CHAPTER I
INTRODUCTION

Adolescence is a period, which is "Too young to be taken seriously and too old to be treated like a child." They are also enveloped by overlapping tensions of childhood past, adolescent present and adult future. During this period, a rapid physical and emotional change, and social development occur. This change poses a dilemma to the adolescent that contributes to an identity crisis. Identity crisis is the failure to achieve ego identity during adolescence. The stage of adolescence from age 12 to 18 is believed by Erickson to be particularly crucial, for it is the time that the question of one's basic ego identity is met and must be resolved. The adolescent must form a self-image that makes sense and provides both a continuity with the past and an orientation towards the future. There is then, an integration of ideas of what others thinks about the individual and what he/she think about themselves. According to Erickson (1968) the 4 maturational tasks of adolescents are:

1. the attainment of independence
2. the establishment of a sexual role and orientation
3. The self-control of aggressive and oppositional impulses
4. the achievement of self-identity
If these tasks are not achieved successfully it may lead to several psycho-social problems.

Psycho-Social Problems of Adolescence

The prevalence of psychopathology is more during the adolescent period. It was estimated that 11% of adolescents in the United States have psychological problems that require treatment (Gilmore, et al., 1984).

Lack of experience, ego centrism, and their need to experiment with new and sometimes risky social roles in order to establish a unique identity places adolescents at high risk for developing certain psycho-social problems. Lewin (1939) presumed adolescence characteristics as conflicts of values, emotional tension, readiness to take extreme attitudes, feeling of shyness and aggressiveness.

Some of the common problems of adolescence are teen-age pregnancy, parenthood, physical and sexual abuse, depression, suicide and juvenile delinquency. Havighurst (1953) explained that the different types of problems faced by adolescents stem from pubescent development, their emotional life, the social groups with which the individual interacts, and other biological and cultural changes. Apart from the problems posed during adolescent period, there are also
major social problems faced by the adolescents. Some of the major social problems of adolescents are Juvenile delinquency, Alcoholism, Drug-dependence, Beggary, Wandering, Child-abuse and Child neglect (Shanmugam, 1987). The problem of Child Neglect is not a recent social problem as 200 years of documentation exists of child neglect. However, much attention has not been given by social scientists as well as the public who are also not aware that child neglect is a major social problem. Moreover, it is not commonly understood that Child Neglect is a form of Child Maltreatment (Helfer, 1982).

Child Maltreatment

The Child Abuse Prevention and Treatment Act (CAPTA), as amended and reauthorized in October 1996 (Public Law 104-235, Section 111; 42 U.S.C 5106g), defines child abuse and neglect as, a minimum, any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of a child under the age of 18, unless the child protection law of the State in which the child resides specifies a younger age for cases not involving sexual abuse by a parent or caretaker (including any employee of a residential facility or any staff person providing out-of-home care) who is responsible for the child's welfare.
Child maltreatment comprise of 4 major types: Physical abuse, sexual abuse, emotional abuse and child neglect.

**Physical Abuse**

Physical abuse is the infliction of physical injury as a result of punching, beating, kicking, biting, burning, shaking, or otherwise harming a child. The parent or caretaker may not have intended to hurt the child, rather the injury may have resulted from over discipline or physical punishment.

**Sexual Abuse**

Sexual abuse includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials. Many experts believe that sexual abuse is the most under-reported form of child maltreatment because of the secrecy or "conspiracy of silence" that so often characterizes these cases.

**Emotional Abuse (Psychological/Verbal Abuse/Mental Injury)**

Emotional abuse includes acts or omissions by the parents or other caregivers that have caused, or could cause, serious behavioral, cognitive, emotional,
mental disorders. In some cases of emotional abuse, acts of parents or other caregivers alone, without any harm evident in the child's behavior or condition, are sufficient to warrant Child Protective Services (CPS) intervention. For example, the parents/caregivers may use extreme or bizarre forms of punishment, such as confinement of a child in a dark closet. Less severe acts, such as habitual scapegoating, belittling, or rejecting treatment, are often difficult to prove and, therefore, CPS may not be able to intervene without evidence of harm to the child.

Child Neglect

Child neglect is characterized by failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. Physical neglect includes refusal of or delay in seeking health care, abandonment, expulsion from the home or refusal to allow a runaway to return home, and inadequate supervision. Educational neglect includes the allowance of chronic truancy, failure to enroll a child of mandatory school age in school, and failure to attend to a special educational need. Emotional neglect includes such actions as marked inattention to the child's needs for affection, refusal of or failure to provide needed psychological care, spouse abuse in the
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child's presence, and permission of drug or alcohol use by the child. The assessment of child neglect requires consideration of cultural values and standards of care as well as recognition that the failure to provide the necessities of life may be related to poverty.

Environmental characteristics that increase the probability of child maltreatment are: (1) High percentage of families living below the poverty level (2) High unemployment (3) Overcrowding housing (4) a large proportion of racial minorities (5) new levels of education (6) frequent moves (American Association of protecting children, 1988).

Polansky (1979) defines child neglect as, a "condition in which a care taker responsible for the child deliberately or by extraordinary inattentiveness permits the child to experience present suffering or fails to provide one or more of the ingredients deemed essential for developing a person's physical, intellectual, and emotional capacities."

Public Law (93-247), amended the term child abuse and neglect as physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by a person who is responsible for the child's welfare, under circumstances which indicate that the child's health or welfare is harmed or threatened.
Child neglect is, "the failure of the child's parent or caretaker, who has the material resources to do so, to provide minimally adequate care in the areas of health, nutrition, shelter, education, supervision, affection or attention, and protection" (Wolock & Horowitz, 1984).

Cantwell (1980) "Neglect exists when inattention is given to the child by parents or caretakers in areas including medical, educational, stimulative, environmental, disciplinary, nutritional, physical, emotional and safety needs."

Helfer (1982) defines neglect as, "Any interaction or lack of interaction between caregiver and a child which results in non-accidental harm to the child's physical and/or emotional state."

Zuravin (1989) says that "Child neglect refers to omissions in care on the part of the child's primary caretaker that either (1) places a child at risk for obvious immediate or near immediate negative consequences or (2) actually results in negative consequences. There are ten types of omissions in care that are considered neglect. The ten neglect areas include: (1) physical health care neglect, (2) mental health care neglect, (3) neglect of household sanitary
conditions, (4) neglect of household safety conditions, (5) neglect of supervision of child activities, (6) appropriate substitute child care neglect, (7) personal hygiene neglect, (8) nutritional/dietary neglect, (9) diagnosed failure to thrive, (10) instability of living arrangements."

According to Heger & Yungman (1989) "Physical neglect of children involves the deprivation of basic necessities including food, clothing, shelter and hygiene. Developmental neglect deprives children of experiences necessary for growth and development, including supervision and services or care to promote education, health and mental health. General emotional neglect refers to parental failure to meet children's needs for attention, security, self-esteem and emotional nurture. Failure to thrive is usually defined as a weight gain below the third percentile on a growth curve of expected development."

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special educational need. Emotional neglect includes such actions as chronic or extreme spouse abuse in the child's presence, permission of drug or alcohol use by the child, and refusal of or failure to provide needed psychological care" (U.S. Department of Health and Human Services, 1989).

Bowlby (1969) and Erickson (1989) considered Neglect as, "a lack of mutual interaction between a child and his/her caretaker, which has been critical to healthy development. The lack of stimulation and interaction in neglectful families may be more pervasive than in families in which a child experiences child abuse." Dean and colleagues (1986) suggest that neglectful parents abandon their roles as "caretakers and authority figures" leaving children to care for themselves.

Conceptual Issues

Theorists, empiricists and practitioners, share a common conceptualization of child neglect, not as a unidimensional phenomenon but as a complex set of multiply - determined parental behaviors that result in diverse ways in which children receive inadequate care and protection. Thus the multiple theoretical perspectives reveals the complexities involved in the
etiology and consequences of child neglect. However, for the present study the term child neglect was operationalized as:

Adolescent females who are institutionalized by a parent (Father or Mother) due to their inability to provide the basic essentials for their physical, intellectual, emotional and psycho-social development.

Incidence and Prevalence Rate of Child Neglect

The National Incidence Study NIS-1 and NIS-2 conducted a study to determine the severity, frequency and character of child maltreatment. The key findings from NIS-2 were that (a) the majority of cases involved neglect (63%) contrast with fewer than half (43%) involving abuse and (b) physical neglect was the most frequent form of neglect, followed by educational neglect and then emotional neglect, with incidence rates of 9.1, 4.6, 3.5 per 1000 respectively. The Third National Incidence Study of Child Abuse and Neglect (a study involving 5,600 community professionals who come into contact with children) estimates that 42 children per 1,000 in the population may have been victims of abuse or neglect in 1993. A 1995 telephone survey of parents conducted by the Gallop Poll estimated that as
many as 49 children per 1,000 in the population suffered physical abuse and 19 per 1,000 suffered sexual abuse. This incidence and prevalence rate indicate child neglect as more prevalent than child abuse.

Child neglect represented a greater percentage of maltreatment cases for the lower income group, where 68% of the children experienced neglect, compared to 37% who experienced abuse. With respect to family size, the rate of neglect for larger families were nearly double to what it was for families with three or fewer children.

In 1995, Child Protective Services (CPS) investigated an estimated 2 million reports alleging maltreatment of almost 3 million children. More than half of all reports alleging maltreatment came from professionals, including educators, law enforcement and justice officials, medical and mental health professionals, social service professionals, and child care providers. About 19 percent of reports came from relatives of the child or from the child himself. Reports from professionals are more likely to be substantiated or indicated than reports from nonprofessional sources.
More number of children suffer neglect than any other form of maltreatment. Investigations determined that about 52 percent of victims in 1995 suffered neglect, 25 percent physical abuse, 13 percent sexual abuse, 5 percent emotional maltreatment, 3 percent medical neglect, and 15 percent other forms of maltreatment. Some children suffer more than one type of maltreatment. Further it was found that both boys and girls experience child maltreatment of which 52% of victims were females and 47% were males.

Child abuse and neglect affect children of all ages, where more than half were 7 years of age or younger, with about 26 percent younger than 4 years old. About 26 percent of victims were children ages 8-12; another 21 percent were youth ages 13-18.

Child maltreatment can result in the death of a child, where 996 children have died as a result of abuse or neglect.

Depriving any child its rights to live, comprising of love and care, food, shelter and freedom for education, protection and exploitation amounts to child neglect and abuse (The United Nations convention on child's rights 1989 - article 2).
Child abuse and neglect are on the rise in rich countries according to 1994 UNICEF (1985-1990 Statistics) report.

<table>
<thead>
<tr>
<th>Country</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Czechoslovakia</td>
<td>10.1</td>
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<tr>
<td>U.S</td>
<td>9.8</td>
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<tr>
<td>Soviet Union</td>
<td>8.7</td>
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<tr>
<td>Denmark</td>
<td>8.1</td>
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<td>Japan</td>
<td>7.4</td>
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As not much attention has been given to the area of neglect and no proper national surveillance is available, the exact prevalence of child neglect in India is not known. However, the ICCW (The Indian Council of Child Welfare, Tamil Nadu) has started a survey on the disadvantaged children in India which would be published later.

World Health Organisation (1994) based on a study conducted in India, reveals that 15% of children suffer from behavioral disorder and that 41% of them are between 5 and 15.

Causes and Consequences of Neglect

Studies have reported various factors contributing for child neglect. Separation or divorce of parents over a long period of time often disrupts
the child's functioning in many areas of life, including school. Also the lack of same sex parent can create difficulties due to lack of an identification model. Apart from these factors there are numerous factors like slums and overcrowding, growing conflicts and complexities in personal and community lives, disintegration of the family, poverty, abandonment, destitution, abuse, add to the population of Neglected children in India.

Down on me, down on me
Looks like everybody in this whole round world
Is down on me,

Jamil Joplin

Most of these children are institutionalized by single parent, social workers, law enforcement agencies and other non governmental organisations. However, institutions are no substitute for a family or family environment. The institution's impersonal environment lacks emotional support, love and protection. As a result, a vacuum exists in the child's life, which is the need to feel loved, cared for, respected, appreciated and protected as a human being. The weakest link in Institutional care generally is the aftercare and rehabilitation programs. The outdated concepts of
keeping children secluded behind high walls and denying them contacts with the world outside retards their personal growth and adjustment interfering with their process of growth into adulthood. What they need is assimilation, not isolation and involvement, not indifference reported Smt. Asha Das (1989).

Of all children placed in institution nearly two-thirds belong to the Neglected group (American Public Welfare Association, 1988 cited by Yuan, et.al., 1990). A major concern about institutional care, particularly long term placement, works against the psychic maturation of children. These children perceive themselves as worthless and unloved (Richards 1987).

Spitz (1951) conducted a study on institutionalized children and reported its consequences such as emotional shock, anxiety, a form of washing and withering away, (a form of emotional starvation), which results in suicidal tendency, neurotic disorder, insomnia learning difficulties, tantrums, stammering bed-wetting, and the like.

Children of single mothers suffer from serious psychopathology including depression, anxiety, developmental delays and learning problems (U.S. Conference of Mayors, 1987). Similar problems have been noted of children in foster care system by Rymer and Adler, 1987.
Peterson and Deborah (1994) screened neglected children entering protective custody and found that children displayed high level of risk or problems in one or more domains of psycho-social functioning, such as developmental, cognitive, academic, behavioral, adaptive skill, affective and self-competence.

Graziano & Wells, (1992) reported that neglected children showed greater difficulty with self-control, were more aggressive, less empathic, had poorer cognitive skills and academic performance and less moral development. This may result in low self-esteem that perpetuates itself as the child enters adolescence.

Harlow (1962) indicated that "giving and receiving love and emotional support need to be initiated at an early stage of development. Assistance comes through firm, consistent, yet kindly expectations and through the setting of definite limits for behavior. Unsatisfactory earlier experiences and relationships particularly the child's 'parent(s) relationship are major factors affecting predisposition to adjustment during adolescence."
Maxwell and Bruce (1992) conducted a study on hostility, depression and self-esteem among troubled adolescents in crisis and revealed that adolescents who had greater hostility and depression, had lower self-esteem.

Concept of Self-Esteem

Self-esteem is not everything; it is just that there is nothing without it - Modern ideas and Ancient wisdom. Self-esteem is an evaluative term. It refers to negative, positive, neutral and/or ambiguous judgements that one places on the self-concept.

Self-esteem has been defined in various ways:

Coopersmith (1967) defined self-esteem as "the personal judgement of worthiness that is expressed in the attitudes, the individual holds toward himself."

According to Rosenberg (1965) self-esteem is the "evaluation which the individual makes and customarily maintains with regard to himself, expressed as an attitude of approval or disapproval."

Harter (1985) says that a person's self perceived level of physical attractiveness is a strong and consistent predictor of global self-esteem throughout the life span.
Encyclopedia Dictionary of Psychology, (Romtano, 1983) defines self-esteem as, "the evaluation an individual makes of and applies to himself. It indicates the extent to which the individual feels about himself as significant, capable and worthy."

The report of the California task force (1990) to promote self-esteem and personal and social responsibility defined self-esteem as, "appreciating my own worth and importance and having the character to be accountable for myself and to act responsibly toward others."

Self-esteem is operationally defined in this study as personal judgement/evaluation of one's own worth in various areas or in relation to Global, academic, Body, Family and Social-esteem.

Lynda (1955) in her book on "An interactive Approach to changing your life" has described the characteristics of having high and low self-esteem.

<table>
<thead>
<tr>
<th>High Self-Esteem</th>
<th>Low Self-Esteem</th>
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<tbody>
<tr>
<td>Having confidence</td>
<td>Lacking Confidence</td>
</tr>
<tr>
<td>Being Happy</td>
<td>Being unhappy</td>
</tr>
<tr>
<td>Wholeness</td>
<td>A feeling of not belonging</td>
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<tr>
<td>A feeling of being in Control</td>
<td>Being out of control</td>
</tr>
</tbody>
</table>
Thinking positively
Being in charge
Assertive Behavior
Having self respect
Vitality
Being at ease
Dynamism
Dignity
Feeling balanced
Being successful
Charismatic personality
Feeling valuable
Being decisive
Security

Thinking Negatively
Disempowered
Being a Victim
Having no self respect
Depression
Feeling uptight
No energy
Shame
Shaky
Being a failure
Weak Personality
Feeling unworthy
Being indecisive
Insecurity

Around the age of 12, children have more self-worries, have more problems with the self image, and worry about what other people Think (Coopersmith, 1968). Moreover, fathers play a significant role in the life of a girl child. Fathers who are positively involved in their daughters upbringing have been shown to have good effect on the girls adjustment in school and college whereas, girls who feel rejected by their fathers often have personality problems (Fish and Biller, 1973). The complete absence of attention can destroy a child emotionally and in some physically.
Miller (1984) found that when parental absence exists in a home situation the level of self-esteem of children is affected. Kimble and Hilmreich (1972) also believe that a person's self-esteem is affected by the quality and quantity of approval received from parents and others early in life.

Harper and Marshall (1991) examined the problems of adolescents and their relationship to self-esteem and found that girls report significantly more number of problems and lower self-esteem when compared to boys. Further, girls were found to have more problems in terms of interpersonal relationships, personal adjustment, health and family issues.

Further it is also reported that neglected children had low self-esteem and had more difficulty in pulling themselves together to deal with various tasks and lacked necessary resources to cope with the environment. They also had deficits in cognitive performance, academic achievement, behavior in the classroom and social interaction (Dubovitz and Black 1994).

Children who experience a warm and affectionate relationship with their parents have high self-esteem and are more successful (Coopersmith 1967). Children
with high self-esteem tend to do better academically at school, had in control of their own destiny, had more friends and got along better with their families. These children come from families where independent achievements are valued and praised. These research findings reveal the importance of having high self-esteem during adolescent years.

Significance of the Study

Much attention has not been paid to the area of neglect (Crouch & Milner 1993) and it is the most prevalent form of maltreatment. The neglected children experience more behavioral problems than the normal adolescents.

Louise and Ercilia (1992), Entriste (1990) in their study among neglected and non-neglected adolescents reported that there was a drastic increase in behavioral problems for the neglected adolescents. They reported symptoms of anxiety, depression, somatization paranoia, hostility, as well as withdrawn and submissive behavior. These findings point to the need to examine the impact of silent forms of maltreatment (Briere and Runtz, 1988; Claudia and Peyrot, 1994).
A study by Kurtz, et.al., (1993); Bousha and Twentyman (1984); Jacobson and Straker (1982); Wolpe and Moesk (1983) on school aged abused and neglected children and adolescents found out that school problems, both academic and behavioral had emerged as the single most dramatic and consistent risk factor.

Rosenberg, (1979) conducted a study on self-esteem and adolescent problems and revealed that low self-esteem fostered behavior problems. Moreover, adolescents growing in foster care are without the advantage of a stable home environment. Moreover, with the number of placements increasing with the time spent in foster care they tend to experience more problems (Boucha and Twentyman 1984). Hence the emotionally disturbed adolescent is expected to become eventually an emotionally disturbed adult.

All these studies clearly show that neglected children have disturbed images of themselves, feeling of low self-worth, poor self-image, poor interpersonal peer relationship, more adjustment problems with teachers, peer and self, poor academic performance, and the like.

Purkey (1970) has reported that enhancing the self-concept is a vital ingredient influencing academic performance, self-concept, personal and social adjustment. Pope, et al., (1988) treated a wide variety of child and adult problems through self-esteem enhancement. From these findings the authors reported that behavioral problems could be a symptomatic expression of low self-esteem and treating the underlying self-esteem problem may result in changes across several domains, including behavior. Based on these research findings, the researcher felt that providing self-esteem training can alleviate certain psycho-social problems confronted by neglected children.

Therefore the present action oriented research was conducted for two purposes (1) To bring about constructive behavior change (2) and to prepare adolescents for self-sufficiency (ie.,) to train them for independent living outside foster care. The task of
the trainer, was therefore not only interpretation, reflection or reinforcement but active and deliberate teaching of desirable behavior through self-esteem training.

With this view in mind, along with previous research findings, observations and survey made by the investigator, self-esteem was selected as the independent variable and behavior problems, adjustment, locus of causality, academic performance as dependent variables. Hence the study sought to find out the effect of self-esteem training on certain psychological variables of the neglected institutionalized adolescent girls.

Based on the problem the following objectives were formulated.

1. To find out the relationship among self-esteem, locus of causality, adjustment and behavior problem of adolescent girls.

2. To improve the self-esteem of the Neglected institutionalized adolescent girls through self-esteem training.
3. To study the effect of self-esteem training on locus of causality and adjustment of the neglected institutionalized adolescent girls.

4. To reduce the behavior problems of the neglected institutionalized adolescent girls through self-esteem training.

5. To enhance the academic performance of the neglected institutionalized adolescent girls through self-esteem training.

Variables Used

Behavior Problems

"Behavior disorders of childhood and adolescence" are more stable, internalized and resistant to treatment than transient situational disturbances but less severe than psychoses, neuroses and personality disorders. The manifestations behavior problems include symptoms such as over-activity, inattentiveness, shyness, feeling of reflection, over-aggressiveness, timidity and delinquency (Brewer & Rahalik, 1979).
Behavior problems in children are not disease entities but symptoms or reactions caused by emotional disturbances or environmental maladjustment (Marfatia, 1971).

Bousha & Twentyman (1984) found that neglected children showed both externalizing and internalizing problems. The behavioral problem of the school-aged neglected children were reflected in their social interaction with peers, school performance and adjustment.

Behavior problems are operationally defined in this study in terms of the total score obtained by the students on Youth Self Report (YSR) (Achenbach & Edelbrock 1987; Achenbach, 1991).

Adjustment

As human beings, one may have needs and he/she spend most of the time and energy trying to satisfy them. Life consists of many activities and sequences wherein needs are aroused and then satisfied. This familiar pattern is the process of adjustment (Atwater, 1987).
Adjustment may be defined in several ways. Linda and David (1987) defines adjustment as a, "process which involves attempting to meet the demands of self and environment."

Perny London (1975) describes adjustment in broader manner as, "all the processes directed toward the solution of problems of living."

Aiken (1982) views adjustment as the ability to get along in society and achieve satisfaction of most of one's need.

According to Newman (1981) the concept of adjustment refers to active, creative efforts to line effectively. This requires gaining skills through interaction with one's world acquiring a degree of control over one's daily life, successfully meeting life's challenges, self understanding and the ability to make accurate judgements about people and places.

Cornell et.al., (1975) found that in middle adolescence, adjustment problems peak and these are associated with the heightened struggle for independence and identity. An adolescent's adjustment is strongly influenced by family characteristics, low income of families and child maltreatment (Sampson, 1992; Alytia & Okun, 1995).
Neglect has serious psycho-social consequences for the child's present and long term adjustment. Neglect children have been described as passive, apathetic and withdrawn, particularly withdrawn behavior, followed a specific maladjustment pattern (Green, 1978; Kent 1976, Wodarski et al., 1990).

Psychological View Point of Adjustment

The psychological attitude neither praises nor blames a person for his adjustments but it seeks to understand him. The central issue of a psychological theory of adjustment is to understand how and why people differ in their response to frustrating social situations.

Types of Adjustive Responses

1. Adjustment by Defense

People who use this mechanism usually involve some group interaction or communication which are antisocial and non integrative nature. Such mechanisms have been described as "moving against people."

2. Adjustment by Escape

Certain mechanisms are characterised by withdrawing or escaping from the experiences that incite conflicts. They show a marked lack of social activity, either as passive seclusiveness or active
refusal and ordinarily are accompanied by imaginary satisfaction in fantasy. Seclusive adjustments have been called* moving away from people.

3. Adjustments Involving Focal Fears

Although fear like or anxious behavior is a factor in all non-integrative adjustments, appears with prominence in phobias, which are irrational specific fears.

4. Adjustment by Ailments

Some of the most spectacular adjustment are those that seem like physical illnesses that include pains, paralysis and cramps. Such mechanisms, along with others are classified as psycho-neuroses which are severely disabling maladjustments.

5. Anxiety States

If a person finds no way at all to get out of his difficulties, he remains stirred up, anxious, exhausted and nervous. This anxiety state is mainly non-adjustive. This is not a mechanism that reduces tension but is an evidence of unresolved adjustment.

Adjustment is operationally defined as the total score obtained on maladjustment of the preadolescent adjustment scale developed by Pareek, et.al., (1976).
Locus of Causality

Locus of causality refers to the extent to which one believes either that reinforcement occurs primarily as a function of one's own behavior (internal control) or due to external forces such as luck, chance, powerful others (external control) - (Rotter, 1966).

According to Brown (1980) locus of causality is a function of intelligence rather than achievement. It is generally believed that underlying these specific attribution are attributional dimensions that represent the individual's cognitive structure. Weiner et.al., (1971) classified attributions into two dimensions as locus of causality and stability. locus of Causality refers to whether individuals believe the cause resides within themselves or outside themselves. Stability indicates the degree to which the cause is anticipated to change over time. Stable causes do not change, whereas unstable causes do.

Attributions

Attributions are specific causal explanation for events Typical of self attribution which includes ability, effort, task difficulty or chance/luck. Thus one person may attribute failure to lack of ability, whereas another may believe that the failure was primarily due to lack of luck or chance.
The internal/external dimensions appears to be the most widely accepted dimensions along with attribution are thought to vary. This causal dimensions pertain to the distinction between factors "inside" the person and factors "outside" the person or in the environment. It gained further acceptance with the work of Rotter (1966) and plays a leading role in most attributional theories (Abramson et.al., 1978; Weiner 1985).

Rotters' (1966) concept of "Locus of control" has been widely used when discussing the internal/external dimensions. But Weiner (1985) points out, that a distinction may be necessary because an event can be internal yet uncontrollable (example, mood), to avoid confusion Weiner (1985) suggested that the term "Locus of causality" be used instead of locus of control.

Abramson & Seligman (1978) had the basic idea that people differ in their attributional style and that attributional style differences contribute to motivation, performance and effective reactions to various life experiences. Young adults of lower socio-economic status showed more internality (Crandall et.al., 1962).
Moreover, maturation in the female is forestalled when she is not encouraged to shift from environmental support to self-support and taught the skills to do so. According to Belensky, et.al., (1986), this shift from reliance on external to internal represents a significant developmental transition. By attending to their inner voice, women strengthen their self-concept, self-esteem, self-protection and self-definition. Many developmental theorists have recognized this shift as a primary task of adolescence.

**Academic Performance**

The Dictionary of Education (Carter, 1959) defines academic achievement/performance as, "the knowledge attained or skills developed in school subjects usually designated by test scores or by marks assigned by teachers or both."

Bronfenbrenner (1989) describes underachievement as manifested by poor grades, lack of effort, dropping out of school or not reaching one's academic potential and it is a serious and persistent problem among all students. Adequate Academic achievement is a necessary developmental milestone, and poor school performance can have serious long-term effects on adolescents (Reiter and Johnson, 1994).
The impact of abuse and neglect on children results in academic deficits. David and James (1987) reported that neglected children had more deficits, performing at below average levels when compared to their classmates as confirmed by teachers.

Crouch and Milner (1993), Salzinger et al., (1991) found that both physically abused and neglected children had a lower level of academic performance and a lower adaptive functioning at school than non-maltreated children, with the neglected children showing the greatest academic delay.

In operational terms Academic performance is the marks obtained during the Half Yearly, Revision test and Annual Examination as evaluated by teachers.
CHAPTER - II

REVIEW OF LITERATURE