

Mental Health and Well-Being among Child Abuse Survivors in Nagaland: A Study from Dimapur District, Nagaland

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ABSTRACT

Background

Child abuse can affect children's emotional well-being, relationships, sense of self and everyday participation in school and community life (World Health Organization, 2024; Norman et al., 2012). Research in India has documented links between childhood maltreatment and anxiety, depression and other psychological difficulties, yet much of this evidence relies on structured measures, and children's own accounts remain comparatively scarce in Northeast India (Charak & Koot, 2014; Choudhry et al., 2018; Kothapalli et al., 2023). This study examines how children who experienced abuse in Dimapur District, Nagaland, describe its effects on their mental health and well-being, with attention to emotional distress, self-esteem, social relationships and educational experiences.

Methodology/Principal Findings

An exploratory qualitative design was used with 43 children aged 9–17 years who had experienced physical abuse, sexual abuse, psychological or emotional abuse or neglect, and whose cases had come to the attention of child-protection organisations in Dimapur. Participants were recruited by purposive criterion sampling from children already staying in two child-protection shelter homes in Dimapur, not by probability sampling. Inclusion required age 9–17 years, residence in one of the two homes during fieldwork, an identified experience of abuse or an unsafe placement, ability to be interviewed in Nagamese or English and child assent after the study was explained. Children outside this age band, children who or whose home refused, and children judged too distressed for interview that day were excluded. Data were collected through

semi-structured interviews and analysed thematically. Sexual abuse was the most frequently identified primary form of harm, and several children described more than one form. Across the interviews, anxiety and persistent sadness, low self-esteem, difficulties with trust, social isolation, shame, intrusive memories and problems with concentration or schooling recurred in children's accounts. Family conflict, economic difficulty, chronic household stress and unequal adult-child power relations were also commonly described around these experiences.

Significance

The findings indicate that the consequences of abuse extend beyond the immediate experience of violence and can affect emotional well-being, relationships, self-perception and engagement with education. They also suggest that psychological distress cannot be understood separately from the family and social circumstances in which abuse occurs. The study points to the need for accessible, child-sensitive and culturally responsive support through schools, community organisations and child-protection services in Nagaland, and to the value of listening to children's own accounts when examining the relationship between abuse and mental well-being.

Keywords: child abuse; mental health; child well-being; Nagaland; Dimapur; Northeast India; qualitative research; child survivors

1. Introduction

Childhood is generally understood as a period in which children should experience care, protection and opportunities for healthy emotional and social development. Yet these conditions cannot be assumed for all children. Abuse within families, households and other caregiving environments can disrupt the everyday sense of safety on which children's development depends. Physical violence, sexual abuse, emotional maltreatment and neglect may occur in different circumstances and may have different immediate consequences, but their effects can extend into children's emotional lives, relationships, education and understanding of themselves (World Health Organization, 2024; Norman et al., 2012).

The consequences of abuse are therefore not limited to the event itself. Children may experience fear, persistent sadness, shame, difficulties in trusting others, withdrawal from social relationships and problems in school. Where abuse is repeated or occurs within relationships of dependence, the child may have few opportunities to distance themselves from the source of harm. The experience can consequently become part of everyday life rather than remaining an isolated incident. Research on childhood maltreatment has consistently drawn attention to these longer-term consequences, including anxiety, depression, trauma-related symptoms and difficulties in interpersonal relationships (Norman et al., 2012). The literature also suggests that

the effects may become more severe when children are exposed to multiple or repeated forms of maltreatment (Charak and Koot, 2015; Sharratt et al., 2021).

The Indian context requires attention to these experiences within the social environments in which children live. Child abuse is not always disclosed or formally reported (Choudhry et al., 2018; Singhal and Gupta, 2025). Family relationships, concerns about social reputation, fear of consequences and children's dependence on adults can influence whether abuse comes to the attention of others. These circumstances make the study of abuse particularly difficult because official records are unlikely to capture the full range of children's experiences. They also indicate why research based only on reported cases or numerical prevalence may not fully explain how children understand and live with abuse (Choudhry et al., 2018).

Existing Indian research has nevertheless established a substantial relationship between childhood maltreatment and adverse mental health outcomes (Charak and Koot, 2014; Pandey et al., 2020; Sharratt et al., 2021). Studies among children and adolescents have reported associations between different forms of abuse and anxiety, depression, behavioural difficulties and other indicators of psychological distress. Research has also drawn attention to the cumulative consequences of experiencing more than one form of abuse. For example, studies of Indian children have identified greater psychological difficulties among those exposed to multiple forms of victimisation (Sharratt et al., 2021), while research involving children with histories of labour and maltreatment has highlighted the particularly damaging effects of emotional harm (Pandey et al., 2020). These findings are important, but much of the available evidence is based on structured measures and quantitative assessments. Such approaches are valuable for identifying patterns, but they provide less opportunity to understand how children themselves describe fear, shame, isolation, loss of trust or changes in their sense of self.

This issue is particularly relevant in Northeast India, where the social and institutional contexts surrounding childhood and family life differ from those represented in much of the national literature. Research from the region has pointed to the importance of family conflict, socioeconomic difficulties, substance use and limited access to mental health support in shaping children's experiences. At the same time, Northeast India remains comparatively underrepresented in national research on child maltreatment (Kothapalli et al., 2023). Within the region, there is even less qualitative work that places children's own accounts at the centre of analysis.

Nagaland provides an important setting for such an inquiry. Family and community relationships continue to have an important place in everyday social life, while processes of urbanisation, migration and economic change are reshaping the conditions in which children grow up. These changes are particularly visible in Dimapur, the state's major commercial and urban centre.

Children in the district may live in nuclear or extended families, with relatives, or in other caregiving arrangements. For some children, economic circumstances and dependence on adults outside the immediate family may further shape their access to protection and support. These conditions do not, by themselves, cause abuse. However, they form part of the social environment within which children's vulnerability, disclosure and access to assistance need to be understood (Belsky, 1980).

The question of gender is also important. In the present study, girls constitute 65.1% of the participants, and their accounts indicate substantial experiences of shame, social withdrawal and difficulties in trusting others. Previous research has similarly identified gendered patterns in childhood victimisation and mental health consequences (Charak and Koot, 2014; Sharratt et al., 2021). However, gender should not be treated simply as a demographic characteristic. It needs to be considered alongside children's relationships with caregivers, their dependence on adults, expectations surrounding silence and disclosure, and the social meanings attached to abuse. A qualitative approach allows these dimensions to be considered together rather than treating them as separate variables.

The present study therefore moves away from asking only how many children experience particular forms of abuse. Instead, it asks how children who have experienced abuse describe its consequences in their everyday lives. The focus is on mental health and well-being as experienced and expressed by the children themselves, while also considering the family and social circumstances that surround these experiences. This approach is particularly useful in a context such as Dimapur, where relatively little published research has examined child abuse through the voices of children themselves (Choudhry et al., 2018).

The study addresses three related questions. First, how do children who have experienced abuse describe its effects on their emotional and psychological well-being? Second, what family and social circumstances do children and collaborating child-protection organisations identify around these experiences? Third, what forms of support do the children's accounts suggest may assist protection and recovery (Belsky, 1980; Norman et al., 2012; Singhal and Gupta, 2025)?

By addressing these questions, the study seeks to contribute to the limited literature on child abuse and mental well-being in Northeast India. Its contribution lies less in estimating the prevalence of abuse in Nagaland than in examining the experiences and meanings attached to abuse by children in one urban district. The qualitative accounts provide an opportunity to understand how emotional distress, damaged self-esteem, social withdrawal, difficulties with trust and disruption of schooling are connected in children's everyday lives. They also provide a basis for considering how child protection and psychosocial support might be strengthened in

ways that are attentive to the local social context (Kothapalli et al., 2023; Singhal and Gupta, 2025).

The study thus approaches child abuse as both an individual experience of harm and a social issue shaped by relationships, dependence and the availability of protective support. The findings presented below are intended to illuminate these connections while remaining within the limits of the qualitative evidence generated from the 43 participants in Dimapur District (Belsky, 1980).

2. Materials and Methods

2.1 Research Design

The study adopted an exploratory qualitative research design to examine the experiences of children who had been exposed to different forms of abuse and to understand how these experiences affected their mental health and everyday well-being. A qualitative approach was considered appropriate because the study was concerned not only with identifying the forms of abuse experienced by participants, but also with understanding how children described fear, sadness, shame, isolation, loss of trust and changes in their sense of self.

The study did not aim to estimate the prevalence of child abuse in Nagaland or to establish clinical diagnoses of mental health conditions. Rather, it sought to understand patterns emerging from the participants' accounts and the social circumstances surrounding their experiences. The numerical information presented in the findings is therefore used to describe the characteristics and recurring patterns within the study sample.

2.2 Study Setting and Participants

The study was conducted in Dimapur District of Nagaland. Dimapur was selected as the study setting because of its urban and commercially active character and the diverse social and household arrangements in which children may live. The study focused on children who had experienced abuse and whose cases had come to the attention of organisations working in the area of child protection.

2.2.1 Sampling Strategy

Sampling was purposive and criterion-based (Patton, 2015). It was not probability, random or quota sampling and it was not designed to estimate the prevalence of abuse in Dimapur. The sampling frame was children already placed for safety and counselling in two shelter homes in Dimapur District: Prodigals' Home (girls) and the CECS Open Shelter (boys). These were the organisations through which cases had come to attention. Children whose abuse had not brought

them into these homes were outside the frame. Inside the homes, every child aged 9 to 17 who could take part in a conversation and who assented was approached. There was no gender quota. Fieldwork ran from January to March 2024. The working sample is the 43 children who met the criteria and completed an interview. Ten officials were also interviewed for context; their accounts are not treated as the children's data. Because access was gated by the homes, the sample may over-represent children whose harm had already been recognised and under-represent undisclosed abuse.

Recruitment followed permission from the two homes. The homes were visited more than once so that children had seen the researcher before any interview. The home, as the present caregiver, gave permission for the child to be asked. The study was then explained to the child in plain language, and verbal assent was sought. Children were told they could refuse or stop, including later if they became tired, with no effect on their place in the home. Interviews were mostly in the afternoon after school. A sitting often lasted more than an hour, with breaks. If a child was hungry, had a class or became distressed, the interview stopped. A pilot with six children already sent to the homes by Childline led to three changes before the main round: the lower age was set at 9 because the schedule was too heavy for younger children, the household block was shortened and interviews were not started in the first minutes. The analytic sample is the 43 children who met the criteria and completed an interview between January and March 2024. Refusal by the child or the home and a worker's judgement that a case was too raw that day were grounds for exclusion.

Inclusion criteria. A child was included if all of the following were met: (i) age 9 to 17 years at interview; (ii) staying in Prodigals' Home or the CECS Open Shelter during fieldwork, whether the child had come from a nuclear family, extended family, relatives or an employer or other non-parental caregiver; (iii) the home identified an experience of physical abuse, sexual abuse, psychological or emotional abuse, neglect, or an unsafe placement, and the child could speak about it; (iv) the child assented after the study was explained, and the home gave permission for the child to be asked; and (v) the child could manage the interview in Nagamese or English. Differently abled children were not excluded if they could take part in the conversation.

Exclusion criteria. A child was excluded if any of the following applied: age below 9 or above 17 years, not staying in either home during fieldwork, the child or the home refused, the child was too distressed that day or a worker judged the case too raw for an interview, or the child could not manage the conversation in Nagamese or English. Parents and perpetrators were not interviewed. Children who were only in school and not in these homes were not sought. No child was included on the basis of a file alone if assent was not obtained.

Because selection depended on organisational recognition and on willingness to participate, the sample may over-represent children whose abuse had already been identified and under-represent children whose experiences remained undisclosed, including those constrained by fear, shame or dependence on the adult responsible for the harm. Sexual abuse was the most frequent primary form in the sample; this distribution should be read as a feature of cases that reached collaborating organisations, not as an estimate of the relative frequency of abuse types in Dimapur.

A total of 43 children between 9 and 17 years of age participated in the study. Of these, 28 were girls (65.1%) and 15 were boys (34.9%). The participants came from different family and caregiving arrangements. Thirty-three participants (76.7%) lived in nuclear families, while others lived with extended family members, relatives, employers or other non-parental caregivers.

The study materials indicate that 25.6% of the participating children were living with employers or non-parental caregivers. These arrangements were considered relevant to understanding children's access to protection and their dependence on adults. However, the study does not treat living arrangements as a direct cause of abuse. Rather, they are examined as part of the social circumstances described by participants and the collaborating organisations.

2.3 Data Collection

Data were collected through semi-structured interviews with the participating children. An open-ended interview schedule was used to allow participants to describe their experiences in their own words while ensuring that the interviews addressed the main areas relevant to the study.

The interviews focused on the children's experiences of abuse, the circumstances surrounding those experiences, their emotional and psychological responses, effects on everyday life and schooling, and their views concerning possible forms of support and protection. The open-ended nature of the interviews allowed participants to discuss experiences that may not have emerged through a fixed-response questionnaire.

The study was undertaken with the support of local non-governmental organisations working in child protection. These organisations also assisted in providing contextual information relevant to the cases included in the study. The analysis therefore drew primarily on children's interview accounts while also considering information available through the collaborating organisations.

2.4 Data Analysis

The interview material was analysed using thematic analysis, following the broad six-phase approach outlined by Braun and Clarke (2006). The analysis involved becoming familiar with

the interview material, identifying initial codes, examining recurring patterns, developing themes, reviewing and refining the themes, and organising the findings into an analytical account.

The analysis was directed towards identifying recurring patterns in children's accounts rather than treating each reported experience as an isolated case. Particular attention was given to emotional and psychological experiences, social relationships, educational difficulties, forms and recurrence of abuse, and the family and social circumstances described around the abuse.

The numerical summaries presented in the Results section were developed from the coded material to indicate how frequently particular patterns appeared within the 43 cases. Because participants could describe more than one form of harm or more than one consequence, the categories should not be understood as mutually exclusive unless specifically stated otherwise.

2.4.1 Thematic Analysis

Coding was done by hand by the author. No qualitative software package was used and a second coder was not employed. That limit is stated rather than hidden. The six phases of Braun and Clarke (2006) were applied as follows. Familiarisation: each interview note was read once for the child's account as a whole. Initial coding: notes were read again against heads taken from the study questions, form of abuse, emotional and psychological experience, relationships, schooling and family or social circumstances and a line of meaning was marked when the child described it. Searching for themes: codes that recurred across children were grouped (for example, fear of recurrence, shame, loss of trust, difficulty concentrating). Reviewing themes: a point was kept as a theme only if it appeared in more than one child's account, or in a child's account and a worker's account of the same case. A single striking story was left as a case and was not promoted to a theme. Defining themes: each theme was named in the child's terms where possible (scared, useless, cannot trust) and then linked to the area of well-being it affected. Writing up: frequency counts were taken from the coded notes so that the reader can see how common a pattern was inside this sample. Coding was iterative: later interviews led to re-reading of earlier notes. Disconfirming material, such as a child who did not describe shame or school difficulty was not forced into the theme; those cases remain inside the counts as absences.

A code was marked present for a child only when the interview notes recorded that the child described the experience, not when the coder inferred it from the type of abuse alone. The percentages in Tables 1–3 are therefore descriptions of this coded sample of 43. They are not prevalence estimates, and they are not supported by an inter-rater reliability statistic. Because one researcher coded the notes, the figures should be read as a transparent count of coded

presence, not as a reliability coefficient. Girls/Boys columns in Table 2 are raw counts among the 28 girls and 15 boys, not percentages adjusted for the unequal sample.

2.4.2 Language and Translation

The interview schedule was written in English. It was asked in Nagamese when that was easier for the child and in English when the child preferred English. The researcher translated during the interview. Notes were written in English after the sitting. A written back-translation was not done. This may have smoothed some of the children's wording, particularly where distress was expressed in Nagamese. Short excerpts below are therefore the researcher's English rendering of what the child said, not a professionally back-translated transcript. Voice recording was offered where a child declined, notes were written by hand.

2.4.3 Reflexivity

The author is an adult researcher from the region, interviewing children about abuse through two shelter homes with university clearance but not as a member of home staff. Familiarity with Nagamese and with what is polite to ask in Naga family and church settings helped with access and with wording. It also carried a risk: a child may tell a local adult what that adult seems to expect and the home setting may have led some children to speak as residents rather than as free narrators. The checks used were a fixed schedule, the repeated right to stop, the rule that a single striking story stayed a case and the separation of the child's account from the worker's account.

2.4.4 Trustworthiness

Trustworthiness is reported in the terms of Lincoln and Guba (1985), without claiming procedures that were not used. Credibility: the schedule was piloted with six children; where both a child and a worker could speak about the same case, the two accounts were read side by side; a point was not treated as a theme unless more than one account supported it. Peer debriefing was limited to discussion with the supervising academic process; it was not a formal second coding. Dependability: the recruitment steps, the coding rule and the decision not to use a second coder are written here. Confirmability: an audit trail of named children was not created because names were not taken out of the homes; themes had to be traceable to anonymised notes. Negative cases were retained as absences in the counts rather than dropped. Transferability is limited to children already inside these two homes, as stated in section 2.7.

2.5 Ethical Considerations

Given the age and vulnerability of the participants, ethical considerations were central to the conduct of the study. Ethical committee clearance has been taken from the parent university

before collecting the data. Consent was obtained from guardians and assent was obtained from the participating children. The identities of the participants were anonymised, and identifiable personal information was not included in the study.

The study also considered the possibility that discussing experiences of abuse could cause distress or re-traumatisation. With the support of guardians, arrangements were made for counselling assistance to be available if required. According to the study records, no such adverse situation emerged during or after the interviews. The interviews were conducted with attention to the children's age and circumstances. The participants were not identified by name in the reporting of the findings.

2.6 Main Analysis

The analysis followed an interpretive approach in which children's accounts were examined in relation to the social circumstances in which abuse occurred. The study therefore considered mental health and well-being not only as individual experiences but also as experiences shaped by relationships with caregivers, family circumstances, dependence on adults and access to support.

This approach was particularly important because several of the reported experiences involved relationships in which children depended on adults for care, protection or material support. Difficulties in trusting others, social withdrawal and reluctance to disclose abuse were consequently examined as experiences connected to children's social environments rather than simply as individual psychological responses.

At the same time, the study does not infer clinical diagnoses from the children's accounts. Expressions such as anxiety, sadness, shame, low self-esteem, nightmares, social withdrawal and difficulties with concentration are reported as experiences identified in the interviews. They are not treated as clinical diagnoses unless such a diagnosis was independently established, which was not part of the study design.

2.7 Scope of the Findings

The findings should be interpreted in relation to the nature and size of the sample. The study involved 43 children from one district and was designed to provide an in-depth qualitative account rather than statistically representative estimates. The percentages reported in the Results section describe the occurrence of identified patterns within the study sample and should not be generalised as estimates of the prevalence of child abuse or mental health difficulties among children in Nagaland as a whole. Transferability is further limited by the recruitment route because participants were purposively selected from children already known to collaborating

child-protection organisations and because a response rate from the full caseload could not be calculated, the findings are most applicable to children in similar urban, service-connected circumstances. They should not be read as representative of undisclosed abuse, of children outside Dimapur, or of children who were approached but did not meet the inclusion criteria or did not assent.

This distinction is important because the value of the study lies primarily in the depth of the children's accounts and in the patterns that emerge across those accounts. The findings provide contextual insight into the relationship between experiences of abuse and children's mental well-being in the study setting, while also identifying areas that require further investigation through larger and geographically broader studies.

3. Results

The findings were based on interviews with 43 children between 9 and 17 years of age who had experienced different forms of abuse in Dimapur District. The analysis identified recurring patterns in the participants' accounts concerning the forms of abuse they experienced, their emotional and psychological well-being, their relationships with others, their engagement with education, and the family and social circumstances surrounding the abuse. The results are presented in four broad areas: participant characteristics, forms and patterns of abuse, mental health and everyday consequences, and the circumstances associated with abuse.

3.1 Characteristics of the Participants

The study included 28 girls (65.1%) and 15 boys (34.9%). The participants were between 9 and 17 years of age, with a substantial proportion belonging to the 12–15 age group.

Most participants, 33 (76.7%), reported living in nuclear families. The remaining children lived in extended family arrangements or with relatives, employers or other non-parental caregivers. In total, 25.6% of the children were living with employers or non-parental caregivers at the time relevant to their case. The participants' accounts indicated that these living arrangements sometimes involved a high degree of dependence on adults for care, accommodation and other basic needs.

The interview material also indicated socioeconomic difficulties among a considerable proportion of the participants. Children described circumstances involving unemployment, unstable household income and crowded living conditions. Information provided by the collaborating child-protection organisations was also considered in understanding these circumstances.

3.2 Forms and Patterns of Abuse

Participants described four broad forms of abuse: physical abuse, psychological or emotional abuse, sexual abuse and neglect. Some children reported experiencing more than one form of abuse. The categories in Table 1 refer to the primary form identified in each case; therefore, the categories should not be interpreted as mutually exclusive in relation to all experiences of harm.

Table 1. Primary form of abuse reported among participants

Primary form of abuse	Number of cases	Percentage (%)
Physical abuse	12	27.91
Psychological/emotional abuse	8	18.60
Sexual abuse	23	53.49
Neglect (excluded from total)	8	18.60
Total primary cases	43	100.00

Source: Authors' compilation

*Neglect was also reported in cases involving other forms of abuse; therefore, the percentage should be read in relation to the coding of cases rather than as an independent mutually exclusive category.

Table 1 counts a primary form for each of the 43 children, which is why the first three rows sum to 43 and 100 per cent. Neglect was coded in eight cases (18.60 per cent of the 43), but those eight were not a separate primary category in the total: neglect was recorded alongside another form. The 18.60 per cent is therefore a count of neglect codes, not a fourth share of the 100 per cent. Adding it to the primary total would double-count children.

Sexual abuse was the most frequently identified primary form, reported in 23 cases (53.49%). Physical abuse was identified in 12 cases (27.91%), while psychological or emotional abuse and neglect were each identified in eight cases (18.60%). The interview accounts indicated that emotional harm was not confined to cases categorised primarily as emotional abuse. Children who described physical or sexual abuse also frequently spoke about fear, shame, humiliation and changes in how they viewed themselves.

Repeated experiences were particularly evident in the accounts of children who had experienced physical abuse. Of the 12 cases categorised as physical abuse, eight (66.7%) involved repeated incidents. The participants did not describe these incidents simply as individual episodes. In several accounts, the possibility of abuse occurring again was itself a source of fear.

One 13-year-old girl described this experience in simple terms: *"I felt scared and alone. I never knew when it was going to happen again."* Her account illustrates how repeated abuse could affect the child's sense of safety beyond the immediate incident.

Other children described the same continuing fear in concrete terms. One girl said, *"My stepfather hit me with a belt for not doing chores."* Another said, *"I felt scared and alone during the hits,"* and another, *"I couldn't do anything; it made me feel weak."* These lines are the researcher's English rendering of interview notes. They are used here to show that fear was tied to not knowing when the next blow would come, not only to the blow itself.

Children who experienced emotional abuse described repeated verbal messages that affected their perception of themselves. One participant recalled being told that they were "useless" and would "amount to nothing". Such accounts appeared repeatedly in the interviews and were associated with participants' descriptions of feeling worthless or incapable.

The accounts of children who experienced sexual abuse commonly included feelings of shame, confusion and withdrawal. Some participants found it difficult to discuss what had happened to them. In several cases, the difficulty of disclosure appeared to be connected to the nature of the experience and the children's dependence on adults.

Neglect was described somewhat differently from physical, emotional and sexual abuse. Children reporting neglect spoke about unmet basic needs, including food, clothing and medical care, as well as a lack of emotional attention from caregivers. In several cases, neglect occurred in households experiencing significant economic difficulties or where children were living with employers or other non-parental caregivers.

3.3 Mental Health and Emotional Well-Being

The interviews revealed several recurring experiences related to children's emotional and psychological well-being. These included anxiety and persistent sadness, low self-esteem, difficulties trusting others, social isolation, guilt and shame, nightmares or flashbacks and difficulties concentrating on schoolwork.

Table 2. Mental health and well-being experiences reported by participants

Reported experience	Number of cases	Percentage (%)	Girls/Boys
Anxiety and sadness	35	81.4	23/12
Low self-esteem	32	74.4	21/11
Strained relationships	30	69.8	20/10
Trust difficulties	29	67.4	19/10
Social isolation	28	65.1	18/10
Guilt and shame	25	58.1	17/8
Difficulty concentrating/school problems	25	58.1	16/9
Flashbacks/nightmares	20	46.5	13/7

Source: Authors' compilation

Anxiety and persistent sadness were the most frequently reported experiences. Thirty-five children (81.4%) described these feelings. Participants often spoke about sadness as an ongoing experience rather than as a temporary reaction to a particular event. Some described difficulty sleeping, concentrating or participating in ordinary activities.

Low self-esteem was reported in 32 cases (74.4%). Children who discussed this experience often connected it to repeated negative messages from adults or to feelings of shame associated with the abuse. Expressions such as feeling “worthless” or “useless” appeared in the accounts of several participants.

Difficulties with trust were reported by 29 children (67.4%). Participants described becoming cautious about other people, including adults who were not involved in the abuse. One 14-year-old girl explained: *“I don't trust anyone anymore. Even when people are kind, I wonder what they want from me.”*

Shame and a damaged sense of self were described in the same plain way. An 11-year-old girl whose harm involved her grandfather said, *“It made me feel like I'm nothing; I don't like myself*

anymore.” A 16-year-old girl said, *“I felt dirty and unloved after what happened.”* Another child linked shame to the beating itself: *“I felt ashamed, like it was my fault.”* One child described the bodily side of insult: *“Insults about my looks made me hate mirrors.”* School difficulty was often stated just as briefly. One child said, *“I can’t focus in class.”* These lines connect fear, self-blame and withdrawal rather than treating them as separate checklist items.

Social isolation was reported in 28 cases (65.1%). Children described withdrawing from friends, avoiding social activities or becoming quieter after the abuse. In some accounts, withdrawal was presented as a way of avoiding attention or protecting themselves from further harm.

Feelings of guilt and shame were reported by 25 children (58.1%). These feelings were particularly visible in accounts relating to sexual and emotional abuse. Some children expressed uncertainty about whether they were responsible for what had happened to them. Their accounts suggested that shame was not limited to the memory of the incident but could also affect how they viewed themselves and interacted with others.

Flashbacks or nightmares were reported by 20 children (46.5%). Participants described memories of the abuse returning during sleep or during everyday situations. These experiences were sometimes accompanied by fear and difficulty sleeping.

The Girls/Boys column in Table 2 is a raw count, not a rate. For anxiety and sadness, 23 of the 28 girls and 12 of the 15 boys described the experience. The higher girl count partly reflects the sample (28 girls, 15 boys), so it should not be read as evidence that girls are inherently more distressed. A code was counted only when the notes recorded that the child described it.

3.4 Educational and Relationship-Related Consequences

The effects described by participants extended into their school lives and relationships. Twenty-five children (58.1%) reported difficulties concentrating or problems associated with school. Some children said that they found it difficult to follow lessons or complete schoolwork. Others described becoming less engaged with teachers and peers.

One participant explained the difficulty simply: *“I can’t focus in class.”*

The interview accounts also indicated changes in children's relationships with other people. Strained relationships were reported by 30 participants (69.8%). Some children described avoiding other people, while others reported difficulty communicating or feeling comfortable around adults and peers.

The accounts suggested that school difficulties and social withdrawal were not necessarily separate experiences. Children who described anxiety, poor sleep or intrusive memories also

sometimes reported difficulty concentrating in class and participating in ordinary peer activities. In this sense, the consequences of abuse extended into settings outside the immediate household.

Participants and collaborating NGO workers also referred to physical manifestations associated with some cases, including injuries, scars and complaints such as headaches and abdominal pain. These observations were recorded alongside the children's accounts and indicated that the consequences of abuse could involve both psychological and physical experiences.

3.5 Family and Social Circumstances Surrounding Abuse

The participants were also asked about the circumstances surrounding their experiences of abuse. Their accounts, together with information provided by collaborating child-protection organisations, identified several recurring factors. These included family conflict, economic difficulties, chronic household stress, unequal power relations between adults and children, substance use and experiences that participants associated with an intergenerational pattern of abuse.

Table 3. Family and social circumstances reported in participants' accounts

Contributing circumstance	Number of cases	Percentage (%)
Family conflict	30	69.8
Economic struggles and poverty	28	65.1
Chronic household stress	25	58.1
Power imbalance between adults and children	22	51.2
Intergenerational cycle of abuse	20	46.5
Substance use	15	34.9

Source: Authors' compilation

Family conflict was the most frequently identified circumstance, appearing in 30 cases (69.8%). Children described homes marked by frequent arguments, instability and tension. In some accounts, conflict between adults was followed by violence or harsh treatment towards children.

Economic difficulties were reported in 28 cases (65.1%). Participants referred to unemployment, unstable income, debt and inadequate housing. These circumstances often occurred alongside other forms of household stress rather than appearing as isolated factors.

Chronic household stress was identified in 25 cases (58.1%). The children described situations in which tension had become a regular feature of household life. In such circumstances, children sometimes appeared to have limited opportunities to seek support from another adult within the household.

Power differences between adults and children were reported in 22 cases (51.2%). Participants described situations involving parents, stepfathers, older relatives, employers or other adults who exercised considerable authority over them. The dependence of children on these adults was an important feature of several accounts.

Substance use was reported in 15 cases (34.9%). Alcohol use was mentioned in some accounts involving abusive behaviour. The study records also included references to drug use in a smaller number of cases.

Twenty participants (46.5%) referred to experiences or family histories that they associated with an intergenerational pattern of abuse. In these accounts, children indicated that an adult involved in their care had themselves experienced abuse during childhood. These accounts do not establish intergenerational transmission as a causal relationship, but they indicate that participants understood their experiences within a wider family history.

3.6 Children's Accounts of Support and Protection

The interviews also provided insight into what children considered important for protection and recovery. Participants referred to the importance of trusted adults, information about children's rights and abuse, opportunities to speak confidentially, counselling and stronger responses to abuse.

For some children, the presence of an adult who would listen without blaming them appeared particularly important. The participants' accounts also indicated that schools could provide an important setting for identifying distress and connecting children with appropriate support.

The findings did not suggest that one form of intervention would be sufficient for all children. Participants' experiences differed according to the form and recurrence of abuse, their relationships with caregivers and the support available to them. Their accounts instead pointed towards the importance of accessible and trustworthy support in the settings where children spend their everyday lives.

Overall, the Results indicate that the participants' experiences of abuse were accompanied by a range of emotional, relational and educational difficulties. These experiences occurred within family and social environments characterised, in different cases, by conflict, economic stress, unequal adult-child relationships and limited protective support. The significance of these patterns is considered in relation to the existing literature in the following section.

4. Discussion

The findings show that the experiences of child abuse reported by the participants were closely associated with difficulties in emotional well-being, relationships and schooling. Rather than appearing as isolated consequences, these experiences often occurred together. Anxiety and sadness were reported most frequently, followed by low self-esteem, strained relationships, difficulties with trust and social isolation. The findings therefore suggest that the consequences of abuse were experienced across several areas of children's everyday lives.

4.1 Abuse and Psychological Well-Being

The high frequency of anxiety and sadness in the participants' accounts is consistent with previous research linking childhood maltreatment with psychological distress. Norman et al. (2012), in their systematic review, found that different forms of childhood abuse and neglect were associated with increased risks of adverse mental health outcomes. Research involving Indian children has similarly identified relationships between maltreatment and anxiety, depression and behavioural difficulties (Pandey et al., 2020; Sharratt et al., 2021).

The present study adds a qualitative dimension to these findings. Children did not describe distress simply as a response to a particular incident. Several accounts suggested that fear and sadness had become part of everyday life. Low self-esteem and shame were also prominent. For children who had repeatedly been told that they were worthless or who associated the abuse with personal blame, the experience appeared to affect how they understood themselves.

The 13-year-old who said she never knew when it would happen again, and the child who said "I felt scared and alone during the hits," locate anxiety in the wait for the next incident, not in a single event. The 11-year-old who said the harm made her feel like nothing, and the 16-year-old who said she felt dirty and unloved, locate low self-esteem in shame rather than in a general mood. Fontes (2005) argues that shame and silence around abuse are shaped by family honour and by what a community treats as speakable. That reading fits the children who tied fault to themselves ("I felt ashamed, like it was my fault") and who then withdrew from people who were trying to help.

These findings should not be interpreted as clinical diagnoses. The study did not use diagnostic instruments. Rather, the children's descriptions indicate substantial emotional distress and changes in self-perception that warrant attention from child-protection and mental-health services.

4.2 Repeated and Multiple Experiences of Abuse

Another important finding concerns the recurrence and overlapping nature of abuse. More than one form of harm was present in some cases, while repeated physical abuse was reported in several cases. This is relevant to the literature on cumulative and poly-victimisation, which suggests that exposure to multiple forms of maltreatment may be associated with more difficult psychological outcomes (Sharratt et al., 2021).

The participants' accounts help explain why repeated abuse can be particularly disruptive. A child who remains in an unsafe environment may have limited opportunity to recover from one experience before another occurs. The fear of recurrence may itself become part of the child's everyday experience. The account of the 13-year-old participant who said that she did not know when the abuse would happen again illustrates this continuing uncertainty.

The findings therefore support the importance of looking beyond the type of abuse alone. Whether abuse is repeated, whether several forms of harm occur together, and whether the child has access to a protective adult are also important when considering its consequences.

4.3 Gender, Trust and Disclosure

Girls represented 65.1% of the study sample and were more frequently represented among those reporting several of the emotional and relational difficulties identified in the interviews. This pattern is consistent with research indicating gender differences in experiences of childhood victimisation and associated mental health difficulties (Sharratt et al., 2021).

However, the findings should not be read as suggesting that girls are inherently more vulnerable. Children's experiences are shaped by the relationships and social circumstances in which abuse occurs. In cases involving sexual or emotional abuse, shame and fear of judgement appeared particularly important. These experiences can make disclosure difficult, especially when the person responsible for the abuse is also someone on whom the child depends.

The problem of trust was particularly visible in the interviews. Some children described difficulties trusting adults even when those adults were attempting to help them. This finding has practical significance. Protection services cannot depend only on children approaching adults for

help. Schools, families, NGOs and other institutions need mechanisms through which signs of distress can be recognised and children can disclose concerns without feeling blamed or exposed.

4.4 Family and Social Circumstances

Family conflict, economic difficulties, chronic household stress and unequal power relationships were frequently present in the participants' accounts. These findings are broadly consistent with research that situates child maltreatment within wider family and social environments rather than treating abuse only as an individual problem.

Economic hardship, for example, appeared alongside unemployment, unstable income and difficult living conditions in several cases. Such circumstances do not establish poverty as a cause of abuse. However, they may contribute to household stress and can influence children's dependence on adults and their access to alternative sources of support.

The finding that some children lived with employers, relatives or other non-parental caregivers also deserves attention. Such arrangements are not inherently harmful, but they may create particular dependencies when children have limited control over where they live or whom they can approach for help. In these situations, the availability of a trusted adult outside the immediate caregiving arrangement may become especially important.

The study also identified substance use and reported experiences of intergenerational abuse in a proportion of cases. These findings point towards the need to consider child protection alongside broader family support rather than treating the child as the sole focus of intervention.

4.5 Implications for Child Protection and Support

The findings have several practical implications. Schools are an important setting because children spend a substantial part of their daily lives there, and teachers may notice changes in behaviour, concentration or social interaction before abuse is formally disclosed. Basic training in recognising signs of distress, responding appropriately and making referrals could strengthen this role.

Counselling and psychosocial support also need to be accessible to children who may find it difficult to speak openly about abuse. The participants' accounts of shame and mistrust suggest that support must be based on confidentiality, patience and the avoidance of blame. Community organisations already involved in child protection can play an important role in connecting children and families with appropriate services.

At the family level, interventions should not focus only on the abusive incident. Where family conflict, economic stress or substance use are present, these circumstances may also require

attention. A broader response involving child protection, schools, counselling services and community organisations is therefore more appropriate than relying on a single intervention.

The findings also reinforce the importance of listening to children. The participants were able to describe not only what had happened to them but also what they believed would make them safer. Their accounts provide information that may be missed when child abuse is examined only through administrative records or structured questionnaires.

Overall, the study contributes a context-specific account of child abuse and mental well-being in Dimapur. Its main contribution is not to establish the prevalence of abuse in Nagaland, but to show how children who participated in the study experienced its consequences across emotional, relational and educational domains. The findings also indicate the value of examining child protection within the wider social circumstances in which children live.

5. Conclusion

This study examined the mental health and well-being of 43 children who had experienced abuse in Dimapur District, Nagaland. The findings show that the effects of abuse extended beyond the immediate experience of violence and were reflected in children's emotional well-being, self-perception, relationships and engagement with education. Anxiety and persistent sadness, low self-esteem, difficulties with trust, social isolation, shame and problems with concentration were among the recurring experiences described by participants.

An important finding is that these experiences were often situated within wider family and social circumstances. Family conflict, economic difficulties, household stress and unequal power relations between adults and children appeared repeatedly in the participants' accounts. Repeated and overlapping experiences of abuse also emerged in several cases. These findings suggest that child abuse needs to be understood within the social environments in which children depend on adults for care, protection and everyday support.

The study also draws attention to the importance of listening to children's own accounts. Their experiences show dimensions of abuse that may not be adequately captured through administrative records or structured measures alone. At the same time, the findings should be interpreted within the limits of the study. The sample was small and drawn from a single district, and the study was not designed to estimate the prevalence of abuse or establish clinical diagnoses. It was also a purposive sample of children already known to child-protection organisations, so it cannot represent undisclosed cases.

The findings nevertheless have practical relevance for child protection in Nagaland. Schools, families, NGOs and child-protection agencies can provide important points of early

identification, safe disclosure and psychosocial support. Counselling services need to be accessible and sensitive to children's experiences of shame and mistrust, while wider family circumstances should also be considered when planning interventions.

Overall, the study contributes to the limited qualitative literature on child abuse in Northeast India by placing children's experiences at the centre of the analysis. Further research across different districts and social settings is needed to develop a broader understanding of children's vulnerability, resilience and access to support in Nagaland.

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