Child maltreatment and mental health- Ayurveda perspective

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ABSTRACT

Child maltreatment is a pervasive and complex societal issue that encompasses various forms of abuse and neglect, posing significant threats to the well-being and development of children worldwide. The World Health Organization (WHO) defines child maltreatment as "all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity." Abuse of children can have serious short and long term effects on physical, sexual, and mental health. These include physical harm, such as concussions and severe disabilities, especially in young children, as well as anxiety, sadness, and post-traumatic stress disorder. Child abuse has a strong correlation with alcohol and drug usage and can impact cognitive and academic performance. Priority must be for protecting and preserving the safety of abused children. The goals of ongoing treatment are to lessen the long-term psychological and physical effects of abuse as well as preventing reoccurrence.

Child maltreatment is a global concern with profound implications for the physical, emotional, and psychological well-being of children. While conventional approaches in the field of child protection have made significant strides, there is growing interest in exploring complementary practices, such as Ayurveda, to enhance the overall well-being of maltreated children. The potential role of Ayurveda in addressing child maltreatment, considering its ancient roots in promoting holistic health and balance is to be highlighted.

Ayurveda also proposes the principles for taking care of childhood and preventing maltreatment for them. Therapies, including herbal remedies, massage, and meditation is having the potential in managing and rehabilitating the children affected by maltreatment. Ayurveda focuses in addressing not only physical symptoms but also mental and emotional aspects that aligns with the comprehensive needs of maltreated children.

Key Words- Child Maltreatment, Sexual Abuse, Psychological Abuse, Physical Abuse, Ayurveda

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INTRODUCTION

The development of a child involves biological, emotional and psychological changes that happen between birth and adolescence. Childhood is divided into three stages: early childhood, middle childhood, and late childhood (preadolescence). Adolescence and childhood are crucial life phases for mental health. The brain is going through a period of fast growth and development. Children and teenagers develop cognitive and social-emotional abilities that are crucial for taking adult roles in society and that will influence their mental health in the future.

The growth and well-being of children and adolescents are influenced by the quality of the environment in which they are raised. The likelihood of mental illness is increased by early unpleasant experiences in homes, schools, or digital places, such as being exposed to violence, witnessing a parent or other caregiver's mental illness, being bullied, or living in poverty.

Child maltreatment also called child abuse, represents one of the most sensational chapters in the history of child psychology. Maltreatment is highly prevalent in the United States, and rates are rising. As per the data from the United
states, the number of substantiated cases has risen even more dramatically, to a rate of 43 reports per 1000 children\(^1\).

WHO defines child maltreatment as “all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child’s health, development or dignity.” There are four main types of abuse: neglect, physical abuse, psychological abuse, and sexual abuse. Abuse is defined as an act of commission and neglect is defined as an act of omission in the care leading to potential or actual harm\(^2\).

**Risk and protective factors**

Knowing the risk factors of the child abuse and neglect can help individuals, families, and the community to identify the child maltreatment. Risk factors are characteristics that may increase the likelihood of experiencing or perpetrating child abuse and neglect, but they may or may not be the direct causes. A combination of individual, relational, community, and societal factors contribute to the risk of child abuse and neglect. Although children are not responsible for the harm inflicted upon them, certain factors have been found to increase their risk of being abused or neglected. Similarly a lot of factors are also to be identified which may help the child from abuse and are said to be protective in nature. Individual level protective factors are those that promote resilience among children who have experienced maltreatment\(^3\).

<table>
<thead>
<tr>
<th>Table 1: Key risk and protective factors for child maltreatment</th>
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<tbody>
<tr>
<td><strong>Key risk factors</strong></td>
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<tr>
<td>Individual level(^4)</td>
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<tr>
<td>• Child age(^4,5)</td>
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<tr>
<td>• Special healthcare needs or disabilities(^6,8)</td>
</tr>
<tr>
<td>Interpersonal level</td>
</tr>
<tr>
<td>• Family poverty and material hardships(^8,12)</td>
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<tr>
<td>• Parental mental health disorders(^13,14)</td>
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<td>• Parental substance use disorders(^15)</td>
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<tr>
<td>• Neighborhood crime and violence(^17,18)</td>
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<tr>
<td>• Concentrated disadvantage(^19,21)</td>
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**Types of child maltreatment**

**Child Physical Abuse**

Child physical abuse is non-accidental physical injury to a child such as ranging, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or any other method that is inflicted by a parent, caregiver, or other individual who has responsibility for the child. Such injury is considered as abuse, regardless of whether the caregiver intended to hurt the child. Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child\(^45\).

**Child Sexual Abuse**

Child sexual abuse encompasses any sexual act involving a child that is intended to provide sexual gratification to a parent, caregiver, or other individual who has responsibility for the child. Sexual abuse includes activities such as fondling a child’s genitals, penetration, incest, rape, sodomy, and indecent exposure. Sexual abuse also includes noncontact exploitation of a child by a parent or caregiver, for example forcing, tricking, enticing, threatening, or pressuring a child to participate in acts for the sexual gratification of others, without direct physical contact between child and abuser\(^45\).
excessively (i.e., at an extremely high frequency or duration, even if not at a level of physical abuse) through physical or nonphysical means. The child maltreatment had its effect on different domains such as cognitive, emotional and interpersonal level in early middle and late childhood.

Consequences of child maltreatment

**Table 2**: Developmental summary of the effects of different forms of maltreatment

<table>
<thead>
<tr>
<th></th>
<th>PHYSICAL ABUSE</th>
<th>NEGLECT</th>
<th>PSYCHOLOGICAL ABUSE</th>
<th>SEXUAL ABUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infancy and early childhood</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive</td>
<td>Cognitive delays</td>
<td>Most severe Cognitive and language delays</td>
<td>Cognitive delays</td>
<td>Cognitive delays</td>
</tr>
<tr>
<td>Emotional</td>
<td>Avoidant attachment, limited understanding of emotions</td>
<td>Ambivalent attachment</td>
<td>Anger and avoidance, serious psychopathology</td>
<td>Anxiety, withdrawal</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Fearfulness, aggression</td>
<td>Withdrawal, dependence</td>
<td>Inappropriate sexual behavior</td>
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<tr>
<td><strong>Middle childhood</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive</td>
<td>Cognitive and language delays, learning disorder</td>
<td>Most severe cognitive deficits</td>
<td>Low achievement and IQ, poor school performance</td>
<td>School avoidance, poor academic competence</td>
</tr>
<tr>
<td>Emotional</td>
<td>Poor affect recognition, externalizing, internalizing</td>
<td>Dependence, lowest self esteem</td>
<td>Depression most likely, aggression</td>
<td>Posttraumatic stress disorder, fears, low self-esteem, depression, regression</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Aggression, peer rejection</td>
<td>Isolation, passivity</td>
<td>Poor social competence, aggression, withdrawal</td>
<td>Inappropriate sexual behavior, re-victimization</td>
</tr>
<tr>
<td><strong>Adolescence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive</td>
<td>Low academic achievement</td>
<td>Lowest grades, most likely to be retained</td>
<td>Poor academic performance</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>Depression, low self-esteem, conduct disorder, violence</td>
<td>Internalizing, externalizing, low initiative</td>
<td>Conduct disorder, delinquency, depression, poor emotion regulation</td>
<td>Depression, suicide, substance abuse, running away</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Dating violence</td>
<td>Pessimism</td>
<td>Promiscuity</td>
<td></td>
</tr>
</tbody>
</table>

Prevention

Physical and Psychological Abuse and Neglect Prevention programs are the most promising of all in that, their goal is to keep abuse from ever occurring. Primary prevention strives to alter maladaptive patterns of parent-child interactions, as well as addressing the larger family and community context within which abusive parenting arises. At-risk parents are targeted either during the mother's pregnancy or at the time of birth. The prevention programs provide them with assistance at a number of levels: meeting concrete needs such as obtaining food, diapers, child care, or job skills training; enhancing parenting skills and efficacy through parenting education and support; increasing the quality of parent-child interaction through relationship-oriented interventions; and, in some cases, providing cognitive stimulation for the infant or individual therapy for the mother. Home-based support is to be carried out by a nurse practitioner, who provide parent education regarding child development, involving the family and friends of the mother in providing an extended network of help and support and link the family to other medical and social services.

Sexual Abuse

Most preventive programs involve children and are aimed at teaching certain key concepts and skills. The children own their bodies and can control access to them; there is a continuum from good to bad touching. The trusted adults should be informed if someone makes a child feel uncomfortable or strange. Children must also be informed that potential abusers are apt to be familiar individuals rather than strangers. They also must be taught about the ways of coping with attempted molestation such as saying no or running away. Prevention programs are effective in increasing children's knowledge of sexual abuse concepts and self-protection skills. Younger children, such as those under the age of 5, are particularly likely to benefit. How-ever, evidence that such knowledge is effective in preventing sexual abuse or increasing its reporting is still lacking. Additional criticisms have been levied against these prevention efforts. For example, some children who participate in these programs
become more worried and fearful about the possibility of abuse. On the other hand, those children appear to gain the most from the victimization prevention programs.48

On the positive side, there is evidence that sexual abusers are deterred by children who indicate that they would tell a specific adult about an assault. Thus, there may be significant benefits in educating children, especially those who are passive, lonely or troubled, the simple strategy of telling an adult about sexual abuse.

**Management**

Child abuse is a public health problem that leads to lifelong health consequences, both physically and psychologically. Physically, those who undergo abusive head trauma may have neurologic deficits, developmental delays, cerebral palsy, and other forms of disability. Psychologically, patients with a history of child abuse tend to have higher rates of depression, conduct disorder and substance abuse. Academically, these children may have poor performance at school with decreased cognitive function. It is important as clinicians to have a high index of suspicion for child maltreatment, since early identification may be lifesaving. Nurses, doctors, pharmacists, and all other healthcare workers should not hesitate to report child abuse.

When it comes to child abuse, all healthcare workers have a legal, medical and moral obligation to identify the problem and report it to Child Protective Services (CPS). The majority of child abuse problems are presented to the Emergency Department; hence nurses and physicians are often the first, to notice the problem. The key is to be aware of the problem; allowing abused children to return back to their parents usually leads to more violence and sometimes even death. Even if child abuse is only suspected, the social worker must be informed so that the child can be followed as an outpatient. The law favors the clinician for reporting child abuse, even if it is only a suspicion. On the other hand, failing to report child abuse can have repercussions on the clinician. Unfortunately, despite the existing practices, many children continue to suffer from child abuse.

**Ayurveda view**

Childhood is considered as the most important phase in life, which determines the quality of health, wellbeing, learning and behavior across the lifespan. As per Ayurveda, several measures are advised to take care of the child and which may also prevent the possible maltreatments.

- One should be faithful with good conduct and healthy habits
- Should have an affinity towards child care
- Parents must follow a satwik life style with good sense of hygiene
- Parents must talk politely and with respect.
- Caretakers of child must adopt a similar behavior in life as the child learns a lot by observation and mimicking others.
- He / She should not be greedy in terms of food, money, facility.
- To read and understand the psychology of the child
- While talking, playing one should behave in coordination to the mental status of the child and should respect the feeling of child
- Should not be having fickleness of mind, Bad conduct.

Frightening the child, scolding, creating fear complex in the child is a bad practice as per Charaka. This leads to unexplained fear with consequences of future psychological disturbances like personality and behavioural problems. He/ she should not be frightened by taking the name of the nonexistent / invisible things like bhutha, rakshasa, pishacha etc. Child seeks love, security, affection etc from parents/ care taker. Instead of creating this, they create a fear complex which adversely affects the mental development of child by creating confusion and hampers creativity.49

Sushrutha opines that the Child should be kept in a place which is comfortable to it or else while lifting from lying position it may get scared. Activities which causes irritation to the baby must not be done. Excessive talking, beating can cause annoyance to child. Child should not be awakened suddenly as it may induce fear and confusion. Parents must communicate with love, affection, soft and sympathetic words.

Vaidyataraka explains about the methods to take care of children, parents should give proper care for them up to age of five years, should not discriminate between boy and girl child and do not do serious punishments.

**AYURVEDIC MANAGEMENT**

In every child maltreatment, Counseling with family and adoption of Ayurveda principles can manage the problems and prevent further progress of behavioral issues in the affected child.

Satavayacha Chikitsa, Achara Rasayana, Sadvritta and Yoga are Ayurvedic methodologies to balance the Satva, Rajas and Tamas, responsible for the prevention of behavioral problems. Knowledge education and proper expressions of code, conduct or etiquettes along with Ayurveda interventions such as Medhya drugs, Panchakarma, procedures also proven to be a significant tool combat behavioral disorders. Ayurvedic principles such as Achara Rasayana, Sadvritta and Satavayaca are best non-pharmacological modalities useful for management and prevention of the behavioral problems.

Satavayaca Chikitsaincludes Ayurvedic psychotherapy, counseling, play therapy, cognitive behavioral therapy (CBT), Meditation, Mind control, problem-solving approach, assurance and measures to boost Satva and minimize Raja tama of mind.30

For the wellness of mind, all sensual factors such as diet, words, visual objects, material objects etc. should be within the limit of tolerance. Wholesome diet has a crucial role in the maintenance of Satva dominance of mind, in turn, helps to preserve mental health.
Do’s and Don’ts for parents

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<tr>
<th>S No</th>
<th>Do’s</th>
<th>Don’ts</th>
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<tbody>
<tr>
<td>1</td>
<td>Remove the bad habits by soft words from time to time.</td>
<td>Punishment in front of others or be scolded them for their mistakes.</td>
</tr>
<tr>
<td>2</td>
<td>Try to excuse them for their mistakes. First, listen to them and then guide.</td>
<td>Rude or overexcited, so strict or over disciplined.</td>
</tr>
<tr>
<td>3</td>
<td>Give affirmative instructions than a negative one.</td>
<td>Stick so much with your principles.</td>
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<tr>
<td>4</td>
<td>Be relax and flexible according to situation.</td>
<td>Anticipate many task/ambitions at a time.</td>
</tr>
<tr>
<td>5</td>
<td>Motivate as per the child’s capability.</td>
<td>Compare with one child to another.</td>
</tr>
<tr>
<td>6</td>
<td>Avoid pampering, explain the reason for deny.</td>
<td>Fulfil their all desires; otherwise, they will become impulsive.</td>
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</table>

Acharyashave described the role of AsatmyendriyarthaSamyoga, Pragaparadha and Parinama in inducing the pathological conditions of the body and mind. They are accountable for vitiating for all the SharirikDoshas and ManasDoshas. Pragaparadha means unbalanced act in less, excess or unusual way. Mental health is essential for a child's social and cognitive development.

CONCLUSION

Child maltreatment is a deeply troubling and a pervasive issue that requires urgent attention and comprehensive solutions. The consequences of child maltreatment are severe, affecting not only the immediate well-being of the child but also their long-term physical, emotional, and psychological development. It is crucial for the society to recognize the gravity of this problem and actively work towards prevention, intervention, and support for those affected.

Addressing the child maltreatment requires a multi-faceted approach that involves education, awareness, and the establishment of robust support systems. This includes empowering parents with parenting skills, promoting community involvement, and ensuring that professionals in various fields are adequately trained to identify and address signs of abuse or neglect. Additionally, implementing policies that prioritize the rights and protection of children, along with providing accessible mental health services, can contribute to breaking the cycle of maltreatment.

Since prevention is the major strategy for maintaining health, immunology plays a significant part. Rather of directly addressing the disease-causing factors, Ayurvedic medications, particularly Rasayanas, strengthen the body's general natural resistance. The use of achararasayana, satvavajaya and yoga will be helpful in enhancing mental health in children and also preventing maltreatment. Ultimately, the well-being of children is a shared responsibility, and by fostering a culture of empathy, understanding, and intervention, we can create a safer and more nurturing environment for the youngest members of our society. Through collaborative efforts at the individual, community, and societal levels, we can strive to eliminate child maltreatment and build a future where every child can grow up in a loving and secure environment.

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