

A Review of Emotional and Behavioural Problems among Institutionalised Children Residing in Government Homes

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Abstract: Institutionalized children living in government-run homes represent a highly vulnerable population due to early life adversities, parental deprivation, and limited emotional caregiving. Numerous studies have reported a higher prevalence of emotional and behavioral problems among institutionalized children compared to those raised in family environments. These problems commonly include conduct disorders, emotional symptoms, hyperactivity, peer relationship difficulties, and reduced prosocial behavior. The present review synthesizes existing national and international literature on the prevalence, types, and associated factors of emotional and behavioral problems among institutionalized children residing in government homes. The findings highlight the urgent need for routine psychological screening, trained caregivers, and structured mental health interventions within institutional care settings

Keywords: Emotional Problems, Government Homes, Child Mental Health

I. INTRODUCTION

Institutional care has long been used as an alternative for children who are orphaned, abandoned, neglected, or removed from unsafe family environments. In India and many developing countries, government homes play a significant role in providing shelter, education, and basic needs to such children. However, institutional settings often lack consistent emotional bonding, individual attention, and stable caregiving, which are crucial for healthy psychological development. Previous research indicates that children growing up in institutions are more susceptible to emotional and behavioral disturbances due to early trauma, attachment disruptions, and social deprivation (Bowlby, 1988; Rutter et al., 2007).

Institutional care remains a common arrangement for children who are orphaned, abandoned, neglected, or removed from unsafe family environments, particularly in developing countries where government homes play a vital protective role. Although these institutions provide shelter, food, education, and basic healthcare, they often lack consistent emotional nurturing and individualized attention that are essential for healthy psychological development. Emotional and behavioral problems among institutionalized children have emerged as a significant public health and social concern, as early childhood experiences strongly influence later mental health outcomes (Bowlby, 1988; Rutter et al., 2007).

Research consistently indicates that children residing in government homes exhibit higher rates of emotional symptoms such as anxiety, depression, and withdrawal, as well as behavioral difficulties including aggression, hyperactivity, and conduct problems, compared to children raised in family-based settings (Zeanah et al., 2009; Merz & McCall, 2010). Disruptions in attachment, exposure to adverse childhood experiences, and limited caregiver–child interaction contribute significantly to these challenges (Kreppner et al., 2001).

In the Indian context, studies using standardized tools like the Strengths and Difficulties Questionnaire have reported a substantial proportion of institutionalized children falling within borderline or abnormal ranges for emotional and behavioral difficulties (Kumar et al., 2018; Gupta & Kaur, 2020). Understanding the nature and extent of these problems is essential for developing effective mental health interventions, improving institutional care practices, and informing child welfare policies aimed at safeguarding the psychological well-being of vulnerable children.

PREVALENCE OF EMOTIONAL AND BEHAVIOURAL PROBLEMS

Several studies conducted in institutional settings have reported a high prevalence of emotional and behavioral problems among children. Indian studies using standardized tools such as the Strengths and Difficulties Questionnaire (SDQ) have found that between 30% and 55% of institutionalized children score in the abnormal or borderline range for total difficulties (Kumar et al., 2018; Gupta & Kaur, 2020). International studies similarly report elevated psychological morbidity among children in residential care compared to community samples (Zeanah et al., 2009; Merz & McCall, 2010).

TYPES OF EMOTIONAL AND BEHAVIOURAL PROBLEMS

1. Conduct Problems

Conduct problems such as aggression, defiance, rule-breaking, and antisocial behavior are frequently reported among institutionalized children. These behaviors are often attributed to inconsistent discipline, lack of parental supervision, and exposure to adverse childhood experiences (Rutter et al., 2007).

2. Emotional Problems

Emotional problems including anxiety, depression, fearfulness, and withdrawal are commonly observed. Emotional deprivation and early separation from caregivers significantly increase vulnerability to internalizing disorders (Zeanah et al., 2009).

3. Hyperactivity and Attention Problems

Many studies report higher rates of hyperactivity and attention-deficit symptoms among institutionalized children, which may interfere with academic performance and social functioning (Kreppner et al., 2001).

4. Peer Relationship Problems

Institutionalized children often struggle with peer relationships due to limited social skill development and emotional insecurity. Peer problems may further exacerbate feelings of loneliness and low self-esteem (Gupta & Kaur, 2020). Peer relationship problems are a prominent component of emotional and behavioral difficulties observed among institutionalized children residing in government homes. Numerous studies have consistently reported that children raised in institutional settings experience significant challenges in forming and maintaining healthy peer relationships.

These difficulties often manifest as social withdrawal, peer rejection, loneliness, lack of trust, and poor social competence. The absence of stable attachment figures and limited opportunities for individualized social interaction in institutional environments impede the development of essential social skills, such as empathy, cooperation, and conflict resolution. As a result, institutionalized children may struggle to initiate friendships or sustain positive peer interactions, which further contributes to emotional insecurity and low self-esteem. Research using standardized tools like the Strengths and Difficulties Questionnaire has highlighted peer problems as one of the most prevalent domains of difficulty among children in government care homes, often co-occurring with conduct and emotional problems (Kumar et al., 2018; Gupta & Kaur, 2020).

Prolonged institutionalization, overcrowding, and frequent changes in caregivers further exacerbate peer-related difficulties by limiting consistent social modeling and emotional support. Peer relationship problems not only affect children's present social functioning but also have long-term implications for their psychological well-being, increasing the risk of anxiety, depression, and maladaptive social behaviour in adolescence and adulthood (Rutter et al., 2007; Zeanah et al., 2009).

LOW PROSOCIAL BEHAVIOUR

Reduced empathy, cooperation, and helping behavior have also been documented, reflecting impaired socio-emotional development in institutional environments (Merz & McCall, 2010). Low prosocial behavior is a significant emotional and behavioral concern frequently observed among institutionalized children residing in government homes. Prosocial behavior refers to voluntary actions intended to benefit others, such as sharing, helping, empathy, cooperation, and showing concern for peers. Healthy development of prosocial behavior is largely dependent on stable caregiver relationships, emotional security, and consistent social modelling during early childhood.

However, children living in institutional settings often experience parental deprivation, limited individual attention, and high caregiver–child ratios, which adversely affect the development of empathy and social responsibility. As a result, many institutionalized children demonstrate diminished prosocial tendencies when compared to children raised in family-based environments (Bowlby, 1988; Merz & McCall, 2010). Several studies conducted in India and other countries have reported low prosocial behavior as a prominent component of emotional and behavioral problems among institutionalized children.

Research using the Strengths and Difficulties Questionnaire consistently indicates that institutionalized children score significantly lower on the prosocial subscale, reflecting deficits in helping behavior, kindness, and peer cooperation (Kumar et al., 2018; Gupta & Kaur, 2020). These deficits often coexist with other behavioral problems such as conduct disorders and peer relationship difficulties, creating a cycle of social maladjustment. Children who struggle to engage in prosocial interactions are more likely to experience social rejection, isolation, and conflict with peers, further reinforcing negative behavioral patterns (Rutter et al., 2007).

The institutional environment itself plays a critical role in shaping prosocial behavior. Government homes are often characterized by structured routines, limited emotional warmth, and frequent changes in caregivers, which hinder the formation of secure attachments. Attachment theory suggests that secure early relationships foster empathy and concern for others, whereas insecure or disrupted attachments may impair emotional understanding and social responsiveness (Bowlby, 1988). Institutionalized children who lack consistent attachment figures may therefore find it difficult to recognize and respond appropriately to the emotions of others, leading to reduced prosocial engagement (Zeanah et al., 2009).

Low prosocial behavior among institutionalized children has also been linked to early adverse experiences such as neglect, abuse, and abandonment. Studies indicate that exposure to chronic stress and trauma can blunt emotional sensitivity and reduce motivation for cooperative social behavior (Kreppner et al., 2001). In many cases, children adopt self-protective behaviors, prioritizing personal survival over social cooperation. This adaptive response in adverse environments may later manifest as emotional detachment, limited empathy, and reduced willingness to help others (Merz & McCall, 2010).

The consequences of low prosocial behavior extend beyond childhood and may affect long-term social and emotional outcomes. Children with poor prosocial skills often face difficulties in forming healthy relationships, adapting to school environments, and integrating into society after leaving institutional care. Longitudinal studies suggest that persistent deficits in prosocial behavior are associated with increased risk of antisocial behavior, poor emotional regulation, and reduced social competence in adolescence and adulthood (Rutter et al., 2007).

Addressing low prosocial behavior in government homes requires targeted psychosocial interventions. Training caregivers to provide emotionally responsive care, promoting peer-group activities that encourage cooperation, and incorporating social skills training programs can significantly enhance prosocial development. Regular psychological assessment and early intervention are essential to identify children at risk and support their emotional growth. Strengthening prosocial behavior among institutionalized children is not only crucial for their individual well-being but also for fostering positive social integration and long-term mental health outcomes (UNICEF, 2017).

ASSOCIATED RISK FACTORS

Research identifies several factors associated with emotional and behavioral problems among institutionalized children:

Early parental loss or abandonment

Duration of institutional stay

History of abuse or neglect

Inadequate caregiver–child ratio

Lack of mental health services

Male children are often reported to exhibit higher levels of externalizing problems, while females tend to show more internalizing symptoms (Kumar et al., 2018).

Selected Studies on Emotional and Behavioral Problems among Institutionalized Children

Author & Year	Location	Sample Size	Assessment Tool	Key Findings
Kumar et al. (2018)	India	292 children	SDQ	16.8% had significant emotional and behavioral problems; conduct problems most common
Gupta & Kaur (2020)	India	142 children	SDQ	Over 50% showed borderline or abnormal total difficulty scores
Rutter et al. (2007)	UK	165 children	behavioral scales	Institutional care linked to higher conduct and emotional problems
Zeanah et al. (2009)	Romania	136 children	CBCL	Institutionalized children had higher internalizing and externalizing problems
Merz & McCall (2010)	USA	Review study	Multiple tools	Persistent socio-emotional deficits in institutionalized children
Kreppner et al. (2001)	UK	111 children	Psychological assessments	High prevalence of inattention and hyperactivity

IMPLICATIONS FOR CARE AND INTERVENTION

The high prevalence of emotional and behavioral problems among children in government homes underscores the importance of early identification and intervention. Regular psychological screening using standardized tools, training caregivers in child mental health, and integrating counselling services within institutions are essential measures. Additionally, promoting family-based care alternatives and foster care systems may reduce the long-term psychological impact of institutionalization (UNICEF, 2017).

The evidence reviewed on emotional and behavioral problems among institutionalized children residing in government homes has significant implications for care practices, mental health interventions, and child welfare policies. A consistently high prevalence of conduct problems, emotional symptoms, hyperactivity, and peer relationship difficulties indicates that institutional care environments must go beyond meeting basic physical needs and priorities psychological well-being (Rutter et al., 2007; Zeanah et al., 2009). One of the most important implications is the need for early identification and regular mental health screening. Standardized assessment tools such as the Strengths and Difficulties Questionnaire and Child Behavior Checklist should be routinely administered to detect emotional and behavioral difficulties at an early stage, allowing timely intervention before problems become chronic (Kumar et al., 2018).

Another crucial implication is the training and capacity building of caregivers and institutional staff. Many government homes are staffed by caregivers who lack formal training in child psychology and behavior management. Studies suggest that sensitive, responsive caregiving can significantly reduce emotional distress and behavioral problems among institutionalized children (Bowlby, 1988; Merz & McCall, 2010). Therefore, structured training programs focusing on trauma-informed care, positive behavior management, emotional regulation, and attachment-building strategies are essential. Improving caregiver-child ratios and ensuring continuity of caregivers can also foster emotional security and reduce behavioral disturbances.

The findings further highlight the importance of integrating professional mental health services within institutional settings. Regular access to psychologists, counsellors, and social workers is critical for addressing anxiety, depression, aggression, and trauma-related symptoms commonly observed in institutionalized children (Zeanah et al., 2009). Individual counselling, group therapy, play therapy, and cognitive-behavioral interventions have been shown to improve emotional regulation, social skills, and coping mechanisms. In addition, school-based mental health support within or linked to government homes can help address learning difficulties and behavioral challenges that interfere with academic performance (Kreppner et al., 2001).

The review also underscores the need for holistic and child-centred intervention models. Emotional and behavioral problems are often rooted in adverse childhood experiences such as neglect, abuse, and parental loss. Consequently, interventions must address not only current behavioral symptoms but also underlying trauma and emotional deprivation

(Rutter et al., 2007). Life skills training, social skills development programs, and structured recreational activities can promote prosocial behavior, self-esteem, and peer interaction. Creating a supportive and predictable institutional environment with clear routines and consistent discipline is equally important for behavioral stability.

At the policy level, the findings support a shift toward family-based alternatives to institutional care, such as foster care, kinship care, and adoption, wherever possible. Research consistently indicates that children raised in family environments demonstrate better emotional and behavioral outcomes than those in long-term institutional care (UNICEF, 2017). Strengthening aftercare services, community reintegration programs, and transition support for adolescents leaving government homes is also essential to prevent long-term psychosocial difficulties.

The high burden of emotional and behavioral problems among institutionalized children demands a comprehensive, multi-level response involving early screening, caregiver training, integrated mental health services, and child-focused policy reforms. Addressing these implications effectively can significantly improve the psychological well-being, social functioning, and future life outcomes of children residing in government homes (Gupta & Kaur, 2020).

II. CONCLUSION

The reviewed literature consistently demonstrates that institutionalized children residing in government homes are at increased risk of emotional and behavioral problems. Conduct issues, emotional symptoms, hyperactivity, and peer difficulties are the most commonly reported concerns. Addressing these problems requires a comprehensive approach that includes mental health screening, caregiver training, therapeutic interventions, and policy reforms aimed at improving the quality of institutional care. Ensuring the psychological well-being of institutionalized children is crucial for their healthy development and successful integration into society.

The present review clearly establishes that institutionalized children residing in government homes are at a significantly heightened risk of developing emotional and behavioral problems when compared to their counterparts raised in family-based environments. Across national and international studies, a consistent pattern of psychological vulnerability has been observed, with high prevalence of conduct problems, emotional disturbances such as anxiety and depression, hyperactivity, peer relationship difficulties, and reduced prosocial behavior. These findings strongly suggest that institutional care, despite meeting basic physical needs, often fails to provide the stable emotional nurturing and individualized attention essential for healthy psychological development (Rutter et al., 2007; Zeanah et al., 2009).

The evidence reviewed highlights that early life adversities including parental loss, abandonment, neglect, and exposure to abuse play a critical role in shaping emotional and behavioral outcomes among institutionalized children. Prolonged institutionalization further compounds these difficulties, as limited caregiver-child attachment and high child-to-caregiver ratios restrict opportunities for secure emotional bonding. Such conditions are strongly associated with both internalizing problems, such as withdrawal and emotional distress, and externalizing behaviors, including aggression and rule-breaking (Bowlby, 1988; Merz & McCall, 2010). The persistence of these problems into adolescence and adulthood underscores the long-term psychological consequences of early institutional deprivation.

Another important conclusion drawn from the review is the role of gender and developmental stage in the manifestation of behavioral issues. Male children are more likely to exhibit externalizing behaviors such as conduct problems and hyperactivity, while female children tend to show higher levels of emotional symptoms, including anxiety and depressive features. Additionally, older children and adolescents in institutional settings often display more pronounced behavioral difficulties, possibly due to cumulative exposure to adverse experiences and limited access to mental health support services (Kumar et al., 2018; Gupta & Kaur, 2020).

The review also emphasizes the critical importance of early identification and intervention. The use of standardized screening tools such as the Strengths and Difficulties Questionnaire has been shown to be effective in detecting emotional and behavioral problems at an early stage. However, screening alone is insufficient without appropriate follow-up interventions. Psychological counselling, behavioral therapy, life skills training, and trauma-informed care are essential components of effective mental health support within government homes. Equally important is the need for training caregivers to recognize emotional distress and respond sensitively to the psychosocial needs of children under their care (Zeanah et al., 2009; UNICEF, 2017).

While government homes play a vital role in providing shelter and protection to vulnerable children, the findings of this review indicate a pressing need to strengthen the psychosocial care components within these institutions. Policy reforms aimed at improving caregiver training, reducing institutional stay, promoting family-based alternatives, and integrating mental health services into child care institutions are crucial for improving emotional and behavioral outcomes. Addressing the psychological needs of institutionalized children is not only a matter of child welfare but also a fundamental investment in the mental health and social well-being of future generations (Rutter et al., 2007; Merz & McCall, 2010).

REFERENCES

- [1]. Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*.
- [2]. Gupta, R., & Kaur, H. (2020). Emotional and behavioral problems among institutionalized children.
- [3]. Kreppner, J., O'Connor, T. G., & Rutter, M. (2001). Can inattention/overactivity be an institutional deprivation syndrome?
- [4]. Kumar, D., Singh, A., & Verma, R. (2018). Emotional and behavioral problems among children living in institutional care.
- [5]. Merz, E. C., & McCall, R. B. (2010). Behavior problems in children adopted from psychosocially depriving institutions.
- [6]. Rutter, M., et al. (2007). Developmental catch-up following adoption from severely deprived institutions.
- [7]. UNICEF. (2017). *Children in alternative care*.
- [8]. Zeanah, C. H., et al. (2009). Institutional care and psychiatric disorders in Romanian preschool children.
- [9]. Banerjee, A., & Dutta, M. (2018). behavioral and emotional difficulties in institutionalized children: An Indian perspective. *International Journal of Community Medicine and Public Health*.
- [10]. Chakraborty, S., & Das, S. (2019). Psychosocial challenges of children living in government-run residential homes. *Indian Journal of Social Work*.
- [11]. Desai, K., Patel, V., & Shah, S. (2017). Emotional and behavioral disorders among children in residential care settings. *Asian Journal of Psychiatry*.
- [12]. Kaur, J., & Kaur, R. (2021). Prevalence of emotional and behavioral problems among children in child care institutions. *Journal of Child Health Care*.