

Enduring Scars: A Comprehensive Review of the Long-Term Effects of Childhood Trauma

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ABSTRACT

Background: Childhood is a formative period in any person's life. Sometimes trauma during this phase may have adverse effects which may last an individual's lifetime. WHO has described childhood maltreatment as all forms of physical and/or emotional abuse, sexual abuse, neglect, or life-threatening or other abuse, secondary to actual or latent harm to the child's health, life, and progress. There are four different types of childhood trauma, namely "physical abuse, sexual abuse, emotional/psychological abuse, and neglect" which can be further categorized as physical neglect and emotional neglect

Purpose: The incidents of trauma may alter the thinking and learning process, leading to engagement in behaviours such as drug abuse. Childhood trauma leaves many trails such as anxiety issues, anger issues and fear of happiness. Resilience and a supportive environment may lead to improvements and decreased duration of the effects of childhood trauma. Also, previous studies suggest that resilience level is low among childhood trauma patients. Individuals with better resilience and coping mechanisms seem to have a better quality of life

Conclusion: This article aims to provide a comprehensive overview of the long-term effects of childhood trauma and highlight its profound impact on various aspects of human life. There is a huge impact of childhood trauma on the mental and physical well being of an individual.

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1. Introduction

Childhood is a formative period in everyone's life that shapes their future physical, emotional, and mental well-being. Unfortunately, for some children, this time can be marred by traumatic experiences that leave lasting scars on their minds and bodies (Beilharz et al., 2019). Scholars with developmental histories of childhood trauma constitute an important but overlooked segment of the general student population. Additionally, cognitive, emotional, behavioral, and psychiatric symptoms are more prevalent in these young adults (Mersky & Topitzes, 2010). Compared to adults who did not experience childhood abuse, individuals with a history of childhood maltreatment are more likely to engage in risky health behaviors such as smoking, drinking, drug use, and risky sexual practices. According to a report by the World Health Organization (2020), one in four young adults reported being physically abused as a child and one in five women confirmed childhood sexual abuse (WHO child maltreatment, 2020). Permanent damage to a young person's

physical and mental health can often be observed, which is emotionally painful or stressful (Pechtel & Pizzagalli, 2011).

2. Definition and Types of Childhood Trauma

Adverse events or experiences that occur during the formative years, usually before the age of 18, are referred to as childhood trauma. It can take many forms, including physical, emotional or sexual exploitation, neglect, interpersonal violence, natural disasters, loss of a loved one or exposure to communal violence. WHO has described childhood maltreatment as all forms of physical and/or emotional abuse, sexual abuse, neglect, or life-threatening or other abuse, secondary to actual or latent harm to the child's health, life, and progress. There are four different types of childhood trauma, namely "physical abuse, sexual abuse, emotional/psychological abuse, and neglect" which can be further categorized as physical neglect and emotional neglect (WHO Details on Child Maltreatment, 2020)

Physical abuse refers to the deliberate enforcement of aggression upon the young one that out-turns in anguish for the endurance, development, or dignity of the youngster. Some examples of physical abuse include hitting, beating, kicking, shaking, biting, etc. ('WHO Fact sheet details related to Child maltreatment, 2020). While childhood "sexual abuse" is another type of "child abuse" where a mature person achieves sexual stimulation through a child. Forcing or luring a little one into a sexual act for physical gratification is considered child sexual abuse (Theoklitou et al., 2012). American Psychiatric Association (2013) announced that if there is any non-accidental verbatim or figurative act done by parents or caretakers, which resulted in remarkable intellectual damage to the child must be considered emotional or psychological abuse (Boland, 2015) When parents or caretakers are not able to provide required and adequate basic necessities, it's designated as "neglect". Lack of attention, love, and nurturing also come under the same umbrella (Theoklitou et al., 2012).

3. Classification of Childhood Trauma

3.1. Direct Trauma

It may be termed as active maltreatment and "acts of commission" as well. Acts of commission refer to harmful actions inflicted upon a child, such as physical abuse resulting in bruising, severe pain, limited mobility, scars, burns, shaking, or even more severe and life-threatening injuries like inflicted brain injury. This category also encompasses sexual abuse or exploitation, along with the exposure of the child to sexual acts. Emotional abuse involves subjecting the child to repetitive verbal insults (i.e., referring to the youngster as stupid or ugly on a regular basis), swearing, and hurtful comments (i.e., loser, dumb) that demean their self-worth.

3.2. Indirect Trauma

It is also termed passive trauma and "acts of omission" as well. Failures in caregiving are examples of acts of omission. Witnessing family violence means the child experiences or witnesses aggressive verbal altercations or physical violence within their family. Neglect, another form of maltreatment, ranges from not providing basic necessities such as food, shelter, clothing, and proper care, including necessary medical attention, to exposing the child to harmful substances.

4. Impact of Childhood Trauma on Physical well-being

Poverty has been associated with exponential delayed growth and wasting, as well as decreased brain volume, and

is also connected with functional decline. Children who are subjected to higher amounts of psychological stress have higher cortisol levels and are more prone to suffer common childhood maladies such as otitis media, viral infections, asthma, skin-related problems like dermatitis, disorders of the intestine like peptic ulcers, and urinary tract infections (Karlén et al., 2015). In contrast to adults without previous experiences of assault, individuals with a background of sexual or physical assault are more likely to have a variety of somatic symptoms. Mc Cauley et al. (1997) found a number of symptoms in women significantly correlated with a history of physical or sexual abuse in a primary care practice, including nightmares, pain in the back, headaches frequently, pain in the pelvic, genital, or private areas, binge eating, or generated vomiting, common fatigue, difficulty sleeping, abdominal or stomach pain, discharge from the vagina, and breast pain. Symptoms include nightmares, backache, head pain, pelvic/genital discomfort or pain, overeating, chronic fatigue, poor sleep, grievance of gastrointestinal or stomach pain, discharge from the vagina, breast pain, chest pain, a feeling of suffocation, an unpleasant aftertaste when eating, an inability to urinate, gastrointestinal issues like constipation and diarrhoea, multiple bruising, and hyperventilation.

5. Effect of Childhood Trauma on Mental well-being

Experiencing traumatic events during childhood or adolescence has been shown to correlate with numerous negative mental health outcomes, such as psychotic episodes, depression, anxiety, post-traumatic stress disorder, and fear of happiness. Childhood trauma and psychosis: A growing body of evidence supports the link between childhood trauma and psychosis. These associations include greater vulnerability to psychosis, increased intensity of psychotic symptoms, more frequent occurrence of emotional symptoms and substance use, as well as more severe impairments in functioning (Stanton et al., 2020). The odds of experiencing psychosis increased 2.5-fold with each additional trauma, and individuals who experienced three or more traumatic events increased their risk of developing psychosis by a factor of 5 (Trauelsen et al., 2015).

The degree of psychotic symptoms was shown to be significantly correlated with the severity of adolescent trauma, according to a meta-analysis of the research that was available. Experience to physical, emotional, and sexual abuse and neglect has been linked to an increased risk of psychosis, according to a large body of empirical evidence (Bentall et al., 2014). The degree of childhood trauma was linked with elevated rates of thoughts of suicide and behavior, as well as non-suicidal self-harm, amongst adolescents considered to

be at very high risk for psychosis. Decreased ability to adapt and worse medical results were also linked to this factor (de Vos et al., 2019). Positive psychosis symptoms, like delusions and hallucinations, were shown to have the highest correlation with the overall number of traumatic events in a meta-analysis conducted by Bailey & colleagues. Negative symptom intensity, on the other hand, was most strongly linked to child neglect (Bailey et al., 2018). Psychosis-related symptoms might be affected by past trauma, particularly in females. Higher neglectful behaviors and emotions scores were associated with more severe both positive and negative signs, depressed symptoms, general psychopathology, and worse social functioning in females with psychotic illnesses (Garcia et al., 2016).

5.1. Childhood Trauma and PTSD

Posttraumatic stress disorder (PTSD) is one of the long-term consequences of childhood trauma (Sauders et al., 1992). When a child experiences trauma, their developing brain and emotion regulation systems can be significantly affected. When trauma is severe or chronic, it can disrupt normal emotional and psychological development, leading to a range of problems including PTSD (Heim et al., 1997). PTSD is a psychological health condition that could occur as a result of seeing or experiencing a traumatic event. Symptoms include intrusive memories, flashbacks, nightmares, avoidance of reminders, adverse changes in thoughts and attitudes, and increased reactivity. These symptoms can persist for months or even years after the stressful event.

5.2. Childhood Trauma and Depression

It is growing more widely recognized that traumatic experiences in childhood are a major risk factor for adult depression. The probability of developing depression in the future increases significantly for those who experienced severe trauma as children, according to the current research. Different types of childhood trauma can leave deep psychological and emotional scars. These early traumatic experiences can disrupt healthy emotional development, shape negative core perceptions of oneself & the world, and contribute to difficulties managing emotions and relationships. The impact of childhood trauma on depression is often mediated by the formation of maladaptive coping mechanisms, altered stress responses, and changes in brain structure & function. Those who suffered a traumatic event as a child may show classic symptoms of depression, including persistent sadness, lack of interest in previously enjoyed activities, changes in appetite and sleep, and feelings of worthlessness. Having a traumatic incident as a child is a significant risk factor for developing depression later in life. Experience to any sort of childhood trauma was related with a

risk for depressive disorders in adulthood that exceeded twice, according to research that looked at the correlation between child maltreatment & depression in the past (Li et al., 2016). Another meta-analysis came to the same conclusion, finding that childhood maltreatment has a positive association with depression, with a greater link shown in situations of emotional assault & neglect of emotions (Humphreys et al., 2020). Treatment for depression after childhood trauma should include psychotherapy, social support, and possibly medication. Reducing the likelihood of depressive disorders & encouraging healthy emotional well-being in adults who have suffered childhood trauma could be greatly assisted by early detection and treatment therapies that concentrate on processing & healing from traumatic events.

5.3. Childhood Trauma and Anxiety

The complex connection between childhood trauma & the emergence of anxiety-related conditions or anxiety symptoms is an essential factor for tracking while researching the consequences of childhood trauma. Research suggests a compelling link between childhood trauma and increased vulnerability to anxiety later in life (Jurueña et al., 2020). Various forms of trauma, including sexual, physical and emotional abuse, as well as neglect, can disrupt the natural development of coping mechanisms and induce heightened feelings of fear and hypervigilance. These experiences can contribute to the creation of maladaptive thought patterns and behaviors that can manifest as anxiety disorders. ACEs refer to potentially stressful incidents that occur during childhood, including encounters with violence, abuse, or neglect, observing violence in the home or community, and other elements in a child's environment that have the potential to erode a child's feelings of safety, consistency, and connection (Negri, 2020). Children who are exposed to trauma might grow anxious to danger and have difficulty learning to control their emotions (Marusak et al., 2014). The experience of trauma can shape their perception of the world as unpredictable and dangerous, leading to increased anxiety and worry (Downey & Crummy, 2022). This pattern of heightened arousal and vigilance can persist into adulthood, contributing to the onset or exacerbation of several anxiety disorders.

5.4. Childhood Trauma and Fear of Happiness

The perception that pleasure can have weak consequences is referred to as "Fear of Happiness" and is undoubtedly correlated with despair (Gilbert et al., 2012; Joshanloo, 2013). Fears of happiness is an indicator of post-traumatic stress disorder in women (Sar et al., 2019a). It is hard to speak about how trauma in childhood could lead an adult to be afraid of success. Women in particular who experienced

childhood trauma are more likely to experience a fear of happiness, according to research (Sar et al., 2019b). Research shows that encountering trauma as a child might prevent positive ways to cope and self-esteem from developing (Downey & Crummy, 2022). Trauma survivors may have learned to equate negative feelings with safety, while good emotions such as pleasure may be strange or even scary. Because it disrupts emotional patterns developed during traumatic events, it can lead to a fear of happiness (US, 2014). Happiness often involves a sense of vulnerability and sincerity. Being vulnerable can be scary for people who have experienced childhood trauma because it was previously associated with danger. Consequently, to avoid potential emotional injury, individuals may avoid events or experiences that may provide pleasure (Lazić & Petrović, 2020).

5.5. Resilience and Recovery

While the impact of childhood trauma is undoubtedly profound, it is important to remember that not all trauma survivors are forever scarred (Fratto, 2016). Resilience and the existence of a supportive environment can help reduce the long-term effects of childhood trauma (Wamser-Nanney et al., 2020). Professional therapeutic approaches such as trauma-focused therapy or resilience training can help with trauma processing and recovery (Machtiger et al., 2019).

6. Conclusion

Childhood trauma leads to psychological and physical wounds which impact a person for the rest of their lives. As an adult, you might experience varying degrees of trauma's psychological, emotional, cognitive, & physical after-effects. In order to stop the endless cycle of trauma for future generations, it is essential to learn about the long-term effects of trauma experienced as a kid. By fostering a compassionate and supportive environment, society can help survivors heal and reclaim their lives and overcome the burden of lingering scars from their traumatic past.

7. Competing Interests

The authors declare that no competing interests exist

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