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Effects of Childhood Physical Abuse and Social Support on Young Adult Self-Esteem

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Abstract

Childhood physical abuse has been empirically linked to reduced self-esteem, reflecting its lasting impact on psychological well-being. Although social support is often considered a protective factor, research on its role in shaping self-esteem among those who have experienced childhood abuse remains inconclusive, especially among Asian populations. This study aimed to investigate the impact of childhood physical abuse and social support on self-esteem among young adults residing in rural and suburban areas of Sri Lanka. The sample consisted of 351 Sinhala-speaking individuals (53.56% female and 46.44% male), aged between 18 and 29 years, drawn from 11 rural and suburban districts in Sri Lanka using cluster sampling. Descriptive and inferential statistics, including two-way ANOVA and a post-hoc analysis, were conducted in SPSS and Jamovi to examine main and interaction effects of childhood physical abuse and social support on self-esteem. There were significant main effects of both childhood physical abuse and social support on self-esteem. However, the interaction effect between physical abuse and social support was not significant. Post-hoc analyses indicated that moderate levels of social support mitigated some of the adverse effects of severe childhood physical abuse on self-esteem. The absence of a significant interaction suggests independent effects, warranting further investigation into related psychological outcomes for relevant authorities to make informed decisions governing child protection.

Keywords: Childhood physical abuse, social support, self-esteem, Sri Lankan youth, child protection

Introduction

Self-esteem is a foundational psychological construct that plays a pivotal role in shaping an individual's identity, sense of self-worth, and overall confidence (Orth & Robins, 2014). Individuals with higher levels of self-esteem tend to exhibit superior performance across academic, professional, and personal domains, including enhanced subjective well-being and greater social competence. Despite its broad significance, self-esteem remains a concern in Sri Lanka, as 43.7% of adults in the Colombo district experience low self-esteem (Thennakoon & Jayamaha, 2024). While factors such as life satisfaction and success are considered determinants of self-esteem, cumulative life stressors (i.e., childhood trauma/abuse) could distort one's

perception of self (i.e., persistent self-doubt, feelings of inadequacy, etc.), negatively impacting psychological development with far-reaching and long-lasting consequences (Berber 2019). For instance, as the World Health Organization (WHO, 2024) reports, there is a troubling global rise in childhood physical abuse, estimating that approximately 60% of children under the age of five are regularly subjected to physical punishment and/or psychological aggression by parents or caregivers. In Sri Lanka, the issue of child physical abuse remains deeply rooted within the societal context. As UNICEF (n.d.) elaborates, 40.7% of Sri Lankan parents have stated using some form of physical punishment on their children. Being subjected to such punishment makes children vulnerable to developing low self-esteem.

As the literature across diverse populations indicates, social support, which is the degree of subjective satisfaction with social relationships, can help alleviate low self-esteem resulting from physical abuse (Cohen et al., 1985). Support from family, friends, and significant others are key pillars of social support that could enhance self-esteem in young adults by providing emotional encouragement, practical assistance, and a sense of belongingness (Harris & Orth, 2020). Social networks could also function as a facilitator between childhood physical abuse and self-esteem, underscoring the importance of social support in augmenting overall well-being.

Hence, in the present research, the impact of childhood physical abuse and perceived social support on self-esteem among young adults in Sri Lanka is investigated. By analysing both the individual and interactive effects of childhood physical abuse and social support, the research aimed to address a notable gap in psychological discourse. The findings are expected to contribute valuable insights for the development of targeted interventions that foster resilience, promote mental health, and support the healthy psychological development of individuals exposed to early life adversity.

Materials and methods

Design

This study employed a two-way ANOVA within a quantitative research framework, utilizing a 3x4 factorial design (Table 1).

Table 1: 3 X 4 Factorial design layout

		Factor B: Childhood Physical Abuse (CPA)				
		None (N) CPA	Low (L) CPA	Moderate (M) CPA	Severe (S) CPA	
Factor A: Social Support (SS)	Low (L) SS	*Mean* SE	*Mean* SE	*Mean* SE	*Mean* SE	The main effect of factor A
	Moderate (M) SS	*Mean* SE	*Mean* SE	*Mean* SE	*Mean* SE	$M_{LSS} \neq M_{MSS} \neq M_{HSS}$
	High (H) SS	*Mean* SE	*Mean* SE	*Mean* SE	*Mean* SE	
		The main effect of factor B $M_{NCPA} \neq M_{LCPA} \neq M_{MCPA} \neq M_{SCPA}$				

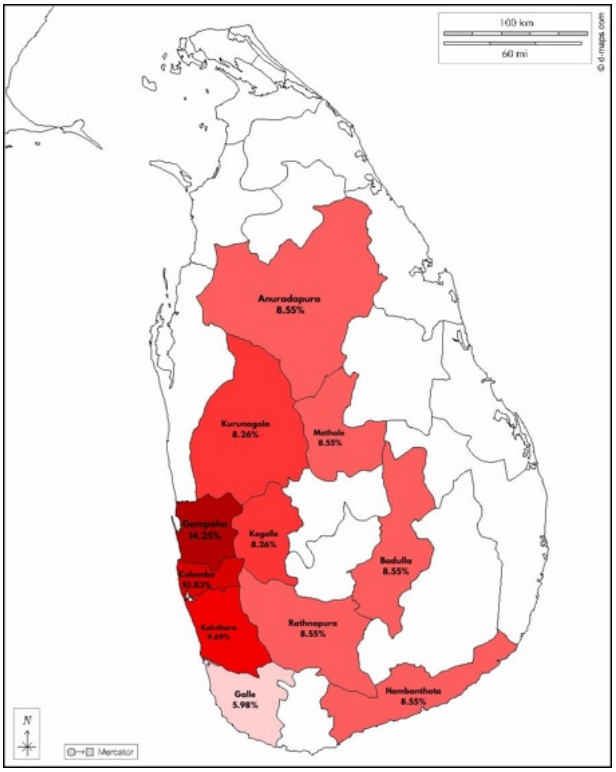
*Note***.** M – Mean, SE – self-esteem

The independent variables were perceived social support (discretized as low, moderate, and high) and childhood physical abuse (discretized as none, low, moderate, and severe). The following hypotheses were formulated to investigate the main effects and the interaction effects of the independent variables.

H_1: Social support has a statistically significant effect on self-esteem.
H_2: Childhood physical abuse has a statistically significant effect on self-esteem.
H_3: An interaction effect exists between social support and childhood physical abuse on self-esteem.

Participants

This study selected participants through cluster sampling, with each cluster representing a district classified as a difficult region based on socio-economic challenges and limited access to youth support services, as identified by the Alcohol and Drug Information Center (ADIC). Participants were recruited from the districts of Anuradhapura, Kurunegala, Matale, Kegalle, Colombo, Gampaha, Kalutara, Galle, Rathnapura, Badulla, and Hambantota through ADIC's affiliated Youth Action Network (YAN Sri Lanka) (Figure 2). An a priori power analysis using G*Power indicated that a minimum sample size of 251 participants was required to detect significant effects. The final sample consisted of 351 participants, of whom 53.56% (n = 188) were female and 46.44% (n = 163) were male. Eligible participants were young adults aged 18–29 years who had spent their childhood in the selected districts and were able to provide informed consent.



Source: Image obtained from D-Maps (D-Maps, 2025)

Figure 1: District-wise sample collection

Measures

The present inquiry utilized three psychometric scales. The Sinhala translation of the 10-item Rosenberg Self-Esteem Scale (Institute for Research & Development in Health & Social Care, 2025), the 12-item Sinhala version of the Multidimensional Scale of Perceived Social Support (MSPSS) (Dissanayake et al., 2019), and the physical abuse sub-scale of the Childhood Trauma Questionnaire-short form (CTQ-SF) (Bernstein et al., 2003). Since a Sinhala version of CTQ-SF is not available, items 9, 11, 12, 15, and 17 of the CTQ-SF were translated into Sinhala to operationalize physical abuse. The chosen items of physical abuse were tested for content and consensual validity through a 5-member Delphi panel.

Procedure

Each participant was given all three questionnaires, administered in a pen-and-paper format. Data were analysed using SPSS (Statistical Package for the Social Sciences). Cut-off scores for each scale were determined to classify the levels of the independent variables. The Multidimensional Scale of Perceived Social Support uses a range from 1 to 7, where scores between 1 and 2.9 indicate low perceived support, 3 to 5 reflect moderate support, and 5.1 to 7 indicate high support. In the Childhood Physical Abuse Scale, scores are interpreted as follows: 0 to 7 suggests no abuse, 7 to 9 indicates low levels, 9 to 12 reflects moderate levels, and 13 to 25 represents severe physical abuse. The hypotheses were tested using a two-way ANOVA and a post-hoc analysis. The study received ethical clearance from the Pro-tem Ethics Review Committee, Faculty of Humanities and Sciences of the Sri Lanka Institute of Information Technology.

Results

The descriptive statistics examining the relationship between childhood physical abuse and self-esteem indicate a gradual decline in self-esteem scores as the severity of abuse increases (Table 2). Participants with no reported history of physical abuse demonstrated the highest mean self-esteem score ($M = 22.26$, $SD = 3.66$), which falls within the upper end of the normal self-esteem range (15–25).

Table 2: Self-esteem score split by the prevalence of Childhood Physical Abuse (CPA)

	CPA		Statistic	Std. Error
Self Esteem	None	Mean	22.26	.331
		Median	23.00	
		Std. Deviation	3.696	
	Low	Mean	20.63	.505
		Median	20.00	
		Std. Deviation	3.310	
	Moderate	Mean	19.88	.408
		Median	20.00	
		Std. Deviation	3.537	
	Severe	Mean	18.34	.430
		Median	19.00	
		Std. Deviation	4.470	

Unlike the noticeable negative relationship between childhood physical abuse and self-esteem, social support and self-esteem share a positive relationship. As per Table 3, the lowest self-esteem score (*M*

= 17. 06, *SD* = 4.477) was reported among individuals who have received low social support as opposed to counterparts who have received moderate to high social support.

Table 3: Self-esteem score split by social support

	MSPSS		Statistic	Std. Error
Self Esteem	Low	Mean	17.60	1.416
		Median	17.00	
		Std. Deviation	4.477	
	Moderate	Mean	19.63	.315
		Median	20.00	
		Std. Deviation	3.895	
	High	Mean	21.07	.310
		Median	20.50	
		Std. Deviation	4.256	

A two-way ANOVA (Table 4) further examined the effects of childhood physical abuse and social support on self-esteem. Significant main effects were found for social support, F (2, 339) = 4.261, p = .015, and childhood physical abuse, F (3, 339) = 3.199, p = .024, indicating that factors independently influenced self-esteem. However, their interaction was not significant, F (6, 339) = 0.886, p = .505. The model explained 18.2% of the variance in self-esteem (adjusted R^2 = .156). H_1 and H_2 were thus accepted, and H_3 was rejected.

Table 4: 2-Way ANOVA output

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1116.296[a]	11	101.481	6.865	.000
Intercept	22602.463	1	22602.463	1529.085	.000
SS	125.975	2	62.987	4.261	.015
CPA	141.840	3	47.280	3.199	.024
SS * CPA	78.592	6	13.099	.886	.505
Error	5010.992	339	14.782		
Total	151409.000	351			
Corrected Total	6127.288	350			

R Squared = .182 (Adjusted R Squared = .156)

Dependent Variable: Self-Esteem

Note. SS- Social support, CPA- Childhood physical abuse

Post hoc analyses also indicated that participants with high support and low abuse scored significantly higher in self-esteem than those with moderate social support and severe abuse, t (339) = 4.21, p = .002. Those with moderate social support and high abuse had significantly lower self-esteem than those with high support and no abuse, t (339) = 3.88, p = .007. Additionally, participants with high support and severe abuse showed higher self-esteem scores compared to those with moderate social support and high abuse, t (339) = 5.23, p = .001. These findings underscore the protective, though complex, influence of social support in the context of childhood physical abuse on self-esteem.

Discussion and conclusion

This study demonstrates the significant negative impact of childhood physical abuse on self-esteem and suggests that social support may partially mitigate these effects. Although no significant interaction between abuse and support was observed, these findings highlight the complexity of their relationship. Nonetheless, the results underscore the importance of social support in fostering resilience among abuse survivors, as suggested by the moderate effect size in the overall analysis. Consistent with studies such as Tripathi (2018) and Zhang (2022), the results show that individuals exposed to physical abuse in childhood tend to report lower self-esteem in adulthood, reinforcing the global evidence. These findings further suggest that the psychological impact of childhood physical abuse on self-esteem is consistent across diverse cultural and geographical contexts. Similarly, the significant relationship observed between social support and self-esteem also aligns with previous research by Ambehelagedara (2019) and Harris and Orth (2020). In that manner, the current study highlights that a lack of early emotional support is linked to diminished self-esteem, reinforcing the established view that social support is a protective factor against psychological distress. These results support the broader understanding that social support significantly influences self-esteem in adults across diverse cultural contexts.

Although an interaction between childhood physical abuse and social support in impacting self-esteem was hypothesized in the present research, the data were not supportive of it. However, post-hoc analysis revealed lower self-esteem to be more prevalent among individuals with higher exposure to childhood physical abuse, with varying levels of social support. Despite not being able to support the hypothesized interaction effect, the utilization of a cross-sectional survey, a factorial design, and a large sample encompassing multiple districts in Sri Lanka provides a valuable foundation for future longitudinal research investigating self-esteem in youth populations. The broader sample further enhanced the study's external validity, making findings more generalizable. While cluster sampling through the ADIC and YAN Sri Lanka may introduce some sampling bias, this limitation is likely to have a minor impact relative to the benefits of the findings, especially given that the tested statistical model accounts for 15.6% of the total variance in self-esteem (adjusted $R^2 = .156$).

Considering the study findings, interventions should be aimed at enhancing social support networks to improve self-esteem-related outcomes for young adults with a history of physical abuse. As a result, clinicians, when implementing therapeutic strategies, should incorporate social support enhancement mechanisms to buffer the negative effects of adverse experiences such as physical abuse in childhood. Additionally, policymakers and educators are encouraged to develop and promote supportive environments that foster resilience and positive self-concept in vulnerable populations. Overall, this research underscores the necessity of addressing both abuse history and social support to effectively improve self-esteem and psychological well-being among vulnerable youth populations.

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