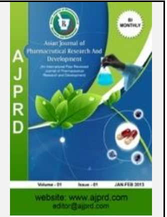
Available online on 15.04.2024 at http://ajprd.com

Asian Journal of Pharmaceutical Research and Development

Open Access to Pharmaceutical and Medical Research

© 2013-24, publisher and licensee AJPRD, This is an Open Access article which permits unrestricted non-commercial use, provided the original work is properly cited



Open Access Review Article

Child maltreatment and mental health- Ayurveda perspective

***Preetha Karuvanthodi*[1], *Jithesh M*[2]**

[1]PG D Scholar, Manasika swasthya vigyan, Dept. of Kayacikitsa, VPSV AVC Kottakkal

[2]Guide, Head, Dept. of Kayachikitsa, VPSV AVC, Kottakkal

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

ARTICLE INFO: Received 05 Oct 2023 ; Review Complete 08 Jan 2024; Accepted 19 Feb 2024; Available online, 15 April. 2024

Cite this article as:

Karuvanthodi P Jithesh M, Child maltreatment and mental health- Ayurveda perspective, Asian Journal of Pharmaceutical Research and Development. 2024; 12(2):64-70. DOI: http://dx.doi.org/10.22270/ajprd.v12i2.1361

*Address for Correspondence:

Preetha Karuvanthodi, PG D Scholar, Manasikaswasthyavigyan, Dept. of Kayacikitsa, VPSV AVC Kottakkal

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, representsone of the most sensational chapters in the history of child psychology.Maltreatment ishighly 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 1: Key risk and protective factors for child maltreatment

	Key risk factors	Key protective factors
Individual level[a]	• Child age[4, 5] • Special healthcare needs or disabilities[6-8]	• Self-regulation skills[28-30] • Social competence[28-30] • Adaptive functioning[28-30] • Self-esteem[28-30]
Interpersonal level	• Family poverty and material hardships[9–12] • Parental mental health disorders[13,14] • Parental substance use disorders[15] • Parental intimate partner violence[16]	• Supportive, nurturing parental relationships[31-33] • Parents having social and emotional support from family and friends[34,35]
Community level	• Neighborhood crime and violence[17,18] • Concentrated disadvantage[19–21]	• Availability of health, social, and educational services[35-37] • Neighborhood social cohesion and control[38-41]
Societal level	• Economic policies and trends[22-25] • Gender inequality[26,27]	• Paid parental level[42] • Increases in minimum wage[43] • Fewer restrictions on welfare benefits[44]

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].

Child Neglect

Child neglect is defined as any confirmed or suspected egregious act or omission by a child’s parent or other caregiver that deprives the child of basic age-appropriate needs and thereby results, or has reasonable potential to result, in physical or psychological harm to the child. Child neglect encompasses abandonment; lack of appropriate supervision; failure to attend to necessary emotional or psychological needs; and failure to provide necessary education, medical care, nourishment, shelter, and/or clothing[45].

Child Psychological Abuse

Child psychological abuse is nonaccidental verbal or symbolic acts by a child’s parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child[45]. (Physical and sexual abusive acts are not included in this category.) Examples of psychological abuse of a child include berating, disparaging, or humiliating the child; threatening the child; harming/abandoning or indicating that the alleged offender will harm/abandon people or things that the child cares about; confining the child (as by tying a child’s arms or legs together or binding a child to furniture or another object, or confining a child to a small enclosed area [e.g., a closet]); egregious scapegoating of the child; coercing the child to inflict pain on himself or herself; and disciplining the child

excessively (i.e., at an extremely high frequency or duration, even if not at a level of physical abuse) through physical or nonphysical means[45].

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

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

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 occur-ring. 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[1].

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[1].

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[1].

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.[46]

Prevention programs are effective in increasing children's knowledge of sexual abuse concepts and self-protection skills.[47]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 upto to age of five years, should not discriminate between boy and girl childand 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.

SatvavjayaChikitsa, *AcharaRasayana*, *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 significantto combat behavioral disorders. Ayurvedic principles such as AcharaRasayana, Sadvritta and Satvavajaya are best non-pharmacological modalities useful for management and prevention of the behavioral problems.

SatvavajayChikitsaincludesAyurvedic 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.[50]

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.

Role of Parenting and Ayurveda

Table 3: Do's and Don'ts for parents

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

Parenting is a skill which even some of the biological parents have failed to cultivate. Buckling under the pulls and pressures of the fast-paced modern life, most of the parents often unintentionally commit the crime of neglecting to cater to various needs of their children. Fulfilling only the material needs of a child and giving him/her a comfortable and luxurious life is just one part of the best child care program. On the other hand, the prerequisite component of emotional care and close bonding looks is conspicuously missing in many cases.

Spending time with the little one and engaging in conversations with the child is more important than buying digital toys. Parenting is an art, so parents must master it with care which is essential for better growth and development of their younger children. Few attributes of good parents include an excellent role model who knows how to explore talent and skills to become a problem solver and responsible too. Ayurveda advocates *Sanskaras* or etiquettes adoption to balance *Raja* and *Tama* and boost *Satva* to remain away from mental ailments. There are so many behavioral problems occurs in childhood age, if the code of conduct is not appropriately adopted.

According to Ayurveda, all ailments develop due to three basic reasons -*AsatmyendriyarthaSamyoga* (incompatible contact of sense organs), *Pragnaparadha* (intellectual blasphemy), *Parinama* (time factor for chronological error). It is the inducer of all pathological conditions of body and mind, vitiates all *Sharirik* and *ManasDoshas* (*CharakSharir*). AcharaRasayana and SatvavajayaChikitsa is through avoidance of misbehavior as well as controlling indulgence of sense organs and mind with improper subjects (Asatmendriyarthasamyoga). Inappropriate knowledge of object leads to rude or offensive speech and physical activities. Improper intellect and perception both are objects of Prajna. (conscious) Good Intellect, Dhee (Adaptation of new things), Dhruti (Controlling factor of mind) and Smruti (recalling power)are within the purview of mind which regulates mood, concentration, limits Raja-Tama and augment Satva dominance by inhibiting Pranjaparadha.

Thus, SatvavajyaChikitsaworks on attention, cognitive and emotional domain by working on self-care, compassion, ability to distract from negative thoughts, relaxation of body and mind, in turn, soothes anger, anxiety and irritability. SatvavajayaChikitsa facilitates mental well-being and strength.Sadvritta and AcharaRasayana help the child to develop mentally healthy as well as protect from psychosomatic, behavioral and psychiatric complaints.

*Acharyas*have described the role of *AsatmyendriyarthaSamyoga*, *Pragyaparadha* and *Parinama* in inducing the pathological conditions of the body and mind. They are accountable for vitiating for all the *SharirikDoshas* and *ManasDoshas*. *Pragyaparadha* 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.

REFERENCES

1. Charles Wenar, Patricia Kerig, Developmental Psychopathology: From Infancy through Adolescence. Fourth edition.McGraw Hill.2000

2. World health organization.(2022, september19). Retrieved from https://www.who.int/news-room/fact-sheets/detail/child-maltreatment
3. Austin AE, Lesak AM, Shanahan ME. Risk and protective factors for child maltreatment: A review. Curr Epidemiol Rep. 2020 Oct 7;7(4):334-342. doi: 10.1007/s40471-020-00252-3. PMID: 34141519; PMCID: PMC8205446.
4. United States Department of Health and Human Services. Child Maltreatment 2018. 2018. Retireved from https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment.Annual report providing national data on child maltreamtnet known to child protective service agencies in the United States.
5. Wildeman C, Emanuel N, Leventhal JM, Putnam-Hornstein E, Waldfogel J, Lee H. The prevalence of confirmed maltreatment among U.S. children, 2004 to 2011. JAMA Pediatrics. 2014;168(8):706–713. [PMC free article] [PubMed] [Google Scholar]Estimates the lifetime (proir to age 18 years) prevalence of investigated child protective services reports among U.S. children.
6. Van Horne BS, Moffitt KB, Canfield MA, et al. Maltreatment of children under age 2 with specific birth defects: a population-based study. Pediatrics. 2015;136(6):1504–e1512. [PubMed] [Google Scholar]
7. Van Horne BS, Caughy MO, Canfield M, et al. First-time maltreatment in children ages 2–10 with and without specific birth defects: A population–based study. Child Abuse & Neglect. 2018;84:53–63. [PubMed] [Google Scholar]
8. Jaudes PK, Mackey-Bilaver L. Do chronic conditions increase young children's risk of being maltreated? Child Abuse & Neglect. 2008;32(7):671–681. [PubMed] [Google Scholar]
9. Conrad-Hiebner A, Byram E. The temporal impact of economic insecurity on child maltreatment: a systematic review. Trauma, Violence, & Abuse. 2020;21(1):157–178. [PubMed] [Google Scholar]Synthezies and critically evaluates the existing literature regarding the impact of economic insecurity, including mutliple measures of material hardship, on child matlreatment.
10. Yang M-Y. The effect of material hardship on child protective service involvement. Child Abuse & Neglect. 2015;41:113–125. [PubMed] [Google Scholar]
11. Pelton LH. The continuing role of material factors in child maltreatment and placement. Child Abuse & Neglect. 2015;41:30–39. [PubMed] [Google Scholar]
12. Marcal KE. The impact of housing instability on child maltreatment: a causal investigation. Journal of Family Social Work. 2018;21(4–5):331–347. [PMC free article] [PubMed] [Google Scholar]
13. Chemtob CM, Gudiño OG, Laraque D. Maternal posttraumatic stress disorder and depression in pediatric primary care: Association with child maltreatment and frequency of child exposure to traumatic events. JAMA Pediatrics. 2013;167(11):1011–1018. [PubMed] [Google Scholar]
14. Lee SJ, Taylor CA, Bellamy JL. Paternal depression and risk for child neglect in father-involved families of young children. Child Abuse & Neglect. 2012;36(5):461–469. [PubMed] [Google Scholar]Demonstrates an association of paternal depression with an increased likelihood of child neglect. Paternal risk factors for maltreatment have received little attention in the peer-reveiwed literature
15. Kepple NJ. The complex nature of parental substance use: Examining past year and prior use behaviors as correlates of child maltreatment frequency. Substance Use & Misuse. 2017;52(6):811–821. [PubMed] [Google Scholar]
16. Taylor CA, Guterman NB, Lee SJ, Rathouz PJ. Intimate partner violence, maternal stress, nativity, and risk for maternal maltreatment of young children. American Journal of Public Health. 2009;99(1):175–183. [PMC free article] [PubMed] [Google Scholar]
17. Morris MC, Marco M, Maguire-Jack K, et al. Connecting child maltreatment risk with crime and neighborhood disadvantage across time and place: A Bayesian spatiotemporal analysis. Child Maltreatment. 2019;24(2):181–192. [PMC free article] [PubMed] [Google Scholar]Provides evidence of the association of community level factors including crime and concentrated disadvantage with substantiaed maltreatment while accounting for changes in rates over time.
18. Daley D, Bachmann M, Bachmann BA, Pedigo C, Bui M-T, Coffman J. Risk terrain modeling predicts child maltreatment. Child Abuse & Neglect. 2016;62:29–38. [PubMed] [Google Scholar]
19. Thurston H, Freisthler B, Bell J, et al. Environmental and individual attributes associated with child maltreatment resulting in hospitalization or death. Child Abuse & Neglect. 2017;67:119–136. [PubMed] [Google Scholar]Provides evidnece of the association of community level factors including child care burdnen, conentrated disadvantage, and service provider avaliablity with child maltreatment hospitalizations and death while accounting for family level factors.
20. Smith BD, Kay ES, Womack BG. How can county-level maltreatment report rates better inform child welfare practice? Children and Youth Services Review. 2017;79:341–347. [Google Scholar]Employs multi-level modeling to examine the associaton of county level factors with child maltreatment reports and identifies ways national child matlreatment data can be use to inform child welfare practice.
21. Frioux S, Wood JN, Fakeye O, Luan X, Localio R, Rubin DM. Longitudinal association of county-level economic indicators and child maltreatment incidents. Maternal and Child Health Journal. 2014;18(9):2202–2208. [PMC free article] [PubMed] [Google Scholar]
22. Brooks-Gunn J, Schneider W, Waldfogel J. The Great Recession and the risk for child maltreatment. Child Abuse & Neglect. 2013;37(10):721–729. [PMC free article] [PubMed] [Google Scholar]
23. Schneider W, Waldfogel J, Brooks-Gunn J. The Great Recession and risk for child abuse and neglect. Children and Youth Services Review. 2017;72:71–81. [PMC free article] [PubMed] [Google Scholar]Demonstrates the impact of a recent social and economic event, the Great Recession, on maternal self-reported maltreatment to further an understanding of the impact of broader economic trends on maltreatment risk.
24. McLaughlin M. The relationship between cigarette taxes and child maltreatment. Child Abuse & Neglect. 2018;79:339–349. [PubMed] [Google Scholar]Examines the impact of a regressive tax not typically considered to be relevant to child maltratment, cigarette taxes, on child maltreatment investigations.
25. McLaughlin M. Less money, more problems: How changes in disposable income affect child maltreatment. Child Abuse & Neglect. 2017;67:315–321. [PubMed] [Google Scholar]Examines the impact of changes in disposable income using a novel measures (changes in gasoline prices, a common expense for U.S. families) on child maltreatment investigations.
26. Klevens J, Ports KA. Gender inequity associated with increased child physical abuse and neglect: A cross-country analysis of population-based surveys and country-level statistics. Journal of Family Violence. 2017;32(8):799–806. [PMC free article] [PubMed] [Google Scholar]
27. Klevens J, Ports KA, Austin C, Ludlow IJ, Hurd J. A cross-national exploration of societal-level factors associated with child physical abuse and neglect. Global Public Health. 2018;13(10):1495–1506. [PMC free article] [PubMed] [Google Scholar]Across 42 countries, identifies modifiable country level factors including gender inequity, literacy, and development associated with caregiver report of physical abuse and negect.
28. Yoon S, Howell K, Dillard R, McCarthy KS, Napier TR, Pei F. Resilience following child maltreatment: Definitional considerations and developmental variations. Trauma, Violence, & Abuse. 2019:1–19. [PubMed] [Google Scholar]
29. Meng X, Fleury M-J, Xiang Y-T, Li M, D'arcy C. Resilience and protective factors among people with a history of child maltreatment: A systematic review. Social Psychiatry and Psychiatric Epidemiology. 2018;53(5):453–475. [PubMed] [Google Scholar]
30. Domhardt M, Münzer A, Fegert JM, Goldbeck L. Resilience in survivors of child sexual abuse: A systematic review of the literature. Trauma, Violence, & Abuse. 2015;16(4):476–493. [PubMed] [Google Scholar]

31. Schofield TJ, Conger RD, Conger KJ. Disrupting intergenerational continuity in harsh parenting: Self-control and a supportive partner. Development and Psychopathology. 2017;29(4):1279–1287. [PubMed] [Google Scholar]

32. Conger RD, Schofield TJ, Neppl TK, Merrick MT. Disrupting intergenerational continuity in harsh and abusive parenting: The importance of a nurturing relationship with a romantic partner. Journal of Adolescent Health. 2013;53(4):11–17. [PMC free article] [PubMed] [Google Scholar]

33. Thornberry TP, Henry KL, Smith CA, Ireland TO, Greenman SJ, Lee RD. Breaking the cycle of maltreatment: The role of safe, stable, and nurturing relationships. Journal of Adolescent Health. 2013;53(4):25–31. [PMC free article] [PubMed] [Google Scholar]

34. Price-Wolf J. Social support, collective efficacy, and child physical abuse: Does parent gender matter? Child Maltreatment. 2015;20(2):125–135. [PMC free article] [PubMed] [Google Scholar]

35. Martin A, Gardner M, Brooks-Gunn J. The mediated and moderated effects of family support on child maltreatment. Journal of Family Issues. 2012;33(7):920–941. [PMC free article] [PubMed] [Google Scholar]

36. Morton CM. The moderating effect of substance abuse service accessibility on the relationship between child maltreatment and neighborhood alcohol availability. Children and Youth Services Review. 2013;35(12):1933–1940. [PMC free article] [PubMed] [Google Scholar]

37. Klein S. The availability of neighborhood early care and education resources and the maltreatment of young children. Child Maltreatment. 2011;16(4):300–311. [PubMed] [Google Scholar]

38. Freisthler B. Need for and access to supportive services in the child welfare system. GeoJournal. 2013;78(3):429–441. [PMC free article] [PubMed] [Google Scholar]

39. Maguire-Jack K, Showalter K. The protective effect of neighborhood social cohesion in child abuse and neglect. Child Abuse & Neglect. 2016;52:29–37. [PubMed] [Google Scholar]

40. Molnar BE, Goerge RM, Gilsanz P, et al. Neighborhood-level social processes and substantiated cases of child maltreatment. Child Abuse & Neglect. 2016;51:41–53. [PMC free article] [PubMed] [Google Scholar]

41. Freisthler B, Maguire-Jack K. Understanding the interplay between neighborhood structural factors, social processes, and alcohol outlets on child physical abuse. Child Maltreatment. 2015;20(4):268–277. [PMC free article] [PubMed] [Google Scholar]

42. Klevens J, Luo F, Xu L, Peterson C, Latzman NE. Paid family leave's effect on hospital admissions for pediatric abusive head trauma. Injury Prevention. 2016;22(6):442–445. [PMC free article] [PubMed] [Google Scholar]

43. Raissian KM, Bullinger LR. Money matters: Does the minimum wage affect child maltreatment rates? Children and Youth Services Review. 2017;72:60–70. [Google Scholar]Provides evidence that increases in state minimum wage are assocaited with reduced child maltreatment reports.

44. Ginther DK, Johnson-Motoyama M. Do State TANF policies affect child abuse and neglect? 2017.Retrieved from https://www.econ.iastate.edu/files/events/files/gintherjohnsonmotoyama_appam.pdf.

45. American Psychiatric Association.2013,Diagnostic and statistical manual of mental disorders(5th ed.)

46. Wurtele SK, Owens JS. Teaching personal safety skills to young children: an investigation of age and gender across five studies. Child Abuse Negl. 1997 Aug;21(8):805-14. doi: 10.1016/s0145-2134(97)00040-9. PMID: 9280384.

47. Rispens J, Aleman A, Goudena PP. Prevention of child sexual abuse victimization: a meta-analysis of school programs. Child Abuse Negl. 1997 Oct;21(10):975-87. doi: 10.1016/s0145-2134(97)00058-6. PMID: 9330798.

48. Finkelhor D, Dziuba-Leatherman J. Victimization prevention programs: a national survey of children's exposure and reactions. Child Abuse Negl. 1995 Feb;19(2):129-39. doi: 10.1016/0145-2134(94)00111-7. PMID: 7780776.

49. A Conceptual Study on Prevention & Management of Behavioral Disorders in Children through Complimentary & Alternative Medicine RakeshKhatana1 , RenuRathi 1 , AnamikaKhatana 2

50. Negi, Singh, Kushwaha, &Rastogi, 2000). Mathur D, Goyal K, Koul V, Anand A. The Molecular Links of Re-Emerging Therapy: A Review of Evidence of Brahmi (Bacopamonniera). Front Pharmacol. 2016 Mar 4;7:44. doi: 10.3389/fphar.2016.00044. PMID: 26973531; PMCID: PMC477842