

# The Resilience of the Mind: Understanding Cognitive Strength in Abused Orphaned Children in Foster Care

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## Abstract

**Background:** Children who experience severe adversities, such as living in orphanages and exploitation, often grow up in highly sensitive environments. Despite these challenges, many demonstrate remarkable cognitive resilience, showcasing their ability to adapt to difficult circumstances, solve problems, regulate emotions, and maintain consistency. **Aims and Objectives:** This study aims to explore the experiences of exploited orphans and identify the key factors contributing to their cognitive resilience within institutional care settings. **Materials and Methods:** A qualitative approach was employed, involving 20 exploited orphans aged 12–16 residing in institutional care. Data were collected through semi-structured interviews and analyzed using thematic analysis to identify patterns and themes related to cognitive resilience. **Results:** The study revealed several factors contributing to cognitive resilience, including a problem-solving mindset, future goal setting, individual resources such as self-regulation, and environmental components such as peer support, structured educational opportunities, and stable caregiving. Resilience was found to be a dynamic, ecological process influenced both by individual traits and the institutional environment. **Conclusion:** These findings highlight the importance of considering both personal and environmental factors in fostering cognitive resilience among exploited orphans. The results offer valuable guidance for policymakers, caregivers, and mental health professionals in designing interventions and policies that support the cognitive and overall development of children in institutional care.

**Keywords:** Abuse, foster care, mental health, orphaned children, resilience

## INTRODUCTION

Childhood is universally regarded as the most formative and delicate phase in human development. It lays the foundation for a person's cognitive, emotional, social, and personality structures. Experiences during this period – whether nurturing or neglectful – profoundly influence life trajectories. The quality of early caregiving environments plays a decisive role in determining not only physical health but also mental resilience and socioemotional adaptability.<sup>[1,2]</sup> Barth<sup>[1]</sup> underscored that timely and structured child welfare interventions are especially critical for marginalized groups to prevent intergenerational cycles of disadvantage. Similarly, Campbell *et al.*<sup>[2]</sup> highlighted those investments in early childhood development, especially for at-risk populations, yield high long-term returns in health, education, and economic outcomes.

Beyond physical health, psychological adaptability is a key outcome of early caregiving, particularly in adverse contexts. Dennis and Vander Wal<sup>[3]</sup> introduced the cognitive flexibility

inventory as a validated tool to assess an individual's capacity for adaptive thinking and emotional regulation. This flexibility is essential in overcoming trauma and adapting to changing life circumstances. Diamond<sup>[4]</sup> elaborated on executive functions, identifying cognitive flexibility as a core component influencing problem-solving, emotional shifts, and behavioral adjustments.

However, for children deprived of stable family environments, such as those in foster care or institutions, the development of such psychological tools is often disrupted. Dozier and Rutter<sup>[5]</sup> identified key attachment challenges that hinder emotional

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growth in fostered and adopted children. Finger,<sup>[6]</sup> through qualitative inquiry, illustrated how some foster youth manage to exhibit cognitive flexibility by reframing traumatic events, maintaining hope, and forming trusting relationships despite adversity. These findings align with Gilligan<sup>[7]</sup> emphasis on the importance of mentoring, narrative work, and safe relational environments in promoting resilience among children in care systems.

The intersection of trauma, coping, and developmental outcomes has drawn increasing attention. Guerra *et al.*<sup>[8]</sup> found that children exposed to bullying and early adversity tend to develop rigid, maladaptive coping styles, thereby reducing their capacity for resilience. In contrast, Heckman and Masterov<sup>[9]</sup> made a compelling case for investing in early interventions to promote adaptive skills among disadvantaged children, underscoring that the earlier the intervention, the greater the impact.

Institutional care, while often a last resort, poses considerable developmental risks. Johnson and Gunnar<sup>[10]</sup> found that children in institutions suffer growth delays and emotional dysregulation due to psychosocial deprivation. Moreover, resilience, as Kim-Cohen and Gold<sup>[11]</sup> argued, mediates the relationship between early adversity and later academic and interpersonal functioning. Leve *et al.*<sup>[12]</sup> further emphasized the role of emotional support and placement stability in fostering executive function and resilience among children in foster care. Similarly, Maclean<sup>[13]</sup> concluded that children raised in institutions often experience delays in social, cognitive, and emotional domains compared to those raised in family-based settings.

Understanding lived experiences becomes crucial in this context. Moustakas<sup>[14]</sup> advocated phenomenological research methods to capture the nuanced experiences of vulnerable populations, offering insight into internal processes that quantitative metrics often overlook. However, the caregiving environment must also be ethical. Rotabi *et al.*<sup>[15]</sup> warned against exploitative practices such as “orphan tourism,” which commodifies care and further harm already vulnerable children.

Despite global efforts, significant challenges remain in creating stable and supportive caregiving systems. Rubin *et al.*<sup>[16]</sup> found that placement instability correlates strongly with behavioral disturbances in foster children. Rutter<sup>[17]</sup> emphasized that resilience is supported by adaptive systems such as self-regulation, competence, and secure social connections. These findings are echoed by Schoon and Bynner,<sup>[18]</sup> who demonstrated that even at-risk youth can thrive when adequately supported by educational and community systems.

Contextual and cultural factors play a pivotal role in shaping resilience. Ungar<sup>[19,20]</sup> proposed a socioecological model of resilience that incorporates structural adversity, cultural context, and resource accessibility. Finally, Van der Kolk<sup>[21]</sup> described how developmental trauma disorder common among children with chronic trauma exposure manifests in

dysregulated emotions, fragmented memory, and impaired attention, all of which compromise a child’s adaptive capacity.

In light of this evidence, the current study explores the role of cognitive flexibility and resilience among exploited orphaned children within alternative care systems, including foster care, institutional settings, and community-based models. Understanding these dynamics not only contributes to developmental psychology but also offers evidence for strengthening caregiving frameworks, trauma-informed practices, and policy reforms.

## MATERIALS AND METHODS

### Research design

This study adopted a qualitative research design grounded in phenomenology to explore the lived experiences and cognitive resilience of abused orphaned children currently residing in foster care. The phenomenological approach was selected for its strength in illuminating the depth and meaning of personal experiences, particularly those involving emotional adversity, trauma, and recovery. By focusing on children’s subjective realities, the study aimed to understand how they interpret their past abuse, emotionally adapt, and navigate life within the foster care system. The qualitative method allowed for flexible, open-ended inquiry, essential for accessing the nuanced psychological and emotional dimensions of the participants’ experiences.

### Sample

A purposive sampling technique was employed to identify participants who met the inclusion criteria relevant to the research objectives. The final sample comprised 20 orphaned children, aged 12–16 years, all of whom had previously experienced physical, emotional, or sexual abuse and were currently living in registered foster care settings. Participants were recruited from child welfare organizations and foster care facilities located in urban and semi-urban regions.

Ethical considerations were rigorously maintained throughout the research. Informed consent was obtained from legal guardians or institutional heads, and assent was secured from the children. Participants were assured of anonymity, confidentiality, and psychological support, both during and after their involvement in the study. The research protocol was approved by the Research Development Committee, CSJMU, Kanpur, under approval number CSJMU/R and D/732/2024.

### Tool for data collection

Data were collected using a self-developed, semi-structured interview schedule, specifically designed to explore the dimensions of cognitive resilience in abused orphaned children. The schedule consisted of six thematic sections, aimed at capturing the breadth and depth of participants’ lived experiences:

1. Rapport-building and Icebreaker
2. Daily Life and Foster Care Experience
3. Emotional Awareness and Resilience

4. Support Systems and Relationships
5. Coping Styles and Problem-solving
6. Closing Reflections.

Each section included open-ended questions and prompts tailored to elicit rich personal narratives and psychological insights. The interview tool underwent expert review by professionals in child psychology, trauma-informed care, and qualitative methodology to ensure age-appropriateness, cultural sensitivity, and content validity.

Interviews were conducted in private, Communication. The probing prompts used during the interviews are provided in Appendix A. Each session lasted between 45 and 60 min. With informed consent, all interviews were audio-recorded, transcribed verbatim, and securely stored.

### Data analysis

Data were analyzed using thematic analysis as outlined by Braun and Clarke (2006).<sup>[23]</sup> The process involved familiarization with transcripts, initial coding, generation of themes, review and refinement of themes, and final interpretation of patterns in relation to the research questions. Special attention was given to identifying psychological constructs related to resilience, such as emotional regulation, adaptive coping, problem-solving, and self-perception.

To enhance credibility, investigator triangulation was employed during coding, and member checking was conducted where possible. Themes were contextualized within existing theories such as attachment theory, ecological systems theory, and resilience frameworks, enriching the interpretation and application of findings.

## RESULTS

This section presents the thematic findings derived from semistructured interviews conducted with 20 orphaned

children (aged 12-16 years) currently living in foster care. The analysis employed a qualitative, phenomenological approach using thematic analysis to identify patterns of cognitive resilience, emotional coping, and social adjustment.

The interview responses were organized into six overarching domains [Table 1]. Each theme is presented in tabular form, accompanied by brief interpretations and legends that explain the response categories and percentage distribution.

These domains formed the structural foundation of the semi-structured interview schedule, guiding thematic analysis of the lived experiences and cognitive resilience among abused orphaned children in foster care.

These tables provide deeper insight into the lived experiences, coping strategies, and psychosocial strengths of the participants.

Data are presented as frequency (N) and percentage (%) based on responses from 20 children. Participants could provide multiple responses within each theme. Descriptive analysis only; no inferential statistical tests were applied in the whole research.

Table 2 reveals that 60% of children preferred engaging in group or physical play (e.g., football, carrom), highlighting the role of social interaction and recreational expression in building rapport. Another 25% engaged in creative activities such as drawing or reading, which may serve as therapeutic self-expression tools. Meanwhile, 15% chose solitude and introspective activities, such as listening to music-indicating varied emotional needs and personality styles. When recalling life before foster care, responses were mixed. A significant 35% shared warm memories involving siblings or grandparents, whereas another 30% recalled enjoyable school or playtime experiences. However, 35% either had no clear memory or preferred not to discuss their past indicating unresolved trauma or emotional suppression in a notable subset of the participants.

Data are presented as frequency (N) and percentage (%) out of a total sample of 20 children. Participants could choose more than one response per theme.

Table 3 shows that 50% of the children described their daily lives as structured with school and chores, whereas 30% valued personal

**Table 1: Thematic domains explored in the study**

Domain number	Thematic area	Purpose of the domain
1	Rapport-building and icebreaker	To establish comfort, emotional readiness, and natural communication with participants
2	Daily life and foster care experience	To understand routines, emotional climate, and perceived stability within foster care
3	Emotional awareness and resilience	To explore self-perception, trauma processing, and psychological strengths
4	Support systems and relationships	To identify trusted figures, emotional bonds, and perceived social support
5	Coping styles and problem-solving	To examine how children respond to stress, solve problems, and maintain control
6	Closing reflections	To assess self-growth, hope for the future, and feedback on the interview experience

**Table 2: Building trust and using icebreaker techniques (n=20)**

Theme	Response category	n (%)
Free time activities	Playing games (football, carrom, video games)	12 (60)
	Drawing, dancing, reading	5 (25)
	Being alone, listening to music	3 (15)
Good memories before foster care	Memories with siblings or grandparents	7 (35)
	Memories of school or playing with friends	6 (30)
	No memory/prefer not to talk	7 (35)

time or sports-highlighting the importance of autonomy. A smaller portion (20%) reported feeling bored by their routine. In terms of emotional responses, 45% felt neutral about daily changes, 30% reported feeling happy or excited, and 25% described experiencing low energy or anxiety. Regarding challenges, 65% expressed missing emotional support or family connections pointing to the continued psychological effects of prior trauma. School-related issues affected 20%, and 15% reported facing no significant difficulties. When asked about sources of comfort, 40% cited a caring caregiver, 35% valued personal space, and 25% found solace in recreational play or interaction with pets-suggesting that emotional and environmental factors both contribute to perceived security in foster care.

Data are presented as frequency (N) and percentage (%) out of a total sample of 20 children. Participants could choose more than one response per theme. This table reports descriptive findings only; no inferential statistics were applied.

Table 4 provides insight into the children's emotional resilience and support structures. The most common initial response to distress was seeking help or trying again (55%), with others relying on prayer (30%) or creative outlets such as art and journaling (15%). Distraction (40%), talking to someone (35%), and internalization (25%) emerged as key coping strategies. When handling broader challenges, 60% made repeated efforts to overcome difficulties, whereas a smaller number relied on spirituality (25%) or withdrew (15%). Maintaining strength was commonly linked to positive thinking (45%) and encouragement from others (30%). Future goals were centered around aspirations for family or employment (50%), and education (30%), although 20% expressed uncertainty. In terms of emotional support, 40% trusted their female caregivers, whereas 30% leaned on peers but an equal 30% said they had no one to confide in. This emphasizes a critical support gap. Outside relationships, particularly friendships (65%), served as vital sources of comfort and connection.

Data are presented as frequency (N) and percentage (%) based on total responses from 20 children. Multiple responses were permitted per theme.

**Table 3: Daily life, emotional responses, and comfort factors among participants (n=20)**

Theme	Response option	n (%)
Every day activities and events	Structured with school, chores, study	10 (50)
	Personal time, activities, or sports	6 (30)
	Boring or rigid routine	4 (20)
Emotional responses to changes	Neutral or okay	9 (45)
	Happy or excited	6 (30)
	Anxious or low energy	5 (25)
Difficulties and obstacles	Missing family/emotional support	13 (65)
	Schoolwork or peer issues	4 (20)
	No difficulties	3 (15)
Feeling of security and comfort	Caring caregiver	8 (40)
	Personal space or room	7 (35)
	Playing or pets	5 (25)

Table 5 highlights the critical role of emotional and social bonds in the resilience-building process. A majority of children (40%) identified a female caregiver as their primary emotional support, whereas 30% leaned on peers or best friends. However, another 30% stated they did not talk to anyone-signaling concerning gaps in emotional communication and trust. When asked about caregiver support, half of the children (50%) described caregivers as attentive and helpful, while others received advice or

**Table 4: Coping strategies, support systems, and future outlook among participants (n=20)**

Theme	Response option	n (%)
Upset response	Tried again/asked for help	11 (55)
	Prayed/stayed hopeful	6 (30)
	Used art/music/journaling	3 (15)
Coping strategies	Distraction (TV/games/music)	8 (40)
	Talked to trusted person	7 (35)
	Internalized/slept	5 (25)
Handling challenges	Tried again/asked for help	12 (60)
	Prayed/stayed hopeful	5 (25)
	Avoided/withdrew	3 (15)
Staying strong	Positive thinking/hope	9 (45)
	Encouraged by someone	6 (30)
	Kept going despite hardship	5 (25)
Future hope	Job or Family goals	10 (50)
	Focus on education	6 (30)
	Uncertain	4 (20)
Trusted person	Female caregiver	8 (40)
	Friends/peers	6 (30)
	No one	6 (30)
Caregiver support	Listens/helps	10 (50)
	Gives advice/comfort	6 (30)
	Rarely discusses feelings	4 (20)
Outside support	Trusted friend	13 (65)
	Teacher/coach	4 (20)
	Prefers solitude	3 (15)
Closeness	Sibling/caregiver/mentor	9 (45)
	Friend/roommate	6 (30)
	No strong trust	5 (25)

**Table 5: Relationships and social support**

Theme	Response option	n (%)
Source of emotional support	Female caregiver	8 (40)
	Peers or best friends	6 (30)
	Do not talk to anyone	6 (30)
Emotional support from caregiver	Listens and tries to help	10 (50)
	Offers advice or comfort	6 (30)
	Rarely discusses feelings	4 (20)
Social connectivity	At least one trusted friend	13 (65)
	Rely on school teachers or coaches	4 (20)
	Prefers solitude/difficulty making friends	3 (15)
Attachment and emotional bonding	Older sibling, caregiver, or mentor	9 (45)
	Friends	6 (30)
	Do not trust anyone	5 (25)



comfort (30%). Still, 20% reported minimal emotional engagement, indicating varying levels of relational warmth. In terms of broader social connections, 65% maintained at least one trusted friendship, but 15% expressed social withdrawal or difficulty forming bonds. Emotional attachments were mostly oriented toward older siblings, caregivers, or mentors (45%), with some children depending on friendships (30%). A significant 25% admitted difficulty trusting others-underlining the long-lasting relational impact of early trauma.

Data are presented as frequency (N) and percentage (%) based on total responses from 20 children. Multiple responses were permitted per theme.

Table 6 illustrates that 40% of participants attempted to resolve challenges independently, whereas 35% sought help, and 25% avoided or ignored the problem. This range of approaches underscores varying levels of autonomy and emotional readiness among foster children. In moments of emotional difficulty, 55% reported drawing motivation from dreams or encouragement, while 30% cited strength from close relationships. A smaller portion (15%) expressed persistent uncertainty or emotional isolation. When confronted with difficult tasks, 50% of the children demonstrated structured problem-solving by breaking tasks into smaller parts, while 30% reached out for assistance. Avoidance was noted in 20% of the sample, indicating a need for further support in building task persistence. To regulate mood, children engaged in diverse strategies: 40%

turned to creative expression (e.g., drawing, writing), 35% relied on physical play, and 25% chose solitude or spiritual reflection highlighting their individual preferences for emotional balance.

Data are presented as frequency (N) and percentage (%) based on total responses from 20 children. Multiple responses were permitted per theme.

Table 7: Final Thoughts and Perspectives (n=20) shows the distribution of participants' outlooks: A majority (60%) articulated a hopeful and self-affirming perspective, demonstrating significant resilience. Another 25% acknowledged the role of external support systems, whereas a small but meaningful proportion (15%) admitted to feeling unsupported yet still expressed a will to remain strong-highlighting the presence of latent resilience even in emotionally underserved children.

Regarding the interview experience, most children (70%) found the session cathartic or enjoyable, describing it as a good opportunity to share. Some participants (20%) felt emotional but still processed the experience positively. Only a small portion (10%) reported discomfort or reluctance, suggesting that the interview format was largely effective in creating a safe space for emotional expression.

## DISCUSSION

The findings of this study shed light on the cognitive resilience and emotional coping mechanisms of orphaned children living in foster care. The results reveal that these children demonstrate a range of coping strategies and emotional responses to the challenges they face, highlighting their cognitive flexibility despite the adversities they have endured. The use of various coping strategies such as distraction through media, engaging in creative outlets such as drawing or dancing, and seeking support from trusted individuals-suggests that these children are not passive in their emotional responses but actively engage with their environment to manage their emotional states. This aligns with existing literature on resilience, which emphasizes the capacity of children to adapt and develop coping strategies in the face of adversity (Masten, 2001; Rutter, 2013).<sup>[25,26]</sup>

The analysis also revealed that social support plays a critical role in the emotional well-being of foster children. Female caregivers, friends, and siblings were identified as key sources of emotional support, with children often relying on these relationships to navigate their feelings of isolation and emotional distress. This supports previous research that underscores the importance of stable, supportive relationships in fostering resilience among children in care (Barth *et al.*, 2005).<sup>[22]</sup> However, the fact that some children reported feeling disconnected or mistrustful of others highlights the challenges in forming secure attachments in a foster care environment, a key issue that warrants further exploration in future studies.

**Table 6: Coping styles and problem-solving (n=20)**

Theme	Response category	n (%)
Coping with difficulties	Try solving themselves (e.g., study, talk)	8 (40)
	Ask for help	7 (35)
	Wait or ignore the problem	5 (25)
Feelings of giving up and motivation	Encouragement or dreams kept them going	11 (55)
	Strength from someone close	6 (30)
	Still feel unsure or alone	3 (15)
Coping with difficult tasks	Break task into small steps/keep trying	10 (50)
	Ask for help	6 (30)
	Avoid the task	4 (20)
Mood-enhancing activities	Drawing, singing, writing	8 (40)
	Physical activity or games	7 (35)
	Quiet time or spiritual practice	5 (25)

**Table 7: Final Thoughts and perspectives (n=20)**

Theme	Response category	n (%)
Final thoughts on strength and support	Acknowledged own strength and shared a hopeful thought	12 (60)
	Mentioned support systems	5 (25)
	Don't feel supported but want to stay strong	3 (15)
Feedback on interview	Felt good, said it was nice to talk	14 (70)
	Felt emotional but okay	4 (20)
	Didn't want to share much or felt uncomfortable	2 (10)

In addition, the children's mixed memories of their lives before foster care suggest that unresolved emotional trauma may influence their current emotional and cognitive states. The impact of early abuse and neglect can have long-term effects on children's emotional regulation and attachment patterns, as noted in studies by Cicchetti and Toth (2005).<sup>[24]</sup> The complexity of their emotional responses calls for a nuanced approach to fostering resilience, one that considers the individual histories and needs of each child.

The study's limitations, including the small sample size, cross-sectional design, and lack of input from caregivers or professionals, must be taken into account when interpreting the findings. Future research should include a larger and more diverse sample, as well as a longitudinal approach to track changes in cognitive resilience over time. Moreover, incorporating the perspectives of caregivers and mental health professionals would offer a more holistic understanding of the factors influencing resilience in foster children.

## CONCLUSIONS

This study provides valuable insights into the cognitive resilience of orphaned children in foster care, demonstrating that these children employ a variety of coping strategies to manage the challenges they face. The importance of social support, particularly from caregivers and peers, is evident in the findings, reinforcing the need for fostering secure, supportive relationships within foster care environments. Despite the challenges these children encounter, many exhibit resilience through adaptive coping mechanisms, emotional flexibility, and a sense of hope for the future.

However, the study also highlights the ongoing emotional struggles of these children, particularly in relation to their past trauma and difficulties in forming secure attachments. To enhance cognitive resilience and emotional well-being, foster care systems should prioritize stable, trusting relationships and offer opportunities for children to express their emotions in a safe environment. Furthermore, future research should address the gaps identified in this study, particularly in exploring the long-term trajectories of resilience and the role of caregivers and mental health professionals in supporting foster children's emotional growth.

In essence, while foster care can provide a stabilizing environment for orphaned children, the emotional and cognitive challenges they face require comprehensive and individualized support to help them navigate their past trauma and build resilience for the future.

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## Conflicts of interest

There are no conflicts of interest.

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## APPENDIX

### Appendix A: rationale, need and significance, and research questions

#### *Rationale for the study*

The well-being of children is fundamentally linked to the quality and nature of their care systems. As such, investigating the effects of various child care arrangements—particularly institutional care versus family-based care—is critical. Existing evidence indicates that institutional care often results in negative developmental outcomes for children, including emotional insecurity, delayed cognitive growth, and impaired social skills. By examining these effects, this study seeks to inform and improve public policies related to child welfare. Furthermore, understanding the consequences of institutionalization can support the formulation of more effective strategies that prioritize family-based care. This research is also essential to address and curb the increasing commercialization of care institutions, particularly orphanages, which in some regions function as part of an “orphanage industry” driven by financial incentives rather than the best interests of children.

#### *Need and significance of the study*

This study holds significant relevance in enhancing the quality, accessibility, and safety of child care systems, particularly in developing countries like India. A child’s developmental trajectory—cognitive, emotional, and social—is shaped by the environment in which they are raised. Therefore, exploring how different care settings impact children’s development is vital for creating responsive and evidence-based child welfare policies. The findings from this research will provide critical insights for policymakers, academics, and social service professionals, enabling them to design and implement care strategies that prioritize children’s rights and well-being. The study aims to bridge the gap between practice and policy by offering empirical data on the long-term effects of family-based versus institutional care. Moreover, it will guide stakeholders in developing alternative care frameworks that are child-centered, rights-based, and culturally appropriate. Ultimately, this research aspires to strengthen child protection mechanisms and contribute to the realization of safe, nurturing, and developmentally enriching environments for every child.

#### *Domain, Sample Questions and Probing Prompts Guiding the Study*

Domain	Sample questions	Probing prompts
1. Rapport-building and icebreaker	What do you enjoy doing in your free time? Can you share a happy memory from before foster care?	Do you like playing games or being alone? What makes you happy? Was it with your family, friends, or school?
2. Daily life and foster care experience	Can you tell me what your day usually looks like? How do you feel about living in your current home?	What do you like or dislike about your routine? Do you feel safe and comfortable here?
3. Emotional awareness and resilience	How do you feel when you remember your past? What helps you feel better when you’re upset?	Do you feel angry, sad, or something else? Do you talk to someone or do something special?
4. Support systems and relationships	Who do you trust or talk to when you’re feeling low? Do you feel close to anyone here?	Is there a caregiver, friend, or teacher you rely on? What makes you feel supported or connected?
5. Coping styles and problem-solving	What do you do when something is really hard for you? What keeps you strong during tough times?	Do you try again, ask for help, or wait? Any dreams or people that help you move forward?
6. Closing reflections	What makes you feel proud or strong about yourself? How did you feel talking to me today?	Can you share a moment where you felt brave or hopeful? Was it comfortable, difficult, or helpful to share?