



Self-Esteem in Adolescents Exposed to Parental Intimate Partner Violence in Kerala, India: A Qualitative Study

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| <p>Received: 03.03.2026</p> <p>Accepted: 01.07.2026</p> <p>Published: 09.07.2026</p> | <p>Abstract</p> <p>Many adolescents are at risk of developing mental health problems related to exposure to Parental intimate partner violence. However, little research has been done into the extent of the risk of low self-esteem in adolescents who have experienced Intimate Partner Violence (IPV). Hence, the study aims to explore the experience of self-esteem of the adolescents exposed to IPV. Twenty-eight adolescents aged 11-17 years were selected for this study, which included 18 individual interviews and one focus group discussion with 10 participants. The interviews and focus group discussions included 28 adolescents. A thematic analysis was used to extract the themes. The four main themes emerged from basic themes and organizing themes. The main themes are 1) The Disturbed State of Mind, 2) Self-Consciousness in Social Situations, 3) Obsessed with Negativity, 4) Non-contentment of Self. The analysis revealed that adolescents exposed to IPV had markedly lower self-esteem. This negatively affected multiple domains of their daily functioning. As a result, this vulnerable group needs immediate attention. The government and policymakers should provide school-based or family-based online counselling and interventions.</p> <p>Keywords: adolescents, self-esteem, intimate partner violence, qualitative study, thematic analysis</p> |
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Introduction

Intimate partner violence (IPV) is a violent and coercive behaviour perpetrated by one partner against another to gain power, control, or authority (Pingley, 2017). Children are considered "silent witnesses" and "hidden victims" in cases of parental IPV (Morris et al., 2020). Witnessing IPV is becoming more widely acknowledged as a significant risk factor for adolescents (Devries et al., 2017), and they are also showing vulnerable behaviours (Abramson, 2020). Whether direct or indirect, violent exposure can have long-term detrimental consequences in childhood and adolescence that can affect adulthood (National Institute of Justice [NIJ], 2020).

According to the World Health Organization, one in every two children aged 2 to 17 years experiences violence every year (WHO, 2020). Intimate partner violence affects an estimated 15.5 million children each year (Carlson et al., 2019). According to a Spanish government survey of 10,171 mothers who reported having been victims of IPV, 63.6 percent of children had been exposed to violence (Carracedo et al., 2018). In Kerala, 4,338 children were impacted emotionally

and physically by intimate partner violence (Atholi, 2021). Despite extensive quantitative evidence, there is limited qualitative research exploring how adolescents experience self-esteem following exposure to IPV, particularly in the Indian context.

According to the Centers for Disease Control and Prevention (2016), a child's exposure to parental intimate partner violence (IPV) as an unpleasant childhood experience may impact healthy development and lead to pervasive maladaptive behavior during adolescence (Pingley, 2017). Adolescence is a time of rapid brain development and a vulnerable period for social and emotional learning; a strong sense of self, emotional and physical well-being, and interest in learning are all considered vital parts of healthy development (Rode et al., 2019). As a result, child maltreatment has the potential to prevent normal and healthy growth. Various studies have indicated that adolescent exposure to parental IPV can have various developmental implications (Decker et al., 2015; Peitzmeier et al., 2016).

Children in abusive homes are more likely to have poor physical, emotional, and educational outcomes (Howarth, 2021). Many people are now aware that exposure to IPV can cause psychosocial problems and mental health problems in adolescents and children (Alaggia & Donohue, 2018). Witnessing and experiencing violence have significant negative consequences. Both boys and girls who have observed and experienced violence are roughly four and five times more likely to have severe mental health problems (Devries et al., 2017). Systematic reviews have indicated that when compared to their nonexposed peers, children in these age groups who are exposed to IPV show more significant internalizing and externalizing behavior problems, and posttraumatic stress symptoms, as well as lower academic challenges, cognitive functioning, and social competence (Fong et al., 2017; McDonald et al., 2016; Vu et al., 2016).

Research shows that intimate relationship violence has a negative impact on adolescents' self-esteem (Cameranesi & Piotrowski, 2018; Pingley, 2017). Self-esteem is one of the most basic human needs and impacts an individual's growth, development, and identity (Ali et al., 2020). Self-esteem is crucial in adolescents' development (Minev et al., 2018). Self-esteem and IPV are connected. Exposure to IPV can harm adolescents with low self-esteem making them feel less valuable and more likely to accept mistreatment from others. They lose their vulnerability, dignity, and respect in this way (SecureTeen, 2017). Low self-esteem has been connected to various mental health problems, which include anxiety, depression, eating disorders, and suicide ideation, to name a few (Cameranesi & Piotrowski, 2018; Masselink et al., 2018).

Given the importance of self-esteem in adolescents exposed to parental IPV, a qualitative study was done to explore more about IPV-exposed adolescents' experiences with self-esteem. Qualitative research on the experiences of IPV-exposed adolescents has received less attention in the past, and there are limited resources in situations like in Indian culture. Policy makers and educators can use the study's findings to take suitable measures to increase the self-esteem in IPV-exposed adolescents' development, which will help the adolescents advocate for an intervention program and strategies to help them enhance their self-esteem, particularly in IPV-exposed situations.

Methods

Design

We used a “thematic analysis design” (Braun & Clarke, 2006) in this qualitative study to extract themes related to self-esteem in IPV-exposed adolescents. We identified and collected data through interviews and focus group discussions. To conduct thematic analysis, we used six steps: 1) familiarisation, 2) coding, 3) generating themes, 4) reviewing themes, 5) defining, and 6) naming themes and writing up.

Participants

This qualitative study was carried out in Kerala, India, to understand the self-esteem of adolescents. According to the viewpoint of social workers and counsellors, adolescents aged 11 to 17 years old with poor self-esteem were recruited through face-to-face invitations. If the adolescents were interested in participating, their contact information was shared with the researchers. Participants who were eligible were contacted by phone. Using a purposive sample method, we chose the participants and collected the necessary data by conducting 18 semi-structured interviews and ten focus group discussions. After ten interviews, no new code was found, and data saturation was attained.

Ethical Considerations

All procedures performed in the present study involved human participants and were in accordance with the ethical standards of the Institutional Ethical Review Board. We received the informed consent of parents and children and assured the participants about the confidentiality of the data. They also had the option to leave the study at any time.

Procedures

We introduced ourselves and described the study goals before performing the interview and focus group discussion. We also assured the participants of confidentiality and requested them to sign informed consent forms. Individual interviews lasted 45 minutes and were repeated until data saturation was reached. They also had the option to leave the study at any time. We held the interviews and focus group discussions via Zoom. We acquired information using a survey. The survey included the following open-ended general questions:

1. Can you describe how you experienced low self-esteem in IPV exposure?
2. What were your emotions and thoughts like? Could you please elaborate?
3. What factors have made you feel low about yourself?

We asked specific follow-up questions in addition to the participant's responses in order to obtain more detailed information and all of the required details. We recorded the interviews with the interviewees' permission. Following that, the recorded contents were transcribed verbatim.

Trustworthiness

The study's trustworthiness was ensured by an accurate description of the data analysis procedure and data analysis itself. To improve data trustworthiness, a peer debriefing (confirmability) procedure was used. The study supervisor and adviser monitored the data gathering and analysis processes and supplied the necessary instructions. The audit trail (dependability) achieved dependability and confirmability in this study. We used triangulation and member checking (credibility) methods to confirm the data's trustworthiness. To make the findings more transferable, we wrote a detailed description of the research context and participants so that others might understand the experiences.

Data Analysis

Braun and Clarke's thematic analysis approaches were used to analyze the data (Braun & Clarke, 2006). We conducted data collection and data analysis simultaneously. Before performing a cross-case analysis, we transcribed the interview audio files verbatim; following that, the transcripts were read repeatedly in their entirety to establish familiarity and gain an idiographic understanding of each research participant. To analyze and capture the core of the data, two cycles of line-by-line coding were performed (Saldaña, 2009). Based on the perceived patterns in the codes, the original author categorized the codes into semantically related categories. Rather than being predetermined by theory, codes were formed from the data collection. The second and third authors then coded a transcript while blind to the first author's themes, which were then refined through discussion among the researchers. The grouping of these initial codes into broader organizing themes, and the organizing themes into the four global themes, resulted in the development of a thematic map. The three authors went through an iterative process to develop appropriate names for themes and definitions. To verify that the final themes adequately reflected the content and meaning of the interviews, the first author compared them to the audio recordings. The authors evaluated the impact of their assumptions and biases, such as their understanding of adolescent self-esteem, throughout the data analysis.

Results

In this study, 28 adolescents aged 11-17 years participated with a mean age of 14 years. The majority of the participants were male (18). There were no participants from high-income groups and Muslim or other races. Table 1 shows the demographic profile of the participants.

Table 1

Group data of Study Participants

| Characteristics | Number |
|-----------------|--------|
| Gender | |
| Male | 18 |
| Female | 10 |
| Age | |
| 11-14 | 17 |
| 15-17 | 11 |
| Education | |
| 6-9 | 18 |
| 10-12 | 10 |
| Income | |
| Middle income | 9 |
| Low income | 19 |
| Race | |

Table 2

Thematic Analysis from codes to global theme

| Global themes | Organizing themes | Basic themes | Codes |
|-------------------------|-----------------------|---------------------|---|
| Disturbed state of mind | Psychological impacts | Emotional conflicts | Stress Loneliness Quickly frustrated Guilt feelings Feeling sad Self-doubt Anger hostility |
| | | Feel anxious | Worry Fear of failure Fear of rejection Excessive preoccupation Anxiety |
| | | Mood related | Depressive mood Unhappy Feeling irritated Lack of interest |
| | Christian | 15 | |
| | Hindu | 13 | |

The thematic analysis began with 198 original codes, consolidated into 53 codes. From these codes, 12 basic themes and four organizational themes were extracted. Four key themes emerged from the basic and organizing themes: 1) The Disturbed state of mind, 2) Self-consciousness in social situations, 3) Obsessed with Negativity 4) Non-contentment of Self. Table 2 shows the thematic analysis of the study.

1. The disturbed state of mind

Motivation and self-esteem are both influenced by mindset. They were psychologically unwell if they were not in the right state of mind. Moods, emotions, and mental states at a given time were parts of one's state of mind. Lack of friends or the difficulty in making friends appeared to be a crucial element in these moods and emotions.

For a simple thing, I get frustrated and distracted. I do not have close friends, and they used to keep me away from them. This feeling of loneliness makes me anxious and worried. I do not know what to do [Interview 8].

I undergo mental disharmony, which leads me to depression. I am not able to share my feelings with anyone. I do not know how to go forward. I do feel that life itself has no meaning. I am really fed up with my life [Interview 10].

Second, because of the conflict between their parents, participants were concerned about their parents and their future. They had no idea what would happen next. As a result, their lives were unpredictable. Their life circumstances limited them from achieving anything. So, they

always believed they had no future. Anger, hostility, frustration, anxiety, and other psychological issues stemmed from these unpredictably stressful life conditions.

We are also anxious about our future because our parents are not responsible, and at the same time, financially, we are too poor to achieve something [interview 28].

When my parents fought each other, I feared that my father might kill my mother. So, I was very anxious about my mother [Interview 25].

We are anxious about our parents; what will happen the next time? I was very angry with my parents when they were fighting each other and also, and I was also very sad at that moment [FGD].

2. Self-conscious in social situations

Social anxiety can be caused by excessive self-consciousness. The majority of the participants were concerned about how others perceived them, and their fears of embarrassment were interfering with their daily lives. They avoided people rather than engage in social activities.

From my childhood onwards, I had to face rejection from my parents and relatives and also my friends. Because of this fear, I am always trying to avoid gatherings at home.

I think that our relational circle is too small because of our circumstances [Interview 1].

We have feared relating with others because we don't know how others see us [interview 28].

My relatives are not talking to me. My neighbours ill-treat me. Even though I am talented, I was not selected for the competition [interview19].

Some participants stated that a lack of social support impacted their daily lives. As a result, individuals could not enhance their ability to cope with stressful conditions. They expected help from teachers, peers, and parents.

There is no one to support me, and I am isolated. I am unable to come out of this pathetic situation. On one side, I become a victim of mental torture, and on the other, my parents neglect me, and they do not want me to be with them. I struggle a lot, and I have no one to depend on. I am helpless, and no one cares for me. It is too much for me to tolerate [interview 16].

My teachers and friends are avoiding me. My teachers accused and offended me in front of others and compared me with my friends. I cannot accept it [interview19].

Another problem among the participants is a lack of assertiveness. They could not communicate healthily. They could not speak up honestly and politely on their own behalf.

I have difficulty asking others something simultaneously; I always need help from others [Interview 9].

I have no decision, and I have no solution, even for a silly matter. I cling to others and want to be a puppet in their hands to get appreciation. I have never taken any challenging steps in my life. I used to ask myself, 'Why is it so?' But unable to come to a decision [Interview 14].

3. Obsessed with negativity

For most of the participants, negative thinking became an additional source of stress. They concentrated on the negative aspects or potential outcomes of a situation. It generated feelings of meaninglessness, hopelessness, and worthlessness, among other things. Negative self-talk limits individuals from believing in themselves and their abilities and from realising their full potential.

They compared themselves to their peers. One participant blamed himself, saying that everything had happened due to his traumatic background. He thought one's past experiences determined happiness.

I am not good. Why me? Everything in my life happened because of my bad childhood. If I had a better childhood, I would be happy like my friends [Interview 17].

Compared to my friends, I have nothing to boast about.... Even I used to ask God: 'why did you create me? I am not good. My God, it is too much; I can't. [Interview 15].

Often, I think it was better not to be born. I used to curse myself and think only about what I did not have. I feel that my life is absurd and useless. Now I am undergoing a bitter struggle within me [Interview 6].

4. Non-contentment of self

There were various reasons why people feel bad about themselves. The participants there were experiencing feelings of abandonment, rejection, and invalidation. This emotion occurred when someone did not value them or tried to avoid them during childhood or adolescence. They had also never felt loved by their parents, neighbours, teachers, or friends. It also made people afraid of being rejected by others. Participants' lack of self-worth appeared to be a major issue. They had a negative opinion of themselves, critically evaluated; judged themselves, and assigned a negative value to themselves.

I feel that I am good for nothing. I am not able to tackle the daily struggles of life, and I have a withdrawing nature. I always think that I am inferior to others and not able to mingle with my companions [Interview 2].

Nobody cares about me because I am not good or smart enough. It makes me feel insecure and inferior. I think others look down on me. I have low competency. I am unable to achieve something. And I cannot maturely love anyone. I don't have a generous heart [Interview3].

My neighbours ill-treat me. Even though I am talented, I was not selected for the competition. My teachers and friends are avoiding me..... I am not a good child. I am a failure and unlucky [Interview 19].

Another issue among participants was low self-esteem due to negative body image and academic difficulties. Participants had doubts about their potential to succeed, making them unwilling to learn or take appropriate academic risks. They frequently blamed their parents or circumstances for their inability to concentrate on their studies. Furthermore, the participants were more aware of their bodies. Many people were hyperaware of flaws like colour, acne, and excessive weight. One participant expressed her inability to accept her body due to its flaws. She described:

Very often, I hate my body also. I could not accept my colour because beauty is essential in this world. The people always like white people. So, I don't like my black colour [Interview 15].

I am not a good child. I am a failure and unlucky. From my childhood onwards, I have been very poor in my studies, and I also have no financial background for higher studies. I am hopeless about my life. I am not like my friends; they are very talented. I am not enough. I am not talented. I cannot understand what is going on, so I am confused most of the time [Interview 22].

I think that the fighting of parents affects our academic life because we cannot concentrate on our studies [FGD]

Discussion

The qualitative findings demonstrate the significant effects of exposure to IPV on adolescents' self-esteem. These results highlight the long-term psychological vulnerability associated with growing up in violent and emotionally unstable circumstances. Rigid and controlling attitudes from parents, teachers, neighbours and peers appeared to exacerbate emotional distress among adolescents (Lee et al., 2021; Rossi et al., 2020). Adolescents' ability to express their emotions was restricted by this rigidity, which led to the internalization of discomfort that showed up as loneliness, depression, hostility and aggression.

One of the most significant factors influencing participants' self-esteem was found to be negative self-talk. Almost all adolescents said they frequently evaluated themselves negatively, which led to increased stress, emotional tiredness, and worse goal achievement. Notably, some participants felt existential hopelessness and a wish not to have been born, while others exhibited extreme self-devaluation, characterizing themselves as failures or "bad people." These statements imply that IPV exposure may exacerbate maladaptive thought processes, increasing the likelihood of depressed and anxiety-related symptoms in adolescents.

The absence of social support, especially from parents, was a repeated theme in participants' accounts. Adolescents need emotional stability, support, and validation to develop self-assurance and a solid sense of self. However, parents in violent relationships frequently find it difficult to provide for these requirements, which results in emotional neglect and a decrease in parental responsiveness (Brassard et al., 2020). Adolescents who lacked sufficient parental and social support were more prone to social disengagement, self-blame, and feelings of inferiority. Long-term social isolation and loneliness are known to have a detrimental impact on self-esteem (Czaja et al., 2021). These experiences were further exacerbated by limited socioeconomic resources and insecure living situations (Woolfe, 2019).

Lack of self-worth and poor self-confidence were seen as very common in participants. A healthy sense of self-worth is based on self-awareness, self-acceptance, and intrinsic motivation (Ackerman, 2018). Adolescents in this study tended to concentrate on perceived deficiencies rather than strengths, indicating highly internalized negative self-perceptions. This tendency can be explained by emotional insecurity, frequent exposure to family conflict, and inconsistent parental validation, all of which interfere with the formation of a positive self-concept. According to previous research, adolescents who live in violent and critical environments may develop negative cognitive schemas and self-blaming attitudes, which can influence their self-confidence (Firestone, 2017). As a result, participants struggled with social and interpersonal connections, body image issues, and academic self-doubt. These issues affected education, peer relationships, and emotional health, among other areas of their lives (Noronha et al., 2018).

Implications of the study

The current findings of this study showed that adolescents exposed to IPV had low self-esteem, which affects their overall health. The effectiveness of therapies to improve adolescent self-esteem has now become increasingly evident. This suggests that the current qualitative study will assist policymakers and researchers in developing evidence-based online interventions to help adolescents who have been exposed to IPV, particularly during this pandemic. This study found

that a lack of social support was critical for adolescents to improve their self-esteem, particularly if they live with violent parents. As a result, in order to help such adolescents cope with their situation and improve their self-esteem, quality of life, and mental health, health officials must start paying attention to them. So that, in the future, the government could provide online counseling, psychoeducational support, and online interventions that would boost their self-esteem and coping capacity. Special psychosocial interventions should be offered online to lower the risk factors for mental health in adolescents exposed to IPV. Future research should look into the role of online interventions in promoting self-esteem in adolescents who have been exposed to IPV.

Limitations of the study

It is worth mentioning of some limitations of this study, including the timing and platform of the interview and focus group discussion. During the interview, the interruptions and unfamiliarity with the platform caused a disturbance. Few adolescent girls seemed to be very conscious of one another during focus group discussions, to the extent that they were fearful of expressing something wrong or inappropriate in front of the group. As a result, it was challenging to capture different perspectives from adolescents who strived to be like others in the group. We also noticed that conducting a focus group discussion on an online platform to share their experiences in a large group was difficult. Despite these limitations, we could articulate a wide range of perspectives from individual interviewees. We believe that these findings might be applied to children and youth in other situations.

Conclusion

Overall, the findings suggest that adolescents exposed to IPV experience significant impairment in self-esteem, characterised by negative self-perceptions, low self-confidence, feelings of worthlessness, and emotional insecurity. These factors affect their social interactions, academic performance, mental health, and general quality of life. The findings underscore the importance of early identification and evidence-based interventions that strengthen social support systems, promote supportive family environments, and foster positive self-esteem among adolescents exposed to IPV.

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