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SILENT STRUGGLES, SHARED VOICES: UNDERSTANDING PSYCHOLOGICAL DISTRESS AMONG ORPHANAGE CHILDREN IN LAGOS, NIGERIA

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Abstract

Children experience more and talk less, yet the effects of social learning and adverse events in their lives impact psychological distress and their mental well-being far into adulthood. The purpose of this study was to hear the voices of children living in an orphanage setting and to understand the psychological distress emanating from their lived experiences. Semi-structured interviews were conducted with 7 children living in an orphanage to explore their experiences and perception of trauma, depression, somatization, and prosocial behaviour within and outside the institution, and how these have shaped them in relation to self and others. A phenomenological methodology was used to reveal the lived experiences of these children. Results: The emerged themes showed trauma as fear and pain, aggression as defensive coping, somatization as embodied stress, discipline as care and control, ambivalence in prosocial behaviour, safety within discipline and pre-institution trauma unarticulated. Recommendations suggest a reduction in punitive discipline, psycho-education on emotion regulation and non-aggressive coping and routine care training for caregivers.

Keywords: trauma, somatization, anxiety, coping, aggression

Introduction

Psychological distress is the presence of significant disturbances in mood, thought and behaviour that impair functionality and comprise two components: psychological illness (e.g. depression, social anxiety and somatization) and psychosocial functionality like prosocial behaviour (American Psychological Association, 2015; Drapeau et al, 2012). These psychological distresses could significantly impact the emotional and social development, create difficulties with emotion regulation and affect the well-being of young people as they transition into adulthood (Greenfield & Marks, 2010; Duffy et al., 2018). As a significant disturbance, childhood trauma that disrupts core dimensional aspects of affective and cognitive processes in the brain (Juster et al., 2010; Toa et al., 2021) could exacerbate it, as individuals who experienced childhood adversity also reported greater levels of psychological distress (Chu et al., 2013). Children taken to orphanages are those who have the unfortunate experience of childhood adversity that disrupts normal family functions.

An orphanage is a care center where children and adolescents who lack an adult caregiver due to death, illness, or adverse economic conditions are nurtured by government or non-governmental agencies or organizations. It is not a place for orphans alone, defined as a child who has lost either or both parents (Adedigba et al., 2018), but also includes children whose parents or guardians are alive yet cannot provide proper care, either because of economic hardship or because they put the child's life in danger by inflicting various forms of abuse - physical, sexual, neglect, exploitation, etc. (Christopher & Mosha, 2021). Research has shown that the number of children living without parental care is increasing in sub-Saharan Africa, including Nigeria, and this is attributable to many factors,

including but not limited to poverty, armed conflict, victims of social ills, disease outbreaks (notably HIV/AIDS), and socio-political instability (Odidika et al., 2024). Most often, some children lack family members (nuclear or extended) to cater for their needs and end up in orphanage homes. Children who are exposed to traumatic experiences early in life are still developing in the cognitive, social, emotional, behavioural, and coping domains, so the impact of psychological distress might be lifelong, and the forms it takes could vary.

Meanwhile, every person would develop optimal functionality if raised in a nurturing home with loving parents and family members. A loving environment provides individuals with the opportunity to learn different etiquette and survival skills, from the bond of attachment to the mother to bonding with other members of the family, extended family, community and society according to Family System Theory. This sets a firm foundation for psychosocial development (Adedigba et al., 2018). Disruption in this bonding process not only negatively slows the growth in cognition, social, emotional, and behavioural outcomes of interconnectedness, but also redefines how one perceives and engages the environment. Mate and Mate (2022) argued that a negative experience one had early in life disrupts the normal mental state and causes disequilibrium in functioning, thus leaving a wound called trauma, a scar which dictates how one reacts, responds or interacts with others throughout life. This implies that the traumatic experience that brought a child to an orphanage away from the natural family leaves an internal wound in the child, at such a young age, depending on what circumstances surrounded the child – abandonment, abuse, rejection, death or parents, etc., that experience would affect the child's normal developmental sequence in all ramifications. This study focuses on children who have not only been exposed to adverse life events, but are also living in an orphanage with routine guidelines; which is different from a family home. It is expected that the children adjusting to this way of life would devise different coping strategies and survival mechanisms.

What more, being an orphan creates feeling of being different from peers because of the status as orphans, and being in a foster or institutionalized home attracts the experience of pervasive stigmatization which makes persons confront stigmatization, isolation, and inequity and unable to integrate into society properly (Scent & Ibikunle, 2023; Kaur et al., 2018) leading to feelings of shame (Marici et al., 2023). Adejuwon and Oki (2011) posited that orphans and vulnerable children who are high on stigmatization were also high on emotional distress. This is the opinion of some researchers that placing children early in institutional setting and their staying too long is such setting can negatively impact on all aspects of their development and mental health (Yendork & Somhlaba, 2014). Research also indicates that disruptions in caregiving, which children in institutional care often experience, are linked to an increased risk of psychological problems like symptoms of depression, anxiety, emotional dysregulation and lowered self-esteem (Bederian-Gardner et al., 2017; Jaffer et al., 2023; Oyundoyin et al., 2026). Long-term exposure to various social stressors can contribute to the development of depression.

Whatever threatens or traumatizes a child or an adolescent's mental well-being evokes fear and anxiety in them. According to DSM-5, all anxiety-related psychological distress is associated with autonomic arousal, thought of immediate danger, escape behaviour, vigilance and muscle tension, which are reduced by avoidance behaviours. Azeez and Khan (2022) reported low prevalence of anxiety and depression among children in Nigerian orphanages and non-orphans; however, those in orphanages had more symptoms of anxiety and depression than non-orphans, in line with Nzeakah et al. (2022)

findings. Some children in orphanages seem to know that they are either abandoned or not wanted by their families, and this poses a major mental health challenge that heightens their vulnerability to high psychological distress in comparison to other children in family-home settings (Miller et al., 2019). Studies have reported on psychosocial needs, adaptation strategy, and psychological service needs of children in institutionalized homes; there is still a need to hear from the children themselves, what they are thinking and how they perceive their situation from within and outside the orphanage. Such information will guide interventions that address their very needs and preempt what adults believe could be.

Consequently, the impact of childhood trauma is at the foundation of most adult mental health problems, and how children housed in special homes struggle to make sense of these uncommon experiences could be expressed through varying forms of psychological distress. The routine life in an orphanage has its impacts on the children, and the result of their responses and reactions says much about how life experience shapes a child who grows up in an orphanage. Being brought up in an orphanage is not the norm; it would evoke perceived and self-stigma, define social encounters with peers, impact academic performances, and general self-perception. Studies have shown that children and adolescents in orphanages are at high risk of mental illnesses, lack psychological services, report higher psychological distress compared to those living with their parents and many more. Also, it has been reported that children in orphanages lack necessary amenities, and their needs are often unmet due to insufficient resources. All these are absorbed and channeled into one form of problem or another, depending on the child's personality and other innate and environmental factors peculiar to each child. This study tends to explore the children's opinion of trauma and its impact, and what they think of some psychological distress, such as depression, somatization, coping and prosocial behaviours. It is believed that children high in prosocial behaviour would feel less emotional distress and cope better than those who react or respond negatively due to the experiences or their circumstances.

To uncover the meanings, essence and subjective experiences of the children, semi-structured interview was conducted with the children to understand their lived experiences with regards to traumatic experiences and how they see life in the orphanage. Four major questions guided the interview:

1) Can you tell me what it feels like for you when you think about the difficult experiences you have gone through?
2) How do you find yourself responding or reacting in your daily life because of those experiences?
3) Can you describe what happens in your body when you feel upset or reminded of those experiences?
4) How do those experiences affect the way you feel about helping or being kind to others?

Methods

Design

The study employed a qualitative descriptive design to explore how children's experiences in orphanage setting shaped their mental health. This approach was chosen to capture participants' perspectives in their own words and provide a rich, contextualized understanding of their psychological well-being.

Participants

The participants were children living in an orphanage in Iju, within the Agege Local Government Area of Lagos State. Lagos State is in the south-western part of Nigeria. Lagos State's status as the country's trade hub attracts an influx of people from far and near the metropolis, putting immense pressure on existing social facilities and giving rise to various social problems. A religious group managed the orphanage. The rationale for choosing this home was that children under missionary care would receive better care services than those in individually owned homes. Also, the morals taught within the home would cushion the impact of adverse life experiences and help the children develop positive mental well-being.

Procedure

A purposive sampling approach was adopted to recruit seven children residing in the orphanage. This strategy was selected to ensure that participants possessed direct and relevant experience of institutional care, thereby aligning closely with the study's aim of exploring the lived realities of children in such settings. Inclusion criteria required that participants have resided in the institution for at least six months to ensure sufficient exposure to the orphanage environment. Thus, the sample was homogeneous, and participants shared the defining characteristics of orphanage residency, which enhanced the depth and relevance of the data collected. The sample size was deemed adequate based on the principle of data saturation, as no new insights emerged after the seventh interview. Information power was also considered; the sample demonstrated strong information power, as their unique position in the orphanage setting provided highly relevant, detailed accounts germane to the research objectives. These, therefore, justify the sufficiency of the sample size and the appropriateness of purposive sampling for this study.

Ethical Consideration

Ethical approval was obtained from the relevant institutional review boards, precisely, the Ethical Approval Committee, Faculty of the Social Sciences, University of Ibadan (UI/SSHREC/2024/0138) and the Lagos State Ministry of Youth and Social Development Research Department (MYSD/4757/Vol.1/98). Informed consent was secured from the legal representatives (caregivers), and assent was obtained from the children themselves. Participants were assured of confidentiality, the voluntary nature of participation, and their right to withdraw at any time without consequence. Generalizations were used in reporting to protect identities.

Data collection

Semi-structured interviews were conducted in a private setting within the orphanage to ensure confidentiality and comfort. An interview guide with open-ended questions was used to elicit narratives about daily routines, relationships, and psychological challenges. Interviews lasted between 30 and 45 minutes. They were audio-recorded with consent, and transcribed verbatim for analysis.

Data analysis

The recorded discussions were transcribed and analyzed using thematic analysis. The process involved repeated reading to achieve immersion, coding of meaningful units, and grouping codes into broader themes. An iterative approach was applied, with themes refined through constant comparison. Credibility was enhanced through peer debriefing and member checking, while dependability was supported by maintaining an audit trail of analytic decisions.

Researcher Flexivity

The researchers approached this study as clinical psychologists with professional experience in mental health assessment and intervention. This background provided valuable insight into psychological processes but also advanced the possibilities to shape interpretations of participants' accounts. To address this, reflexivity was practiced throughout the research process. The researchers maintained reflexive journals to record assumptions, emotional reactions, and analytic decisions, ensuring transparency in how their perspectives influenced the study. Peer debriefing was used to challenge interpretations and guard against over-reliance on clinical frameworks. By explicitly acknowledging the researchers' positions and documenting the impacts, the study sought to enhance credibility. It also ensured that findings reflected the children's lived realities rather than solely being filtered through a professional lens.

Results

The seven participants ranged in age from 7 to 10 years, comprising two boys and five girls. They were all in primary school, from primary 1 to primary 5. All had resided in the orphanage for at least six months. Some were admitted as infants, while others joined after early childhood experiences outside the orphanage. These contextual differences appeared to influence their emotional responses and perceptions of life within the institution. While those who joined as babies were oblivious to the setting and more explicit in their sharing, those who joined later were more restrictive in opening up to some issues that bordered on painful experiences. Against this backdrop, the themes that emerged from the shared lived experiences and perspectives as they influence their mental health are discussed in this section. Seven themes emerged, bordering on trauma as fear and pain, aggression as defensive coping, somatization as embodied stress, correction as care and control, ambivalence in prosocial behaviour, safety within discipline, and pre-institutional trauma remained unarticulated. They are hereby presented:

Theme 1: Trauma as fear and Pain

The children's understanding of trauma was primarily framed in terms of fear and physical or emotional pain. Darkness, beating, and ridicule were cited as key examples. The children's definitions of trauma as immediate threat and humiliation (e.g., name-calling) suggest an internalized expectation of negative social evaluation. At such tender age they could dissociate from unpleasant treatment and feel demeaned by perceiving others actions as scrutinizing and discriminating against them. This could exacerbate avoidance behaviour to safeguard the integrity of the self from further devaluation. This is evident from statements that portray trauma as something that frightens or causes pain. "*Any time they take light in the night, I used to be afraid", said* a girl, 9 years old. Another, a female, 10 years, said*, "Cane".* Another female, 9 years old, said, "*It means afraid, scared, something touched your heart*". A male, 8 years old, said, *"feeling pain,*" and the last respondent, a 10-year-old female, said, "*you used to feel afraid*".

Most of their responses were evident possible causes of trauma, though very brief, but hinged on fear of the dark, beating, pinching, calling names and pushing. Their responses were, *"They pinch me", "Used to be angry",* and *"Beating from my daddy because I play rough*". A male, 8 years old, said, "*Pushing"*.

To further explain these causes of trauma for a better understanding, a female, 10 years old, said, "A*nytime it is dark, I think someone will come for me, or anytime I do many things, I think that thing is coming for me".* When pressed further, she said, *"Kidnappers take a*

child". Another female, 10 years old, said, *"They used to talk to me anyhow*". Another female, 9 years old, said she gets angry, *"They used to call me 'ogo', that is someone who has a long head"*. A male, 7 years old, said, *"They beat a drum in the dark".*

These responses illustrate how fear of the unknown intensified children's painful emotions and distressing imaginations. Traumatic experiences shaped their worldview as one marked by threat and humiliation, from which the self had to be safeguarded to preserve mental wellbeing.

Theme 2: Aggression as Defensive Coping

Participants described using aggressive behaviours as a way to protect themselves emotionally. Aggression was often framed not as hostility, but as a defensive strategy to manage feelings of vulnerability and fear within the orphanage environment. In essence, many children reported responding to correction and pain with aggression—fighting, slapping, or beating others. Such aggressive retaliation described by participants can be interpreted as reactive, defensive responses to perceived threat. Developmental research shows that reactive aggression interacts with peer rejection to produce escalating social difficulties. There is an established association between harsh discipline and externalizing behaviours (Lansford et al., 2010), such that children who respond aggressively to distress are at risk for peer rejection, which in turn increases internalizing symptoms, including social withdrawal and anxiety (Dodge et al., 2003). Although one participant uniquely framed punishment as a positive experience, the majority linked it to anger, suggesting that current disciplinary practices may inadvertently sustain maladaptive coping strategies.

The respondents overwhelmingly agreed on meting out a cycle of aggression. A female said, "*I feel angry, and I fight"*. Another female said, "*I feel upset and will be feeling bad and beat somebody to get over it"*. Another female said, "*I feel pain, and I feel like slapping someone to get over it".* A male said, "*I feel sad, and feel like beating the person to get over it"*. On the contrary, one voice was of the opinion that she feels happy when corrected. She said, "*I feel happy when I am punished".*

These responses illustrate how children's vulnerability to perceived hash situation shaped their internalization of experiences, leading to distinct emotional and behavioural outcomes. Aggression, in this context, functioned less as hostility and more as a defensive coping mechanism to manage feelings of threat and insecurity.

Theme 3: Somatization as embodied stress

The children reported physical symptoms—such as headaches, stomach pains, or fatigue—that were linked to psychological stress. These bodily expressions of distress highlighted how emotional strain was often manifested through somatic complaints. Somatization is a common mental health challenge, particularly among those who have been traumatized (Agarwal & Rohatgi, 2023; Winding & Andersen, 2019; Tingstedt *et al.,* 2018). It is a propensity to experience and report stress and psychological distress through physiological symptoms due to an impaired ability to express or articulate one's emotional distress verbally (Bautista & Venta, 2024; Karkhanis & Winsler, 2016). This problem of articulation is common among children, and this possibility may explain the reason somatic complaints are more prominent among young ones than older age groups. Children in the orphanage express emotional distress, which they cannot articulate, as somatization symptoms of pain, severe fatigue, lightheadedness, dizziness, heat, vomiting and crawling feeling, headaches, back pains, stomach aches, or general concerns about illness, amongst others, which disturb daily

functioning (D'Souza & Hooten, 2022). In their effort to express how they manage difficult situations, they took to describing bodily sensations.
"*I feel a headache twice a da*y, said two of them, and another two said that they *feel a headache 4 times a day*. Three said they experience *stomachache 4 times a day*, but one said her stomachache is once a day. Furthermore, two said they *feel crawling about 4 times a day.*

These accounts illustrate that children often expressed emotional strain through physical symptoms, particularly when they lacked the appropriate words to verbalize their inner turmoil. Somatization, in this context, became a primary means of communicating distress that could not easily be articulated.

Theme 4: Discipline as Care and Control
The children described disciplinary practices as carrying a dual meaning. On one hand, correction was intended to guide behaviour and demonstrate care; on the other, it was sometimes perceived as punitive or harsh. This tension revealed the ambivalence of discipline in institutional settings, where rules were meant to protect but could also feel restrictive. A central theme of orphanage life was correction and punishment. Some children described correction as a means of becoming better individuals, while others emphasized its punitive nature. Their individual differences and childhood adversity shaped their perceptions of life in the home. The institutional emphasis on correction and physical punishment likely reinforces hypervigilant monitoring of behaviour. This implies that children in an orphanage may perceive character formation strategies either positively or negatively, especially when they come from "others" rather than a real family. This mirrors findings in institutional care research, where discipline is viewed ambivalently - protective and coercive (Wekerle et al., 2009). This emerged from their perception of life within the orphanage.

A female, 10 years old said, *"they correct me when I do wrong*", another said, *"they beat me when I do bad thing*", a male said, *"correct me when I am eating and making sound*", a female said, "*they correct me to be a better person*", another male said, "*they punish me when I do bad to someone*", a female said, "*they beat me when I beat someone*", and a male said, "*when I disobey others, they punish me*".

Reflecting on how this experience affected how they lived in the home, it came to bear that the impacts of the different types of corrective measures they have received have made some keep improving, some remain adamant, and some remain hopeful. A female said, "*I still come late when they have rung the bell"*, another female said, "*I am praying for God to help me"*, another female said, "*I do my assignment*". A male said, "*I am being successful, I am being hardworking,"* and a female said, *"I sit down to think of my life and choose".*

From the foregoing, the dual impact of institutional discipline is evident: rules provide protection and stability, yet beaches or perceived harshness can cause emotional harm. How children interpret these guidelines ultimately shapes their mental well-being, with perception determining whether discipline fosters security or contributes to distress.

Theme 5: Ambivalence in Prosocial Behaviour
Participants expressed mixed feelings about helping others or engaging in prosocial acts. While some valued cooperation and kindness, others hesitated, fearing exploitation or rejection. This ambivalence reflected the complexities of trust and reciprocity in group living. Prosocial behaviour is a voluntary, intentional behaviour aimed at improving the well-being of another person or group. It is a broad range of actions intended to benefit individuals other

than oneself (Martin & Olson, 2015). This calls for scrutiny of children's intent while in an orphanage, where the circumstances that brought them into the institutional setting continue to affect them. Except that the motivation is innate, it would be a social learning effect, at this tender age, to derive satisfaction that sustains prosocial behaviour. Most children reported acting kindly to others and associated it with positive affect ("I feel so glad"), though several qualified their prosociality as conditional ("not worth doing good for everyone"). Religious teaching appeared to be a common motivator for prosocial behaviour.
In this context, a male said, *"I do good for everybody, and I feel so glad"*, which was supported by four others. A female said that she does good to *"some and she feels happy towards them and feels sad towards the others"*. A female said that it *"makes me feel generous"*. A female said, *"Sometimes I feel it is not worth doing good for everyone"*.

These accounts illustrate that while some children internalize the value of selflessness, finding satisfaction, belonging, and meaning in contributing to the common good, others do not resonate with these motivations. For many, the process of embracing prosocial behaviour appeared gradual, reflecting both hesitation and emerging recognition of its emotional benefits.

Theme 6: Safety within Discipline
Going further, despite concerns about correction, many children acknowledged that structured discipline provided a sense of safety and predictability. Rules and routines were seen as stabilizing, offering reassurance in an otherwise uncertain environment. Many of the children expressed comfort and safety within the home, contrasting it with fear of ridicule or punishment outside ("outside people will beat and insult me"). Thus, institutional life may offer predictable protection even when discipline is harsh. It reflects learned containment — safety through control rather than autonomy.

While prompted to reflect on the benefits of living in an orphanage and living outside one, many could not connect with this question. The few that understood it said they preferred living inside the orphanage. In response, a female said, *"My reason is that they take care of me and they correct me"*. Another female said that she feels comfortable inside the orphanage, that *if it is outside, people will be telling me that …* (she found it hard to reveal what she had in mind), but eventually said, *I stole, outside, people will beat and insult me*", inside, they take care of me.

Regardless of how strict the rules and routines appeared, the children viewed the structured environment of the orphanage as preferable to life outside, where consideration for others was frequently lacking. Discipline, though sometimes rigid, provided a sense of safety and predictability that contrasted with the uncertainty of the wider world.

Theme 7: Pre-Institutional Trauma Unarticulated
Experiences of trauma before orphanage placement—such as loss, neglect, or abuse—were often hinted at but not fully articulated. These unspoken histories shaped children's emotional responses and coping strategies, even if they remained largely unexpressed in interviews.
Recurring references alluded to this as five respondents mentioned that they do feel alone sometimes, but it was difficult for them to express how or what they feel at such a moment. This silence itself became a theme, suggesting that some aspects of trauma and institutional life were too difficult or unsafe to verbalize. A female said that she will be thinking of her examination, another one said she will be thinking about Jesus Christ, how he died for us, and a male said I think of being a Rev. Father." When the question was re-explained, a female

said, *"I will be feeling angry",* and another said, *"I will feel sad when I am alone*". The children who joined the home after adverse events were more restrictive in their responses and were outright silent at intervals. It can be deciphered that children's struggle to cope with traumatic experiences before orphanage placement often left them emotionally withdrawn and, at times, depressed. These unaddressed histories continued to shape their psychological responses within the institution, underscoring how pre-institutional trauma remained a silent but powerful influence on their well-being.

Conclusively, children's responses revealed pervasive symptoms of anxiety, depression, and somatization, even among those who entered the orphanage as infants. A clear contrast emerged between participants who had prior experiences outside the institution and those who arrived as babies, with the former showing greater hesitation to disclose certain experiences, suggesting possible underlying trauma. Somatization was common across all participants, while aggressive behaviour appeared as a shared coping mechanism. Prosocial behaviour was generally practised under the guidance of institutional and religious rules, rather than spontaneously internalized. In sum, these findings highlight both the protective and restrictive dimensions of orphanage life, as well as the enduring influence of pre-institutional experiences on children's emotional and behavioural adjustment.

Discussion

This study explored how children's experiences in orphanage settings shaped their mental well-being, revealing complex emotional and behavioural outcomes. The findings highlighted pervasive symptoms of anxiety, depression, and somatization, alongside aggression as a defensive coping mechanism and ambivalence in prosocial behaviour. These results underscored the dual nature of orphanage life: routines and discipline provided safety and predictability, yet they also restricted autonomy and sometimes intensified emotional vulnerability. Importantly, children with prior experiences outside the orphanage demonstrated greater hesitation to disclose, suggesting that pre-institutional trauma remained a silent but powerful influence on well-being. These are tied to theories.

Interpreted through Erikson's psychosocial theory, these findings reflect challenges in the stages of *trust versus mistrust* and *industry versus inferiority*. The structured environment offered certainty that could foster trust and competence, yet harsh or inconsistent discipline risked undermining children's sense of security and self-worth. Similarly, Bowlby's attachment theory provides a lens for understanding the centrality of caregiver and peer relationships. Supportive bonds acted as protective factors, while emotional withdrawal and silence pointed to insecure or disrupted attachment patterns shaped by pre-institutional trauma. Together, these frameworks show how institutional care both supports and constrains children's psychosocial development and attachment needs.

The themes identified in this study align with existing literature on institutional care, which emphasizes both protective and risk factors in children's psychological adjustment. For example, the role of peer and caregiver relationships as sources of resilience echoes findings that supportive bonds can buffer against stress or distress. At the same time, the prevalence of somatization and emotional withdrawal reflects broader evidence that children often struggle to verbalize distress, instead expressing it through physical symptoms or silence. Collectively, these insights contribute to a deeper understanding of how institutional environments shape children's coping strategies, emotional development, and mental health outcomes.

The thematic findings are tied to empirical mechanisms as the lives of children in an institutional setting navigate psychosocial processes to maintain and perpetuate mental well-being. On the trauma as fear and pain, it is worth noting that childhood maltreatment and exposure to interpersonal violence are robustly associated with later anxiety disorders, including features of social anxiety (e.g., hypervigilance, fear of evaluation) (Li et al., 2024). These experiences align with evidence that children in institutional care often interpret trauma through immediate threats and symbolic fears, both of which generate persistent anxiety (Shonkoff et al., 2012). The duality of physical harm and emotional humiliation underscores the complex ways trauma is internalized in childhood. Literature has posited that the experience of emotional abuse (Nanda et al., 2015) and sexual abuse (Jin et al., 2024) in childhood is a positive predictor of social anxiety in adolescents. Systematic reviews and meta-analyses indicate a substantial association between non-sexual maltreatment and elevated risk for anxiety and depression across the lifespan (Norman et al., 2012; Li et al., 2016). Although the study did not explore the exact abuses of the participants, yet findings of studies are relevant to this population.

Furthermore, on the theme of institutional discipline as a paradox of care and control, Lee and Boyle (2021) examined whether orphans experience harsher discipline than non-orphans. They surprisingly found that orphans often face less harsh punishment compared to non-orphans, but perceive differently, possibly due to lower caretaker investment. The paradox is that while orphanages provide structure and safety, reliance on punitive methods risks undermining children's sense of security and belonging. In like manner, the possibility of some children resorting to "fight-back" syndrome might instead precipitate anxiety and aggression. Research on corporal punishment has linked such discipline to increased aggression, reduced internalization of moral norms, and elevated mental health problems, including anxiety (Gershoff & Grogan-Kaylor, 2016). Thus, it can be inferred that in institutional settings, persistent surveillance and punitive correction may operate similarly to increase aggression. It has been well documented that orphanage staff often tend to balance discipline with child protection. Sometimes discipline, meant as necessary correction, slips into punitive practices that harm psychological well-being. Afolabi (2019) examined the Ekiti State Children Correctional Centre and its implications on the lives of the Inmates. She noted that some children found hope and assistance in the life offered to them, but some struggled with the law. In like manner, institutional discipline could become a "double edged sword" for children in orphanages, depending on their perception, personality and social learning ability. Igwe and Mgbolu (2020) aligned with this opinion in their study at Ebonyi State University when they discussed Nigeria's correctional system reforms, highlighting the persistence of punishment culture and its impact on inmates.

On the point that aggression is used as cycle of defensive coping, this reciprocal process—using aggression to guard against threat, followed by social rejection—creates conditions that could sustain anxiety. This aligns with Ayeni (2024), who highlighted how Nigerian orphans exposed to pain, neglect, and abuse often respond with hostility and aggression. Also, Onayemi et al. (2022) examined how neglect and poor caregiver responses within Nigerian orphanages lead to developmental challenges and reported that children often react to correction with aggression, which undermines adoption prospects and peer acceptance. Also, Abejirinde et al. (2024) examined the social impacts of institutionalization of orphans and vulnerable children in orphanage homes in Bayelsa State. Their findings revealed that

excessive institutionalization is associated with social and behavioural problems due to bad relationships, especially with the caregivers. Overall, the coping mechanism engaged by some of the children in orphanage homes to shield against the additional influence of negative experiences or threats is interpreted by adults as aggression; while in essence, it is the only shield the children know how to wear for self-preservation. Soyobi et al. (2024) reported that the loss of parental figures, coupled with the structural limitations of orphanages, forces children to develop coping mechanisms that allow them to survive and, in some cases, flourish despite their circumstances. Therefore, when discipline is perceived to be harsh or neglectful, children often respond with aggression rather than compliance, and aggressive responses make children less accepted by peers, reinforcing emotional distress.

Another theme was that stress is embodied in somatization. It aligns with the work of Pop-Jordanova (2019), who examined different clinical expressions of anxiety disorders in children and adolescents and noted that somatization was very highly expressed among the children. Among the participants in this study, headaches, stomachaches, and crawling sensations were common, often occurring multiple times a day. This strong pattern of somatization reflects how psychological distress is expressed somatically in contexts where direct discussion of emotions is limited (Patel et al., 2007). The findings suggest that somatic symptoms function as a cultural idiom of distress, indicating deep-seated stress and vulnerability to possible future mental health difficulties. Other scholars have also reported the same in various groups and settings. Nkwocha et al. (2017) in their study, Somatization disorder among adolescents in southeast Nigeria: a neglected issue, showed how adolescents, including those in institutional care, express psychological distress through somatic complaints like headaches and abdominal pain. This aligns with Adedigba et al**.** (2018), who highlighted the psychosocial distress in orphanage children, noting somatic complaints as common manifestations. Within sub-Saharan Africa, the same findings persist; Nalah et al. (2024) demonstrated that orphans in institutional homes often reported somatic symptoms as part of their psychological distress, and Christopher and Mosha (2021) reported that children in Tanzanian orphanages often expressed stress through physical symptoms, linking somatization to institutional stress.

The pervasiveness of somatic complaints among the participants remains consistent with literature showing that children frequently present anxiety in somatic form, particularly when verbal emotional expression is limited (Bautista & Venta, 2024). In constrained social environments where direct disclosure of fear or sadness may carry consequences, somatization provides a socially permissible channel for distress. Another factor, if well understood and harnessed, that could reduce distress is prosocial behaviours.

Prosocial behaviour is voluntary, yet it had an ambivalent effect on the children. Yendork and Somhlaba (2017), in their study "I am happy because of God": Religion and spirituality for well-being in Ghanaian orphanage-placed children, found that religion promoted well-being by encouraging positive emotions, aiding coping processes, fostering resilience and an optimistic outlook among orphans. This implies that the teaching of religious tenets helped the children identify and strengthen social ties, and adjust to orphanage placement, thereby promoting their well-being. Among the participants of this study, while most described happiness in doing 'good' for others, some admitted selective generosity or questioned whether it was worthwhile. Such ambivalence suggests that prosocial behaviour is at least partly shaped by institutional and religious expectations, rather than being wholly intrinsic.

This resonates with studies noting that in group-care environments, prosociality is often externally reinforced (Ainsworth & Thoburn, 2014). Also, prosocial acts reported by participants (helping, generosity) can be protective by increasing belongingness and reducing isolation. The developmental literature identifies prosocial behaviour and empathy as buffers against peer rejection and internalising symptoms when these behaviours are internally motivated and reciprocated (Eisenberg et al., 2015). However, when prosociality is externally imposed (e.g., by religious rules or correction), children may still fear negative evaluation or insincerity despite outwardly prosocial acts. It takes discipline to imbibe such a rule and internalize its concept.

Meanwhile, discipline in the orphanage seems a "double edged sword" in the perception of the children; it could make or mar them. Studies have shown different impacts of institutionalization and disciple on its residents. Nsabimana et al. (2019) conducted a study on the effects of institutionalization and parental living status on children's self-esteem, and externalizing and internalizing problems in Rwanda. They reported that institutionalized children had the most externalizing behaviour problems regardless if their mothers and fathers were living. Also, orphans who were raised in a family had the lowest externalizing issues. This implies that institutionalization has a negative effect on children's psychological well-being, whether they are orphans or non-orphans. On the contrary, Wright (2020), however, in her study on Profiles of Adjustment among Children in Institutional Care in Ghana: Predictors of Positive Functioning, demonstrated that institutionalized children are not more likely to have psychological problems. The study used 100 Children in Institutionalized Care (CIC) and a 100 children in family, caregivers, social workers, and teachers from some of the same facilities where the children were recruited, the study showed that children raised in institutional care can function at a level comparable to children raised in family settings. This finding concluded that institutionalization does not condemned children to a life of dysfunction. Instead, it may be a way to preserve their psychological well-being as well as social well-being (quoted in Ouédraogo et al. 2022).

Wright's opinion aligns with the findings of this study, despite frequent accounts of punishment, the children generally perceived the orphanage as safer than life outside. They valued the care and correction received inside, contrasting it with anticipated insults or violence from outsiders. This highlighted the protective function of institutional care, even as it relies on methods that may perpetuate anxiety and aggression. The tension between safety and discipline mirrors ongoing debates about institutional versus family-based care, as seen in Bhuvaneswari and Deb (2016), Efficacy of Family-based Care as Compared to Institutional Care: A Careful Review. They reported that there is no significant difference in level of emotional intelligence among children and adolescents living in residential care, adolescents from the normative population and adolescents from families with a disadvantaged environment, and that the children and adolescents in institutional care exhibit adaptive and maladaptive thoughts, emotions and behaviours. So, in this study, there are divergent experiences; children who had grown up entirely within the orphanage were more willing to share experiences than those admitted later, who often appeared guarded. This suggests that pre-institutional trauma may remain unarticulated, compounding the challenges of adaptation to institutional life (Johnson et al., 2006). Children raised in the home and those who entered later echo these empirical patterns. Recognizing these layered vulnerabilities is critical for tailoring interventions.

The findings corroborate Erikson's psychosocial theory, which posits that unresolved crises during the early developmental stages — particularly those related to trust, autonomy, and identity — can lead to maladaptive outcomes in later stages (Erikson, 1968). The emotional fragility and ambivalence toward social relationships observed among participants suggest disruptions in the formation of basic trust and initiative.

Furthermore, Bowlby's (1988) attachment theory offers an explanatory framework for understanding the observed anxiety and social withdrawal. The absence of consistent, nurturing relationships in institutional settings appears to have impeded secure attachment formation, predisposing the children to anxiety, emotional dysregulation, and somatization. Recent studies by Johnson et al. (2021) and Zeanah and Humphreys (2020) similarly affirm that institutional rearing often results in internalizing disorders and compromised social-emotional functioning.

The findings of this study have shown that institutionalized children manifest symptoms of anxiety, depression, somatization, and aggression, even while demonstrating prosocial capacity. Addressing these outcomes requires moving beyond punitive correction toward psychosocial interventions that foster resilience, adaptive coping, and safe expression of distress. This discussion gives a raw window into how children in institutional care make sense of pain, fear, and correction — and how those meanings shape their emotions and bodies. The children demonstrated clear vision and were in touch with their experiences. In the words of Holder et al. (2015), this study employed "phenomenological qualitative methods anchored in the constructivist research paradigm to derive an authentic and deeper understanding" of experiences of psychological distress and coping strategies of children in a special setting.

This study findings have also contributed to the scholarship of children's perception of trauma and how they channel their experience to make sense of their environment. This study recommends that punitive discipline should be reduced and replaced with positive, skills-based behaviour management to lower hypervigilance and hostile expectation. Intervention should target emotion regulation and teach non-aggressive coping -trauma-informed group interventions that foster labeling feelings and adaptive responses. It is also recommended that routine care should address somatic presentations – staff be trained to screen for anxiety when children report frequent headaches/stomachaches and offer evidence-based psychosocial interventions. Early caregiving quality (improving caregiver–child ratios, consistent attachment figures) should be prioritized to reduce long-term social and attachment disruptions identified in institutional research. Finally, children in the orphanage should be guided to cultivate genuine prosocial opportunities by providing peer-support programs that emphasize reciprocity and choice, rather than obligation, to build authentic social competence.

This study has some limitations: the small sample size and the restricted number of orphanage settings involved, requires cautious generalization of the findings. Also, the sensitive nature of the topic may have inhibited some participants from disclosing deeper emotional experiences. Finally, the study relied primarily on self-reported data, which are subject to social desirability bias, but it has given opportunity to hear from the children's side a more authentic understanding of their lived experiences within the orphanage.

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