

# Trauma in Children: Consequences

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**Abstract:** Recovering after trauma is always difficult, especially if the root of that trauma lies in one's childhood—at a time of youthful innocence and rapid development. When a traumatic experience occurs early on in someone's life, it is all the more consequential—resulting in biological, physical, and mental health consequences for a person. This paper provides a comprehensive summary of the definition of childhood trauma, its effects, and the concept of resilience as a recovery method. To help us learn more about the general public's understanding of childhood trauma, its consequences, and resilience we conducted a brief study. Specifically, we surveyed a convenience sample of 10 Taiwanese youth to assess their understanding of childhood trauma, mental health and physical consequences, and resilience. We found that young people were more aware of the mental health ramifications of childhood trauma as compared to physical or biological consequences. This trend is consistent with recent cultural changes and awareness of mental health consequences. The findings have implications for awareness building particularly about the physical consequences of trauma and strategies for promoting resilience among survivors of childhood trauma.

**Keywords:** Children; Adolescents; Trauma; Mental Health; Resilience; Adverse Childhood Experiences (ACE)

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## Introduction

Childhood trauma is an event or series of experiences that can overwhelm an individual and have both short- and long-term consequences. Childhood trauma often begins early in life when children are at a higher risk for trauma exposure, and as such, the victims are more susceptible to its negative effects. Childhood trauma is linked to various mental and physical health problems throughout a person's lifespan. Mental health/health issues often associated with childhood trauma include depression, post-traumatic stress disorder (PTSD), anxiety, and difficulty in forming attachments, while physical and biological impacts consist of shrinking brain size, asthma, chronic diseases, and even early death (Bartlett and Steber, 2019). Exposures vary from a single occurrence of a traumatic event to prolonged or repeated exposures to traumatic event(s). Young children are most susceptible to many of the aforementioned negative consequences of experiencing trauma. In order to mitigate these negative effects, many researchers have conducted studies to explore how to build resilience in children/adolescents. This paper focuses on both experiences of childhood trauma and resilience and explores how these experiences impact child development.

## Childhood Trauma Definitions and Prevalence

Childhood trauma, according to the National Child Traumatic Stress Network (NCTSN) is “an event in which a child feels intensely threatened by that he or she is involved in or witnesses.” Child trauma is experienced by an estimated two-thirds of the United States population by the time they turn 16, while 26% of the US population will “witness or experience” a traumatic episode by the time they turn four (National Center for Mental Health Promotion and Youth Violence Prevention, n.d.). Other research suggests that an estimated half of all children in the United States—approximately 35 million—are exposed to at least one type of trauma prior to their eighth birthday. Children from certain racial and ethnic groups and socioeconomic backgrounds are more likely to experience adversities that can increase the risk of trauma

exposure (Bartlett & Steber, 2019). Although the estimates vary, researchers would agree that childhood trauma occurs frequently and it is a major public health problem.

The types of childhood trauma can range from household violence, bullying, and sexual abuse to experiencing a disaster, neglect, and refugee trauma. Trauma by a primary caretaker is often found to have the most lasting impact. Similarly, significant consequences may arise when multiple forms of trauma are present. Although most children are not severely affected by exposure to childhood trauma their reactions to trauma can differ based on a number of factors, such as the nature and type of the trauma; the developmental timing of the event; the child's individual, family, and neighborhood characteristics; culture; and the variety of risk and protective factors present in their lives (Bartlett & Steber, 2019).

Among victims of childhood trauma, a person's racial identity also plays a factor in their response to trauma. From Robert et al.'s study on "Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States," they found that "the lifetime prevalence of PTSD was highest among Blacks, intermediate among Hispanics and Whites (7.0% and 7.4%) and lowest among Asians (4.0%)" (Robert et al, 2010). The differences in the various racial group's response to childhood trauma demonstrates "a need for investment in accessible and culturally sensitive treatment options" (Robert et al, 2010).

## **Impact of Childhood Trauma**

Childhood trauma is linked to various mental and physical health problems throughout a person's lifespan. Mental health and health reactions can include developing depression, post-traumatic stress disorder (PTSD), anxiety, and difficulty in forming attachments, while physical and biological impacts consist of shrinking brain size, asthma, chronic diseases, and even early death (National Center for Mental Health Promotion and Youth Violence Prevention, n.d.). Most children show distress immediately following a traumatic event, but the majority return to their prior level of functioning. Childhood trauma has a greater chance to lead to PTSD when one is exposed to multiple and various forms of trauma rather than a single, continuous trauma. Exposures vary from a single occurrence of a traumatic event to prolonged or repeated exposures to continuation of traumatic event(s) experiences. These repeated exposures lead to long-term health problems, perpetuated by health-risk behaviors (such as smoking or substance abuse), which lead to the aforementioned mental and physical health issues.

Childhood trauma victims may have difficulty identifying, expressing, and managing emotions, and may have limited language for feeling states" and "internalize or externalize stress reactions," which may lead to a decline in mental health—such as heavy depression, high anxiety, or anger. They might dissociate and desensitize themselves from the experience, which may cause one to become detached or have a lower attention span (The National Child Traumatic Stress Network, n.d.). It is harder for them to form healthy attachments and relationships, which makes them more prone to stress and an inability to control emotions. The victim's self-esteem and view of themselves may be damaged from the experience, causing lowered self-confidence and a darker perception of their future (The National Child Traumatic Stress Network, n.d.).

## **Resilience**

Numerous studies have been conducted on resilience and its correlation with overcoming trauma. In a study by Roy et al. (2011), the researchers attempt to discover whether resilience is a protective factor in suicide risk. Resilience is defined in the paper as "the capacity for successful adaptation to change... the ability to thrive in the face of adversity or recover from negative events" (Roy et al., 2011). The study uses a preliminary sample of 20 abstinent substance dependent patients and a sample of 166 prisoners, both consisted of people who had not attempted suicide. They administered two scales: the Childhood Trauma Questionnaire (CTQ) and the Connor Davidson Resilience Scale (CD-RISC). Although the two groups in both cases had similar CTQ scores, the people who scored higher on the CD-RISC were statistically less likely to attempt suicide. Thus, Roy et al concluded that higher resilience contributes to a decreased risk of "suicidal behavior associated with childhood trauma" (Roy et al., 2011). Likewise, another study based in Norway conducted by Latha Nruham and

colleagues (2010) found that depressed adolescents with higher CD-RISC scores were less likely to attempt suicide. Both of these studies are consistent with the literature on the protective role of resilience in the presence of trauma.

A common phrase coined recently to describe childhood trauma is Adverse Childhood Experiences (ACEs). They are potentially traumatic experiences occurring in childhood that may have “lasting, negative effects” on one’s health (Center for Disease Control and Prevention, 2022). Whereas resilience studies focus on helping someone recover after trauma, there are ways we can prevent ACEs before they happen. We can strengthen economic support to families in need, advocate social norms focused on protection against violence, ensure high-quality education and childcare for children, teach various skills, and connect youth to mentors or people who can help them. Naturally, the idea is slightly idealistic, as we will not be able to guarantee high-quality care for children everywhere, but in the communities we can help in, it will be beneficial to devise effective methods to prevent possibilities of ACEs before a person’s trauma can fester.

## **Pilot Study**

To better grasp the understanding of laypeople on the topics of trauma and resilience, we conducted a brief survey. The survey consists of seven questions, four of which are centered around respondents' demographic characteristics. The latter half asks for their understanding on the effects that can arise from childhood trauma. Sample questions include “In your opinion, what physical/biological consequences can arise from childhood trauma?” and “In your opinion, what physical/biological consequences can arise from childhood trauma?”; and “What are some ways in which you think victims of childhood trauma can effectively recover?” For all questions, the respondents were given choices from a set of answers. There were, however, a few flaws in this pilot survey. First of all, this survey used a convenience sample of close friends and schoolmates. Respondents were also similar in age and culture. Additionally, because of the small sample size of ten people, the data may not be representative of the population.

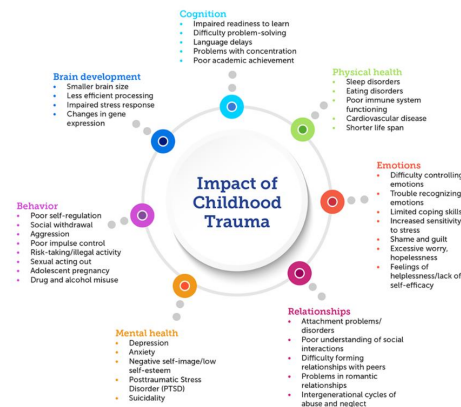
Among Taiwanese teens aged 11 to 20, the responses indicate that there is a greater understanding regarding mental health consequences of childhood trauma rather than the physical consequences. All the respondents chose all the choices regarding mental health consequences, while the answers regarding physical or biological consequences were more spread out. This may demonstrate that laypeople have a higher awareness of mental health consequences than the physical consequences, in regards to trauma.

Interestingly, only one person believed strengthening connections to one’s culture helps build resilience, and only four people believed religion helps with the same. That might stem from the mentality of teenagers in this generation, since (from personal experience) teenagers nowadays care less about connecting to their own culture. The same can be said for religion, as there is a recent general trend in younger people drifting away from religion, believing it to be “less important” (Pew Research Center, 2018). Interestingly, not many people expressed building proficiency or mastery as a good method of building resilience, perhaps because of the confusing wording of the answer choice. Further studies with a larger sample size could be conducted to remedy some of the biases in the survey.

## **Conclusion**

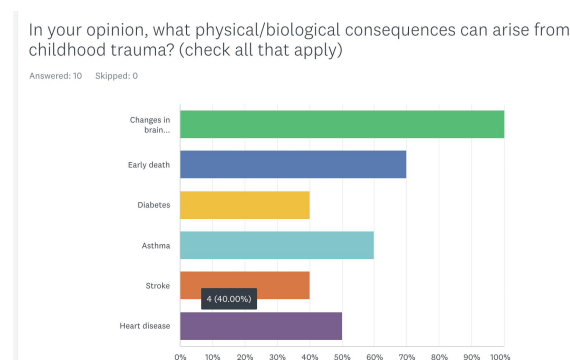
The study aligns with current trends regarding mental health, as recent research has demonstrated that the pandemic increased mental health awareness. Since more people are experiencing or have witnessed mental health issues, mental illness is less stigmatized and taboo as compared to before. The public’s view on mental illness has “softened,” and “conversations about the issues are becoming more frequent, open, and inclusive” (The UN Chronicle, 2021). Compared to mental health effects, people are not as aware of the physical consequences, nor the methods to build resilience. Thus, we should focus not just on mental health in the future, but also the methods to help oneself recover after trauma. We can promote resilience methods and educate the public on those techniques to build resilience. Educating the public on physical consequences of trauma could also benefit society, as people might seek help more if they realize their fixation on the trauma is impacting their physical health. The study conducted in this paper is quite limited, however, as the sample size only

consisted of ten people, and the survey is a convenience sample. Nevertheless, general trends could be observed from the data gathered in the study. For future research, I recommend including a wider demographic of respondents and conducting a more thorough study on how people's perceptions on the consequences of childhood trauma and the recovery methods are developed from the person's own experience. For example, in future studies, we can bring in different racial groups and compare the differences in their responses. As childhood trauma is a large determinant in a person's mental and physical health, focusing some research on the resilience process can lead to greater awareness of childhood trauma and more help for people recuperating from their trauma.



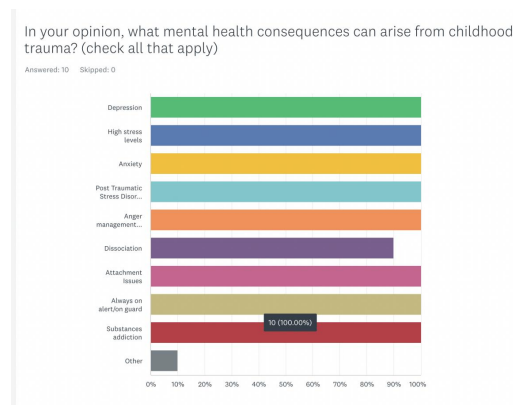
**Figure 1. An infographic on the impact of childhood trauma.**

A figure taken from Jessica Dym Bartlett and Kate Steber's article, "How to Implement Trauma-informed Care to Build Resilience to Childhood Trauma" on childtrends.org. The infographic separates the impacts of childhood trauma categorically and includes details on each of the categories.



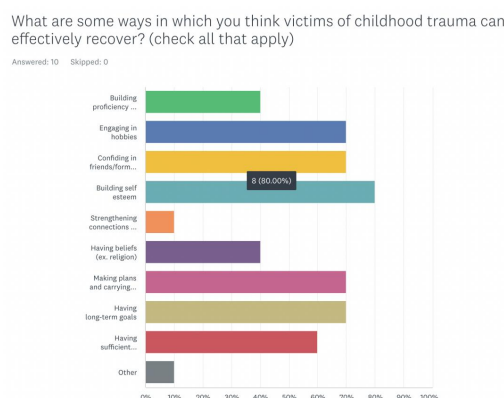
**Figure 2. Survey data on laypeople's opinions on the physical or biological consequences that can arise from childhood trauma**

Ten people were surveyed on their thoughts regarding the physical or biological effects from experiencing childhood trauma, and the results were placed in a bar graph.



**Figure 3. Survey data on laypeople's opinions on the mental health consequences that can arise from childhood trauma**

The recorded data on ten laypeople's opinions on the mental health repercussions of experiencing childhood trauma are shown above in a bar graph.



**Figure 4. Survey data on lay people's opinions on the methods of building resilience after experiencing childhood trauma**

The recorded data on ten laypeople's opinions regarding the effectiveness of various methods of resilience building are shown above in a bar graph.

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