CHAPTER -II

REVIEW OF LITERATURE

Previous research studies conducted among children and adolescents in need of care and protection were collected from the various available sources such as psychological abstract, Journals, e-resources and unpublished Doctoral thesis etc.

The temporary shelters run by the government and non-government organizations for the boys in need of care and protection were denoted by different terminologies all over the world. They were called children’s home, emergency shelter for runaway, out-of-home child care, group foster home and institutional care. While presenting the related research studies, the researcher retained the same terminology used by the author in their respective studies.

Various studies conducted in relation to chosen variables are categorized and presented in the following manner:


2.2. Studies on coping style, self-esteem, social support, emotional intelligence and other related variables in relation to behaviour problems of children and adolescents.

2.3. Studies on effect of Life Skills intervention on self-esteem, emotional intelligence, coping style, perceived social support, behavioral problems and other related variables of children and adolescents.
2.1. Studies on Prevalence of Behavioral Problems of Children and Adolescents Living in Institutional Care:

Does children’s home help the children to achieve a more satisfactory development or does it add to their difficulties by being one more adverse factor in their lives? To answer this question, Hukkanen, Sourander, Bergroth and Piha (1999) conducted a study to examine changes in the behaviour and emotional symptoms of children placed in children’s home during a 2.5-year follow-up period. 109 participants were included in the first year, out of which 53 completed 2.5 year follow-up assessment. Out of 53 participants 36 were boys and 17 were girls and their age ranged from 4 to 18 years. Possible traumatic events during the child’s life were collected using Trauma Index. Behaviour problems were measured by using Child Behaviour Checklist (CBCL) which was filled out by the staff. The findings revealed that 76% had been living in the same children’s home for more than 5 years. 66% percent (35 of 53) of children had more than one type of traumatic event in their past. Seventeen children were either undergoing or had a history of individual psychotherapy. The study also further revealed that, when comparison made between 1st year and after 5 years 28% of the children showed improvement in the CBCL total scores, and 72% showed impairment in the CBCL total scores during the follow-up period. Externalizing symptoms such as aggression, delinquency, and attention problems were significantly increased during the follow-up period. 25% of the children deteriorated from normal range to clinical range. Children who were placed in children’s homes under the age of 7 years and with a history of individual psychotherapy had better prognosis for changes in CBCL mean scores.
A comparative study was carried out to find out the prevalence of emotional and behaviour problems between children and adolescents in out-of-home childcare and patients in child and adolescent psychiatric institutions in Oslo, Norway. A total of 380 participants were chosen from Residential Childcare Institutions (RCIs) out of which 220 boys and 160 girls. For the comparison group 108 participants were chosen from child and adolescent psychiatric institutions (CAPIs). Of these, 65 of them were boys and 43 of them were girls. The sample age ranged from 4 to 18 years and the mean age was 13.5 years for both the groups. The behavioural and emotional problems were assessed by Achenbach’s Child Behavior Checklist and Youth Self Report (CBCL & YSR). The study revealed that boys in residential childcare had high emotional and behaviour problems compared to boys in child and adolescent psychiatric institutions, as measured by the questionnaires. The staff perceived that residential childcare boys are tend to have more externalizing problems and aggressive behaviour than the residential childcare girls, whereas in the self-report the boys and girls reported on the YSR states that they experience equal level of externalizing problems and aggressive behaviour. However, regarding internalizing problems the residential childcare girls reported higher levels of internalizing problems and anxious/depressive problems than the residential childcare boys, whereas the staff did not perceive marked gender differences in these areas. It was also found out that, girls in CAPIs had significantly higher problem levels, particularly internalizing problems, than their residential childcare counterparts. Girls in residential childcare did not reach problem levels as high as those found in girls in psychiatric institutions, but problem levels were still well above those found in the general population (Kjelsberg & Nygren, 2004).
Overall, children living in children’s homes reported significantly more behaviour and emotional problems than other groups of children in out-of-home care or children living in their primary families. To empirically test this, Ajdukovic and Franz (2005) compared the kinds of behaviour and emotional problems of youth in relation to type of out-of-home placement in Croatia. Five groups of children and adolescents participated in the study. The sample of participants comprised a total of 762 children out of which, 263 children were living in large single-unit children’s homes, 127 children living in group homes under the auspices of the SOS-Children’s Village International (group home type I), 60 children living in group homes organized by the international organization Nuevo Futuro (group home type II), 112 children living with non-relative foster families; 200 children living with their primary (biological) families, this was a comparative group of children. The data were gathered through Youth Self-Report (YSR) and Child Behavior Checklist (CBCL) questionnaires and individual interviews with children (ages 10–18). Assessments were also made by their caretakers (who in most cases have known the children for several years) and by using existing case documentation. In addition, other instruments were used to assess the everyday stress experienced, perceived social support, academic adjustment etc., for correlation analysis. It was found out the circumstances and reasons for out-of-home placement of children. Children living in each of the four types of settings had been placed in care at significantly different ages: those in children’s homes were removed from their family at the oldest age (8.7 years), followed by those in type II group homes (7.6 years), children living in foster families (7.4 years) and children in type I group home (7.03 years). At the time of removal, nearly all had at least one parent alive, but the children living in the children’s homes more often had both parents alive (70.4 per cent).
With respect to marital status, the highest percentage of divorced parents was found for the children in the children’s homes, while the highest incidence of widowed parents was found in the group of foster children. Children living in the children’s homes are more often removed because of poverty (57.9%), disturbed relations in the family (67.7%) and neglect (68.9%), while the children living in foster families and small type I group homes are more often placed into care after the death of their parents or because their parents had abandoned them. Children living in the children’s homes reported significantly more behaviour and emotional problems on the total problem score (M 64.69) and all subscales as measured by their own self-reports on the YSR questionnaire – when compared with Group homes type I (M 49.75); Group homes type II (M 45.82); Foster families (M 39.68) and Primary families (M 38.87). The total problem score and both internalized and externalized problems of the children living in children’s home were significantly related to difficulties in school adjustment (0.164), poorer school performance (0.167), perceived less social support (0.267) and the general level of experienced everyday stress (0.298). The total problem score correlated significantly with difficulties in school adjustment (0.348), poorer school performance (0.363), perceived less social support (0.526) and the general level of experienced everyday stress in a foster family (0.583). The cross-sectional analyses of results showed that the children living in the children’s homes manifested more behaviour and emotional problems as measured by YSR than did the other groups of children in out-of home care.

Marinkovic and Backovic (2007) conducted a study to explore impact of the placement type and placement reason on the competence and problem behavior of adolescents in long term foster care. Study included all children deprived of parental care who had records in Belgrade City Social Welfare Coordinating Center, 12 to 17
years old and living in out-of home care for at least one year prior to study start. The group living in foster families consisted of 41 adolescents (22 male and 19 female), mean age 14.66. All were living in non relative foster families. The group living in group foster homes consisted of 43 adolescents (16 male and 27 female and their mean age was 14.99). Data on family background and reason for placement were collected. Competence and problem behavior were assessed using Youth Self Report (YSR). The study revealed that alcoholism is very often identified in biological families of adolescents, deprived of parental care, abandonment, neglect and no care takers were the reasons for placement of adolescents into group foster home and foster families. The study also found out that, adolescents living in group foster homes had more behaviour problems than adolescents living in foster families. Type of placement had significant main effect on mean scores on activity competence scale and thought problem scale. Reason for placement didn’t show significant effect on any dimension of the behaviour problems.

A study was carried out by Hunshal and Gaonkar (2008) to find the social, emotional and educational adjustment of institutionalized children. Among nine institutions in Belgaum division, Karnataka, India, four juvenile institutions i.e., two for boys and two for girls were selected for the study. Totally there were 255 children, of which 148 children selected fulfilling following criteria were, children between 10-16 years who were neglected, physically and child with multiple abuses. Information about social, emotional and educational adjustment of these children was collected by using Adjustment Inventory. The study revealed that majority of the institutional children had unsatisfactory social (49.99%), emotional (54.73%) and educational adjustment (54.73%). These children were found to be emotionally
unstable, impatient, demanding, disobedient, less accommodating, shy, sensitive, insecure, aggressive, worried, troubling, lack concentration and interest in studies.

Schmid, Goldbeck, Nuetzel and Fegert (2008) assessed the prevalence of behavioral, emotional symptoms and mental disorders in a German residential care population. The sample consisted of 689 children and adolescents from twenty residential care institutions and their age ranged from 4 – 18 years (mean 14.4 years) were participated in the survey. A two-step design was performed in the study. First, the children and adolescents and their residential caregivers answered a standard symptom checklist (CBCL/YSR). Second, for those participants scoring more than one standard deviation above the mean of their German population reference group, a standardized clinical examination was performed to specify an ICD-10 diagnosis. In average, children and adolescents have been living in their institutions for 2.17 years. The vocational status of their parents indicated low socio-economic status of all of the participants' families. 81% of the biological parents were separated at the time of assessment or had never lived together. The study found out that the study population reached high scores in almost all scales and subscales of the CBCL and YSR. The prevalence of mental disorders according to the diagnostic criteria of ICD-10 was 59.9%, with a predominance of externalizing and disruptive disorders.

A study was conducted to explore the behavioral and emotional problems of institutionalized children at four institutions of education for Boys and Girls at Tanta (2 institutions) and El-Mansoura (2 institutions) Cities. The sample consisted of 84 boys and 30 Girls and their age ranged from 8 to 12 years. Observation checklist was used to assess the behavioral problems, which covered the following issues, neglecting school homework, not sharing in playing, and throwing things on others. The children’s Depression Inventory (CDI) was used to assess the depression. Three
children were observed daily for 3 consecutive days from 9 am to 1 pm. During this period (3 days) the researchers interviewed with children by using the depression inventory and also observed their behavior. This was repeated on the rest of the children at the Institution and was completed in eight months. The study found that majority of the children (73.7%) were defensive, though majority of them (94.7%) were staying at the institution about 5 to 10 years, 52.6% of the children were not making friendship with many children, 86.0% of them sometimes used to lie. In addition, feeling sad (82.5%), crying (80.7%), shouting (78.9%), stealing (73.6%), sometimes biting or pinching (59.7%) or throwing things at others, cursing with bad words or threatening and insulting (66.7%) behaviour also found to be high among these children. Further, the study also revealed that 87.7% of institutionalized children are having moderate depression (Elebiary, Behilak & Kabbash, 2010).

Erol, Simsek and Munir (2010) conducted a study to describe and compare the epidemiology of emotional/behavioral problems and associated risk/protective factors among nationally representative samples of institutionally reared and similarly aged community-based adolescents. A cross-sectional survey was conducted among 350 adolescents about six months using an equal probability cluster sample in institutional care settings. Of which, 163 were males and 187 were females and their age ranged from 11 to 18 years. The results were compared with similarly aged community sample of 2,206 adolescents living in their natural homes. The Socio-demographic Information Form, Youth Self Report (YSR), Child Behavior Checklist (CBCL) by caregivers for institutional sample and parents for the community sample, and Teacher’s Report Form (TRF) were used to obtain demographic characteristics, emotional/behavioral problems, and risk/protective factors. The study found out that that family disruption (68.9%), poverty (15.7%),
abandonment (8.4%), physical or sexual abuse (5.4%), and true orphans (31.2%) were the reasons for institutional placement. The prevalence of problem behaviors among adolescents living in institutional care were 47%, 15.1% and 20.5% as reported by adolescents, caregiver/parent and teachers respectively. Whereas, the prevalence of problem behaviors among community samples were 10.1%, 7.5% and, 9.5% as reported by community adolescents, parents and teachers respectively. Youth self-reports were four fold, and all informant reports were twofold higher for institutional versus community comparisons. Furthermore, institutional sample had consistently higher rates, not only of Externalizing, but Internalizing, Social Problems, Attention Problems, and Thought Problems, as well as discrete DSM-oriented scales. In terms of protective factors, the study found that perceived social support, high competency scores, supportive care giving, getting along well with peers and relatives (positive relationships), and problem solving skills were significantly protective factors for mental health. On the other hand, fatalistic beliefs, cigarette and alcohol use were significantly associated with increased risk for problem behaviors ($p < 0.05$). Further the study also found out that, only 2.4% of the youth had received any specialty mental health services during institutional care.

2.2. **Studies on Self-Esteem, Emotional Intelligence, Coping Style, Social Support, and Other Related Variables in Relation to Behaviour Problems of Children and Adolescents**

Various psychological factors contributing to behaviour problems of adolescents were reviewed and presented. Only two studies were conducted among adolescents living in children’s home and the remaining studies were conducted among adolescents living with their biological parents.
A study was conducted by Maxwell (1992) to provide empirical evidence on feeling of hostility and depression as related to the self-esteem of troubled, abused, neglected and homeless adolescents. 27 adolescents in crisis were selected randomly sorting from those who were asserted to the Youth Emergency Services (YES) for short term housing in the year 1989. Their age ranged from 13 to 17 years. They were 15 males and 12 females. Buss and Durkee Hostility inventory, Beck Depression Inventory and Coopersmith Self-esteem Inventory were used to assess hostility, depression and self-esteem. The study found out that hostility and depression have a negative relationship with self-esteem. Further the study also reported that girls at Youth Emergency Services (YES) found to have significantly greater depression and lower self-esteem than the boys at YES.

DuBois, Felner, Sherman and Bull (1994) examined the role of self-esteem as a mediator of relationships between socio-environmental experiences and emotional/behavioral problems using a sample of 215 young adolescents (Grades 7-9). Socio-environmental experiences were assessed using self-report questionnaire which measures their social support and major and minor stressful events. Self-esteem was assessed using a self-report questionnaire, an interview, and a parent-report questionnaire. Emotional/behavioral problems were assessed using self-report, parent-report and teacher-report questionnaires. Utilizing structural equation modeling, the data were used to test a model in which self-esteem mediated the relationship between socio-environmental experiences and emotional/behavioral problems. Further, an alternative model which also allowed for direct effects of socio-environmental experiences on emotional/behavioral problems produced a significant improvement in model fit. In this model, socio-environmental experiences had significant effects on emotional problems via both direct effects and
indirect effects that indicated a mediating role for self-esteem. But, only direct effects of socio-environmental experiences were evident for behavioral problems.

Moran and DuBois (2002) investigated the relationship of social support and self-esteem with problem behavior among 347 young adolescents. Perceived Social Support Scale (PSSS) Self-Esteem Questionnaire (SEQ) and Youth Self-Report (YSR) were the tools used in the study. The results revealed that measures of social support and self-esteem were each related in the negative direction to indices of problem behavior. They found that measures of the two types of problem behavior (i.e., aggressive and delinquent) exhibited a strong association with each other. Using structural equation modeling, three models were evaluated: 1. a mediational model in which social support was related indirectly to problem behavior via intervening effects on self-esteem, 2. a mediated and direct effects model in which social support had a direct relation to problem behavior in addition to an indirect linkage via self-esteem, and 3. a direct effects model in which the relation of social support to problem behavior was not mediated by self-esteem because of the lack of an independent effect of esteem on problem behavior. It was reported that the best fitting model was the mediated and direct effects model. Finally, social support and self-esteem predicted less involvement in problem behavior. However, it was reported that after taking into account variance shared with a general self-esteem construct, unique variance in poor self-esteem predicted greater problem behavior.

DeMarray and Malecki (2002) conducted a study to find out the relationship between perceived social support and maladjustment for students at risk. Data were collected from students (N=125) in Grades 6 through 8 from an urban middle school in Illinois, USA. The instruments used to collect data were the Child and Adolescent Social Support Scale, the Behavior Assessment System for Children and Self Report
of Personality. The study found out that, parent and classmate support were negatively correlated with clinical maladjustment indicators such as atypicality, locus of control, social stress, and somatization, except anxiety. Further the study also found out that, Parent and classmate support were negatively related to depression and a sense of inadequacy.

A cross-sectional study explored differences in and the association of self-reported coping styles, negative life events, self-esteem and perceived social support with the psychological adjustment (i.e. depressive symptoms, internalizing and externalizing behavior problems) of homeless and non homeless adolescents males. The study compared three groups of male youths. The homeless group consisted of hundred youths recruited from the Salvation Army young men’s shelter (Ottwa), an emergency shelter in a large urban shelter for males 16 to 19 years of age. The comparison groups of non-homeless youth, also aged 16 to 19 years, consisted of 17 males accessing local community drop-in centers and 54 males from a local mainstream high school. Youths were excluded from participation if they were not between 16 and 19 years of age, were female, were not fluent in English, or suffered from a disorder that affected their ability to comprehend this study procedure (e.g., obvious developmental delay). Non-homeless youths must have been living with their parents/guardian at the time of the study and never have resided in a shelter. Details of socio-demographic variables, adolescents perceived events, coping style, self-perception, social support, depression and behavior problems were assessed from the participants. The study found out that homeless youth reported a higher prevalence of family dysfunction, school difficulties, suicide attempts, legal problems and substance use than non-homeless youth. The study also further revealed that, homeless youth differed from non-homeless youth for each outcome
measure. It was found out that, homeless youths reported greater use of the disengagement coping style, higher negative life events index, less perceived parental support, and higher levels of depressive symptoms and internalizing and externalizing behaviour problems compared to non-homeless youths (Votta & Manion, 2003).

Barry, Frick and Killian (2003) investigated several possibilities to explain the relationship between self-esteem and conduct problems, as both low self-esteem and exaggerated levels of self-esteem, were associated with aggressive and antisocial behavior. A sample of 98 non-referred children (mean age = 11.9 years) who were selected from public schools were participated in the study. The sample belonged to middle socioeconomic group with average intelligence on the Kaufman Brief Intelligence Test. Narcissistic Personality Inventory–Children, Antisocial Process Screening Device, Diagnostic Interview Schedule for Children–Version 4 and Behavioral Assessment System for Children were the other tools used in this study. The study found out that, certain aspects of narcissism were particularly predictive of maladaptive characteristics and outcomes such as low self-esteem, callous–unemotional traits, and conduct problems. In addition, self-esteem was found to be a moderator between narcissism and conduct problems, such that children with relatively high levels of narcissism and low self-esteem showed the highest rates of conduct-problem symptoms. Further, the study also found out that individuals with low self-esteem and relatively high levels of narcissism tended to have the highest levels of conduct problems. In contrast, children with high self-esteem had fairly low levels of conduct problems. Individuals with low self-esteem and relatively high levels of narcissism tended to have the highest levels of conduct problems.
A study was carried out to describe strategies used to cope with stress and to explore the association between coping strategies and behavioral/emotional problems in a community sample of adolescents from Mainland China. Total of 1353 students were included in this study, of which 60% were junior high school students, 40% were senior high school students, 60% were boys, and the mean age of participants was 14.6 years. Participants completed a self-administered questionnaire incorporating the Chinese Trait Coping Style Questionnaire, the Chinese version of the Youth Self-Report of Child Behavior Checklist, and a number of demographic questions. The study revealed that approximately 11% of the sample scored on the YSR total problem scale higher than the cutoff point of 70. Total behavior problem scores were significantly increased across age. Girls were more likely than boys to report internalizing problems and in contrast, boys reported more externalizing problems. The study also further revealed that Chinese adolescents often used multiple coping strategies when faced with stress. Girls were more likely to use avoidant coping. A series of logistic regression analyses showed that avoidant coping was significantly associated with increased risk for internalizing and externalizing problems, but active coping was associated with reduced risk, after adjustment for child's age and sex and father's occupation. These findings provide evidence of the association between coping and mental health problems in Chinese adolescents (Liu, Tein & Zhao, 2004).

Donnellan, Trzesniewski, Robins, Moffitt and Caspi (2005) explored the link between global self-esteem and externalizing problems such as aggression, antisocial behavior, and delinquency. Self-esteem and externalizing problems were measured based on self-report, teachers’ ratings, and parents’ ratings. The participants were from different nationalities (United States and New Zealand) and
age groups (adolescents and college students). The study was carried out in two phases namely Time 1 and Time 2. During the time 1, it was found that self-esteem was consistently negatively related with delinquency, regardless of whether self-esteem was assessed by the self-report version or the teacher’s version. To explore these effects further, they compared the self-esteem scores of individuals who reported at least one delinquent act (76% of the sample) and those who reported no delinquent acts. In addition, the study also found out that the delinquent group had lower self-esteem than the non-delinquent group as reported by the three sources (self-report, parent and teachers). Further, the study also reported that self-esteem was negatively related with parent reports and teacher reports of externalizing problems.

A study was carried out to determine whether measures of economic hardship and lower socioeconomic status (SES) related positively with poor school performance, aggressive behavior, substance use, anxiety, and depression; and whether family support and cultural identification relate negatively with these difficulties. 216 Filipino adolescents from four public high schools in Hawaii (1993–1994) were participated in the survey and data were collected from basic demographic information, family support and other social variables, and measures were used to assess school performance, depression, anxiety, aggression and substance use. The findings revealed that low SES was related with poor school performance and behavioral and emotional difficulties. Family support was found to be a strong protective factor irrespective of SES. For Filipino adolescents, family support was an important protective factor against academic, behavioral and emotional difficulties. Family support emerged as a conspicuously strong protective
factor against poor school performance, depression, anxiety, aggression and substance use (Guerrero, Hishinuma, Andrade, Nishimura & Cunanan, 2006).

Campbell and Ntobedzi (2007) investigated the relationship between emotional intelligence, coping styles and the experience of psychological distress in adolescents. The sample consisted of 85 Australian high school students. Participants were completed General Health Questionnaire (GHQ-12), Kessler Psychological Distress Scale, the Measure of Adolescents Coping Strategies, Emotional Intelligence, the revised Self-Monitoring Scale, the Cognitive Self-Control Scale, Risk Involvement and Perception Scale and the Interpersonal Reactivity Index. Partial Least Squares regression analysis was used to analyze the data. The study found out that adolescents higher in emotional intelligence were more likely to use adaptive coping strategies when faced with stressful situations. The study also predicted that higher emotional intelligence would be related to decreased levels of psychological distress. Further, the study also reported that there was no direct association between emotional intelligence and psychological distress. However, there appeared to be an indirect relationship with psychological distress being predicted by coping style and coping style predicted by emotional intelligence.

Shrivastava and Mukhopadhyay (2009) assessed the levels of alienation and emotional intelligence of adolescents with internalizing symptoms. Multi-dimensional Assessment of Personality (form-t) test was used as screening tool in the first phase. Total 510 adolescents in the age group of 14-18 years studying in various schools of Varanasi were screened for internalizing symptoms. Those who scored above the cut-off point were identified as the “affected group” having internalizing symptoms showing more than 6 symptoms, the sample showing 4-5 symptoms as “moderate group”, sample showing 1-2 symptoms as “mild group” and
adolescents without internalizing symptoms were identified as “normal group”. Student Alienation Scale and Mangal Emotional Intelligence Inventory were then administered on all the four groups each having 15 subjects for the final study. The study found out that, the affected group (having internalizing symptoms) was significantly alienated and emotionally immature in awareness and management compared to their comparative normal group.

A study was conducted to explore the mediating effect of emotional intelligence (EI) and coping strategies on problem behaviour in Australian adolescents. One hundred and forty-five adolescents (60 boys and 85 girls with a mean age of 12.02 years) were participated in this study. Participants completed self-report instruments of Emotional Intelligence, stress coping strategies and Youth Self-Report. The study found out that the relationships between Emotional Management and Control and engagement in internalizing and externalizing behaviour were found to be mediated by the use of non-productive coping strategies. Mediation models of the relationship between problem behaviour and the Understanding Emotions and Emotional Recognition and Expression dimensions were found to be only partially mediated by the engagement in problem-focused and non-productive coping strategies (Downey, Johnston, Hansen, Birney & Stough, 2010).

2.3. Studies Related to Effect of Life Skills Intervention on Coping Style, Self-Esteem, Social Support, Emotional Intelligence, Behaviour Problems and Other Related Variables of Children and Adolescents

Verduyn, Lord and Forrest (1990) conducted a study to see the effectiveness of school-based social skills program for children with behaviour problems and/or difficulties in social interaction. Children in their second, third and fourth years at a
middle school in England (10-13 years of age) who has reported behaviour problems and/or difficulties with social interactions were included for the study. To screen children for participation in this study, the following measures were used: 1) Rutter’s B2 scale, a teacher rating scale that assesses the frequency of emotional and antisocial behaviours, and 2) a standardized sociometric questionnaire designed to assess peer preference ratings for each child in a class, 3) a social behaviour checklist (completed by parents and teachers) developed by the authors based on various questionnaires, 4) the Social Situation Checklist, 5) the Coopersmith Self-Esteem Inventory, and 6) a weekly diary of social activities, completed by the children each morning for one week. Additionally, at post-intervention, teachers reported whether each child had improved, had become worse, or did not change with regard to behaviour problems. Children in the intervention group were informed of its purpose and encouraged to share any feelings they had about participating. The 17 children in the intervention group were further divided into four smaller groups for training sessions, led by a graduate psychologist, which were conducted for one hour twice a week, and lasted for four weeks. Four additional booster sessions were conducted four weeks after the intervention was completed. The study found that, the intervention group displayed significantly fewer problem behaviours after the intervention; however, problem behaviours of the control group remained the same. In addition, the study reported that the younger children showed significant changes in self-esteem, but the older children did not. Further, the study also revealed that at post-intervention, the intervention group was more socially active than the control group.

Deepa (1993) conducted a study to see the difference among orthopedically handicapped, institutionalized destitute adolescents and normal adolescents on self-
concept. The sample consisted of 68, 7th to 12th class students of that, 10 Orthopedically handicapped adolescents, 12 Institutionalized destitute adolescents and 12 Normal adolescents were recruited for both Experimental and Control group. To assess the self-concept, the self description questionnaire was administered to these adolescents. The study utilized the corelational and experimental designs for the study. The self-concept enhancement training was given ten days after the pre-testing for all the students in the three experimental groups. The collected data was analyzed using parametric statistics such as 2x3 factorial analysis of variance, t-test, multiple regression analysis, product moment correlation and point bi-serial correlation. The study has found out that, normal adolescents were better than orthopedically handicapped and institutionalized destitute adolescents on self-conceptualization. Personal, familial and institution factors influenced the self-concept of orthopedically handicapped, institutionalized destitute and normal adolescents. The study also found that Psychological intervention enhanced the self-conception of normal, orthopedically handicapped and institutionalized destitute adolescents.

The Quantum Opportunities Program (QOP) targeted disadvantaged youths, beginning in 1989 with students in grade 9 (age 14–15 years), offering financial and other support throughout high school. At first, 25 at-risk youths in each of five communities were selected to participate in the scheme, which involved tutoring, training in life skills and community service activities. Participants were also provided with financial incentives for taking part in programme (starting at $1 per hour, with a $100 bonus for every 100 hours), and each participant was allocated an adult mentor for the duration of the programme. A randomized controlled trial found that, compared to students in a control group, more QOP students graduated,
proceeded to higher education and took part in community projects and fewer dropped out of school. These students were also less likely to become teenage parents (24% QOP students versus 38% in the control group) and less likely to have been in trouble with the police in the last 12 months (6% of QOP students versus 13% in the control group). Cost-benefit analyses suggested the programme would save between US$ 3 and US$ 4 for every dollar invested (Hahn, Leavitt and Aaron, 1994).

Magdalin (1995) conducted a study to find out the effect of life skills training programme on the self-esteem, assertive behaviour and academic performance of higher secondary students. The sample consisted of 59 students (26 boys and 33 girls) from standard eleven of a higher secondary school in Chennai. Their age ranged from 15 to 17 years. Mooney’s problem check list was used to assess perceived problems, Robson’s self-esteem questionnaire was used to measure self-esteem, Gambrill and Richey’s assertion inventory was used to measure assertive behaviour and Kanchana’s study skills questionnaire was used to assess study skills. Quarterly, half-yearly and model examination marks were considered as indices for academic performance. Self-esteem training, assertiveness training and study skills training were included in the life skills training programme. The data collected during the pre, post and follow-up assessments of the participants were analyzed using critical ratio, analysis of variance, Newman-Keuls test and trend analysis. The study found out that, life skills training was effective in enhancing the self-esteem, assertive behavior, improved study skills and academic performance. The study also found out that life skills training was effective in enabling the eleventh standard students to cope well with problems in the different areas of life. The improvement gained in self-esteem and assertive behavior of the students was maintained after
four months follow up. The overall perceived problems of the students were also decreased after four months follow up. No gender related differences was observed in the effect of life skills training on self-esteem, assertive behavior, academic performance and perceived problems of students.

Ross (1996) conducted a study to identify the factors contributing to various dimensions of anger and also to determine the efficacy of the psychological intervention on the management of anger of institutionalized female juveniles. Expost-facto and Experimental research design was used in this study. Multivariate research design, cross-sectional in nature was used with age, availability of parents, emotional relationship between parents, tension, vices, mental illness in the family, maltreatment, onset of puberty, premenstrual syndrome, physical illness, academic performance, deviance and negative feelings of the juvenile as predictors and various dimension of anger as criterion variables. Totally 106 girls were included in the sample for the correlation study. In the experimental study, a two group longitudinal design was used for determining the efficacy of psychological intervention techniques on the management of anger. Of the two groups one was experimental group and the other was a control group. Totally there were 30 subjects who were in the age group of 12 to 18 years within the average age of 15.6 years. (The experimental group 20 and control group 10). An interview schedule was administered to juvenile to collect information about the family background and other personal factors. The State Trait Anger Expression Inventory, Personal Social Maladjustment Inventory, Letter Cancellation test, Digit Memory test, Juvenile behaviour check list constructed by the investigator were the major tools used for assessment. Multiple regression analysis and two forms of the students ‘t’ test were used for analysis of the data. The study found out that certain factors like onset of
puberty, academic performance, negative feelings and physical illness of the juveniles, tension and vices in the family contribute to various dimensions of anger. Anger management enhanced cognitive functions and promoted adaptive behavior of the juveniles at overt and covert levels. The study also found out that Psychological intervention was effective in the management of anger.

Priscilla (1998) conducted a study to enhance self-esteem, academic performance and attribution for credit and reduce the behavioral problems, adjustment problems and internal attribution for blame among neglected adolescent girls. The study has adopted the Purposive sampling procedure along with certain criterion measure. The students who had behaviour problems above the 95th percentile on youth self Report were included in this study. The sample consisted of 37 girls and their age ranged between 13 to 15 years with the mean age of 14. The control group was with the same criteria as for the experimental group, 25 girls from girls home-Kellys, Chennai were chosen to avoid the interaction effect. The tools used for the study were youth self Report, Pre-adolescent adjustment scale, self-esteem questionnaire and the intellectual achievement responsibility test. The data collected during the pre, post and follow-up assessments of the experimental and control group were analyzed using analysis of variance, trend analysis and fisher’s least significant difference test. The study found out that Low self-esteem and adjustment problems have increased the behaviour problems of adolescent girls. The locus of causality did not influence behaviour problems of adolescent girls. The self-esteem training has enhanced the overall self-esteem of neglected institutionalized adolescent girls. The self-esteem training has improved the academic performance of the neglected institutionalized adolescents’ girls. The self-esteem training has reduced the overall adjustment problems as well as peer and general adjustment
problems of the neglected institutionalized adolescent girls. The self-esteem training has helped in reducing the various behaviour problems such as somatic complaints, anxious / depressed behaviour, aggressive behaviour, social problem, thought problems and attention problem of the neglected institutionalized adolescent girls.

A study was conducted to find out the effect of social skills training on adolescents' social skills, self-esteem, well-being and coping. A group of 76 adolescents from a secondary school in the Northern part of the Netherlands took part in the study. The training-group consisted of 25 girls and 14 boys and the control-group of 15 girls and 22 boys. The participants were aged between 14 and 16 years old. The social skills programme consisted of ten weekly meetings of about two hours. All meetings were held at school. The training component includes attending behaviour (non-verbal listening, asking questions, paraphrasing and reflection of feelings), starting a conversation, expression of feelings, asking questions, saying "no", giving and accepting criticism, and giving and accepting compliments. The data were collected by means of self-report measures such as the Scale for Interpersonal Behavior - Adolescent version, the Perceived Competence Scale - Adolescent version, General Health Questionnaire and Utrecht Coping Scale - Adolescent version to assess social skills, self-esteem, well-being and coping strategies. A pre-test experiment - post-test design was used and the group's performance was compared with that of a non-intervention control-group. The results showed that the training was successful in several respects: the adolescents' social anxiety decreased, their social activity increased, their self-esteem improved, and they made more use of adequate coping-strategies compared to control group (Bijstra & Jackson, 1998).
A study was conducted by Ansari and Dakheel (2000) to find out the effectiveness of Social Skills Training (SST) for children with behaviour problems. The authors used an experimental design without a control group. The study population consisted of eight boys aged 10-14 years who suffered from severe behavioural problems at home or at school. These behaviours included non-compliance to regulations, verbal and physical aggression, disruptive behaviour in class and poor school performance. The study participants belonged to families with multiple health and social problems, including poverty. The children participated in eleven sessions, forty five minutes each, twice weekly for 6 weeks. The topics covered in the sessions were: listening; asking for help; saying thank you; introducing oneself - joining in; playing a game; apologizing; dealing with anger; asking permission; avoiding trouble and saying no. During the session, the trainer followed the four basic components of structured learning; modelling, role playing, performance feedback and transfer of learning. Teachers and parents of the participants filled a social skill check-list before and after the intervention. In addition, parents completed the same check list one year after SST. The study found that, both parents and teachers reported that their children increased significantly in the frequency of use of these skills at 6 weeks, while parents reported that their children were continued the social skills a year later.

Thenmozhi (2002) conducted a study to find out the problems of intact family adolescents and single parent adolescents in terms of behaviour problems, adjustment problems, self-esteem, family relations and academic achievement. The study consisted of two phases. In phase I survey technique was adopted and 335 adolescents were surveyed from 3 different schools in Chennai, India. Based on the personal data 92 single parent adolescents and 95 intact family adolescents were met
the study criteria. In phase II of this study, the sample were selected by using purposive sampling method to find out the impact of psychosocial intervention on single parent adolescents with more behaviour problems using 2X3 quasi experimental design. 20 sample from single parent family and 20 sample from intact family who scored above 75 percentile on behaviour problems were selected as experimental and control group for the psychosocial intervention program. The tools used for the study were Youth Self Report, Preadolescent adjustment scale, Self-esteem questionnaire and the Index of family relation scale. The psychosocial intervention program consisted of self-esteem training, study skills training, parenting skills training and parent adolescents interaction program. The data collected during pre, post and follow up assessments of the experimental and control group were analyzed using analysis of variance, ‘t’ test and trend analysis. The study revealed that, single parent adolescents tend to have more behaviour and adjustment problems, low self-esteem and more stress in the family relations in comparison with intact family adolescents. Single parent adolescents and intact family adolescents did not differ in their academic performance. The study also found that, psychosocial program reduced the behaviour problems, improved adjustment and enhanced their self-esteem.

Vicary et al., (2004) conducted a study to assess the effects of life skills training for rural middle school females classified at low or high risk for initiation or increased use of substances. The study was conducted in nine disadvantaged rural school districts in Pennsylvania. Selected schools were randomly assigned to one of three conditions: standard Life Skills Training [LST], Infused Life Skills training [I-LST], or no treatment control, with three schools assigned to each condition. The LST schools (n = 234: 108 females, 126 males) received the standard three-year Life
Skills Training prevention curriculum. The I-LST condition (n = 297: 128 females, 169 males) received an infused three-year Life Skills Training curriculum where the prevention components were integrated into the standard academic curriculum. Finally, the control condition (n = 201: 98 females, 103 males) received no treatment from the project. The following measures were used in this study. Students’ self report of cigarette, smokeless tobacco, alcohol, marijuana, and inhalant use, attitude toward Alcohol, Tobacco and Other Drugs (ATOD) use and normative beliefs of peer substance use, knowledge about ATOD. Six variables to assess change in program-targeted skills were evaluated such as Decision making skill, Communication skills, Refusal skills, Media awareness and resistance skills, Assertiveness, Coping with anxiety, family risk factor, parental attitude toward ATOD, and parental monitoring. In addition, self-image, stressful life events and academic achievement were also assessed. The students were assessed four times on the above variables: pretest (T1), posttest (T2), follow up assessment after one year from post-test (T3) and second follow up assessment after one year from the first follow up (T4). Data from T1, T2 and T3 are utilized in the analyses. The study found out that, LST low-risk females reported a significantly lower frequency of alcohol use, less binge-drinking, and less marijuana use, while the I-LST low-risk females reported significantly less cigarette smoking. In addition to substance use effects, both LST and I-LST positively affected knowledge of alcohol, tobacco, and other drugs at both T2 and T3. Among skill variables, LST low-risk females were found to be increased in decision making, communication, and coping skills at the end of year one, although, at the end of year two, these improvement had disappeared. At the end of year one, I-LST positively affected decision-making skill; however, this effect was reduced to a non-significant level by the end of year two.
Also, the I-LST program resulted in greater coping skills by the end of year two for the low risk females.

Volkenant (2007) conducted a study to see the effect of coping intervention on changes in coping behaviour among fourth grade children. The participants were 138 fourth-grade students, 66 females and 72 males from the local community school district. Among the 138 children, 72 participants (53% males and 47% females) were assigned to the intervention group and 66 participants (51.5% males and 48.5% females) were assigned to the comparison group. Coping strategies of the children were assessed by using a coping scale with 44 items derived from items on previously validated measures (Coping Response Inventory-Youth Form (CRI-Y), and Self-Report Coping Measure for Elementary School Children. Following the pretesting, the intervention group participated in the 13-week I CAN DO intervention. Following implementation of the program, the intervention group was given the measures again in the same setting as the initial administration. The study found out that, children in the intervention group used more active coping strategies as compared to children in the comparison group.

An exploratory study was conducted to gain an increased understanding of an independent living skills training program’s impact on resilience, social support, and life skills for foster care youth participants. This study adopted a qualitative case study methodology and used a purposive sample of 16 ethnically diverse youths and 9 adult staff members of the Texas Department of Family and Protective Services. Youth participants were recruited through one of several state-contracted agencies that provided life skills training to youths in Texas. Data were collected through multiple sources and were analyzed using content analysis and descriptive statistics. Scores on standardized measures of resilience, social support, and life skills, and
Youths’ descriptions of these same constructs were compared. The change in scores on the standardized measure of social support were statistically significant (p=.006; p<.05), while total scores on measures of resilience and life skills were not. Although scores were not statistically significant, scores on the measure of resilience were in the “high” range, possibly indicating high levels of internal and external assets, and scores on the standardized measure of life skills indicated that youths showed “mastery” of approximately half of the life skills. Youths’ descriptions of social support, resilience, and life skills were consistent with scores on standardized measures. Participants described biological family members as their greatest sources of emotional support and encouragement and their verbal descriptions corresponded with the internal and external assets defined in the standardized measure of resilience (Lynch, 2007).

Yadav and Iqbal (2009) conducted a study to see the impact of life skill training on self-esteem, adjustment and empathy among adolescents. Total sample comprised of 60 students (30 males and 30 females) from the Hans Raj Model School, Punjabi Bagh who has received life skill training from the team of Expressions India. Self-esteem inventory (school form), Adjustment inventory for school students (AISS) and the Empathy quotient (EQ) were administered in a group session one by one both before and after training. In the post condition, test scores were obtained after 5 months of training. They found out that subjects improved significantly in post condition on self-esteem, emotional adjustment, educational adjustment, total adjustment and empathy. However, no significant difference was found on social adjustment in pre and post condition. Overall training was very effective as subjects improved in the post condition on all measures except one, thus showing that Life skill training do show positive results in bringing change in
adolescent’s attitude, thought and behaviour by providing supportive environment to them.

Campbell-Heider, Tuttle and Knapp (2009) reported a long term follow-up data-12 months post intervention from a clinical trial of an intervention designed to enhance teen resilience by supporting the development of social skills needed to make positive connections and overcome the influence of negative environmental influences. Sixteen adolescents aged 12 to 16 (10 boys and 6 girls) attending an inner city urban secondary school participated in a 32 week intervention study. Subjects were randomly assigned within sex to Teen Club plus Positive Adolescent Life Skills (PALS) or Teen Club intervention groups. The Problem Oriented Screening Instrument for Teenagers (POSIT) was used to measure the dependent variables (problems related to substance use, health, mental health, family relations, peer relations, education status, vocational status, social skills, leisure and recreation, and aggression). Descriptive data suggest mixed results for both interventions and sex groups. Most important were reductions in mental health problems for all boys in both groups and only slightly increased numbers of problems in substance use for PALS boys and girls over time.

Humphrey, Kalambouka, Wigelsworth and Lendrum (2010) investigated the impact of Going for Goals (social and emotional aspects of learning (SEAL) programme called ‘Going for Goals”) on childrens’ social and emotional skills, behaviour and emotional well-being. The sample comprised of 182 children (aged 6–11) attending 22 primary schools across England. Data were collected using child self-report, and parent- and teacher-informant report questionnaires in a pre-test–post-test control group design at the beginning of the intervention, at the end of the intervention, and at eight-week follow up. One hundred and two children took part
in the intervention, and 80 acted as a comparison group. Those who took part in the intervention attended weekly 45 minute small group sessions for eight weeks. The study found out that, children and teachers reported that after the intervention behavioural and emotional difficulties of children in the intervention group had reduced. It was also found out that, the positive impacts had been sustained during follow up.

DiFabio and Kenny (2010) evaluated the efficacy of a training program focused on increasing emotional intelligence (EI) among high school students. Totally 48 students were selected for the study out of which 23 students for experimental group and 25 students for control group arranged randomly with the mean age of 18.26 years. Data were collected by using the following measures such as, Mayer-Salovey-Caruso Emotional Intelligence Test, Emotional Intelligence Scale, Indecisiveness Scale and Career Decision Difficulties Questionnaire to evaluate emotional intelligence indecisiveness and perception of decisional difficulty in choosing a career. The training was constructed using an ability-based model of EI. The training period consisted of four sessions of 2 hrs and 30 min each, weekly. Each session focuses on one of the four branches of the MSCEIT and is subdivided into two units. Finding revealed that the students who participated in the training showed a significant increase in all of the EI abilities that were targeted in the intervention and evaluated by the MSCEIT compared to control group. Moreover, the training also demonstrated increases in self-reported EI, particularly with regard to the appraisal and expression of emotions dimension in the EIS Total Score. Students who completed the training showed a decrease in perceived indecisiveness and in career decisional problems related to lack of information.
A study was conducted to know the effectiveness of Social Skills Training for children with behaviour problems. The study used an experimental design without a control group. The study population consisted of eight boys aged 10-14 years who suffered from severe behavioural problems at home or at school. These behaviours included non compliance to regulations, verbal and physical aggression, disruptive behaviour in class and poor school performance. Admission diagnoses of study participants were oppositional defiant disorders, attention deficit hyperactivity disorder and adjustment disorder according to DSM-1V. The study participants belonged to families with multiple health and social problems, including poverty. Children who received SST in the past, or had a diagnosis of mental retardation were excluded from the study. The children participated in eleven sessions, forty five minutes each, twice weekly for 6 weeks. The topics covered in the sessions were: listening; asking for help; saying thank you; introducing oneself - joining in; playing a game; apologizing; dealing with anger; asking permission; avoiding trouble and saying no. The training was done in two weekly sessions each lasting 45 minutes and conducted by the units primary nurses who had received training prior to their assignment to the unit. During the session, the conductor followed the four basic components of structured learning; modelling, role playing, performance feedback and transfer of learning. Teachers and parents filled a social skill check-list. The check-list was introduced to the unit’s nurses, childrens’ parents and teachers prior to training (pre-test) and 6 weeks later. Parents completed the same check list one year after SST (post-test). The study found that both parents and teachers reported significant increase in the frequency of use of these skills at 6 weeks, while parents reported maintenance of improvement a year later (Ansari, & Dakheel, 2000).
Overview of Literature

All over the world children in need of care and protection are staying in children’s home due to various reasons. However, limited research has been done to understand about their emotional and behaviour problems. There are eight studies which are directly related to the present study were identified. These studies made an attempt to understand the demographic characteristics and the prevalence of emotional and behaviour problems of children and adolescents staying in children’s home. Few comparative studies were also conducted among the children and adolescents staying in children’s home and staying with their biological parents to understand the differences in their behaviour problems. The following demographic and family characteristics of the adolescents in need of care were found out in some studies. Most of the adolescents were neglected by family, having single parent, family disruption, poverty, physical and sexual abuse and divorced parents. These studies also found out that very less percentage of them were totally orphan. Most of the above studies revealed that, adolescents living in children’s home are having more behavior problems. Further, few studies were conducted to compare the behaviour problems of children and adolescents living in different settings. These studies found out that children and adolescents staying in children’s home tend to have more behaviour problems compared to other type of living arrangements such as small group home, staying in child and adolescents psychiatric institutions, living in foster care and living with their biological parents.

Moreover very limited studies were conducted to understand their psychological problems. These studies reported that these children suffer higher rates of emotional and learning problems, hostility, depression, insecurity, lower self-esteem, behaviour problems, tended to use the disengagement coping style, had
more negative life events, less perceived parental support, higher levels of depressive symptoms, poor academic performances, had adjustment problems and internalizing and externalizing behaviour problems (Deepa, 1993; Priscilla 1998; Maxwell, 1991; Votta & Manion, 2003; Zima, Wells, & Freeman, 1994; Sarbjeet et al., 2004; & Hunshal & Gaonkar, 2008).

Moreover, the relationship between the variables chosen in the present study were also reviewed and presented. These studies were mostly conducted among the children and adolescents living with their biological parents since lack of studies available among the children in need of care and protection. These studies reported that self-esteem, emotional intelligence, coping style and perceived social support were related to behaviour problems.

In addition, few studies were conducted to find out the impact of certain intervention programme to reduce the emotional and behaviour problems of adolescents staying in children’s home. The interventions such as self-esteem training, self-concept training and anger management training were given to these adolescents to reduce their emotional and behaviour problems. These studies found out that the above interventions helped to reduce their emotional and behaviour problems. Effect of social skills and life skills interventions to reduce the emotional and behaviour problems were mostly conducted among the adolescents living with their biological parents. These studies reported that these skills training were found to be effective in reducing the emotional and behaviour problems.

Based on the review of literature and also working with children in need of care and protection, the researcher proposed certain objectives and hypotheses are presented in the following chapter.