

# Trauma and Rejection Sensitivity in Institutionalized Children

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**Abstract**—Spiegel (2008) describes the essence of traumatic stress as helplessness, which he defines as “a loss of control over one’s body”. This study has been conducted to observe the effect of traumatic experiences and rejection in the lives of institutionalized children. The two factors that are being tested in this study are Trauma (the various life incidents that caused trauma in children living in institutions; minor traumas may cause slight anxiety and major traumas are not dispensed with so easily) and Rejection Sensitivity (assesses children’s disposition to defensively (anxiously or angrily) expect, readily perceive, and overreact to social rejection). This sample was entirely collected from the areas of Hyderabad – Secunderabad. The sample size taken was 120 institutionalized children between the ages of 7-17. The study was conducted using a “Simple Random Sampling with Fish bowl Technique”. The results of the study indicate that there exists a positive correlation between Traumatic Experiences and Rejection Sensitivity in institutionalized children. There is no relation between age and traumatic experiences & rejection sensitivity. Also, there is no difference between gender and traumatic experiences & rejection sensitivity

## 1. INTRODUCTION

### 1.1 Trauma

The term ‘trauma’ originates from the Greek trauma (“wound”). This term may be understood within the context of each physical and psychic wounding. In general, trauma may be outlined as a psychological, emotional response to an occurrence or an expertise that’s deeply distressing or heavy. When loosely applied, this trauma definition will talk over with one thing displeasing, being concerned in an accident, having an illness or injury, losing a loved one, or going through a divorce.

Peichl (2007) describes trauma as a poisoning, a mix of intense anxiety, absolute helplessness and a loss of management. Because events are viewed subjectively, this broad trauma definition is additional of a tenet. Everyone processes a traumatic event otherwise as a result of we tend to

all face them through the lens of previous experiences in our lives.

### 1.2 Rejection Sensitivity

One’s perspective on experiencing rejection and the interpretation of the experience of rejection vary to a great degree. One factor that helps to understand such differences in the perception of and reaction to rejection is the construct of rejection sensitivity (Feldman & Downey, 1994).

Rejection isn’t solely painful however rejection that happens early in life is assumed to cut back the person’s ability to address future relationships.

When youngsters are systematically unheeded to and not noted, they are more likely to develop interpersonal rejection sensitivity. Interpersonal rejection sensitivity may be a hyper-alertness to the social reactions of others. When somebody has rejection sensitivity, they anxiously expect and rapidly perceive and overreact to rejection. (Karyn Hall, PhD, 2013)

### 1.3 Trauma in Institutionalized Children

Orphans in institutional settings are seen to be at higher hazard for awful encounters than those brought up in family settings. (Dr. Angela Veale, 2011).

Recent studies of orphaned and abandoned children in low and middle-income countries recognize the potential trauma of losing one or both parents (Marshall D. Schechter, “Observations on Adopted Children,” 1960). These studies demonstrate the potential for these children to be exposed to additional potentially traumatic events and hypothesize that when children are orphaned they are at higher risk for experiencing such events due to lack of adequate adult protection.

### 1.4 Rejection Sensitivity in Institutionalized Children

Adopted youngsters are found to own larger numbers of mental state referrals (Brodzinsky, 2011), with past analysis usually finding adoptees to be additional problem-prone than non-adopted comparisons (Feigelman, 1997). Young adoptees have been shown to display higher levels of externalizing and internalizing symptoms, learning problems, less social skills, depression and lower self-worth than their peers (Smith & Brodzinsky, 2002).

### 1.5 Literary Reviews

Amy C. Olson, 2013 conducted a study exploring the veracity of numerous reports that adoptees experience a higher than average fear of re-experiencing rejection. A total of 536 individuals participated in this study via an online survey. There were 207 female respondents, 307 male respondents, and 22 people who did not answer the question about gender. Of the total participants, 205 were adopted, 132 of whom were adopted domestically and 73 adopted internationally; 130 experienced open adoption and 75 experienced closed adoption. Dissociation was not found to be significant among any of the groups measured in this study. These findings suggest a resiliency among a non-clinical sample of adopted, foster care, and international groups to the experience of early loss of a significant attachment relationship.

Lukoye Atwoli et.al (2014) studied the impact of the domestic care environment on the prevalence of potentially traumatic events (PTEs) and posttraumatic stress disorder (PTSD) among orphaned and separated children in Uasin Gishu County, western Kenya. Prevalence of PTSD was highest among street youth (28.8%), then households (15.0%) and CCIs (11.5%). PTSS scores were also highest among street youth, followed by CCIs and households. Bullying was associated with higher PTSS scores and PTSD odds than either sexual or physical abuse.

Whitten Kathryn et.al., (2011) examined rates of potentially traumatic events and associated anxiety and emotional behavioral difficulties among 1,258 orphaned and abandoned children in 5 low and middle-income countries. The study suggests that even though abandoned children and children living with both parents may experience similar rates of potentially traumatic events, being single or double orphan results in greater negative psychological impacts of additional events.

Ana Muntean et.al (2012) researched on abandonment. Abandonment is an intensive traumatic event for children. The results indicate that the process of adoption becomes a challenge in a social setting where the child has been left abandoned for a while where he shows resilience and has a traumatic event of losing his/her biological affiliation and emotional support. When a child is adopted immediately after abandonment a child does not face trauma and adapts quickly.

Christine L Gray et.al., (2015) conducted study that randomly sampled orphans and separated children from 5 countries,

prevalence of reported traumatic events was no worse among those institutionalized than among those in family-based care. Prevalence and incidence of PTEs were high among OSC, but contrary to common assumptions, OSC living in institutions did not report more PTEs or more abuse than OSC living with families. Current efforts to reduce the number of institution-dwelling OSC may not reduce incidence of PTEs in this vulnerable population. Protection of children from PTEs should be a primary consideration, regardless of the care setting.

Raija-Leena Punamäki (2004) conducted a study, first, to identify behavioral, cognitive, emotional, and social coping responses to traumatic and stressful situations, and second, to examine how the nature and severity of traumatic events are associated with coping dimensions. Third, the effectiveness of coping dimensions was evaluated for their ability to buffer the children's mental health from negative trauma effects. The effectiveness of coping dimensions was symptom specific. Active Affiliation moderated between exposure to traumatic events and post-traumatic symptoms and sleeping difficulties, and Denial between exposure to traumatic events and aggressive symptoms. Reconstructing was marginally directly associated with low levels of post-traumatic and aggressive symptoms, but showed no buffering effect. The results failed to substantiate the hypothesis of a wide coping repertoire buffering between exposure to traumatic events and psychological symptoms.

## 2. OBJECTIVES

- 2.1 To study the levels of Traumatic Experiences and Rejection Sensitivity in institutionalized children.
- 2.2 To know the correlation between the Traumatic Experiences and the Rejection Sensitivity in Institutionalized children.
- 2.3 To know the relationship between the age and traumatic experiences.
- 2.4 To know the relationship between the age and rejection sensitivity.
- 2.5 To know the difference in the traumatic experiences and rejection sensitivity based on gender

## 3. HYPOTHESIS

- 3.1 There is a correlation between the Traumatic Experiences and Rejection Sensitivity in institutionalized children.
- 3.2 There is a relationship between age and the traumatic experiences in institutionalized children.
- 3.3 There is a relationship between age and the rejection sensitivity in institutionalized children.

**3.4** There exists a difference in the traumatic experiences and rejection sensitivity based on gender in institutionalized children.

**3.5** To check the correlation between recent trauma and nervousness expectation in institutionalized children.

**3.6** To check the correlation between recent trauma and anger expectation in institutionalized children.

**3.7** To check the correlation between recent trauma and anger expectation in institutionalized children.

**4. METHOD**

**4.1 Research Design:**

Research design is the logical and systematic planning in directing the research. The present study is performed using a quantitative methodology with a non-experimental comparative design, and propose to analyze my data using measures of central tendency, dispersion, correlation and t-test. Non-experimental comparative design is also known as correlational research design. Within correlational research, researchers are primarily interested in determining non-causal relationships amongst variables. More specifically, the correlational research design is a type of non-experimental study in which relationships are assessed without manipulating independent variables or randomly assigning participants to different conditions.

**4.2 Sample Technique:**

The methodology used for this research study is “Simple Random Sampling with Fish Bowl technique”.

**4.3 Sample Size:**

The current study aims at 120 institutionalized children currently placed in registered institutions in the areas of Hyderabad and Secunderabad, randomly considered between the ages of 7-17. The size has been determined by the institution of the researcher as the research is conducted in Under Graduate Level.

**4.4 Research Instrument:**

**4.4.1 Childhood Trauma Questionnaire (CTQ):** CTQ is a brief survey of six early traumatic experiences (death, divorce, violence, sexual abuse, illness or other), by Pennebaker, J.W. & Susman, J.R. (1988), and it assess individual's understanding of their childhood trauma, the test-retest coefficient was calculated at close to 0.80.

**4.4.2 Children’s Rejection Sensitivity Questionnaire (CRSQ):** The CRSQ is a 12 item scale that works for children above 3rd grade. The authors of the scale are Downey, G., Lebolt, A., Rincón, C., and Freitas, A. L. (1998).The test-retest reliability of this scale are 0.85 for anger expectation, 0.90 for anger reaction and 0.85 for being disliked.

**4.5 Procedure**

The researcher used questionnaire method to collect data. The researcher approached different participants in registered institutions. Respondents and the Institution incharges were informed that participation was voluntary.

**4.6 Data Analysis**

Data analysis was done with Statistical Package for the Social Science (SPSS). Percentages have been calculated to analyze the profile of the respondents that include Age, Gender, Educational Qualification, Family Size, Family Type, Family Environment, Type of Deprivation, Parent’s occupation, Place of Living, Contact with Family Members, Liking towards interactions with others, Outsiders celebrating their birthdays, Responsibility of household chores, Feelings of being in that Home. The measures of central tendency and standard deviation of the variables, Traumatic Events and Rejection Sensitivity were calculated. Correlations and t- test was also applied wherever it is required.

**5. RESULTS**

**Table 1: Shows the t-test ration between male and female participants in relation to Traumatic Events (Childhood & Recent) and Rejection Sensitivity (Nervousness, Anger, Anger Expectation)**

	Men (n=59)		Women (n=59)		t-ratio	Sig.
	M	SD	M	SD		
CT	28.559	9.674	28.779	9.885	-0.122	0.903
RT	20.779	9.382	19.678	9.699	0.338	0.736
Rejection Sensitivity (N)	59.389	12.878	55.559	12.71	1.624	0.107
Rejection Sensitivity (A)	52.633	14.639	49.241	12.607	1.105	0.272
Rejection Sensitivity (AE)	50.745	16.662	49.762	13.294	0.354	0.724

Table 1, an independent sample t-test was conducted to compare the scores of male and female participants. There is no difference in Childhood Traumatic Event (t= 0.903) and Recent Traumatic Scale (t=0.736). Also there is no difference in gender in relation to Rejection. Sensitivity (Nervousness) (t=0.107), Rejection Sensitivity (Anger) (t=0.2720) and Rejection Sensitivity (Anger Expectation) (t=0.724).

**Table 2: shows the correlation between the subscales of Traumatic Events with Rejection Sensitivity**

CT	RT	Rejection Sensitivity (N)	Rejection Sensitivity (A)	Rejection Sensitivity (AE)
CT	1	0.379	-0.24	-0.2
RT	0.379**	1	0.25	0.167 0.209*

\*\* Correlation is significant at 0.01 level (2-tailed)

\* Correlation is significant at 0.05 level (2-tailed)

Note: CT- Childhood Trauma, RT- Recent Trauma, N- Nervousness, A- Anger, AE- Anger Expectation

The results of Table 2 show that there is a positive correlation between Recent Traumatic Events and Rejection Sensitivity ( $r=0.209$ ;  $p=0.05$ ), which means higher the recent trauma higher the anger expectation. There is no correlation with Childhood Traumatic Experience and Rejection Sensitivity.

**Table 3: Shows the correlation between the Age and Traumatic Events with Rejection Sensitivity**

Age	CT	RT	Rejection Sensitivity (N)	Rejection Sensitivity (A)	Rejection Sensitivity (AE)
Age	1	-0.009	0.071	-0.045	0.046

\*\* Correlation is significant at 0.01 level (2-tailed)

\* Correlation is significant at 0.05 level (2-tailed)

Note: CT- Childhood Trauma, RT- Recent Trauma, N- Nervousness, A- Anger, AE- Anger Expectation

Table 3, shows that there is no correlation between age and childhood trauma ( $r=1$ ) or recent trauma

( $r=-0.009$ ). Also the table shows that there is no correlation with age and rejection sensitivity (N) ( $r= -0.045$ ); rejection sensitivity (A) ( $r= 0.046$ ); rejection sensitivity (AE)

( $r= 0.021$ ).

### 5.1 Summary of Results

To conclude, the results show that according to the hypothesis there is a significant positive correlation between Recent Trauma and Rejection Sensitivity (Anger Expectation), at 0.209 ( $p<0.05$ ), which shows that higher the recent trauma higher the anger expectation. The hypothesis that was stated that there exists a difference based To conclude, the results show that according to the hypothesis there is a significant positive correlation between Recent Trauma and Rejection Sensitivity (Anger Expectation), at 0.209 ( $p<0.05$ ), which shows that higher the recent trauma higher the anger expectation. The hypothesis that was stated that there exists a difference based on gender between traumatic experiences and rejection sensitivity has been rejected since there is no difference in Childhood Traumatic Event ( $t= 0.903$ ) and Recent Traumatic Scale ( $t=0.736$ ). Also there is no difference in gender in relation to Rejection Sensitivity (Nervousness) ( $t=0.107$ ), Rejection Sensitivity (Anger) ( $t=0.272$ ) and Rejection Sensitivity (Anger Expectation) ( $t=0.724$ ). The

hypothesis that stated that there is a relationship between age and traumatic experiences in institutionalized children has been rejected since there is no correlation between Age and Childhood Traumatic Events( $r=1$ ), Recent Traumatic Events ( $r= - 0.009$ ). The hypothesis which says that there is a relationship between age and Rejection Sensitivity in institutionalized children is rejected as well since there is no correlation between Rejection Sensitivity (Nervousness) ( $r= - 0.045$ ), Rejection Sensitivity (Anger) ( $r= 0.046$ ), Rejection Sensitivity (Anger Expectation) ( $r= 0.021$ ). On gender between traumatic experiences and rejection sensitivity has been rejected since there is no difference in Childhood Traumatic Event ( $t= 0.903$ ) and Recent Traumatic Scale ( $t=0.736$ ). Also there is no difference in gender in relation to Rejection Sensitivity (Nervousness) ( $t=0.107$ ), Rejection Sensitivity (Anger) ( $t=0.272$ ) and Rejection Sensitivity (Anger Expectation) ( $t=0.724$ ). The hypothesis that stated that there is a relationship between age and traumatic experiences in institutionalized children has been rejected since there is no correlation between Age and Childhood Traumatic Events( $r=1$ ), Recent Traumatic Events ( $r= - 0.009$ ). The hypothesis which says that there is a relationship between age and Rejection Sensitivity in institutionalized children is rejected as well since there is no correlation between Rejection Sensitivity (Nervousness) ( $r= -0.045$ ), Rejection Sensitivity (Anger) ( $r= 0.046$ ), Rejection Sensitivity (Anger Expectation) ( $r= 0.021$ ).

## 6. DISCUSSION

The present study has been done to analyze the relationship between traumatic experiences and rejection sensitivity. The study also attempts to understand if there is an impact of independent variables such as Age and Gender on Traumatic Experiences and Rejection Sensitivity. The hypothesis of the study was that there exists a relationship between Traumatic Experiences (Childhood Traumatic Events and recent Traumatic Events) and Rejection Sensitivity (Nervousness, Anger, Anger Expectation) among Institutionalized Children.

In this study it was found that there was a positive correlation between Traumatic Experiences and Rejection Sensitivity. In a study conducted by Atilgan Erozkhan (2017) the relationship between trauma and rejection sensitivity was tested amongst adolescents. The researcher took a sample size of 882 late adolescents (423 female; 459 male). The results of the study show that there was a positive correlation between traumatic experiences and rejection sensitivity. Thus, it can be inferred that traumatic experiences cause rejection.

Through Pearson's Product Moment Correlation, it was found in the current study that there is no correlation between Age and Rejection Sensitivity. Similarly found in the study of Downey G, Lebolt A, Rincón C, Freitas A.L (1998) where a sample 218 children between fifth to seventh grades was collected, the research shows that there is no correlation with age and rejection sensitivity.

Another hypothesis stating that in institutionalized children there exists a difference in male and female participants for rejection sensitivity has been rejected which proves to be significant in this study. In a study conducted by Richard T. Liu et.al., (2014) it shows that rejection sensitivity and gender are not correlated for a sample of 66 adults.

### 6.1 Limitations

One of the main limitation of this study is the small sample size. The study conducted has a sample size of only 120 participants. The other limitation of this study is the geographical restriction. The study has been conducted only in registered orphanages in the regions of Hyderabad-Secunderabad. Finally, one major limitation of this study is that it has been conducted on children, children are the respondents of the questionnaires filled and they had to be taken on a one on one basis. Also, children have short attention span causing them to get distracted easily.

### 6.2 Application Value

The results of this study will help understand the levels of traumatic experiences and rejection sensitivity in institutionalized children. The study will help the institutions to look into the profile of the respondents and offer better care and treatment to the required children suffering from traumatic experiences and rejection sensitivity. Finally, the study shows that there is a need for deinstitutionalization; wherein the orphanages should cut down the admission of semi-orphans and partially deprived children and promote foster care and adoption where the child gets holistic care in a safe environment.

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