

Childhood Trauma

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The National Institute of Mental Health (USA) defines childhood trauma as “The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects.”

It often is compiled of an aggregate of serious adverse childhood experiences (ACEs).¹ Children may experience various events that may be described as psychological trauma; such events may include neglect, abandonment, sexual abuse, emotional abuse, and physical abuse, or even when children witness abuse of a sibling or parent or have a mentally ill parent.² Such events can lead to huge psychological, physiological, and sociological impacts and can produce long-lasting detrimental effects on health and well-being in children. These can give rise to problems such as antisocial behaviors, attention-deficit hyperactivity disorder (ADHD), sleep disturbances, etc.

Similarly, children born to mothers who have been subjected to a traumatic or stressful course of events during pregnancy have a higher risk of developing mental health and other neurodevelopmental disorders.³

International surveys have shown that traumatic experiences are widely prevalent across the globe.⁴ Over 90% of Indian children experience some form of abuse before they reach the age of 18 according to recent statistics.⁵

The ACEs Study, which is a very popular study consisted of more than 17,000 study participants. It is a longitudinal study which is in progress since 1995. The study included mainly white, middle class, college-educated Americans as study participants. This study is often used to understand childhood trauma and the way it affects individual's health and life. The study explored the link between childhood trauma and health in adulthood. It highlighted that ACEs are much more prevalent than brought to notice and these can have harmful impacts on health of an individual, even as late as fifty years of occurrence.⁶

Childhood trauma leads to stress that increases a person's allostatic load and thus influence various bodily systems such as the immune system, nervous system, and endocrine system.⁷ Consistent exposure to such stress multiplies by three or four folds the vulnerability to detrimental medical outcomes.⁸ Depression, hypertension, autoimmune diseases, lung cancer, and premature mortality and many others are included in the list of harmful medical outcomes which occur as a consequences of childhood trauma.⁹

It produces a harmful impact on brain development, ability to regulate emotions and impair development of social skills.¹⁰ Research has found out that children raised in traumatic family environments show more of either internalizing which is evident by social withdrawal, anxiety or of externalizing as evident by aggressive behavior as well as they are more prone to suicides.¹¹ Studies have shown that physical and sexual abuse can lead

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to various mood and anxiety disorders later in adulthood, whereas emotional abuse during adulthood leads to personality disorders and schizophrenia.¹²

Childhood trauma is associated with increased risk of mental disorders including posttraumatic stress disorder (PTSD), attachment issues, depression, and substance abuse.¹³ It is postulated to leave epigenetic marks on genes of children, which can chemically modify the expression of such genes either by silencing genes or activating them, or through process of deoxyribonucleic acid (DNA) methylation.¹⁴ These changes can then change the fundamental biological processes and thus affect health outcomes throughout life in a negative way.¹⁵

A study conducted in 2013 found different neuropathology in people who were victims of childhood trauma than people with PTSD from trauma experienced after childhood.¹⁵ Another recent research done in rhesus macaques showed that DNA methylation changes which were related to early-life problems stays as such into adulthood.¹⁶ This research was mainly focused around methylation associated with the NR3C1 gene, but genes such as kit ligand (KITLG) were also explored.¹⁷

Childhood trauma can be interpersonal trauma, that is, trauma that happens between people. It happens when a child experience such negative events in childhood that overwhelm him/her. Such events can occur in relationships such as abuse, assault, neglect, violence, exploitation, or bullying.

Trauma can also be induced by events such as accidents, natural disasters, war and civil unrest, medical procedures, or the sudden loss of a parent or caregiver through death, divorce, forced adoption, separation or imprisonment.

Trauma faced by parent or caregiver can also affect children and induce trauma in them. This may occur when a parent or caregiver is suffering from some chronic health issue, has a serious mishap, misuse substances; for example, alcohol or drugs, or is dead, imprisoned, divorced or separated.¹⁸

The manifestations of traumatic stress vary in each child. The reaction of young children is different than older children to trauma.

PRESCHOOL CHILDREN

- Separation anxiety.
- Cries or screams a lot.
- Poor appetite.
- Have nightmares.

ELEMENTARY SCHOOL CHILDREN

- Become very anxious or fearful.
- Feel unnecessary guilt or shame.
- Difficulty in concentrating.
- Difficulty in sleeping.

MIDDLE- AND HIGH-SCHOOL CHILDREN

- Depressive thoughts.
- Develop eating disorders or self-harming behaviors.
- Indulge in substances such as alcohol or drugs.
- Become involved in high risk sexual behavior.¹⁹

The consequences of trauma faced during childhood can last well beyond childhood years. Childhood trauma survivors may experience:

- Problems in learning.
- Increased utilization of general and mental health services.
- Increase involvement in juvenile delinquency.
- Long-term health problems (e.g., diabetes and heart disease).²⁰

RISK AND PROTECTIVE FACTORS

Not every traumatic event in childhood leads to traumatic stress. There are various factors that accentuate the symptoms, such as whether the child has been exposed to trauma in the past, and protective factors available at the individual, family, and community levels can reduce the negative effects of trauma. Some of these factors are as follows:

- Severity of the event.
- Proximity to the event.
- Reaction of the caregiver.
- Previous history of trauma.
- Family and community factors.²⁰

MANAGEMENT OF CHILDHOOD TRAUMA

Some common treatment modalities include the following:

- Cognitive processing therapy (CPT): It is a subtype of cognitive behavioral therapy. It is often a first choice while treating patients with PTSD, especially when addressing the long-term impact of childhood traumas in adults. This usually involves education regarding repetitive thoughts and emotions which is then followed by teaching formal processing of the traumatic events and developing skills to identify and address harmful thinking process related to traumatic events. Typical duration is 12 sessions.
- Trauma-focused cognitive behavioral therapy (TF-CBT): It is also a subtype of cognitive behavioral therapy. It is an evidence-based model which includes trauma-sensitive interventions utilizing cognitive behavioral techniques, humanistic principles, and family support. It relies on the active participation of parents and caregivers in therapy. It is very effective for use in children, teens, and adolescents who face significant emotional difficulties from

a traumatic event. 12 to 15 sessions is typical duration of this therapy.

- Eye movement desensitization and reprocessing (EMDR): Repetitive eye movements are used in this therapy to re-pattern memories from a traumatic event. It consists of eight phases, that is, history, preparation, assessment, treatment, and evaluation. It addresses unprocessed memories related to adverse life events.
- Narrative exposure therapy (NET): It is an alternative to TF-CBT. It is a short-term intervention which mainly focuses on embedding exposure to trauma into an autobiographical context called timeline. This timeline still stays with the patient even when their therapy is over. It is very useful in treating people who have suffered from multiple traumatic events in the past.
- Prolonged exposure therapy (PE): It is also a subtype of cognitive behavioral therapy. It is used to treat PTSD and other mental health conditions. It usually takes over 3 months of time. During each such therapy sessions, individuals are made to face trauma-related memories with the help of therapist.
- Play therapy: It uses the healing power of play to help children deal with trauma; 3–12-year-old children are the targeting group of this therapy. Session involves the therapist observing a child through play. Age-appropriate behavior can also be used to address trauma and devise various coping strategies.
- Art therapy: In this type of therapy creative expressions are used to address and heal the effects of trauma. Art mediums used include drawing, coloring, painting, collage, and sculpture.²¹

Thus, childhood trauma can be dealt with using appropriate therapy techniques. Addressing this issue in childhood or early adolescence is crucial as it can mitigate the risk of developing mental health problems such as anxiety, depression or chronic conditions. However, it is never too late to seek therapy and taking therapy as an adult is also beneficial.

REFERENCES

1. Pearce J, Murray C, Larkin W. Childhood adversity and trauma: Experiences of professionals trained to routinely enquire about childhood adversity. *Heliyon* 2019;5(7):e01900. DOI: 10.1016/j.heliyon.2019.e01900.
2. van der Kolk BA, Perry JC, Herman JL. Childhood origins of self-destructive behavior. *Am J Psychiatry* 1991;148(12):1665–1671. DOI: 10.1176/ajp.148.12.1665.
3. Lupien SJ, McEwen BS, Gunnar MR, et al. Effects of stress throughout the lifespan on the brain, behaviour and cognition. *Nat Rev Neurosci* 2009;10(6):434–445. DOI: 10.1038/nrn2639.
4. Bethell CD, Carle A, Hudziak J, et al. Methods to assess adverse childhood experiences of children and families: Toward approaches to promote child well-being in policy and practice. *Acad Pediatr* 2017;17(7S):S51–S69. DOI: 10.1016/j.acap.2017.04.161.
5. The Times of India. Protecting our children: A look at current Indian laws on child abuse. 2023. Available at: <https://timesofindia.indiatimes.com/readersblog/personal-blog-of-suhaib-rafi-mir/protecting-our-children-a-look-at-current-indian-laws-on-child-abuse-50378/>. Assessed on: 02 January 2024.
6. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prevent Med* 1998;14(4):245–258. DOI: 10.1016/s0749-3797(98)00017-8.
7. Taylor SE, Lerner JS, Sage RM, et al. Early environment, emotions, responses to stress, and health. *J Pers* 2004;72(6):1365–1393. DOI: 10.1111/j.1467-6494.2004.00300.x.
8. Miller GE, Chen E, Zhou ES. If it goes up, must it come down? Chronic stress and the hypothalamic–pituitary–adrenocortical axis in humans. *Psychol Bull* 2007;133(1):25–45. DOI: 10.1037/0033-2909.133.1.25.

9. Chapman DP, Whitfield CL, Felitti VJ, et al. Adverse childhood experiences and the risk of depressive disorders in adulthood. *J Affective Disorders* 2004;82(2):217–225. DOI: 10.1016/j.jad.2003.12.013.
10. Motzer SA, Hertig V. Stress, stress response, and health. *Nurs Clin North Am* 2004;39(1):1–17. DOI: 10.1016/j.cnur.2003.11.001.
11. Aron EN, Aron A, Davies KM. Adult shyness: The interaction of temperamental sensitivity and an adverse childhood environment. *Personality and Social Psychology Bulletin* 2005;31(2):181–197. DOI: 10.1177/0146167204271419.
12. Carr CP, Martins CM, Stingel AM, et al. The role of early life stress in adult psychiatric disorders: A systematic review according to childhood trauma subtypes. *J Nerv Ment Dis* 2013;201(12):1007–1020. DOI: 10.1097/NMD.0000000000000049.
13. Tognin S, Calem M. M122. Impact of childhood trauma on educational achievement in young people at clinical high risk of psychosis. *Schizophr Bull* 2017;43(Suppl. 1):S255. DOI: 10.1093/schbul/sbx022.116.
14. Lenzer G, editor. *Violence Against Children: Making Human Rights Real*. New York: Routledge; 2017, p. 438.
15. Mehta D, Klengel T, Conneely KN, et al. Childhood maltreatment is associated with distinct genomic and epigenetic profiles in posttraumatic stress disorder. *Proc Natl Acad Sci USA* 2013; 110(20):8302–8307. DOI: 10.1073/pnas.1217750110.
16. Provençal N, Suderman MJ, Guillemin C, et al. The signature of maternal rearing in the methylome in rhesus macaque prefrontal cortex and T cells. *J Neurosci* 2012;32(44):15626–15642. DOI: 10.1523/JNEUROSCI.1470-12.2012.
17. Lenzer S, Smarsly B, Graulich N. How do students become experts? An in-depth study on the development of domain-specific awareness in a materials chemistry course. *Int J Sci Educ* 2020;42(12):2032–2054. DOI: 10.1080/09500693.2020.1810355.
18. Substance Abuse and Mental Health Services Administration. Blue Knot Foundation. What is childhood trauma? 2023. Available at: <https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-childhood-trauma/>. Assessed on: 02 January 2024.
19. Substance Abuse and Mental Health Services Administration. Understanding child trauma. 2015. Available at: <https://www.samhsa.gov/child-trauma/understanding-child-trauma>. Assessed on: 02 January 2024.
20. Peterson S. The National Child Traumatic Stress Network. About child trauma. 2018. Available at: <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>. Assessed on: 02 January 2024.
21. Healthline. Therapy for childhood trauma can make a huge difference. 2021. Available at: <https://www.healthline.com/health/mental-health/therapy-for-childhood-trauma>. Assessed on: 02 January 2024.