

ORIGINAL ARTICLE

Internalizing and Externalizing Behaviours in Institutionalized Children in relation to Parental Living Status

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ABSTRACT

Context: Childhood development relies on stable caregiving, and disruptions like parental loss can impact emotional and behavioural outcomes. Institutionalized children, often deprived of parental care, are at greater risk for internalizing (e.g., anxiety, withdrawal) and externalizing (e.g., aggression, hyperactivity) behaviours. Understanding how parental living status affects these behaviours is key to improving their psychological well-being.

Aims: This research aimed to study and compare the occurrence of internalizing and externalizing behavioural problems among institutionalized children in relation to their parental living status.

Settings and Design: A cross-sectional observational study was conducted among school-going children in Krishna district, Andhra Pradesh, India. The sample included institutionalized (Group A, n=120) and non-institutionalized (Group B, n=100) children.

Methods and Material: Behavioural assessments using the Strengths and Difficulties Questionnaire (SDQ) were administered to caretakers and teachers. Data on sociodemographics, parental living status, duration of stay, and sibling presence were collected.

Statistical analysis used: Chi-square tests analysed associations between variables, with $p \leq 0.05$ considered significant.

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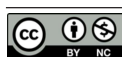
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Results: Internalizing behaviours showed no significant group differences ($p=0.4224$). However, externalizing behaviours, particularly hyperactivity, were lower in institutionalized children ($p=0.0025$). Parental loss was linked to higher internalizing behaviours ($p=0.0074$). Gender, duration of stay, and sibling presence were not statistically significant, although siblings showed a near-significant protective effect ($p=0.0587$).

Conclusion: Parental loss heightens internalizing behaviours in institutionalized children. Emotional support, attachment-building, and maintaining sibling bonds may mitigate adverse effects. Targeted interventions are needed to address these children's psychological needs.

KEYWORDS

- Internalizing behaviours • Externalizing behaviours • Institutionalized children
- Parental living status

INTRODUCTION

Childhood is a critical stage of development that necessitates a strong emotional bond between children and their caregivers for optimal physical, psychological, and behavioural growth. The role of parents in fostering a child's emotional and physical well-being cannot be overstated, as their presence and support are pivotal in shaping the child's overall development. Among the most profound forms of social deprivation a child can experience is the loss of one or both parents.¹ Parental loss, whether through death, separation, divorce, or desertion, causes significant psychological distress and disrupts the foundational attachment system crucial for healthy emotional regulation, potentially leading to long-term effects on a child's mental health.² The impact of parental loss on a child's emotional and behavioural well-being underscores the importance of stable and supportive caregiving, especially in institutionalized settings where children may experience compounded challenges.

Children raised in institutional settings, such as shelter homes, face unique challenges that impact their psychological and behavioural development, placing them at an increased risk for various behavioural problems, primarily internalizing and externalizing behaviours.³ A critical factor influencing these behavioural outcomes is parental living status. The loss or absence of one or both parents may contribute to internalizing behaviours such as grief, anxiety, and emotional withdrawal, or may result in externalizing behaviours, including aggression or hyperactivity, as children struggle to cope with feelings of abandonment

and neglect.⁴ Both types of behaviours can significantly impact a child's long-term mental health, social integration, and overall well-being.⁵ In India, research by Datta P *et al.*, found that institutionalized children exhibited significantly higher levels of behavioural problems when compared to their peers in family settings.⁶ These findings highlight how institutionalization exacerbates behavioural difficulties among children who are already vulnerable due to parental absence.

Besides, gender plays an important role in how children express internalizing and externalizing behaviours. Research indicates that boys are more likely to exhibit externalizing behaviours, while girls tend to internalize their emotional difficulties.⁷ A study by Nsabimana E *et al.*, found that institutionalized children, regardless of gender, exhibit higher rates of internalizing and externalizing behaviours compared to those raised in family environments, highlighting the critical role of the caregiving environment in shaping behavioural outcomes.¹

The presence of siblings in institutionalized care can positively influence a child's behavioural development by providing emotional support, stability, and familiarity. Mota CP *et al.*, found that institutionalized children with siblings had lower levels of emotional distress and behavioural problems, suggesting sibling relationships as a protective factor.⁸ Conversely, Rawat D *et al.*, and Edels R *et al.*, noted that children without siblings were more prone to social withdrawal, loneliness, and emotional distress, leading to a higher prevalence of internalizing behaviours like depression and anxiety.^{9,10}

The psychological and behavioural outcomes of institutionalized children are influenced by a complex interaction of factors. The loss or absence of one or both parents plays a crucial role in the development of both internalizing and externalizing behaviours. Institutional care further complicates this issue by disrupting attachment systems and providing an environment that is often inadequate for fostering emotional stability. Understanding the impact of these factors is essential for developing effective interventions that can improve the mental health and well-being of institutionalized children.

While existing research has explored the psychological and behavioural outcomes of institutionalized children, there is limited understanding of the specific role parental living status plays in the development of internalizing and externalizing behaviours. This gap highlights the need for research that specifically examines the interplay between parental living status and behavioural issues in institutionalized children, which is crucial for developing targeted interventions to support this vulnerable population. Thus, this study aims to study and compare the occurrence of internalizing and externalizing behavioural problems among institutionalized children in relation to their parental living status.

METHODS

A cross-sectional observational study was conducted among school going children aged between 6 and 16 years after obtaining approval from the Institutional Ethics Committee, approval number: Faculty/731/22. This work was carried out in accordance with the Declaration of Helsinki, 1964.

Description of study subjects: The study included two groups of children; all those aged between 6 and 16 years, of both genders, residing in Krishna district. Children residing in shelter homes (orphans, single-parent children and the less fortunate) were taken as Group A. Children living with parents at home and attending regular schools, matched by age and gender served as Group B.

Informed consent was obtained from the caretakers of all sheltered/institutionalized children (group A) and from the parents of children in group B after a detailed explanation of the study's nature and objectives. Participants

were assured that their involvement is voluntary, and they can withdraw at any time without any consequences. The confidentiality and anonymity of all participants was maintained throughout the study.

Children aged 6 to 16 years, whose parents/caretakers provided informed consent, were included in the study through systematic random sampling. All those with history of diagnosed psychiatric illnesses including intellectual disability and Specific Learning Disorders, and those with history of chronic medical/neurological conditions and prolonged use of medications that may confound the behavioural assessment were excluded. A total of 120 children were selected from three different shelter homes, with 40 children sampled from each, to include in Group A. For Group B, 100 children were selected from three schools, with 30, 30, and 40 children sampled from each school. Randomization was carried out based on the standard roll numbers assigned to the children in their respective schools; those with roll numbers that were multiples of 5 were selected.

Sociodemographic data was obtained including gender, duration of stay in the shelter home: number of years the child has resided in the institutional setting, parental living status: whether the child's parents (father/mother) are alive or deceased, and siblings in the shelter home: whether the child has siblings residing in the same shelter home. The Strengths and Difficulties Questionnaire (SDQ) was used to assess internalizing and externalizing behavioural problems in the children. It was administered to caretakers in the case of institutionalized children and to teachers for children attending regular schools.

The Strengths and Difficulties Questionnaire is a widely used, validated behavioural screening questionnaire that evaluates emotional symptoms (5 items), conduct problems (5 items), hyperactivity/inattention (5 items), peer relationship problems (5 items), and prosocial behaviour (5 items) in children and adolescents aged 2-17 years¹¹. The internalizing and externalizing behaviours were assessed through the following subscales: Internalizing behaviours, which includes emotional symptoms and peer problems, indicative of internalizing issues such as anxiety and withdrawal. Externalizing behaviours, which

includes conduct problems and hyperactivity, indicative of disruptive behaviours such as aggression and inattention. The SDQ exhibits strong internal consistency, moderate test-retest reliability, good concurrent validity and good discriminant validity.^{12,13}

Data was entered in Microsoft Excel and analyzed with Statistical Package for Social Sciences (SPSS) software version 26.0. Association between two categorical variables was measured by using Chi-square test. P value ≤ 0.05 was taken as statistically significant.

RESULTS

The study sample included 120 children residing in institutional setting (Group A) and 100 children living with their parents at home (Group B), all aged between 6 and 16 years. Of the 120 institutionalized children, 68 were male and 52 were female.

Table 1: Internalizing and externalizing behaviours in Groups A and B

Behavioural symptoms		Group A (120)	Group B (100)
*Internalizing behaviours	Emotional	21 (17.5%)	16 (16%)
	Peer-related	42 (35%)	20 (20%)
	Both	21 (17.5%)	16 (16%)
**Externalizing behaviours	Hyperactivity	14 (11.7%)	35 (35%)
	Conduct	14 (11.7%)	10 (10%)
	Both	08 (6.7%)	02 (2%)

*Chi-square=1.72 and $p = 0.4224$; Not Significant, ($p < 0.05$ is significant)

**Chi-square=12.02 and $p = 0.0025$; Significant, ($p < 0.05$ is significant)

Table 1 presents a comparison of internalizing and externalizing behaviours in institutionalized children (group A; $n=120$) and non-institutionalized children (group B; $n=100$).

Internalizing behaviours: No significant differences were found between institutionalized children and those living with parents for emotional, peer-related, or both emotional and peer-related internalizing behaviours ($p=0.4224$).

Externalizing behaviours: Institutionalized children showed significantly lower hyperactivity (11.7%) compared to those living with parents (35%), with a significant p-value of 0.0025. No significant differences were found between groups for conduct or combined

externalizing behaviours ($p=0.4224$).

Table 2: Internalizing and externalizing behaviours by gender in Group A

Behavioural symptoms		Male (68)	Female (52)
*Internalizing behaviours	Emotional	11 (16.2%)	10 (19.2%)
	Peer-related	22 (32.4%)	20 (38.5%)
	Both	11 (16.2%)	10 (19.2%)
**Externalizing behaviours	Hyperactivity	9 (13.2%)	5 (9.6%)
	Conduct	7 (10.3%)	7 (13.5%)
	Both	6 (8.8%)	2 (3.8%)

*Chi-square=0.00 and $p = 1.000$; Not Significant, ($p < 0.05$ is significant)

**Chi-square=1.44 and $p = 0.4877$; Not Significant, ($p < 0.05$ is significant)

The analysis of internalizing and externalizing behaviours in institutionalized children found no significant gender differences.

For internalizing behaviours, the distribution of emotional, peer-related, and both types of behaviours was similar between males and females, with p value of 1.000, indicating no significant difference. For externalizing behaviours, the occurrence of hyperactivity, conduct issues, and both behaviours was also similar across genders, with p value of 0.4877, showing no significant difference.

Table 3A: Parental living status and internalizing behaviours in Group A

Parents	Internalizing behaviours	
	Yes	No
Alive	14 (33.3%)	46 (59%)
Not Alive	28 (66.7%)	32 (41%)
Total	42 (100%)	78 (100%)

Chi-square=7.18 and $p = 0.0074$; Significant, ($p < 0.05$ is significant)

The table presents the relationship between parental living status and internalizing behaviours in institutionalized children. Of the children with living parents, 33.3% exhibited internalizing behaviours, whereas 59% of those without living parents showed similar behaviours. In total, 66.7% of children whose parents were not alive displayed internalizing behaviours compared to 33.3% in those with living parents. A p-value of 0.0074 indicates that the difference between these two groups is statistically significant.

Table 3B: Parental living status and externalizing behaviours in Group A

Parents	Externalizing behaviours	
	Yes	No
Alive	09 (45%)	51 (51%)
Not Alive	11 (55%)	49 (49%)
Total	20 (100%)	100 (100%)

Chi-square=0.24 and p =0.6242; Not Significant, (p<0.05 is significant)

The table presents the relationship between parental living status and externalizing behaviours in institutionalized children. Among children with living parents, 45% exhibited externalizing behaviours, while 51% of children without living parents displayed similar behaviours. In total, 55% of children whose parents were not alive had externalizing behaviours, compared to 45% in those with living parents. A p-value of 0.6242 indicates that the differences observed between these two groups are not statistically significant.

Table 4: Duration of stay in shelter homes and behavioural symptoms

Duration of stay in shelter homes (years)	Internalizing behaviours (42)	Externalizing behaviours (20)
1	5 (11.9%)	6 (30%)
2	6 (14.3%)	5 (25%)
3	6 (14.3%)	0 (0%)
4	8 (19%)	3 (15%)
5	2 (4.8%)	2 (10%)
6	10 (23.8%)	3 (15%)
7	2 (4.8%)	0 (0%)
8	2 (4.8%)	1 (5%)
9	1 (2.4%)	0 (0%)

Chi-square=8.87 and p =0.3536; Not Significant, (p<0.05 is significant)

The analysis of internalizing and externalizing behaviours in relation to the duration of stay in shelter homes revealed no significant association.

For internalizing behaviours, the distribution across different durations of stay shows variability, with the highest proportion (23.8%) of affected children in the 6-year category. For externalizing behaviours, the highest percentage (30%) was observed in the 1-year category, with a gradual decrease in the frequency of these behaviours as the duration of stay increased. A p-value of 0.3536 indicates that there is no

statistically significant relationship between the duration of shelter home stay and either internalizing or externalizing behaviours.

Table 5A: Siblings in the shelter home and internalizing behaviours

Siblings in the shelter home	Internalizing behaviours	
	Yes	No
Yes	01 (2.4%)	10 (12.8%)
No	41 (97.6%)	68 (87.2%)
Total	42 (100%)	78 (100%)

Chi-square=3.57 and p =0.0587; Near Significant, (p<0.05 is significant)

The chi-square analysis examining the relationship between the presence of siblings in the shelter home and internalizing behaviour showed a near significant association.

Of the children with siblings in the shelter home, only 2.4% exhibited internalizing behaviours, while 12.8% did not. In contrast, among those without siblings in the shelter home, 97.6% of children exhibited internalizing behaviours, while 87.2% did not. A p-value of 0.0587 suggests that the presence of siblings in the shelter home is significantly associated with the likelihood of internalizing behaviours, with children without siblings showing a higher prevalence of these behaviours.

Table 5B: Siblings in the shelter home and externalizing behaviours

Siblings in the shelter home	Externalizing behaviours	
	Yes	No
Yes	01 (5%)	10 (10%)
No	19 (95%)	90 (90%)
Total	20 (100%)	100 (100%)

Chi-square=0.50 and p =0.4793; Not Significant, (p<0.05 Significant)

The chi-square analysis of externalizing behaviours in relation to the presence of siblings in the shelter home revealed no significant association.

Among children with siblings in the shelter home, 5% exhibited externalizing behaviours, while 10% did not. In contrast, 95% of children without siblings in the shelter home showed externalizing behaviours, with 90% not displaying such behaviours. A p-value of 0.4793 indicates that the presence of siblings in the shelter home is not significantly associated with the occurrence of externalizing behaviours.

DISCUSSION

This research aimed to study and compare the occurrence of internalizing and externalizing behavioural problems among institutionalized children in relation to their parental living status.

Our results showed no significant differences in internalizing behaviours (emotional or peer-related) between institutionalized children and those living with parents, which aligns with the findings of Nsabimana E *et al.*, who suggested that institutionalization alone may not significantly contribute to an increase in internalizing behaviours.¹ Studies reported that emotional and peer-related issues in institutionalized children were more influenced by early-life trauma than by the institutional setting itself.^{14,15} On the other hand, we observed a significant difference in externalizing behaviours, with institutionalized children exhibiting lower levels of hyperactivity compared to those living with parents. This finding aligns with research by Kennedy M *et al.*, which suggested that the structured environment in institutions may provide behavioural management that helps mitigate hyperactivity, possibly due to routine and regulation.¹⁶ Despite this, no differences were found in conduct or combined externalizing behaviours, consistent with research by Zilanawala A *et al.*, highlighting the complex role of environmental, familial, and socio-economic factors in shaping these behaviours.¹⁷

The present study examined gender differences in internalizing and externalizing behaviours, finding no significant differences between males and females. Both male and female children exhibited similar patterns of internalizing and externalizing behaviours, with no statistical differences observed between genders. This contrasts with a substantial body of literature suggesting that boys are more likely to exhibit externalizing behaviours, such as aggression and hyperactivity, while girls are more prone to internalizing behaviours like anxiety and depression.⁷ The absence of gender differences in internalizing and externalizing behaviours in this study may stem from the institutionalized setting, which emphasizes structured routines and group dynamics, limiting gender-specific behavioural expression. Cultural and environmental factors often shape how children express emotions

and cope with distress, potentially influencing gender differences.¹⁸ However, the findings suggest that the institutional environment may mitigate these differences, highlighting the need for further research.

This study found a significant relationship between parental living status and internalizing behaviours in institutionalized children. Specifically, 59% of children without living parents exhibited internalizing behaviours, compared to 33.3% of those with living parents ($p = 0.0074$), indicating that parental absence is strongly linked to increased internalizing behaviours such as anxiety, depression, and emotional withdrawal. These findings align with the existing literature, which consistently shows that parental loss or absence significantly affects children's emotional development and increases the risk of internalizing behaviours.^{4,19} Parental loss represents a form of attachment disruption, with Bowlby's attachment theory highlighting the role of secure attachments in supporting emotional regulation and social competence.² The absence of a primary caregiver can lead to feelings of insecurity, abandonment, and grief, manifesting as internalizing behaviours like sadness, withdrawal, and emotional distress. Children in institutionalized care, who often face parental separation or loss, are especially vulnerable due to the added stressors of institutional environments.³

The study found no statistically significant difference in externalizing behaviours between children with living parents (45%) and those without living parents (51%) ($p = 0.6242$). This suggests that parental living status may have a lesser impact on externalizing behaviours, such as aggression and hyperactivity, compared to internalizing behaviours in institutionalized children. This is in contrast to previous studies which indicated that children with absent or deceased parents may exhibit both internalizing and externalizing behaviours, often as a coping mechanism for the emotional distress they experience.¹⁶ A study by Kaur R *et al.*, identified conduct problems as the most prevalent externalizing behaviour among institutionalized children.²⁰ Institutional care environments provide structured routines, peer interactions, and adult supervision, which can offer emotional support and reduce disruptive behaviours. However, they often lack the warmth, stability, and individualized attention

of a family, hindering the development of healthy coping mechanisms. This may explain why institutionalized children show varied internalizing behaviours, while externalizing behaviours remain relatively consistent regardless of parental living status.

The duration of stay in institutional care was not significantly associated with internalizing or externalizing behaviours. This finding differs from research suggesting a direct relation between the length of institutionalization and the severity of behavioural issues, with longer durations linked to more severe behavioural outcomes.²¹ However, a study by Ismayilova *L et al.*, reported that children with a history of family upbringing prior to separation exhibited significantly higher levels of emotional and behavioural problems compared to those placed in institutional care at birth.¹⁴ A child's experience in institutional care is influenced by factors beyond duration, such as the quality of care, emotional support, and the presence of stable caregiver relationships. While longer stays may foster coping strategies, they can also lead to increased emotional distress, especially if attachment needs are not adequately met.

The presence of siblings in institutional care appeared to have a protective effect on children's emotional well-being, particularly regarding internalizing behaviours. Chi-square analysis showed a near-significant association ($p = 0.0587$) between having siblings in the institution and a lower prevalence of internalizing behaviours. Specifically, children with siblings exhibited a lower proportion of internalizing behaviours (2.4%) compared to those without siblings (97.6%). Siblings provide essential emotional support, stability, and a sense of continuity in the absence of biological parents, serving as protective factors against internalizing behaviours.⁸ They can buffer stress, foster attachment security, and alleviate feelings of loneliness, separation anxiety, and grief common among institutionalized children.^{4,10} This highlights the importance of maintaining sibling relationships in institutional settings and suggests that efforts to keep siblings together may improve emotional outcomes for these children.

On the other hand, the analysis of externalizing behaviours revealed no significant association with the presence of siblings. This suggests that siblings may have a lesser impact

on mitigating externalizing behaviours, such as aggression or hyperactivity, compared to their influence on internalizing behaviours. Externalizing behaviours may be shaped by other factors, such as peer relationships, the structure of the institutional environment, or individual temperament.²²

This study's strengths include the use of a validated tool like the Strengths and Difficulties Questionnaire (SDQ) and a well-defined study population, providing insights into the impact of parental loss and institutional care on children's behavioural problems. However, limitations include its cross-sectional design, small sample size, and limited generalizability. Potential bias may stem from reliance on caregiver and teacher reports. The study also did not examine factors such as the quality of institutional care or the causes of parental loss. Future research should adopt a longitudinal design with larger, more diverse samples to improve generalizability, explore additional institutional factors like caregiver quality, and incorporate clinical psychological assessments for a more comprehensive understanding of mental health in institutionalized children.

CONCLUSION

In conclusion, the results of this study emphasize the significant impact of parental living status on the development of internalizing behaviours among institutionalized children, with the absence of one or both parents contributing to emotional distress and withdrawal. Emotional support and attachment-building should be prioritized in interventions aimed at improving the psychological well-being of institutionalized children, especially for children who have experienced parental loss. Additionally, the presence of siblings appears to serve as a protective factor against internalizing behaviours, suggesting that efforts to maintain sibling relationships in institutional settings can enhance emotional resilience. Conversely, the lack of significant findings regarding the duration of stay and externalizing behaviours underscores the complexity of behavioural outcomes, pointing to other contributing factors such as peer dynamics and caregiver quality. Further research is needed to explore additional factors that may mitigate the impact of institutionalization and parental absence on child development. There is a clear need

for targeted interventions to address the unique challenges faced by institutionalized children, focusing on attachment security, emotional support, and the maintenance of sibling bonds to reduce the adverse effects of institutionalization on emotional and behavioural development.

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