

Psychiatry Congress 2019: Long term effects of abuse and violence on the children's behaviour -Maria Lourdes de Vera- National Capital Region, Philippines

Maria Lourdes de Vera

Abstract

Abuse and violence are a health risk among Children. It carries the potential of producing long and debilitating mental health problems that includes maladaptive behaviors, anxiety disorders, personality or relational issues. This health issue requires equal importance as any other physiologic and physical disorder. It advocates the use of client centered or person-centered therapy. The child's right to be respected for his views is necessary in the treatment and healing process. Every child is a human being having similar rights as any adults have. It includes their right to association with both parents, human identity, the provision of the basic needs for physical protection, food, universal state-paid education, health care, and criminal laws appropriate for the age and development of the child, equal protection of the child's civil rights, and freedom. Prevention of a disruptive home environment is better than a whole system of cure. Abuse, whatever the nature is; physical, psychological or sexual according to Mullen and Fleming (1998) reveals a significant connection between a history of child abuse and a range of adverse outcomes both in childhood and adulthood. The important role of the family and community where the child is raised is stressed. This study describes coping mechanism, mental health wellbeing and functioning of an abused child.

Methodology: Respondents were randomly selected voluntary disclosure and client's request for counselling. Age range of the respondents were between 16 to 24 years old. The subjects were female, male and single. Subjects were repeatedly abused in their childhood. This Longitudinal Case Study advocates the use of a Rights based approach and person to person approach to directly address the underlying condition. The study seeks to determine the dynamics of the relationship between the child, the abuse and the perpetrator. what are the typical behaviour of a Child abused? What are the common difference between abuse, neglect and violent acts committed against the child? Was the act perpetuated with coercion or manipulation? Was it perpetuated cumulatively over a period of considerable time. Difficulty in relating and forming relationships due to severe and unresolved emotional trauma and scarring? Were emotional issues addressed? What are the

child's coping mechanisms? Did the child receive any support from the Family? Is there any social support accessible to the child? What are the long term effect on the child's behavior?

Results: Children where there is domestic violence regularly occurs in the home environment tend to suffer from emotional neglect and or violence if not physical abuse or neglect. Children from disruptive family environment tend to have communication and social skills issues. Children reported spousal violence in their home environment where there is persistence of domestic violence. More than Fifty-percent of child sexual offenders physically abused their adult female partner. Half of these males tend to physically abuse the partner's children. They also tend to sexually abuse children when the partner is not at home. Boys and girls who are sexually abused experience similar childhood trauma. Generally abused children experience trust issues and needs constant and consistent reassurance, the lack of healthy proper affectionate gestures renders them vulnerable to abusive relationships. Based on the data gathered there is a general tendency among victims of sexual abuse to experience difficulty in establishing intimacy in relationships. These children carry a significant issue with touch and close relationships. Finding the sense for emotional connectivity are among the life skills that are either under developed or must be re-learned. Most sexually subject are incest victims. The nature of therapy prioritize restoring a healthy self image. It focuses on a nondirective/authoritative, empathic approach that empowers and motivates the client within the therapeutic process. It encourages clients to get connected with their emotions, find meaning and guidance to make solutions based on their capacity to work out their issues.

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Maria Lourdes de Vera
National Capital Region, Philippines, E-mail: marialourdesa.devera@gmail.com