



Review Article

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A HOLISTIC WAY TO MANAGE FEAR AND ANXIETY IN PHYSICALLY ABUSED CHILDREN

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ABSTRACT

Physical abuse is a severe and prevalent form of child maltreatment, affecting millions of children worldwide. This review aims to summarize the devastating effects of physical abuse on children's physical, emotional, and psychological well-being. Studies have consistently shown that physically abused children are more likely to experience fear and anxiety¹

KEYWORDS:

PTSD, Psychological abuse, molestation, child protection.

INTRODUCTION:

Anxiety is a ubiquitous psychological phenomenon characterized by a nonspecific, unpleasant emotional state of apprehension and tension. This constellation of symptoms which varies across individuals, typically encompasses physiological manifestations such as headaches, perspiration, palpitations, chest tightness, gastrointestinal discomfort, and restless behaviour.

DEFINITION:

- **FEAR**

Fear is a complex emotional state characterized by feelings of anxiety, apprehension, and tension, which arises from the perception of a real or imagined threat to one's physical or psychological well being³

- **ANXIETY**

'Anxiety is a complex emotional state characterized by feelings of tension, apprehension, and uneasiness, which arises from the perception of a real or imagined threat to one's physical or psychological well being³

PATHOPHYSIOLOGY:

Stage 1: Initial Response (0-24 hours)

1. Amygdala activation: Fear processing, emotional arousal
2. Hypothalamic-pituitary-adrenal (HPA)axis activation: Cortisol release, stress response
3. Release of neurotransmitters: Dopamine serotonin, norepinephrine

Stage 2: Short-Term Consequences (24-72hours)

1. Altered amygdala function: Enhanced fear processing
2. Reduced hippocampal volume: Impaired memory formation
3. Impaired prefrontal cortex function: Decreased executive function
4. Increased cortisol levels: Stress response

Stage 3: Long-Term Consequences(weeks-months)

1. Neuroplasticity changes: Reorganization of brain circuits
2. Chronic HPA axis activation: Elevated cortisol levelsAltered neurotransmitter systems: Serotonin, dopamine dysregulation
4. Enhanced fear circuitry: Amygdala-hippocampal-prefrontal cortex loop

Stage 4: Persistent Anxiety and Fear (months-years)

1. Hypervigilance: Exaggerated startle response
2. Avoidance behaviors: Fear of specific stimuli
3. Increased anxiety: Generalized anxiety disorder
4. Depression: Decreased mood, anhedonia⁴

EPIDEMIOLOGY:

Prevalence:

1. 25-50% of physically abused children develop anxiety disorders (Davidson, 2012)
2. 30-60% develop post-traumatic stress disorder (PTSD) (Davidson, 2012)
3. 20-40% develop depression (Davidson, 2012)

Risk Factors:

1. Severity and frequency of physical abuse
2. Age of onset (younger children more vulnerable)
3. Duration of abuse
4. Relationship with perpetrator (parent/ caregiver vs. stranger)
5. Presence of other traumatic experiences

Demographic Characteristics:

1. Age: Children under 12 years old more vulnerable
2. Sex: Girls more likely to develop anxiety disorders
3. Socioeconomic status: Lower SES increases risk
4. Family dynamics: Dysfunctional family environment⁵

RISK FACTORS/ ETIOLOGY:

Immediate Causes

1. Physical abuse: Direct harm or threat of harm
2. Emotional abuse: Verbal aggression belittling, rejection
3. Neglect: Lack of basic needs fulfillment.

Underlying Factors

1. Genetic predisposition: Temperament, anxiety sensitivity
2. Environmental factors: Family dynamics, socioeconomic status

3. Neurobiological factors: Brain structure, function, and chemistry

Psychological Mechanisms

1. Classical conditioning: Associating stimuli with fear
2. Operant conditioning: Reinforcing fearful behaviors
3. Social learning: Observing and imitating fearful behaviors
4. Attachment issues: Insecure attachment Styles⁵

CLINICAL FEATURES:

Fear:

1. Hypervigilance: Exaggerated startle response
2. Avoidance behaviors: Fear of specific stimuli or situations
3. Increased heart rate and blood pressure
4. Sleep disturbances (insomnia, nightmares)
5. Concentration difficulties
6. Irritability and mood swings
7. Aggression and behavioral problems

Anxiety:

1. Generalized anxiety: Excessive worry, fear
2. Separation anxiety: Fear of separation from caregivers
3. Social anxiety: Fear of social interactions
4. Specific phobias: Fear of specific objects or situations
5. Panic attacks: Sudden, intense fear episodes
6. School refusal: Avoidance of school due to anxiety
7. Somatic complaints: Headache, stomachaches.

Post-Traumatic Stress Disorder (PTSD) :

Symptoms:

1. Intrusive memories: Recurring abuse-related thoughts
2. Flashbacks: Reliving traumatic experiences
3. Avoidance of triggers: People, places, or objects reminding of abuse
4. Hyper arousal: Difficulty relaxing exaggerated startle response
5. Hyper vigilance: Excessive awareness of surroundings

Complex Trauma symptoms:

1. Emotional dysregulation: Difficulty managing emotions
2. Dissociation: Feeling disconnected from self or others
3. Shame and guilt: Negative self-perception
4. Self-destructive behaviors: Harm to self or others
5. Relationship difficulties: Trust issues, attachment problems

Neurobiological markers:

1. Amygdala hyper activation: Enhanced fear processing
2. Hippocampal volume reduction: Impaired memory formation
3. Prefrontal cortex hypo activation: Decreased executive function
4. HPA axis dysregulation: Altered cortisol levels

Behavioral and emotional consequences:

1. Aggression and conduct problems
2. Depression and mood disorders
3. Substance abuse
4. Academic underachievement
5. Social and interpersonal difficulties⁵

DIAGNOSTIC CRITERIA

1. Diagnostic and statistical manual of mental disorders, 5th edition [DSM-5]-(American Psychiatric Association, 2013)

Post-Traumatic Stress Disorder (PTSD)

Anxiety Disorders (e.g., Generalized Anxiety Disorder, Separation Anxiety Disorder)

Mood Disorders (e.g., Depression)

2. International classification of disease, 11th revision ICD-11 (World Health Organization, 2018)

Post-Traumatic Stress Disorder (PTSD)

Anxiety Disorders (e.g., Anxiety Disorder, Phobic Anxiety Disorder)

Mood Disorders (e.g., Depression) ⁵

TREATMENT:

Psychological Interventions:

1. Cognitive-Behavioral Therapy (CBT): Helps children identify and change negative thought patterns.
2. Trauma-Focused CBT (TF-CBT): Addresses post-traumatic stress disorder (PTSD) symptoms
3. Play Therapy: Uses play to help children express emotions and process experiences.
4. Family Therapy: Involves caregivers in therapy to improve relationships and communication.
5. Group Therapy: Provides social support and helps children develop coping skills

Behavioral Interventions:

1. Behavioral Modification: Helps children replace problematic behaviors with adaptive ones
2. Social Skills Training: Enhances social competence and relationships.
3. Anger Management: Teaches children to manage anger and aggression.

4. Stress Management: Helps children cope with stress and anxiety.

Emotional Interventions:

1. Emotional Expression: Encourages children to express emotions safely.
2. Empathy Building: Helps children development empathy for themselves and others.
3. Self-Esteem Enhancement: Fosters positive self-image and self-worth.
4. Grief Counseling: Addresses loss and bereavement.

Pharmacological Interventions:

1. Antidepressants: For depression, anxiety, or PTSD symptoms
2. Anti-anxiety medications: For anxiety disorders.
3. Mood stabilizers: For mood regulation

Other Interventions:

1. Art Therapy: Uses art to express emotions and process experiences
2. Music Therapy: Utilizes music to promote emotional regulation.
3. Animal-Assisted Therapy: Involves animals to enhance emotional well-being

Treatment Principles:

1. Establish trust and rapport
2. Ensure safety and confidentiality.
3. Foster emotional regulate
4. Enhance coping skills.
5. Promote social support⁶

COMPLICATIONS:

Short-term Complications:

1. Behavioral problems (aggression, with drawal)
2. Emotional dysregulation (mood swings irritability)

3. Sleep disturbances (insomnia, nightmares)

Long-term Complications:

1. Post-Traumatic Stress Disorder (PTSD)
2. Anxiety Disorders (Generalized Anxiety, Panic Disorder)
3. Mood Disorders (Depression, Bipolar Disorder ⁷

DIFFERENTIAL DIAGNOSIS:

1. Post-Traumatic Stress Disorder (PTSD)
2. Anxiety Disorders: Generalized Anxiety Disorder
 - Panic Disorder
 - Social Anxiety Disorder
 - Specific Phobia
3. Mood Disorders: Depression
 - Bipolar Disorder

4. Adjustment Disorders: Adjustment Disorder with Anxiety

Adjustment Disorder with Depressed

5. Traumatic Stress Disorders: Acute Stress Disorder, Complex Trauma⁷

ACTS AND SECTIONS:

Acts:

1. Child Abuse Act (2000)
2. Protection of Children from Sexual Offences Act (2012)
3. Juvenile Justice (Care and Protection Children) Act (2015)

Sections:

1. Section 2 (Definition of Child Abuse)
2. Section 3 (Physical Abuse)

3. Section 4 (Emotional Abuse)
4. Section 5 (Neglect)
5. Section 6 (Sexual Abuse)
6. Section 7 (Exploitation)
7. Section 12 (Protection from Cruelty)
8. Section 14 (Medical Examination)

Indian Penal Code (IPC) Sections:

1. Section 305 (Abetment of Suicide)
2. Section 306 (Abetment of Suicide of Child)
3. Section 324 (Voluntarily Causing Hurt) ⁸

HOMEOPATHIC APPROACH:

- **ACONITUM NAPELLUS**

Mind

Fear, anxiety, and apprehension

Restlessness, agitation, and tossing about

Fear of death, fear of darkness, fear of being alone

Anxiety, with palpitation and trembling

Irritability with Sudden anger

Clinical

Aconitum napellus is often indicated in acute cases of fear and anxiety especially when accompanied by physical symptoms like palpitations and trembling ⁹

- **STRAMONIUM**

Mind

Fear, terror, and anxiety

Fears imaginary things, darkness, and being alone

Fear of water, animals, or other objects

Anxiety, with trembling and palpitation

Symptoms

Sudden, intense fear, often without cause

Night terrors, with screaming and violence, Sleep disturbances, with vivid dreams and nightmares

Clinical

Stramonium is often indicated in cases of extreme fear, anxiety, and agitation.⁹

- **BELLADONNA**

Mind

Fear, anxiety, and apprehension

Fear of death, fear of darkness, fear of being alone

Fears imaginary things, ghosts, and animals

Anxiety, with restlessness and agitation

Symptoms

Sudden, intense fear, often without cause

Nightmares and disturbed sleep

Restlessness, with tossing about and screaming

- **IGNATIA AMARA**

Mind

Anxiety, apprehension, and fear Emotional sensitivity, mood swings

Grief, sorrow, and emotional distress

Hysterical symptoms, sobbing, and sighing

Symptoms

Anxiety, with palpitations and trembling Fear of impending doom or disaster, Sleep disturbances, insomnia, Emotional instability

- **GELSEMIUM SEMPERVIRENS**

Mind

Fear, anxiety, and apprehension

Fear of impending doom or disaster

Lack of courage and confidence

Emotional weakness and instability

Symptoms

Fear, with trembling and palpitations, Anxiety, with sleep disturbances; Restlessness, with inability to concentrate; Emotional exhaustion

Clinical

Gelsemium is often indicated in cases of fear, anxiety, and emotional exhaustion.¹⁰

- **PHOSPHORUS**

Mind

Anxiety, fear, and apprehension

Restlessness, nervousness, and irritability

Fear of thunderstorms, darkness, and solitude

Emotional sensitivity and excitability

Symptoms

Anxiety, with palpitations and trembling

Fear of impending doom or disaster

Sleep disturbances, insomnia, and vivid dreams Restlessness, agitation, and inability to concentrate

Clinical

Phosphorus is often indicated in cases of anxiety, fear, and nervous excitability.¹⁰

CONCLUSION:

Physical abuse in children is a traumatic experience that can have long-lasting effects on their physical, emotional, and psychological well-being. The study of anxiety disorder presents a unique opportunity to understand the relationship between nature and nurture in the aetiology of mental disorders. Homeopathy offers a holistic approach to addressing the consequences of physical abuse, providing a safe and non-invasive complement to conventional medical treatment

REFERENCES:

1. Briere, J., & Elliott, D. M. (2003). Prevalence and sequelae of childhood trauma. *Treatment of Child Abuse*, 2, 1-26.
2. A Holistic way to manage fear and anxiety by Dr. Rohit Kumar Priyapng no (16-29), the homeopathic heritage vol.49, No.10, Jan 2023, total no of pages:117
3. Mangal, S. K. (2018). *Psychology: A Contemporary Perspective*. New Delhi: Prentice Hall.
4. Davidson, R. J. (2000). Affective style, psychopathology, and resilience: Brain mechanisms and plastic it *American Psychologist*, 55(11), 1196-1214.
5. Davidson, R. J. (2012). *The emotional life of your brain: How its unique patterns affect the way you think, feel, and live and how you can change them*. Hudson Street Press.
6. Mangal, S. K. (2018). *Psychology: A Contemporary Perspective*. New Delhi: Prentice Hall.
7. Harrison, P. J., & Wise, D. (2018). *Harrison's Principles of Internal Medicine*, 20th ed. McGraw-Hill Education
8. Reddy, K.S.N. (2018). *Forensic Medicine and Toxicology*. New Delhi: Wolters Kluwer.
9. Boericke, W. (1927). *Pocket Manual of Homeopathic Materia Medica*. Fifth Revised Edition. Boericke & Runyon.
10. Allen, T. F. (1874). *Encyclopedia of Pure Materia Medica*.