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REVIEW ARTICLE

TRAUMA, SELF-ESTEEM, AND DISTRESS: GENDERED COPING RESPONSES TO POLYVICTIMIZATION IN INDIAN ADOLESCENTS

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ABSTRACT

Polyvictimization, the co-occurrence of multiple types of victimization such as physical abuse, sexual assault, peer bullying, and indirect violence has emerged as a critical determinant of adolescent mental health. In India, where gender norms and socio-cultural stigmas influence both the experience and reporting of victimization, there is a pressing need to explore how adolescents of different genders cope with these challenges. This study examines gender differences in trauma symptoms, self-esteem, and psychological distress among polyvictimized adolescents. A cross-sectional, correlational design was employed with a purposive sample of 348 adolescents aged 12 to 19 years India. Validated instruments were used, including Juvenile Victimization Questionnaire (JVQ), Child and Adolescent Trauma Screen (CATS), Rosenberg Self-Esteem Scale (RSES), and General Health Questionnaire-12 (GHQ-12). Data were analysed using SPSS v23, with ANOVA used to assess gender-based differences. Male adolescents reported significantly higher mean scores for conventional crime, child maltreatment, peer and sibling victimization, indirect victimization, and trauma symptoms ($p < .001$). No significant gender differences were found in self-esteem levels ($p = .543$), and psychological distress showed a marginally significant difference ($p = .051$), with males reporting slightly higher levels. Sexual victimization scores did not differ significantly between genders. Findings revealed that polyvictimized male adolescents are more vulnerable to externalizing forms of violence and trauma, whereas psychological distress and self-esteem impairments are shared across genders. These results underscore the need for gender-sensitive, trauma-informed interventions that recognize the cumulative burden of victimization and the sociocultural barriers to emotional expression and support-seeking in Indian adolescents.

KEYWORDS

Polyvictimization, Trauma, Self-Esteem. Psychological Distress, Adolescents

1. INTRODUCTION

Adolescence is a formative developmental stage marked by significant psychological, emotional, and social transitions. However, for many adolescents, these changes unfold within environments characterized by violence, abuse, and neglect. The concept of polyvictimization defined as the experience of multiple types of victimization such as physical abuse, sexual assault, bullying, and exposure to domestic or community violence has gained increasing scholarly attention due to its cumulative and compounded effects on adolescent mental health (Finkelhor, et al., 2011; Holt, et al., 2007). Research suggests that adolescents exposed to polyvictimization are at a heightened risk of developing trauma-related symptoms, diminished self-esteem, and various forms of psychological distress, including anxiety, depression, and suicidal ideation (Turner et al., 2016; Ford et al., 2010).

Understanding the psychological impact of polyvictimization requires more than identifying the presence of multiple victimization types; it necessitates an exploration of the cognitive, emotional, and behavioral coping processes that adolescents engage in to manage trauma and distress. The transactional model of stress and coping proposed emphasizes the dynamic interaction between an individual and their environment, whereby coping strategies mediate the psychological impact of stressors such as victimization (Lazarus and Folkman, 1984). Within this framework, personal factors such as gender, self-concept, and emotional regulation capacity significantly shape how individuals perceive and respond to traumatic events.

In India, the situation is particularly alarming. According to the National Crime Records Bureau, instances of child abuse and juvenile victimization have shown a rising trend, with significant underreporting due to stigma, fear, and lack of institutional support (NCRB, 2022). Studies conducted among Indian adolescents highlight the prevalence of overlapping victimization experiences, especially among marginalized and socioeconomically disadvantaged populations (Kacker, et al., 2007; Deb and Modak, 2010). Despite this, empirical research exploring the cumulative psychological outcomes of polyvictimization remains limited within the Indian context, particularly with regard to gender-specific patterns of coping and distress.

Gender, as a psychosocial determinant, plays a critical role in shaping both the experience of victimization and the response to its psychological aftermath. Evidence indicates that female adolescents are more likely to internalize trauma, leading to heightened levels of anxiety, depression, and low self-esteem, whereas male adolescents may exhibit more externalizing behaviors such as aggression or substance use as coping strategies (Leadbeater et al., 1999; Nolen-Hoeksema and Girgus, 1994). Furthermore, cultural norms surrounding gender roles and emotional expression in South Asian societies may reinforce these patterns, limiting adolescents' access to effective support systems (Verma and Saraswathi, 2002; Chadda and Deb, 2013). Furthermore, building on prior research

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that highlighted how external stressors such as the COVID-19 pandemic influenced parenting styles and parental mental health (Yakub et al., 2024)

Coping mechanisms also show significant gender-based divergence. While females may rely more on emotion-focused coping such as rumination or social withdrawal, males often resort to problem-focused or avoidant coping strategies, which may inadequately address underlying emotional trauma (Compas et al., 2001; Thabet et al., 2009). The intersectionality of gender, victimization type, and psychosocial response necessitates a nuanced investigation, especially in culturally unique and under-researched settings such as India.

Moreover, self-esteem and trauma symptoms often act as critical mediating or moderating variables in the relationship between victimization and psychological well-being. Adolescents who experience multiple forms of victimization frequently report compromised self-worth, which in turn exacerbates psychological distress (Hagborg et al., 2017). Simultaneously, unresolved trauma can lead to persistent symptoms such as hypervigilance, sleep disturbances, and emotional dysregulation, particularly in those lacking adaptive coping mechanisms (Briere and Jordan, 2009).

In the South Asian context, and particularly in India, socio-cultural gender expectations play a critical role in influencing adolescents' vulnerability and psychological adaptation to victimization. Girls, for instance, may face heightened stigma and blame in cases of sexual or interpersonal violence, leading to greater social isolation and psychological burden (Patel et al., 2007). Boys, on the other hand, may be discouraged from expressing emotional pain or seeking help, increasing the likelihood of externalized coping mechanisms such as aggression or substance use (Nigam, 2021). These differences highlight the importance of adopting a gender-sensitive lens in examining the mental health outcomes of polyvictimized adolescents.

Moreover, previous studies conducted in high-income countries have identified polyvictimization as a robust predictor of poor academic performance, emotional dysregulation, and psychiatric comorbidities, often more strongly than any single form of victimization (Turner et al., 2010; Finkelhor et al., 2007). However, such findings have not been consistently replicated or contextualized within low- and middle-income countries like India, where poverty, limited mental health infrastructure, and deeply entrenched gender inequalities may compound the psychological burden experienced by youth. Moreover, previous studies have also highlighted the link between peer victimization and psychological symptoms among adolescents (Ali and Khan, 2022).

Despite the growing awareness of adolescent mental health challenges in India, empirical studies that integrate gender, coping processes, and multiple victimization experiences into a cohesive framework remain scarce. Most national surveys and academic inquiries focus on isolated outcomes such as depression or academic failure, often without accounting for the cumulative and intersecting nature of trauma exposure (Sharma et al., 2020). Therefore, this study seeks to fill a critical gap by systematically analyzing the interrelationships between polyvictimization, trauma symptoms, self-esteem, and psychological distress, while specifically assessing how these variables manifest differently among male and female adolescents. Hence, there is a noticeable gap in the literature regarding gender-disaggregated analysis of how adolescents cope with polyvictimization in the Indian socio-cultural landscape. Most existing studies either focus on single forms of victimization (e.g., sexual abuse or bullying) or overlook the compound psychological consequences arising from co-occurring traumatic experiences. A gender-sensitive understanding of these dynamics is crucial for informing targeted interventions and preventive mental health strategies tailored to the needs of Indian adolescents.

Therefore, the present study aims to examine the gender differences in coping mechanisms, trauma symptoms, self-esteem, and psychological distress among polyvictimized adolescents in India. By adopting a gender-focused lens, this research seeks to contribute to both academic discourse and practical policy frameworks aimed at fostering adolescent resilience and mental well-being in the face of complex victimization.

2. Methodology

This research adopted a correlational design and implemented purposive sampling to recruit participants. The sample comprised 348 adolescents aged 12 to 19 years, all of whom had reported exposure to two or more types of victimization over the course of their lives, as per the inclusion criteria. Data collection was conducted using three validated instruments: the Juvenile Victimization Questionnaire (JVQ), the Child and Adolescent Trauma Screen (CATS), and the General Health Questionnaire-12 (GHQ-12). Participants received comprehensive information regarding the objectives and procedures of the study and were encouraged to seek clarification before and during the assessment process. Informed consent was obtained from each participant in accordance with ethical research practices. All protocols adhered to established ethical standards, and approval for the study was granted by the institutional ethics committee of the affiliated university prior to the commencement of data collection. The collected data were analysed using SPSS version 23.

3. Research Instruments

3.1 Demography

For the demographic details of this study, six questions were asked about the participants regarding the requirements of this study. These questions are as follows: gender, age, school type (government/private), class, family type (nuclear/joint).

3.2 Juvenile Victimization Questionnaire (JVQ)

The Juvenile Victimization Questionnaire (JVQ), originally developed, is a comprehensive tool designed to assess various forms of victimization experienced by children and adolescents (Finkelhor, et al., 2005). Targeted for individuals between the ages of 8 and 17, the questionnaire comprises 34 items, systematically categorized into five domains: Conventional Crime (items 1-8), Child Maltreatment (items 9-12), Peer and Sibling Victimization (items 13-18), Sexual Victimization (items 19-25), and Witnessing or Indirect Victimization (items 26-34). Participants respond to each item using a dichotomous format (yes/no) to indicate whether they have encountered the specified experiences. In the context of the present research, the JVQ demonstrated satisfactory psychometric properties. The instrument's item reliability was recorded at 0.9, while person reliability was observed at 0.7, supporting its suitability for use within the study sample (Ali et al., 2024).

3.3 Child and Adolescents Trauma Screen (CATS) - Youth Report Questionnaire

The Child and Adolescent Trauma Screen (CATS) - Youth Report is a brief, standardized assessment tool developed in alignment with DSM-5 diagnostic criteria for Post-Traumatic Stress Disorder (PTSD). Designed to evaluate both exposure to traumatic events and the presence of trauma-related symptoms, the instrument was initially conceptualized and further validated by (Sachser et al., 2017; Goldbeck and Berliner, 2014). It is structured into three core sections: the first comprises 15 items that assess exposure to potentially traumatic experiences; the second includes 20 items that measure trauma symptoms; and the third consists of 5 items related to the individual's psychosocial functioning. For the purpose of the current study, only the second section, focusing on trauma-related symptoms, was employed. Participants responded using a 4-point Likert scale, ranging from 0 (never) to 3 (almost always), indicating the frequency of each symptom. The instrument demonstrated solid reliability within this sample, with an item reliability score of 0.8 and a person reliability score of 0.74.

3.4 Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (RSES), developed by Morris Rosenberg in 1965, is a widely recognized instrument for evaluating an individual's global self-esteem. Comprising 10 items, the scale is designed to measure both positive and negative self-perceptions, providing a unidimensional assessment of overall self-worth. Items are distributed across two primary dimensions: self-competence (items 1-5) and self-liking (items 6-10). Responses are recorded on a 4-point Likert scale, with options ranging from 1 (strongly agree) to 4 (strongly disagree), allowing participants to express varying degrees of agreement with each statement. In the current study, the scale demonstrated excellent internal consistency, as reflected by a Cronbach's alpha of 0.92, confirming its reliability for use with the sample.

3.5 General Health Questionnaire (GHQ-12)

The General Health Questionnaire (GHQ-12), originally developed by Goldberg in 1972, is a widely utilized screening instrument for identifying general psychological distress in both clinical and non-clinical populations. This 12-item version of the GHQ is designed to assess the severity of mental health concerns using a 4-point Likert scale that captures variations in emotional and functional well-being. The scale is organized into four key dimensions: anxiety (items 1-3), depression (items 4-6), social dysfunction (items 7-9), and loss of confidence (items 10-12). In the context of the present research, the GHQ-12 showed strong psychometric performance, with an item reliability coefficient of 0.83 and a person reliability score of 0.79, supporting its validity and reliability for assessing psychological distress among adolescents (Ali et al., 2023).

4. Results

Table 1: Demographic Details

Demographic Variable	Category	Frequency	Percentage
Gender	Male	194	55.7%
	Female	154	44.3%
Age	12-14	101	29.02%
	15-17	191	54.8%
	18-19	56	16.09%
School Type	Private	183	52.6%
	Government	165	42.4%
Class	Primary	42	12.1%
	High School	125	35.9%
	Secondary	181	52%
Family Type	Nuclear	206	59.2%
	Joint	142	40.8%
Total		348	100%

The table 1 demonstrate the demographic analysis of 348 adolescent participants indicated that 55.7% were male (n = 194), while 44.3% were female (n = 154). In terms of age distribution, the largest proportion of participants (54.8%) fell within the 15–17 years age group, followed by 29.02% aged 12–14 years, and 16.09% aged 18–19 years. With respect to school affiliation, 52.6% were enrolled in private institutions, and 47.4% attended government schools. Educationally, 52% of the adolescents were in secondary school, 35.9% were studying at the high school level, and the remaining 12.1% were in primary education. Regarding family structure, a majority (59.2%) belonged to nuclear families, while 40.8% came from joint family systems. This heterogeneous sample reflects a diverse cross-section of adolescents across age, education level, school type, and family background, enhancing the representativeness of the study findings.

Table 2: Descriptive for Gender Difference among Adolescents

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Conventional_crime	Male	194	.9063	.29224	.02109	.8646	.9479	.00	1.00
	Female	154	.7342	.44318	.03526	.6645	.8038	.00	1.00
	Total	348	.8286	.37742	.02017	.7889	.8682	.00	1.00
child_maltreatment	Male	194	.6875	.32960	.02379	.6406	.7344	.00	1.00
	Female	154	.5791	.40112	.03191	.5161	.6421	.00	1.00
	Total	348	.6386	.36709	.01962	.6000	.6772	.00	1.00
peer_siblings_victimazation	Male	194	.8177	.38709	.02794	.7626	.8728	.00	1.00
	Female	154	.5696	.49670	.03952	.4916	.6477	.00	1.00
	Total	348	.7057	.45637	.02439	.6577	.7537	.00	1.00
sexual_victimization	Male	194	.4740	.50063	.03613	.4027	.5452	.00	1.00
	Female	154	.3797	.48687	.03873	.3032	.4563	.00	1.00
	Total	348	.4314	.49598	.02651	.3793	.4836	.00	1.00
Indirect_victimization	Male	194	.8438	.36404	.02627	.7919	.8956	.00	1.00
	Female	154	.6646	.47365	.03768	.5901	.7390	.00	1.00
	Total	348	.7629	.42594	.02277	.7181	.8076	.00	1.00
trauma	Male	194	2.9271	.62235	.04491	2.8385	3.0157	.00	3.00
	Female	154	2.5759	.80835	.06431	2.4489	2.7030	.00	3.00
	Total	348	2.7686	.73249	.03915	2.6916	2.8456	.00	3.00
self_esteem	Male	194	2.4661	.50407	.03638	2.3944	2.5379	1.00	4.00
	Female	154	2.4335	.49231	.03917	2.3562	2.5109	1.00	4.00
	Total	348	2.4514	.49835	.02664	2.3990	2.5038	1.00	4.00
Psychological_distress	Male	194	3.0182	.48098	.03471	2.9498	3.0867	1.00	4.00
	Female	154	2.9146	.50536	.04020	2.8351	2.9940	1.00	4.00
	Total	348	2.9714	.49413	.02641	2.9195	3.0234	1.00	4.00

Tables 2 and 3 demonstrate that male adolescents experience a greater frequency of conventional crime, as evidenced by their higher average score of 0.906, in contrast to 0.734 for female adolescents. This disparity is statistically significant (F=18.942, p<0.001), highlighting a notable difference in encounters with conventional crime across genders. In the context of child maltreatment, again, males exhibit elevated mean scores (0.687) compared to females (0.579), with this variance achieving statistical significance (F=7.701, p=0.006), further underscoring the distinct experiences of victimization between males and females. Additionally, male adolescents report increased mean levels of peer and sibling victimization (0.817) when compared to their female counterparts (0.568), a difference that is statistically profound (27.562, p<0.001), indicating a significant gender gap in this type of victimization. However, for sexual victimization, the average scores for males (0.474) and females (0.379) do not show a statistically significant difference (F=3.146, p=0.077), suggesting comparable exposure to this form of victimization among genders. Yet, indirect victimization presents a higher average for males (0.843) over females (0.664), with the difference being statistically significant (F=16.000, p<0.001), an essential insight for grasping the extensive range of victimization experiences differentiated by gender.

Table 3: ANOVA for Gender Difference among Adolescents

		Sum of Squares	df	Mean Square	F	Sig.
Conventional_crime	Between Groups	2.566	1	2.566	18.942	.000
	Within Groups	47.148	346	.135		
	Total	49.714	347			
child_maltreatment	Between Groups	1.018	1	1.018	7.701	.006
	Within Groups	46.011	346	.132		
	Total	47.029	347			
peer_siblings_victimazation	Between Groups	5.335	1	5.335	27.562	.000
	Within Groups	67.354	346	.194		
	Total	72.689	347			
sexual_victimization	Between Groups	.769	1	.769	3.146	.077
	Within Groups	85.085	346	.244		
	Total	85.854	347			
Indirect_victimization	Between Groups	2.783	1	2.783	16.000	.000
	Within Groups	60.534	346	.174		
	Total	63.317	347			
trauma	Between Groups	10.687	1	10.687	21.062	.000
	Within Groups	176.568	346	.507		
	Total	187.254	347			
self_esteem	Between Groups	.092	1	.092	.370	.543
	Within Groups	86.582	346	.249		
	Total	86.674	347			
Psychological_distress	Between Groups	.932	1	.932	3.846	.051
	Within Groups	84.283	346	.242		
	Total	85.214	347			

For the trauma symptoms, table 2 and table 3 indicates a notable difference between genders. Male adolescents reported a higher mean score (2.927) than females (2.575), a finding that is statistically significant (F=21.062, p<0.001). Moreover self-esteem, the tables also indicates that the mean scores for self-esteem are quite similar between males (2.466) and females (2.433), and this minimal difference is not statistically significant (F=0.370, p=0.543). Furthermore, for psychological distress, the result in table 4.17 and table 4.18 revealed that male adolescents have a slightly higher mean score (3.018) compared to females (2.914), but this difference is slightly significant (F=3.846, p=0.051).

5. Discussion

The present study examined gender differences in trauma symptoms, self-esteem, and psychological distress among polyvictimized adolescents in India, using validated psychometric instruments to explore the cumulative psychological burden of victimization across diverse domains. The findings provide critical insights into how gender moderates the experiences and psychological consequences of polyvictimization, supporting and extending previous research within the Indian context.

Consistent with extant literature, the data reveal that male adolescents report significantly higher levels of conventional crime, child maltreatment, peer and sibling victimization, and indirect victimization than female adolescents. This finding aligns with prior Indian and global studies which suggest that male adolescents may be more exposed to community-based and peer-related violence (Deb and Modak, 2010; Turner et al., 2010). However, the absence of significant gender differences in reported sexual victimization contrasts with traditional assumptions and may indicate either underreporting among both genders or evolving disclosure patterns among male adolescents (Ford et al., 2010; Nigam, 2021). This nuanced finding reinforces the importance of developing culturally sensitive and gender-neutral screening tools in environments where stigma and patriarchal norms inhibit open disclosure, particularly in South Asian settings.

The statistically significant gender difference in trauma symptomatology, with males reporting higher scores, is a noteworthy contribution to the discourse on gendered coping responses. Traditionally, females have been assumed to internalize trauma more frequently, manifesting in heightened anxiety or depression (Nolen-Hoeksema and Girgus, 1994). However, the elevated trauma symptoms among males in this study may reflect alternative coping struggles, including emotional suppression and limited access to psychosocial support. This interpretation is consistent with the transactional model of stress and coping (Lazarus and Folkman, 1984), which emphasizes the role of contextual and cognitive appraisals in determining stress responses. In collectivist cultures like India, where expressions of emotional vulnerability are often discouraged among males, internalized trauma may manifest in complex and less overt ways (Chadda and Deb, 2013).

Interestingly, no significant gender differences emerged in self-esteem levels, suggesting a shared vulnerability across genders when exposed to multiple victimization forms. This finding supports prior studies suggesting that polyvictimization can severely impair adolescents' global self-worth irrespective of gender, likely due to its erosive impact on personal agency and perceived safety (Hagborg et al., 2017; Turner et al., 2017). The non-significant gender effect may also reflect the increasing psychosocial stressors affecting both male and female adolescents in

urban Indian settings, where identity development is challenged by conflicting cultural expectations and rapid socio-technological transitions.

In terms of psychological distress, male adolescents showed slightly higher scores than their female peers, with a marginal significance level ($p = .051$). Although this difference does not meet strict statistical thresholds, the trend is meaningful. It may suggest that male adolescents experience distress in less overt but equally debilitating ways, possibly linked to unresolved trauma and reduced emotional expressiveness. Alternatively, it could reflect cumulative exposure to externalizing victimization types, such as peer violence or indirect exposure to community crime, which were more prevalent among males in this study.

The use of robust psychometric tools namely, the Juvenile Victimization Questionnaire, the Child and Adolescent Trauma Screen, the Rosenberg Self-Esteem Scale, and the GHQ-12 strengthens the reliability of the findings. The high internal consistency and cultural adaptation of these measures ensured accurate detection of psychological symptoms among adolescents in the Indian context (Ali et al., 2023; 2024). Moreover, the purposive sampling strategy targeting adolescents with documented experiences of multiple victimization types provides a well-defined sample for assessing cumulative trauma, a methodological strength often overlooked in broader mental health surveys.

These results underscore the urgency of gender-sensitive mental health frameworks tailored to the Indian adolescent population. Interventions should not only acknowledge the broad spectrum of victimization experiences but also address the distinct coping repertoires and cultural scripts that guide emotional regulation and help-seeking behaviour across genders. For instance, while female adolescents may benefit from social support networks that counteract stigma and self-blame, male adolescents may require interventions that foster emotional literacy, normalize vulnerability, and counteract toxic masculinity norms.

6. Limitations

Despite the strength of this study, several limitations must be acknowledged. First, the cross-sectional design precludes causal inferences regarding the directional relationships among victimization, trauma, self-esteem, and distress. Longitudinal research would be valuable in examining how these psychological variables evolve over time. Second, although the sample was demographically diverse, it was restricted to a specific geographic region, limiting the generalizability of the findings to other parts of India with different socio-cultural dynamics. Third, the reliance on self-report measures may be influenced by social desirability biases, particularly in the context of sensitive topics such as sexual abuse or mental distress. Future research should consider incorporating mixed-methods designs or peer/teacher reports for triangulation.

Hence, the study highlights the compounded psychological burden of polyvictimization among Indian adolescents and reveals meaningful gender-based differences in victimization patterns and trauma symptoms. These findings contribute to a growing body of evidence emphasizing the need for integrated, culturally grounded, and gender-sensitive mental health policies in India. As adolescent well-being becomes a national priority, addressing the hidden wounds of polyvictimization is essential for fostering resilience, reducing psychological distress, and promoting long-term social and emotional development.

7. Conclusion

This study provides compelling evidence that polyvictimization significantly impacts the psychological well-being of Indian adolescents, with distinct gendered patterns in trauma symptoms and victimization experiences. Male adolescents reported higher exposure to various forms of victimization including conventional crime, peer/sibling abuse, and indirect violence and also exhibited elevated trauma symptoms compared to females. However, both genders displayed comparable levels of self-esteem and psychological distress, suggesting shared vulnerability across multiple domains of functioning. These findings highlight the urgent need for culturally sensitive and gender-responsive mental health interventions that address the cumulative and complex effects of polyvictimization. By illuminating the nuanced interplay between trauma, self-esteem, and distress within a gendered framework, this study contributes to a deeper understanding of adolescent mental health in the Indian context and underscores the importance of integrative support systems in schools, families, and community services.

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