM-IV TR and ICD-10 classification systems include various categories of traumatic events; death of a loved one; maternal or paternal, both or abandonment, witnessing of family death or serious illness, witnessed family violence, forced to leave home, natural disasters; earthquakes, floods, accidents, any serious medical issues, military combat, any kind of abuse; physical, sexual, emotional and substance abuse etc.

2.2.1 Exposure to a Traumatic Event:

When our friend or any close person had a bad day, or suffer from any distress, we easily recognize it. And we try to listen to his grief or help to comfort him. But when any traumatic incident takes place, it is not easy to help the individual simply by listening to it (Boscarino, 1996). Reactions of traumatic events include depression, fear of separation, anxiety, physical complaints; headaches & stomach pain, sadness, anti-social behavior and sleep disturbances

(Boscarino, 1996). Threat of trauma in families with adolescents and children will impact to the extent it destroys family functioning (Boscarino, 1996) Studies also suggests that reaction after traumatic event is not limited to emotions, but also to physical and neurological changes in the individual (Saltzman, Holahan, & Holden, 2005).

One group study was conducted on children; who are exposed to violence at homes and who are not exposed to any violence at homes to test their heartbeat rates. Children with experience of violence at homes had high heart ratings (Crane & Clements, 2005). Exposure rate of sexual assault is common in adolescents with frequency of about 25-43% (APA).

Effects of traumatic event also depend on the kind of trauma one faces, his/her social surrounding, the suddenness of the event, past experiences and his cultural values (Silove et al., 2006). All individuals experience trauma in a different way depending on their age and country etc. Thus, there is no use to predict reactions out of traumatic events because we all are different in one or other sense.

2.2.2 Traumatic experiences by adolescents in Orphanages

Traumatic experiences of parental death or abandonment ends the child's relationship with someone of central emotional importance (Stokes, Reid, Cook, and Vanessa 2009). In the same manner, they perceived that adolescent with traumatic experience usually experience symptoms of unhealthy psychosocial well-being. Sometimes, changes in school performance and behavior occur as well. Probability of traumatic experiences is high in adolescence age (Crane & Clements, 2005). Another study says that bullying at orphanage and school, substance abuse, and other dangerous situations are at high risk in adolescence stage as they are common in adulthood (Shaw, 2000). Findings also reveals that experience of trauma in the childhood by adolescents can contribute to development of anxiety-related disorders and sexual behaviors ("Identifying and addressing trauma in adolescents," 2007).

Research conducted in developing and under-developed countries depicts that traumatic experiences are not only limited to parental loss and separation by parents; in fact other specific events also existed along with these experiences (Whetten k., 2011). Several literatures points out that orphans in general and those brought up in institutions in particular suffer from many social, economic & psychological problems (Gilborn, 2006; Boris, 2012; Dabla, 2010; Bhargava, 2005). Psychological well-being results are considerably lower among orphans than adolescents who reside with their parents (Delva et al 2009).

2.3 Post-Traumatic Stress Disorder:

Post-Traumatic Stress Disorder is different from most psychiatric disorders in demanding originating stressors. PTSD was initially introduced in war militants and rape victims (DSM-III & DSM-III TR). It was in 1980's and 1990's days, that more traumatic events and symptoms were included in DSM-IV criteria. Post-traumatic stress disorder as the name suggests develop its risk only after being exposed to a trauma and it is not important that all individuals who had any experience at traumatic incident will definitely develop PTSD. It is diagnosed on the basis of helplessness, fear and anxiety one feels for more than 30 days resulting into significant impairment after facing a hurtful situation like serious death or injury (American Psychiatric Association). This disorder includes the criteria of re-experiencing the traumatic event, emotional numbing, avoidance of situations and increased arousal like irritability or hyper-vigilance etc. (American Psychiatric Association). Many studies show that adolescents who have been exposed to traumatic event are at more risk of adapting to PTSD symptoms. Flashbacks, repetition of distressful thoughts, recurring of negative dreams about the event are some other intrusive symptoms of PTSD. Behavioral symptoms include avoidance of related events, physical arousal like irritation, easily startled, sleep disturbances and concentration etc. (Diagnostic and Statistical Manual for Mental Health Disorder- IV TR and ICD-10).

According to the study conducted by Rutter (2000) claimed that, it is not the fear of loss of parents that facilitates the cause of mental health issues, rather the risks that drives from death of parents like becoming beggar on the streets, lack of basic needs, involvement into gang practices, substance abuse etc. In 2013, American Psychiatric Association associated violence and sudden death of loved one as two strongest forecasters of PTSD. Another studies working over cause and effect of traumas evaluated that traumas that are man-made such as violence and terrorism are more dangerous to psychological health than natural disasters like accidents, flood and weather related issues (Wiesaeth, 1995). PTSD reduces one's learning capacity and memory (Yasik, Saigh, Oberfield, & Halamandaris, 2007).

2.3.1 Description of PTSD symptomology:

PTSD is defined as a "protracted or delayed response to a stressful event or situation of an exceptionally frightening or catastrophic nature, which is likely to cause distress in almost anyone" (WHO-ICD10). Other PTSD symptoms may include, depression, anxiety, aggression substance abuse and other forms of externalizing, and internalizing behavior

problems. Thus, symptoms of patient are needed to be checked as per the diagnostic criteria. As PTSD has high heterogeneity and comorbidity with other disorders, researchers recommended that in contrast to other major depression and anxiety disorders, one out of five symptoms from each cluster of criteria need to be reported so as to diagnose with PTSD.

2.3.2 Development of PTSD Symptoms among abandoned and orphan adolescents:

Cultural and family issues and the expectations can sometimes influence the extent of traumatic event which can affect a child's and/or caregiver's willingness to acknowledge symptoms of PTSD (Haugaard, J, 2008). The first agents of enculturation are the members of the house where a person is born. This process usually begins with the mother and father and in the African society siblings, grandparents and family members are brought into this process, as well as other persons, as the child grows and thus the loss of a parent(s) often results in a child losing his primary support network and feels hopelessness [UNAIDS & UNICEF (2006)]. Studies on orphan and separated children shows that more number of traumatic events put these children to more risk for sexual behavior outcomes (B. W., 2016) Another studies conducted on orphan and children who resides with their parents demonstrated that disorders like anxiety, suicidal thoughts and fear of failure are also common among these children (Cluver, et al., 2007). Genetic school of thought on other hand describes that PTSD is present since infancy, thus hereditary. In study of twin pairs with monozygotic PTSD and history of Vietnam combat, showed high connection of PTSD was found with co-twins as compared to dizygotic twins (De Bellis, M.D., 2005). And other research suggests that children born before traumatic events or during young age of trauma elicits less PTSD (Plasc, I.D., 2011).

Bicego, Rutstein and Johnson (2003), studied the levels, trends and disparities in orphan incidence in five sub-Saharan Africa countries and result show that losing parents is associated with a low probability of being in the suitable grade level for a child's age.

Case, Paxson and Ableidinger (2004) observed that traumatic influence of orphanage on the educational wellbeing of adolescents in orphanages found that their absenteeism is high in school attendance, and that this is largely described by orphans who live with distantly or unrelated caregivers.

2.3.3 Measuring of PTSD symptoms:

Measurement of PTSD requires assessment tools which are usually in questionnaire forms to measure the incidence, intensity, severity and prognosis of this order. There are different

type of clinical tests used by clinicians as well as researchers in diagnosing the PTSD symptoms, which are as follows;

- || DSM-IV Chart - Trauma Exposure Measures
- || Brief Trauma Questionnaire (BTQ)
- || Life Events Checklist for DSM-5 (LEC-5)
- || Trauma Assessment for Adults-Self-report (TAA)
- || Trauma History Questionnaire (THQ)
- || Traumatic Life Events Questionnaire (TLEQ)

2.3.4 Gender difference in PTSD symptoms among abandoned and orphan adolescents:

Boys and girls are different on all aspects; either it is biological, social and psychological. Therefore, their psychiatric symptoms are also different in relation to incidence. In a Study conducted over orphanage homes suggests that bad condition of these institution resulted into different number of mental disorders in children and adolescence (Margoob, 2006). In a study done at orphanage of Jammu & Kashmir state, girls were found to be more exposed to PTSD as compared to other disorders. The findings of Nyamukapa et al. (2006) indicated that, orphans have more psychological disorders and more severe sickness for both the gender. There were more psychological trauma disorders in girls, but no major differences according to age.

Adolescence is a crucial stage of life, where one is treated like a child and is expected to behave like an adult. This is a stage of transition, and one looks ahead to identify his/her identity. Therefore, some indications are common among all adolescents and clinicians most of the time overlooked the symptoms of PTSD (Crane & Clements, 2005). But we all are different from each other in one way or other. Studies on gender differences results that males are usually exposed more to traumatic events but females are the ones who experience more post-traumatic stress disorder symptoms in their life (Shaw, 2000; Crane, & Clements, 2005; Stuber, Resnick, & Galea, 2006).

2.3.5 Relationship of traumatic events and PTSD symptoms of Adolescents

Evaluations from longitudinal study on community based adolescents and children show that full criteria of PTSD was not present in given sample, rather majority of the symptoms were at subclinical level and involve throbbing recall. Secondly, symptoms generated after traumatic event were older to experience anxiety. Third, psychiatric morbidity was found with higher levels of traumatic events, mainly anxiety and depressive disorder ([Copeland & E. J., 2007).

2.4 Resilience

Resilience, in short is the bouncing capacity of an individual in stressful situation. It is concerned with the ability of coping and recovering from traumas which is considered as positive development. This positive development brings optimistic viewpoint towards future and increase coping skills (Murphy, 1987). Many psychologists consider resilience as an fruitful capability to adapt adverse environment and achieve success over it through strong determination (Luther, Cicchetti & Becker, 2006). Resilience also signifies the importance of cultural values that enhance one's capacity to face worse situations with confidence and full-potential (Masten & Wright, 2010).

2.4.1 According to Child Youth Resilience Measure (CYRM)

Resilience is defined by different psychologist. According to Child Youth Resilience Measure,

- Resilience refers to the individual's ability to find their own way to survive difficult situations.
- Resilience includes the capacity to utilize full potential and use available environmental resources.
- Resilience refers to the automatic use of values and resources at individual, family and community level in a meaningful way

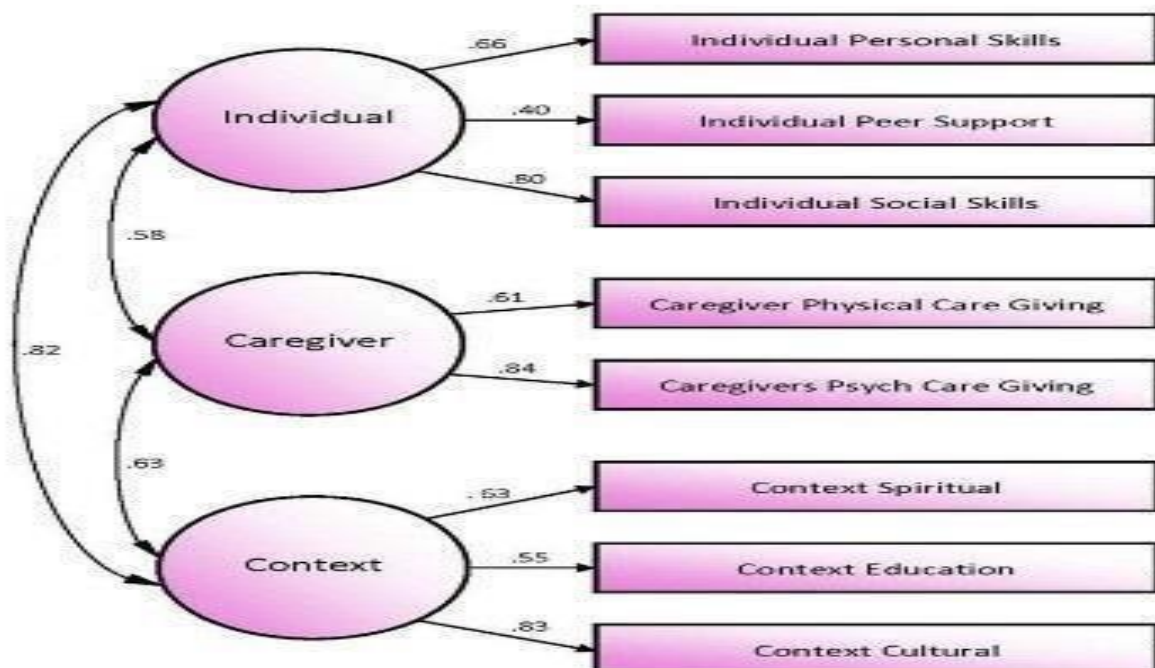


Figure 1: Confirmatory Model of Resilience- CYRM

According to CYRM model, there are number of protective factors that enhanced one's resilience. It is also promoted by different features of an individual like, positive beliefs, temperament, internal locus of control, optimism and sociability etc. Many of these are reflection of personal characteristics, which are not easy to change. Three levels of Resilience:

- **Individual Level:** This portion includes self-efficacy, cognitive ability, coping strategy, spirituality and self-regulation.
- **Family Level:** This part reflects factors like parent-child interaction, social-support.
- **Community Level:** This area includes community resources and positive school experience.

Above described factors can vary from culture to culture, including different community traits of the area etc. (Crawford, Wright & Masten, 2005).

2.4.2 Resilience- Three main facts in literature

Three main facts related to resilience have been described in literature, which are as follows;

- **First Fact:** Resilience helps the individual to overpower problematic situations and display higher growth tendencies than expected to belief in oneself.
- **Second Fact:** This trait exemplifies the ability to quickly adjust to stressful situation by an individual.
- **Third Fact:** Last fact refers to the natural ability of an individual to recover from traumatic event. Such studies inspect the individual's capacity of an individual which play significant role in recovering from possible dangers of trauma. Distressful events surely decrease ones living standards. When extreme stressful conditions reach the extent where it will threat life, resilience shifts its place to different traumatic event (Masten, 1994).

The study aims to search out the resilience of adolescents living in orphanages, who have undergone traumatic experiences in their life at such as early age.

2.4.3 Relationship between Resilience and Traumatic events among Adolescents

Many studies have shown positive outcomes of the relationship between resilience and traumatic events. They say adolescents have a great capacity to demonstrate resilience when facing difficult or life threatening situations in life. It has been found that school age children at late childhood stage usually have a large repertoire of resilience strategies to draw upon in

handling death and crisis situations (Dyregrov, 1991). If they are properly guided, resilient adolescents can actualize their inner potentials that make them more adjusted and adopted.

2.4.4 Relationship between Resilience, and PTSD among adolescents

Different studies are conducted individually on resilience, post-traumatic stress disorder and traumatic events, but very few of them explain their relationship between each other. Among War exposure, depression and anxiety symptoms, post-traumatic growth extents were found to be the most distinguishing factor. Results of this study show that high experience of post-traumatic stress symptoms represents more positive changes in the time of adversity (Bonanno , 2004). Another study indicates that in generating resilience among orphan and abandoned adolescence, friendship component is important. This helps in maintaining emotional stability and reduces traumatic symptoms (Agaje, 2008).

2.5 Summary of Review Literature

The present study aims to compare the abandoned and orphan adolescents on three psychological constructs; traumatic events, post-traumatic stress disorder symptoms and resilience. There are many studies being conducted already among these variables differently, but this study brings them together to see their incidence among abandoned and orphan adolescents. Above discussed literature clearly indicates the definition, exposure and previous research conclusions in these three variables. Most of the studies are evaluated in the childhood stage of development. Orphans as defined by WHO, labeled child as orphan if his/her parents had died and whose age is less than 18years. They are at high demand to take care at both national and international level. Traumatic events influence sadness, grief, depressed symptoms and low self-worth among abandoned and orphan adolescents. Consequently, they often blame themselves for their parent's conflicts, illnesses, death and other misfortune. The most common disorder among orphan adolescents is post-traumatic stress disorder. In a study done in Srinagar orphan home, about 47% of girls were diagnosed with PTSD disorder. Another study gave the evidence that post-traumatic stress symptoms show positive relation with positive psychological outcomes in traumatic situations (Bonnano, 2004). Resilience is defined as the bouncing back capacity of an individual, which enables him to fight with adverse circumstances.

2.6 Research gap

Previous studies done on traumatic events, post-traumatic stress disorder symptoms and resilience collaboratively are rare in Indian culture. Research studies on abandoned and

orphan children regarding traumatic events of parental loss are less in low income countries (Cluver, Gardner, & Operario, 2007). And many studies evaluated that trauma in abandoned and orphan children potentially affects them because they lack security and adult (Ahmad et al., 2005). Nonetheless, these studies find out the types of traumatic event among orphan and abandoned children, and which category is more prone to exposure to events. Though these exposure has been described in anxiety and depression related disorders in adulthood (Matshalaga & Powell, 2002) and demonstrated that these disorders can lead to high risk of sexual behavior (Murphy-McMillan, 2008). Most of the findings on different variables are done between orphan and children living with parents. Research conducted on resilience of orphan and children residing with their parents in Chandigarh, stated that orphan children are more resilient than those living with parents (Sudha Katyal, 2015).

This present study aims to find the incidence of abandoned and orphan adolescents of two cities of Punjab state, by examining their rate of traumatic events, post-traumatic stress disorder symptoms and resilience factor. It gives novel idea to this study by also examining the gender differences among abandoned and orphan adolescents, which are not studied in other researches among these defined groups. Most of the studies have investigated orphan and abandoned adolescents individually as well as collectively. Adolescent's period has been no-man's land in the area of research. Above that variables are not well studied in Indian culture. The motivation behind the study is to see the comparison between orphan and abandoned adolescents on different psychological variables. Several studies on orphan and children/adolescents living with their parents clearly denote that there is difference between them, but do other category of orphans, or social/abandoned orphans also shows different, or face similar life adversities, symptoms and resilience as well.

3. MOTIVATION BEHIND THE STUDY

The concept of orphan is not latest; in fact it has its origin from past centuries. Several researchers have worked a lot in finding out the life style, skills, physical and mental health of these traumatized adolescents. In India, the numbers of such studies are less.

Most of them have been conducted in Jammu & Kashmir state, because there the conflict from past years has resulted into increasing the rate of orphan adolescents. But in spite of conflict issues, there are more other traumatic events that can occur in one's life, and which are in need to be studied thoroughly. Thus, the motivation behind this study is to work with orphan and abandoned adolescents living in Punjab state and to check the prevalence of traumatic events, post-traumatic stress disorder symptoms and the resilience among boys and girls of adolescent's age. The previous studies have worked on all the variables; traumatic events, post-traumatic stress disorder symptoms and resilience individually. This study intends to explore collaboratively the natural coping skills of adolescents, number of traumatic events, their symptoms and how it affects their life. The other motivate to conduct this study is to analyze gender difference among orphan and abandoned adolescents. Researchers have rarely distributed the sample of their research on gender basis.

3.1 Objectives of the Study

1. To study the number of traumatic events among abandoned and orphan adolescents residing in different orphanages.
2. To study the incidence of post-traumatic stress disorder symptoms among abandoned and orphan adolescents.
3. To study resilience of abandoned and orphan adolescents.
4. To study the gender difference of post-traumatic stress disorder symptoms between abandoned and orphan adolescents.
5. To study the gender difference between the resiliency of abandoned and orphan adolescents.

3.2 Rationale and Hypotheses of the Study

Based on the literature and the finding outlined in the introduction, five hypotheses have been formulated, which are described below:

Exposure to traumatic events is higher in the studies conducted over children and adolescents (N. M., & Whetten, K. 2015). Exposure to traumatic events increases with increase in age, thus, orphan and abandoned adolescents are more prone to traumatic events, specifically with violence and sexual abuse (Emerson, & Donenberg, 2012). Traumatic events are mostly highly experienced by adolescents (Crane & Clements, 2005). Following these studies results, hypothesis has been formulated below;

H₁: Abandoned adolescents show high scores on number of traumatic events as compared to orphan adolescents.

Some clinicians report that post-traumatic stress disorder is highly prevalent among orphan adolescents, as compared to other adolescents living with their parents (Whetten, K., 2015). Another study done in Ankara orphanage reveals that psychological symptoms are higher among adolescents living in orphanages than general population of adolescents (ÇAMAN, Ö. K., & Özcebe, H. (2011). Following hypothesis is formed in collaboration of these studies and above hypothesis;

H₂: Incidence of post-traumatic stress disorder symptoms is more in abandoned adolescents as compared to orphan adolescents.

According to the resources, resilience could be biological, psychological and environmental (Margaret.2001).). Recent study shows Orphans are more resilient than adolescents who live with their parents, in spite of their high scores on exposure to events (Sudha Katyal, 2015).

H₃: There is no difference among resilience of abandoned and orphan adolescents.

Following hypothesis is based on the report of the study conducted in Srinagar orphanage of girls by Psychiatrists, and they used DSM IV guidelines to screen for evaluation of psychiatric disorders. Girls scored higher on post-traumatic stress disorder symptoms. Another study demonstrated the gender difference on the basis of traumatic events and symptoms revealing the higher scores attained by females in post-traumatic stress disorder symptoms and boys on the number of traumatic events (Shaw, 2000; Crane, & Clements, 2005; Stuber, Resnick, & Galea, 2006)

H4: Abandoned and orphan girls show more post-traumatic stress disorder symptoms as compared to abandoned and orphan boys.

Research conducted on the resilience of orphans shows no gender difference (Belay Tefera, Missaye Mulatie, in 2014). Another study conducted in Ethiopia, indicates that adolescent boys who have experienced traumatic events are more at resilience ability as compared to girl. They suggested that friendship is an important component in increasing resilience among abandoned and orphan adolescents (Agaje, S. W., 2008). Resilience is that coping skill which includes cultural differences. Thus, on the basis of above studies and resilience's protective factors like culture etc., following hypothesis is formulated.

H5: Abandoned and Orphan boys are more resilient than abandoned and orphan girls.

4. MATERIALS & METHODS

4.1 Research Design

This study is expressive because of its comparative nature. It focuses on finding the difference between abandoned and orphan adolescents at three variables; traumatic events, post-traumatic stress disorder symptoms and resilience. Another reason of its comparative nature is that it compares the status of traumatic events, post-traumatic stress disorder symptoms and resilience of orphan and abandoned adolescents of both the gender. This is a purposive research, where sample of only orphan and abandoned adolescents were taken with an age range of 11-16 years (Mean=13 years).

4.2 Area of Study

This study was directed in Punjab state of India. For the comparative and purposive research, the target population consists of abandoned and orphan adolescents of cities of Amritsar and Patiala, whose ages range between 11 and 16 years (Mean age 13years). Both girls and boys participated in this study. There are very less number of studies conducted in orphanages of these cities of Punjab.

4.3 Sampling

Below is the diagrammatical representation of sampling procedure;

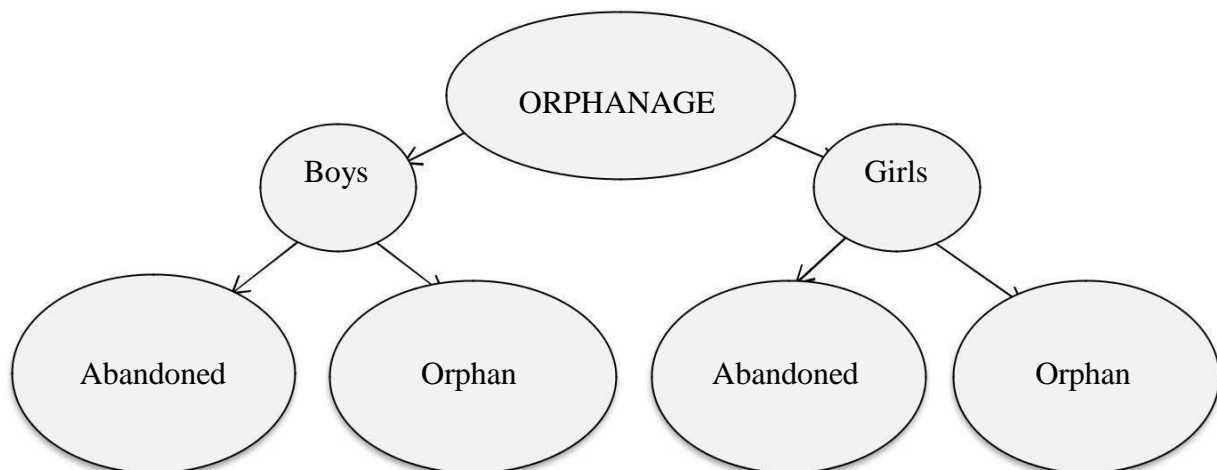


Figure 2. Diagrammatical Representation of Sampling Procedure

From different orphanages of Amritsar and Patiala city, those individuals were selected which falls in the age range of 11-16 years (Mean age 13 years). Both boys and girls were included for participation in the study. With the help of demographic information, they were

selected on the basis of their orphan status. The sample-size of 100 subjects who are orphan and abandoned by their parents was selected for research purpose.

4.4 Inclusion Criteria

- Adolescents must be residing in orphanage home.
- Only abandoned and orphan group of adolescents would be considered applicable for the study.
- Age limit for participation should be between 11-16 years (Mean age=13 years).
- Both boys and girls will be allowed for participation

4.4.1 Exclusion Criteria for target population

- Adolescents with past history of medical illness, head injury, epilepsy or any neurological deficit would not be allowed to participate.

4.5 Research Variable

The design of this research includes the following variables:

4.5.1 Independent Variables:

Category (Abandoned and Orphan)

Gender (Boys and Girls)

4.5.2 Dependent Variables:

Number of traumatic events

Traumatic symptoms

Resilience

4.6 Data Collection Instruments

To accomplish the goals of the present study, the following tools were used. All the tests were in English language, they were translated into the native language (Punjabi) as per the participant's requirement during the interview. These tests were individually performed by each subject:

- Socio-demographic information form
- Traumatic-Life Event Inventory and Post-Traumatic Stress Disorder Symptoms Checklist
- Child-Youth Resilience Measure

4.6.1 Socio-demographic Information Form

This form was self-administered by the researcher. It include demographic variables of an abandoned and orphan adolescents such as, orphan status, admission in the orphanage, lenth of institute, length of time with care-taker, gender, parental occupation, description of parents, current age, religion, general medical condition, prior history and place of institutional care, guardian occupation, number of siblings and birth order etc. All this information about the adolescents was taken from the care-taker and concerned authority. Rules and ethics were considered as per the orphanage's requirement. Confidentiality of the information was promised. This form helps the researcher in knowing the background of the adolescents, before assessing their traumatic events, symptoms, and resilience.

4.6.2 Traumatic-Life Events Inventory & Post-traumatic Stress Disorder Checklist

This questionnaire included the types as well as history of traumas. It is based on the criteria of *DSM-IV TR*, designed to diagnose traumatic events and the symptoms in individuals. These include 17-items in each form. Information of traumatic events was taken from the care-taker. Post-traumatic stress disorder symptoms were asked from the abandoned and orphan adolescents of different orphanages. This is a standardized inventory in the all cultures.

4.6.3 The Child and Youth Resilience Measure (CYRM)

This tool of measurement works over finding the resilience of adolescents at individual, family and community level. This scale was established in 2002 by Dr. Michael Ungar at Dalhousie University, Canada. This research was funded by Nova Scotia Health Research Foundation. This measurement scale was designed to assess different characteristics of an individual with an age range of 9-23 years and is standardized in all cultures. This tool is developed under the organization of Child and Youth Resilience Measure under International Resilience Project (WHO). It includes 26 items, with options of sad, happy and neutral smile expression. This category of answering gives Yes, No and sometimes responses. It was selected so as to take accurate results from the participants, about how they feel in particular situation.

4.7 Data Collection Procedure

This was a purposive study containing the sample size of about 100 participants. These participants were selected from different orphanage homes of Patiala and Amritsar cities of Punjab. The age range of about 11-16 years (Mean age13 years) of both the gender was

selected for this study. Before starting the research, permission was initially taken from University as well as from the concerned authorities of the orphanages. All those participants were selected who showed interest in the study and they were given credits for this. They were also assured of the confidentiality of their data. Focus was given mainly on rapport building so that participants can answer the questions by their true knowledge. Language used in the interview was based on the participant convenience. They were also assured of the confidentiality. Assessment of this study was done through the use of the tools mentioned above. Major focus was given on the rapport establishment before using the assessment tools. These tools were basically self-report measures, so participants were given brief information regarding them and also about the aim of this study. These questionnaires were needed to be filled individually by each participant. Data was collected and statistical analysis was applied.

4.8 Ethical Considerations

Ethical approval to conduct the study over abandoned and orphan adolescents was taken from designated authority of department of Psychology as well as from the dean of academic affairs of Thapar University, Patiala. Ethical approval was also sought from the concerned authorities of different orphanages of Amritsar and Patiala city of Punjab state. Important information related to current study was properly described to the administrative department of orphanages. After taking permission from authorities, participants consent was also individually taken. They were told they were free to quit participation any time, if not interested, and there will be no negative consequences. Brief information related to study was given to the participants also. Confidentiality of the data was maintained. Any support needed by the participant during research was identified and assisted properly, so as give full benefit to them. Adolescents were given some food stuffs as a reward, by getting permission from authorities, so as to build rapport and trust easily, and accurate results could be taken out.

4.9 Data Analysis

Descriptive data analysis was done on traumatic events, post-traumatic stress disorder and resilience among orphan and abandoned adolescents of both the gender. Frequency and percentage was also calculated in case of number of traumas and types of traumas among orphan and abandoned adolescents. To find out the difference between traumatic events, post-traumatic stress disorder and resilience, among abandoned and orphan adolescents, 2*2 Factorial Anova and Regression co-efficient was calculated.

5. RESULTS & FINDINGS

5.1 Background Information of Study Subjects

The objective of the current research is to comparatively analyze the abandoned and orphan adolescents on traumatic events, post-traumatic stress disorder symptoms. Descriptive data analysis was done on traumatic events, post-traumatic stress disorder and resilience among orphan and abandoned adolescents of both the gender. Frequency and percentage was also calculated in case of number of traumas and types of traumas among orphan and abandoned adolescents. Inferential Statistical analysis was used to find out the main effects of defined variables among abandoned and orphan Boys and Girls. All the participants belong to Sikh religion. The results of the study are described;

5.2 Results of Traumatic Events among Abandoned and Orphan Boys and Girls are described below

One Hundred adolescents participated in this study. Of the total participants, 50 were abandoned and 50 were orphan adolescents who have been separated by their parents due to many reasons.

5.2.1 Frequency of number of traumatic events among Abandoned and Orphan Adolescents:

Below tables indicates the incidence of number of traumatic events among abandoned & orphan adolescents.

Table 1: Number of Childhood Traumatic Events among Abandoned & Orphan Adolescents (N=100)

No. of Traumas	Abandon Adolescents		Orphan Adolescents	
	Frequency	Percentage	Frequency	Percentage
1	0	0%	0	0%
2	7	14%	16	36%
3	15	30%	21	42%
4	11	22%	5	10%
5	10	20%	4	8%
6	7	14%	2	4%
7	0	0%	0	0%
8	0	0%	0	0%

Table 1: Describes the total number of traumas faced by individuals in their past life. This information about the participants was taken from the care-taker of the orphanage home with the help of Traumatic- Life Events inventory. Information regarding the gender of care-taker and length of time with the participant was also recorded. Results show that all the participants have suffered from more than one trauma. Abandoned and Orphan adolescents had experienced about 6 traumas. Both the groups show highest number of frequency at three numbers of traumas. The frequency of orphan adolescents (f=21) is higher than the frequency of abandoned adolescents (f=15). But the percentage of other traumas is more in case of abandoned adolescents (f=7, 15, 11, 10, 7) as compared to orphan adolescents (f=16, 21, 5, 4, 2).

5.2.2 Frequency of type of Traumatic Events among Abandoned and Orphan Boys and Girls Adolescents:

Table 2 Frequency of Various Types of traumatic Events among Abandoned & Orphan Boys and Girls (N=100)

	History Of Trauma	Abandon		Orphan	
		Frequency	Percentage	Frequency	Percentage
1	Single Parent	36	0.72	15	0.3
2	Both Parents	13	0.26	35	0.7
3	Unknown	1	0.02	0	0
4	Witnessed Death/Injury	20	0.4	39	0.78
5	Emotional Abuse	15	0.3	13	0.26
6	Physical Abuse	8	0.16	7	0.14
7	Sexual Abuse	3	0.06	1	0.02
8	Substance Abuse	0	0	0	0
9	Emotional Neglect	25	0.5	10	0.2
10	Physical Neglect	16	0.32	10	0.2
11	Witnessed Violence	19	0.36	11	0.22
12	Forced to leave home	25	0.5	17	0.34
13	War, riots, or Killing	9	0.18	8	0.16
14	Disaster or Accident	9	0.18	5	0.1

In Table 2: description of data shows the history of traumatic events experienced by Abandoned and orphan adolescents. Using Traumatic-Life Event Inventory, this information is taken from the authentic record of participants with the help of care-taker. Permission of using this data for research purpose was initially taken from the authorities. Results indicate that in abandoned individuals, the frequency of abandonment by single parent is more (f=36), than the frequency of death of single parent in orphans (f=15) on the basis of single parental loss. On the other hand, the abandonment by both parents in abandoned individuals (f=) is less than the frequency of death of both parents in orphan adolescents (f=). In fact the percentage of death witnessed (P=78%) is the highest number of traumatic event faced by orphan adolescents. In abandoned adolescents, the rate of all abuses; emotional (f=15), physical (f=8), and sexual (f=3) have been experienced more as compared to the abuse by orphan adolescents; emotional (f=13), physical (f=7) and sexual (f=1). Even the neglect of both the types such as emotional (f=25) & physical (f=16) are higher among abandoned adolescents as compared to emotional neglect (f=10) and physical neglect (f=10) of orphan adolescents. Abandoned adolescents have been forced more to leave home in comparison of orphan adolescents. War, disasters and accidents rate is high among abandoned adolescents. Thus, the above frequency and percentage clearly shows abandoned adolescents have suffered high traumatic events as compared to orphan adolescents.

5.2.3 Descriptive summary of Traumatic Events among Abandoned and Orphan Boys and Girls.

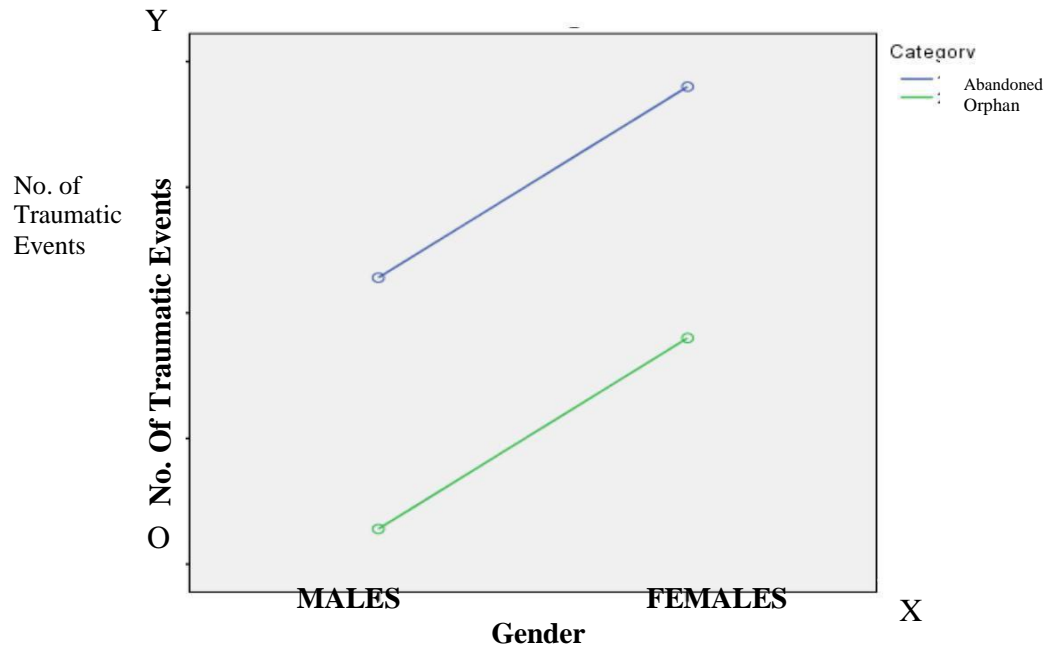
Table 3: Mean and Standard Deviation of Traumatic Events among Abandoned and Orphan Boys and Girls (N=100).

Groups	ABANDONED	ORPHAN
BOYS	Mean= 3.64	Mean=2.64
	S.D=1.07	S.D=0.70
GIRLS	Mean=4.40	Mean=3.40
	S.D=1.25	S.D=1.25

Table 3, demonstrates the Mean and S.D values of Abandoned and Orphan Boys and Girls. Results shows that abandoned boys and girls (M=3.64, S.D=1.07 and M=4.40, S.D=1.25) have high number of traumatic events in their life as compared to orphan boys and girls

(M=2.64, S.D=0.70 and M=3.40, S.D= 1.25). Out of this, girls are more at exposure to traumatic events as compared to boys.

Figure 3: Graphical Representation of Traumatic Events among Abandoned and Orphan Boys and Girls.



In the Figure 3. Gender (Boys, Girls) lies on OX-axis and Category (Abandoned and Orphan) lies on OY-Axis. The two lines in the graph are representing the mean values of Abandoned and Orphan Boys and Girls on traumatic events. These lines show that there is a difference between two categories as well as gender. Out of abandoned and orphan adolescence, Abandoned are more at exposure to traumatic events, where in gender difference, Girls are more prone to exposure to high number of traumas in their life.

5.2.4 2 (Gender: Boys, Girls)*2 (Category: Abandoned, Orphan) FACTORIAL ANOVA summary of Traumatic Events

Table 4: 2*2 Factorial Anova is used to extend the further calculation of Main Effect traumatic events among defined sample of Abandoned and Orphan Boys and Girls.

Source	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Gender	14.440	1	14.440	12.000	.001	.111
Category	25.000	1	25.000	20.776	.001	.178
Gender * Category	.000	1	.000	.000	1.000	.000
Error	115.520	96	1.203			
Total	1394.000	100				

Above Table 4 represents 2 (Gender: Boys, Girls)*2 (Category: Abandoned, Orphan) Factorial Anova of Traumatic events among Abandoned and Orphan Boys and Girls. This statistical analysis was carried out to compare the mean of traumatic events of abandoned and orphan Boys and Girls. The F-value of Gender ($F_{(1,96)}=12$, $p.<.001$) on Traumatic events clearly indicates that there is significant difference between boys and girls on the basis of number of traumatic events they face. The F-value on Category ($F_{(1,96)}=20.77$, $p.<.001$) depicts that there is also a significant difference between abandoned and orphan adolescents in relation to traumatic events. The differences between gender and category show that abandoned and orphan status have more significant difference in relation to traumatic events. Even the value of Eta square is more in case of Category (.17) as compared to gender (.11).

5.2.5 Regression analysis is calculated to study the impact of Traumatic Events of Boys and Girls in abandoned and orphan category

Table 5: Regression coefficient of Traumatic Events among Abandoned and Orphan Boys and Girls.

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.	Adjusted R sq.
	B	Std. Error	Beta	t		
(Constant)	3.900	.169		23.030	.001	.084
Gender	-.760	.239	-.305	-3.173	.002	

It can be seen in Table 5 that 8.4% variation in traumatic events of boys and girls can be attributed to abandoned and orphan category. The Table depicts that t-value (t-value=23.03) is significant for gender at $p < .001$ level. The B –value is -.76 is insignificant, B-value specifies that Boys show 7.6 times less chances to exposure to traumatic events as compared to girls in abandoned and orphan category.

5.3 Results of Post-Traumatic Stress Disorder symptoms among Abandoned and Orphan Boys and Girls

5.3.1 Descriptive statistics of PTSD symptoms among Abandoned and Orphan Boys and Girls.

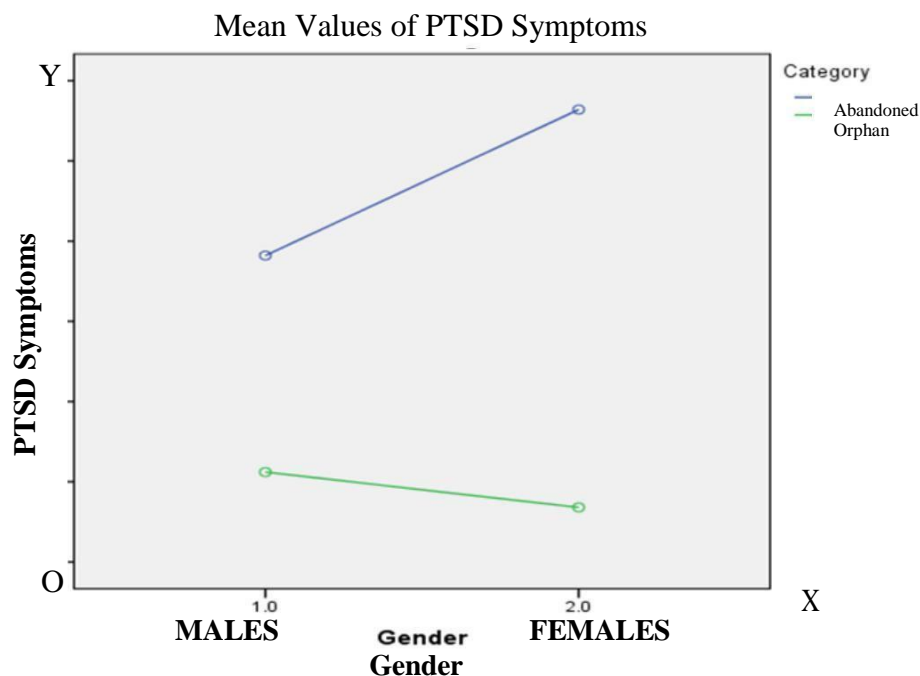
Table 6: Mean and Standard Deviation of PTSD symptoms among Abandoned and Orphan Boys and Girls

Groups	ABANDONED	ORPHAN
BOYS	Mean=45.64	Mean=40.24
	S.D=9.32	S.D=9.90
GIRLS	Mean=49.28	Mean=39.36
	S.D=13.02	S.D=14.02

Table 6 describes the Mean and Standard Deviation of post-traumatic stress disorder symptoms among abandoned and orphan boys and girls. Results show that mean values of abandoned adolescence (M=45.64, S.D=9.32; M=49.28, S.D=13.02) is higher as compared to orphan adolescence (M=40.2, S.D=9.90; M=39.36, S.D=14.02). Out of this category, abandoned girls (M=49.28, S.D=13.02) are more in traumatic event as compared to orphan girls (M=39.36, S.D=14.02).

5.3.2 Graphical Representation of PTSD symptoms among Abandoned and Orphan Boys and Girls.

Figure 4: Graphical Representation of PTSD symptoms among Abandoned and Orphan Boys and Girls.



In the Figure 4. Gender (Boys, Girls) lies on OX-axis and Category (Abandoned and Orphan) lies on OY-Axis. The two lines in the graph are representing the mean values of Abandoned and Orphan Boys and Girls on PTSD symptoms. These lines show that there is a difference between two categories as well as gender. Out of abandoned and orphan adolescence, Abandoned are more at exposure to PTSD symptoms, where in gender difference, abandoned girls are more prone to high number of traumatic symptoms as compared to abandoned boys. But orphan boys are more prone to high PTSD symptoms than orphan girls in their life.

4.3.3. 2(Gender: Boys and Girls) * 2 (Category: Abandoned and Orphan) FACTORIAL ANOVA of PTSD symptoms among Abandoned and Orphan Boys and Girls.

Table 7: Results of 2(Gender: Boys and Girls) *2 (Category: Abandoned and Orphan) FACTORIAL ANOVA of PTSD symptoms among abandoned and orphan Boys and Girls.

Source	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Gender	47.610	1	47.610	.345	.558	.004
Category	1466.890	1	1466.890	10.640	.002	.100
Gender * Category	127.690	1	127.690	.926	.338	.010
Error	13235.120	96	137.866			
Total	205235.000	100				

Above Table 7 represents 2 (Gender: Boys, Girls)*2 (Category: Abandoned, Orphan) FACTORIAL ANOVA of PTSD symptoms among Abandoned and Orphan Boys and Girls. This statistical analysis was carried out to compare the mean of PTSD symptoms of abandoned and orphan Boys and Girls. The F-value of on Gender ($F_{(1,96)} = .34$) indicates that there is no significant difference between boys and girls on the basis of number of symptoms they suffer. The F-value on Category ($F_{(1,96)} = 10.64$) depicts that there is also no significant difference between abandoned and orphan adolescents in relation to PTSD symptoms. But the value of Eta square is more in case of Category (.10) as compared to gender (.004).

5.3.3 Regression Co-efficient of PTSD symptoms among Abandoned and Orphan Boys and Girls.

Table 8: Regression Coefficient of PTSD symptoms among Abandoned and Orphan Boys and Girls

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Adjusted R sq.	
	B	Std. Error	Beta				
1	(Constant)	44.320	1.740		25.476	.001	-.007
	Gender	-1.380	2.460	-.057	-.561	.576	

It can be seen in Table 8 that .7% variation in traumatic symptoms boys and girls can be attributed to abandoned and orphan category. The Table depicts that t-value (t-value=25.4) is significant for gender at $p<001$ level. The B –value is -1.3 is insignificant, B-value specifies that Boys show 1.3 times less chances to traumatic symptoms as compared to girls in abandoned and orphan category.

5.4 Results of Resilience among Abandoned and Orphan Boys and Girls

5.4.1 Descriptive summary of Resilience among Abandoned and Orphan Boys and Girls.

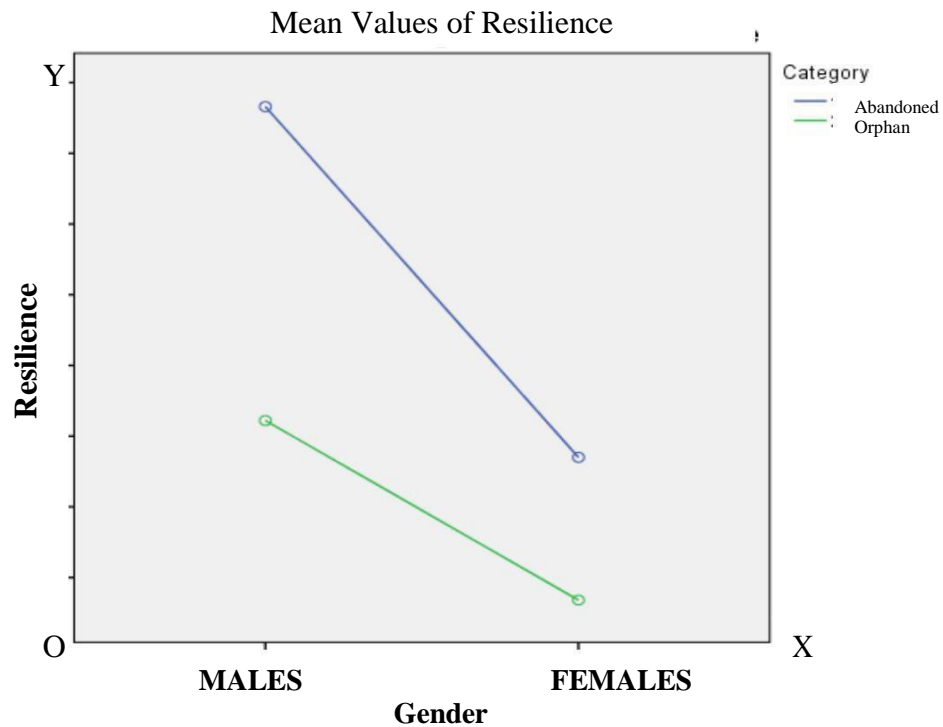
Table 9: Mean and Standard Deviation of Resilience among Abandoned and Orphan Boys and Girls

RESILIENCE	ABANDONED	ORPHAN
BOYS	Mean=69.32	Mean=60.44
	S.D=6.75	S.D=4.21
GIRLS	Mean=59.40	Mean=55.36
	S.D=5.85	S.D=6.17

Table 9 describes the Mean and Standard Deviation of Resilience among abandoned and orphan boys and girls. Results show that mean values of abandoned boys and girls (M=69.32, S.D=6.75; M=59.40, S.D=5.85) is higher as compared to orphan boys and girls (M=60.44, S.D=4.21; M=55.36, S.D=6.17). Out of this, abandoned boys (M=69.32, S.D=6.75) and orphan boys (M=60.44, S.D=4.21) demonstrates more scores in resilience.

5.4.2 Graphical Representation of Resilience among Abandoned and Orphan Boys and Girls.

Figure 5: Graphical Representation of Resilience among Abandoned and Orphan Boys and Girls



In the Figure 5. Gender (Boys, Girls) lies on OX-axis and Category (Abandoned and Orphan) lies on OY-Axis. The two lines in the graph are representing the mean values of Abandoned and Orphan Boys and Girls on Resilience factor. These lines show that there is a difference as well as interaction between two categories as well as gender. Out of abandoned and orphan adolescence, Abandoned are more at exposure to resilience, where in gender difference, abandoned and orphan boys are more on resilience factor as compared to abandoned and orphan girls. These two lines are showing interaction effect.

5.3.3. 2(Gender: Boys and Girls) *2 (Category: Abandoned and Orphan)

FACTORIAL ANOVA of PTSD symptoms.

Table 10: 2(Gender: Boys and Girls)*2(Category: Abandoned and Orphan) FACTORIAL ANOVA computation of Resilience among Abandoned and Orphan Boys and Girls.

Source	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Gender	1406.250	1	1406.250	41.419	.001	.301
Category	1043.290	1	1043.290	30.729	.001	.242
Gender * Category	146.410	1	146.410	4.312	.041	.043
Error	3259.360	96	33.952			
Total	379543.000	100				

Above Table 10 represents 2 (Gender: Boys, Girls)*2 (Category: Abandoned, Orphan) Factorial Anova of Resilience among Abandoned and Orphan Boys and Girls. This statistical analysis was carried out to compare the mean of resilience of abandoned and orphan Boys and Girls. The F-value of on Gender ($F(1,96) = 41$) indicates that there is significant difference between boys and girls on the basis of Resilience. The F-value on Category ($F(1,96)=30.72$) depicts that there is also a significant difference between abandoned and orphan adolescents in relation to resilience. The value of Eta square is more in case of gender (.30) as compared to gender (.24).

5.4.4. Regression Co-efficient of Resilience among Abandoned and Orphan Boys and Girls

Table 11: Regression Coefficient of Resilience among Abandoned and Orphan Boys and Girls.

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.	Adjusted R sq.	
	B	Std. Error	Beta	T			
1	(Constant)	57.380	.953		60.218	.001	.232
	gender	7.500	1.348	.490	5.566	.001	

It can be seen in Table 11 that 23% variation in resilience of boys and girls can be attributed to abandoned and orphan category. The Table depicts that t-value ($t\text{-value}=60.21$) is highly

significant for gender at $p < .001$ level. The B -value is 7.5 is significant, B-value specifies that abandoned and orphan boys show 7.5 times more chances to resilience as compared to girls in abandoned and orphan category.

6. DISCUSSION

The main goal of current study was to find out the incidence of traumatic events, post-traumatic stress disorder symptoms and resilience among Abandoned and Orphan adolescents. For this study, data of 100 was selected purposively through different orphan homes of Amritsar and Patiala city of Punjab. Both girls and boys showed interest in the participation. The age range of the data includes 11-16years (M=13years) adolescents. Five hypotheses were designed for this study.

The explanation of these hypotheses is given below;

H1: Abandoned adolescents show high scores on number of traumatic events as compared to orphan adolescents

This hypothesis has been accepted. According to Table 1,2, 3, 4 and 5 abandoned adolescents experience an average of 4.02 number of traumas, which is little higher than 3.02 number of traumas as in case of orphan adolescents. The F-value also indicated that there is a significant difference between traumatic events of abandoned and orphan adolescents. The possible threat of traumatic events has been evaluated among abandoned and orphan adolescents in many under-developed countries (Cluver & Operario, 2007).

They demonstrated that the abandoned and orphan adolescents are at high risk for developing emotional, behavioral and sexual problems due to absence of parental security. According to the investigation of another study, 11% of the children are exposed to traumatic event by the age of 11years which increased to 43% by the age of 18years (“identifying and addressing trauma”, 2007). This shows that during adolescence, the exposure to traumatic events increased many folds (Crane & Clements, 2005). Research conducted in developing and under-developed countries depicts that traumatic experiences are not only limited to parental loss and separation by parents; in fact other specific events also existed along with these experiences (Whetten k., 2011).

In current study, Abandoned and Orphan adolescents had experienced about 6 number of trauma. Both the groups show highest number of frequency at three numbers of traumas. The frequency of orphan adolescents on experiencing three traumatic events is higher than the frequency of abandoned adolescents. This might be due to the fact they have witnessed more death trauma. But the percentage of other traumas is more in case of abandoned adolescents.

H₂: Incidence of post-traumatic stress disorder symptoms is more in abandoned adolescents as compared to orphan adolescents.

This hypothesis is related with previous one. It has also been accepted. There is a difference between PTSD symptoms of abandoned and orphan adolescents as described in Table 6, 7, and 8. Average score of abandoned adolescents on traumatic symptoms is 47.46 and orphan's average value is 39.80. The reason could be same as in case of first hypotheses. More number of traumas can lead to more traumatic symptoms, because individual who has experienced many events could find it difficult to avoid thinking about them.

Some clinicians report that as child grows, the list of traumatic events also increases. When they reach at adolescence stage, they are more prone to psychological symptoms (Cedar Project et al., 2008). Other study evaluated that more number of traumas in early childhood causes more symptoms in adolescence and adulthood (Sunday, & Spinazzola, 2005). It has been suggested in other study that those children who got traumatized at a very young age or even before they were born exhibited less trauma symptoms than those who got traumatized at an older age (Plasc, I.D., 2011).

Some clinicians report that post-traumatic stress disorder is highly prevalent among orphan adolescents, as compared to other non-orphan adolescents (Whetten, K., 2015). Another study done in Ankara orphanage reveals that psychological symptoms are higher among adolescents living in orphanages than general population of adolescents (CAMAN, O. K., & Ozcebe, H. (2011).

In current study, we can suggest on the basis of above results, that PTSD symptoms are more among abandoned adolescents in comparison to Orphan adolescents, because they have been exposed to more traumatic events from where some of the symptoms can be adopted after getting admitted in orphanage homes, as they are more prone to psychiatric disorders.

H₃ There is no difference among resilience of abandoned and orphan adolescents.

The other objective of the study was to compare resilience of abandoned and orphan adolescents. It says there is no difference between the resilience of abandon and orphan adolescents. This hypothesis has not been accepted. Result shown in Table no.9, 10 and 11 clearly indicates that there is a significant difference between abandoned and orphan adolescents, where abandoned adolescents show high rates on resilience factor. The average scores of abandoned adolescents is 64.56 and that of orphan adolescents is 57.90. Even the F-value is highly significant (30.72). The Eta Square value is 2.42, which shows the practical

significant of the difference between abandoned and orphan category. Some children have protective capacities that made them cope better with ups and downs in life and become resilient (Killian, 2007). Another reason is the resources like biological, psychological and environmental which affects the resilience (Margaret.2001).). As mentioned in the introduction, some studies suggests more exposure to difficult circumstances could prove beneficial socially as well as psychologically [Garmezy, N. (1983; Dawes, A. (1992); Boyden, J., & Mann, G. (2005)].

Recent studies conducted in Chandigarh city (Punjab) show that Orphans are more resilient than those children who live with their parents, in spite of their high scores on exposure to events (Sudha Katyal, 2015).

There are few studies which studied the difference between abandoned and orphan category on the basis of different psychological constructs. The results of this study has revealed that there is a difference between two categories of orphans, that is abandoned and normal orphans, where they distinguish on the grounds of resilience ability. The resilience scores of these adolescents are higher, and the reasons could be the healthy environment of orphanage homes, where participants get opportunities to explore different areas of life. Above that, all the demographic information of the participants showed that they are getting good education and participate enormously in different curricular activities organized at school and institutional level.

H4 Abandoned and orphan girls show more post-traumatic stress disorder symptoms as compared to abandoned and orphan boys.

This hypothesis has been fully accepted. Abandoned and orphan girls do not show more post-traumatic stress disorder symptoms as compared to abandoned and orphan boys. Abandoned and orphan girls of this study have experienced an average rate of 49.28 symptoms and orphan girls have scored 39.36 traumatic symptoms, but on the other hand abandoned boys have scored an average rate of 45.64 and orphan boys have achieved 40.24 on PTSD symptoms. There is an insignificant difference between abandoned and orphan category as well as within gender.as shown in Table no.6, 7, and 8. Abandoned girls and orphan boys have secured high scores on PTSD symptoms. As per the information collected from the care-takers about the history of trauma, abandoned girls have witnessed more contact with physical, sexual and emotional abuse. Some studies have evidenced that girls are more vulnerable to traumatic events and symptoms (Cuffe SP, Addy C, Garrison CZ, Waller J, (1998), (Giaconia CRM, Reinhaz HZ, Silverman AB, (1995).

Many studies relating the vulnerability of orphan children found that girls are higher with the experience of traumatic symptoms (Giaconia, 1995). According to the findings of this study not only girls but boys are also getting suffered in same way from PTSD symptoms. The reason could be that boys and girls are getting equal opportunities in every aspect today. Taboo of being a girl is reducing. And therefore, the PTSD symptoms of both the gender are coming in front. On the basis of previous studies results, we can say that girl's symptoms are reducing and boys symptoms of suffering are increasing. Boys are more worried regarding their future scope, because they are only taken care up-to the age of 18years in orphanage homes. After that, they are allowed to live outside on their own, though some of the institutions lend help to the individuals for their future stability. But the Institutions of girls performed the ceremony of marriage after the age of 18years, only then they are allowed to leave orphanage. Government is trying hard to provide benefits to boys and girls equally.

H₅ Abandoned and Orphan boys are more resilient than abandoned and orphan girls.

This hypothesis has also been accepted. It states that there is a difference between resilience of boys and girls. According to the result mentioned in Table no. 9, 10 and 11, highest average scores have been obtained by abandoned (69.32) and orphan boys (60.44) in comparison to that of abandoned (59.44) and orphan girls (55.36). 2(Gender: Boys and Girls)*2 (Category: Abandoned and Orphan adolescents) was conducted to find out the main effect of descriptive statistics. The F-value is highly significant. The regression analysis was also computed which specifies that scores also indicate that abandoned and orphan boys show 7.5 times more chances to resilience as compared to girls in abandoned and orphan category. The partial Eta score is showing moderate impact size of the conducted study on this resilience factor. There are few studies indicating no significant difference of resilience between boys and girls (Belay Tefera, Missaye Mulatie, 2014). Recent study shows Orphans are more resilient than non-orphans, in spite of their high scores on exposure to events (Sudha Katyal, 2015). Study conducted in Ethiopia on orphan boys and girls show, boys are more resilient than girls who have undergone traumatic experiences (Agaje, S. W., 2008). They concluded that friendship is the main reason behind high scores of resilience of boys. It is also believed that friendship of boys is more stable as compared to girls. This could also be the reason of our computed results.

7. SUMMARY, CONCLUSION, LIMITATIONS & IMPLICATIONS

7.1 Summary of the Study:

According to the above discussion, we can say that there is difference between orphan and abandoned adolescents on different aspects, in spite of their rearing at an orphanage. Both orphan and abandoned adolescents get same basic necessities, shelter and education etc., still there is significant difference between them. Abandoned adolescents have scored higher on traumatic events, post-traumatic symptoms and the resilience factor. Adolescence is an age where one concentrates over forming one's identity and there is great need of parental support. Very high percentage of resilience has also been found among abandoned adolescents, where boys are more resilient. According to the study, children abandoned from living parents were functioning superior than those whose parents were deceased (Levey, E. J., 2017).

7.2 Conclusion

On the basis of above results, we can conclude that no matter number of traumatic events, post-traumatic stress disorder is more in abandoned adolescents, but they have also scored higher in resilience factor than orphan adolescents. These results show that our natural ability of fighting with traumatic events can work better in the presence of stress symptoms and adversity. In fact, many studies demonstrated that orphan adolescents are higher on resilience than non-orphan adolescents (Sudha Katyal, 2015). Thus, the possible reasons for the present findings could be that positive, enriched & stimulating atmosphere in the orphanage that is continued over time add to boosting resilience among orphans (Octavia. L.2005). Above all, higher sense of resilience mainly grows due to friendships with peers and the development of warm social bonds in orphanages. These bonds may defend adolescents from the adverse effects of parental absence (Divine.D, 2013).

Right from the early years, children are left alone to fight their own battle and face the challenges. And this struggle generates a spark of resilience among them as compared to those who are reared at homes with their parents

7.3 Importance

The product of current findings could be helpful for the policy makers, government and non-profit organization working in adolescence in the Orphanages of Punjab. This data could also prove beneficial to psychologists, social workers, public relation departments and clinicians to know the psychological health of the abandoned and orphan adolescents. Psycho-education programs can be organized on the basis of current results. Effective treatment and intervention plan could be designed as per the requirements of these adolescence. This study could also bring the attention of other researchers to work over this most vulnerable part of society.

7.4 Limitations

A possible limitation of this study is that it only focuses on traumatic symptoms. It does not include other psychological measures like, anxiety scales, anger, somatic symptoms etc. It pointed out only PTSD, which may require additional diagnosis in some cases. Other limitation could be sample-size; more number of participants should be taken for the research. In summary, this study describes that out of abandoned and orphan boys and girls, girls are showing number traumatic symptoms and their resiliency is also low. Girls are more needed to be taken care at emotional regulation. Results could also be biased due to less interest of participants in performance. Relationship was not studied among three variables; traumatic events, post-traumatic symptoms and resilience among orphan and abandoned adolescents. Selection-criteria was limited to age, gender, orphan status. This study has majorly focused on finding out the prevalence of traumatic symptoms and the resilience ability of adolescents residing in orphanages. This could have further helped in designing the intervention techniques that could be beneficial in improving the traumatic symptoms among adolescents

7.5 Future Scope

The current study conducted on orphan and abandoned adolescents is type of purposive research. We can also study the traumatic events and traumatic symptoms among adolescents on longitudinal basis, in order to check the reliability of their symptoms. Correlational method could also be used to see the relationship between traumatic events, symptoms and resilience. Data could also be selected on other demographic variables which could present clear picture of real issues among orphan and abandoned adolescents

7.6 Implications

The present study has implications for social welfare workers and policy makers. On the basis of results of the study, it can be recommended that conducive environment in orphanages should be created in order to compensate for effect of parental deprivation on resilience of children. It could prove beneficial in giving insight into policies that should be implemented to give adequate attention to the conditions of orphans in cities of Punjab state .Some of the policies that can be designed to provide better quality of education, healthcare, shelter, social support, food, and a robust environment. This study will be helpful to educate individuals about healthy life-styles and how to achieve more success and coping skill among themselves.

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9. APPENDICES

Appendix 1

Socio-demographic Information Form for Orphan Children PARTICIPANT RECORD (CONFIDENTIAL)

Sr. No. _____ Date _____

Name of the Participant _____ Gender M/F _____ Age _____

S/O, D/O, Sh _____

Home Address (If Known) _____

Current Status of education _____

Religion: Hindu Muslim Sikh Christian Other _____

Locality: Rural Urban Other _____

Languages Known: Punjabi Hindi English Other _____

Reason for Institutionalization: Abandonment Orphanage Disturbed Family

Age of admission _____ Past history before institutionalized _____
In orphan home:

Orphan Status: No dead Parent Maternal Orphan Paternal Orphan Double Orphan

Moves between Institutions : ≤ 2 ≥ 2

Guardian: Grandmother Grandfather Mother Father Other _____

Occupation of Care taker _____

Description of parents: _____

Length of Institution: ≤ 2 years ≥ 2 years

Gender of Caregiver: Male Female

Length of time with Current caregiver: <6 months 6months-2years 2-5years >5years missing

Appendix 1 Continued

Birth order of child: First Second Third Unknown Other _____

No. of siblings: _____

General Health:
Very Good Fair Poor Very Poor

Symptoms from past two weeks:
Fever Cough Diarrhea Any other: _____

Any illness from past six months:
HIV TB Asthma Cancer
Any other _____

History Of Trauma (By Caregiver or self-report).

- a) Parental death: Materna Paterna or abandonment by bot
parents
- b) Witnessed family death Or serious injury: YES NO
- c) Abuse: Physical Sexual Emotional Substance
- d) Neglect: Physical Emotional
- e) Witnessed Family Violence: YES NO
- f) Forced to leave home: YES NO
- g) Witnessed war, riots, or killing: YES NO
- h) Disaster or accidents: YES NO
Earthquake Storm, fire, flood, hurricane, tsunami Car accident serious illness
Any other _____

No. of Events faced: () _____

Diagnosis: _____

Signature of Interviewer: _____ Signature of child/Caregiver: _____

Appendix 2

If an event listed on the previous page **happened to you** or you **witnessed it**, please complete the items below. If more than one event happened, please choose the one that is **most troublesome to you now**.

The event you experienced was _____ on _____
 (Date) (Event)

Instructions

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then **circle** one of the numbers to the right to indicate how much you have been **bothered** by the problem **in the past month**.

Bothered by		Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Repeated disturbing memories, thoughts or images of the stressful experience?	1	2	3	4	5
2.	Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3.	Suddenly acting or feeling as if the stressful experience were happening again? (As if you were reliving it?)	1	2	3	4	5
4.	Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5.	Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?	1	2	3	4	5

Appendix 2 Continued





































6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	1	2	3	4	5
7. Avoiding activities or situations because they remind you of the stressful experience?	1	2	3	4	5

Bothered by		Not at all	A little bit	Moderately	Quite a bit	Extremely
8.	Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9.	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling distant or cut off from other people?	1	2	3	4	5
11.	Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your future will somehow be cut short?	1	2	3	4	5
13.	Trouble falling or staying asleep?	1	2	3	4	5
14.	Feeling irritable or having angry outbursts?	1	2	3	4	5
15.	Having difficulty concentrating?	1	2	3	4	5
16.	Being "super-alert" or watchful or on guard?	1	2	3	4	5
17.	Feeling jumpy or easily startled?	1	2	3	4	5

Scoring	1) Was the person exposed to at least one event that involved actual or threatened death or serious injury, or threat to physical integrity of self or others? YES NO
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OPTION 1: SECTION C











































Please circle one answer for each question.

	No	Sometimes	Yes
1. Do you have people you want to be like?			
2. Do you share with people around you?			
3. Is doing well in school important to you?			
4. Do you know how to behave/act in different situations (such as school, home and church or mosque)?			
5. Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time?			
6. Do you feel that your parent(s)/ caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?			
7. Is there enough to eat in your home when you are hungry?			
8. Do you try to finish activities that you start?			
9. Do you know where your family comes from or know your family's history?			
10. Do other children like to play with you?			
11. Do you talk to your family about how you feel (for example when you are hurt or feeling scared)?			
12. When things don't go your way, can you fix it without hurting yourself or other people (for example, without hitting others or saying nasty things)?			

Appendix 3 Continued

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Please circle one answer for each question.

	No	Sometimes	Yes
13. Do you have friends that care about you?			
14. Do you know where to go to get help?			
15. Do you feel you fit in with other children?			
16. Do you think your family cares about you when times are hard (for example, if you are sick or have done something wrong)?			
17. Do you think your friends care about you when times are hard (for example if you are sick or have done something wrong)?			
18. Are you treated fairly?			
19. Do you have chances to show others that you are growing up and can do things by yourself?			
20. Do you know what you are good at?			
21. Do you participate in religious activities (such as church, mosque)?			
22. Do you think it is important to help out in your community?			
23. Do you feel safe when you are with your family?			
24. Do you have chances to learn things that will be useful when you are older (like cooking, working, and helping others)?			
25. Do you like the way your family celebrates things (like holidays or learning about your culture)?			
26. Do you like the way your community celebrates things (like holidays, festivals)?			

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1. Ungar, M., and Liebenberg, L. (2011). Assessing resilience across cultures using mixed-methods: Construction of the Child and Youth Resilience Measure-28. *Journal of Mixed Methods Research*, 5(2), 126-149.
2. Liebenberg, L., Ungar, M., and Van de Vijver, F. R. R. (2012). Validation of the Child and Youth Resilience Measure-28 (CYRM-28) Among Canadian Youth with Complex Needs. *Research on Social Work Practice*, 22(2), 219-226.