

## CHILDHOOD TRAUMA AND ITS EFFECTS IN ADULTHOOD

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### **Abstract**

*Childhood trauma is seen as the experience of an event by a child that is emotionally painful or distressful which often results in lasting mental and physical effects. Trauma is an emotional response to a terrible event, like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches and nausea. Children who suffer from child traumatic stress are those children who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the traumatic event must have ended. There are several types of trauma, of which include acute trauma, chronic trauma and complex trauma etc. The common therapy approaches to help heal from trauma include pharmacotherapy, which is the use of medications to manage disruptive trauma reactions, cognitive behavioural therapy, behavior therapy, eye movement desensitization and reprocessing (EMDR), hypnotherapy, psychodynamic therapy and group therapy. Experiencing trauma in childhood can result in a severe and long lasting effect. When childhood trauma is not resolved, a sense of fear and helplessness carries over into adulthood, setting the stage for further trauma. Thus, the need for this work.*

**Keywords: Trauma, childhood, adulthood, physical health**

### **INTRODUCTION**

According to the American Psychological Association (APA) (2013), trauma is “an emotional response to a terrible event like an accident, rape, or natural disaster.” There are several types of trauma, some of which include:

- **Acute trauma;** this type of trauma mainly results from a single distressing event, it could be an accident, assault or natural disaster.
- **Chronic trauma;** this is as a result of repeated and prolonged exposure to traumatic events or situations.
- **Complex trauma;** this results from exposure to collaborative traumatic experiences.

There is also a term known as Secondary trauma/vicarious trauma, this is when a person develops trauma symptoms as a result of close contact with someone who has experienced a traumatic situation. Childhood trauma is often described as serious adverse childhood experiences. Children may go through a range of experiences that classify as psychological trauma, these might include neglect, abandonment, sexual abuse and physical abuse, witnessing abuse of a sibling or parent or having a mentally ill parent. Childhood trauma can occur when a child witnesses or experiences overwhelming negative experiences in childhood. Many childhood experiences can overwhelm a child. This can happen in relationships e.g. abuse, neglect, violence. This is called interpersonal trauma. Trauma in early childhood can be especially harmful. Early childhood trauma generally means trauma between birth and the age of six. A child’s brain grows and develops rapidly, especially in the first three years. Young children are also very dependent on the caregivers for care, nurture and protection. This can make young children especially vulnerable to trauma. When trauma occurs early it can affect a child’s development. It can also affect their ability to attach securely, especially when their trauma occurs with a caregiver.

International surveys show that traumatic experiences are very common across the world. One study showed that nearly half of all children in the United States are exposed to at least one traumatic social or family

experience (Bethell et al, 2014). This is not far from what is obtainable in Nigeria today and thus, the need for this work cannot be overemphasized.

## **THEORETICAL FRAMEWORK**

### **Psychodynamic theory**

The psychodynamic theory formed the theoretical framework for this work. It is a theory of personality originally created by Sigmund Freud. Psychodynamic theory explores a person's deeply rooted drives, needs and desires, emphasizing unconscious psychological processes and also postulates that childhood experiences are paramount in shaping adult personality. According to the psychodynamic theory, traumatic events that occur in childhood can remain in the unconscious and resurface as problems later in adult life. This school of thought believes that all behaviour usually is a result of memories stored in our unconscious; this is why an individual may respond to a traumatic event even after many years of its occurrence.

According to Sigmund Freud, unconscious thoughts and feelings can be transferred to the conscious mind through parapraxes, also known as Freudian slips or slips of the tongue, this is when we reveal what is really on our mind without really knowing, therefore saying something we didn't mean to say.

This theory therefore explains the dynamics governing childhood trauma and its effect in adulthood. It explains that an individual who must have experienced some sort of traumatic experience during childhood, for example; sexual abuse, neglect, physical abuse etc., is likely to exhibit some abnormal behaviours in adulthood as a result of the trauma.

### **Early childhood trauma**

Violence against children includes physical and/or emotional maltreatment, sexual abuse, neglect, commercial exploitation and any kind of neglect/abuse that results in actual or potential harm to health, survival, development or dignity of the child in the context of a relationship of responsibility, trust or power (WHO, 2016). From the psychodynamic point of view, trauma involves events in the individual's life that imply an amount of excitation which surpasses his/her ability to tolerate and elaborate psychically (Laplanche & Pontalis, 1996). As developing beings, children are more susceptible to this type of event (Garland, 2015).

Research has suggested that individuals exposed to early trauma present changes in brain structure (Kristensen, Parente, & Kaszniak, 2006; Hoy et al, 2012; AAS et al., 2012), in cognitive functions (Grassi-Oliveira, Ashy, & Stein, 2008; AAS et al., 2012) and as well as deficits in psychological functioning in general (Jonas et al., 2011).

Previous research also revealed that children exposed to trauma will be at increased risk for developing diverse clinical conditions in adulthood, such as mood disorders (Zavaschi et al., 2006; Figueiredo, Dell'aglio, Silva, Souza and Argimon, 2013; Li, D'arcy, Meng, 2016), post-traumatic stress disorder (Read, Van, Morrison & Ross, 2005; Catalan et al., 2017; Isvoranu et al., 2017), high-risk and suicidal behaviors (Lu et al., 2008), marital violence and child abuse (Roustit et al., 2009), and personality disorders (Waxman, Fenton, Skodol, Grant, & Hasin, 2014; Conceição, Bello, Kristensen, & Dornelles, 2015).

In a study by Waikamp and Barcellos Serralta, (2018). ,their findings indicate that all the traumatic dimensions experienced by their patients in their childhood (emotional neglect, emotional abuse, physical abuse, physical neglect, and sexual abuse) have significantly influenced the level of their current psychological distress. Hence, there is a positive relationship between traumatic events in childhood and various clinical conditions and psychopathological symptoms in the adult (Roustit et al., 2009; Figueiredo et al. 2013; Breslau et al., 2014; Waxman et al., 2014; Isvoranu et al., 2017).

Traumatic events vary from scope to intensity and at times, there is a dosage effect. Maschi, T., Baer, J., Morrissey, M. B & Moreno, C (2012). A person's subjective response to traumatic events may be psychological, and/or physiological and survivors may be affected in a variety of ways across the different stages of the life span: childhood, adulthood, and older adulthood (Elder, 2003; Pearlin, Schieman, Fazio, & Meersman, 2005), this response to traumatic events may also vary from person to person, individual A may

likely not present the same symptomatic response as individual B. As the response varies, so does intervention.

### **Trauma and physical health**

In as much as trauma has its effects on mental health, trauma also takes its toll on biological well being. Research revealed that early life trauma has been proven to be associated with the physical health of later life, this could include the development of health problems such as diabetes, heart problem, etc. Other health-related factors include higher usage of psychotropic medications, reduced capacity in activities of daily living, and poorer ratings on self-reported health activities of daily living (Draper et al., 2008; Petkus, Gum, King-Kallimanis, & Wetherell, 2009; Stessman et al., 2008).

Early traumatic experience is also evident in risk behavior studies. (Maschi et al, 2012). Research within the past decade shows that early life trauma subsequently affects health risk behaviors (Sachs-Ericsson et al., 2010; Stessman et al., 2008; Vielhauer & Findler, 2002). These risk behaviors include substance use, sexual activity, and heightened stress response, which may further compromise later life physical and mental well-being (Acierno et al., 2007; Bright & Bowland, 2008; Haugebrook, Zgoba, Maschi, Morgen, & Brown, 2010). Similarly, older adults with earlier life trauma, have been shown to have a higher risk of revictimization or elder abuse, especially if their social support network is limited (Acierno et al., 2007).

### **Childhood trauma types and later life outcomes**

The types of childhood trauma experienced and the relationship to later life mental and physical health outcomes varies across studies. (Maschi et al, 2012). Being a direct victim of violence as compared with witnessing violence first hand was found to have more adverse mental health effects (Draper et al., 2008). According to a study by Shmotkin and Barilan (2002) they found out that direct trauma exposure had a positive association with symptoms of depression among older adults. In disparity, indirect trauma exposure had either no association or an inverse association with depression.

### **Post-Traumatic Stress Disorder (PTSD)**

When you compare adult survivors of childhood trauma with other adults who did not experience trauma, it is likely that the former are more prone to develop post traumatic stress disorder. This is especially shown for symptoms of avoidance and re experiencing symptoms (Acierno et al., 2007). Hiskey and colleagues (2008) found that older adults, who were childhood trauma survivors, experienced later life reactivation of traumatic memories, which had intense and vivid aspects with the same subjective potency experienced during the actual traumatic event.

### **Trauma assessment**

Trauma assessment is a comprehensive kind of assessment and is usually done by a mental health professional, unlike trauma screening which is descriptive and can be implemented by a non-clinician. (Kerig, Ford, & Olafson, 2014). Assessments implements observations, standardized measures, formal and informal interviews with the child, teachers, social services workers, caregivers, and parents, and a review of school and medical records (Eabon & Abrahamson, n.d.; Kerig, Ford, & Olafson, 2014).

Trauma assessment should evaluate two major elements: exposure and reaction (Briere & Spinazzola, 2009). Exposure assessment involves examining what type of trauma the child was exposed to and how long the exposure lasted (Briere & Spinazzola, 2009). Assessing reaction involves evaluating the child's response to exposure such as behavioral, emotional, and physical presentations (Briere & Spinazzola, 2009). It is important to note that not all children who experience trauma will exhibit adverse reactions (Briere & Spinazzola, 2009).

### **Treatment**

Some of the effective therapies employed in the treatment of trauma are as follows;

**Trauma Affect Regulation Group Education and Therapy (TARGET):** This is a theoretical

Perspective that is based on developmental trauma and cognitive behavioral therapy and focuses on trauma regulation, trauma processing, relationship repair, and social engagement using strength based and resilience-enhancing approaches (Ford & Russo, 2006). This treatment can also incorporate historical trauma, spiritual beliefs, families with low socioeconomic statuses, and community norms (Ford & Russo, 2006). TARGET is an ideal perspective for juvenile justice, school, and child welfare settings (Agosti, Conradi, Halladay, & Langan, 2013; Brunzell, Waters, & Stokes, 2015; Ford & Blaustein, 2013).

**Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS):** This is a form of cognitive behavioral therapy that addresses issues such as dissociation, affect regulation, impulsivity, self-regulation, somatization, future orientation, and relationships (Brom, Pat Horenczyk, & Ford, 2009). It is designed to specifically to address trauma related to physical and sexual abuse and also community violence by helping youths to cope through improved self-efficacy and establishing positive relationships (Habib & DeRosa, 2008).

**Integrative Treatment of Complex Trauma (ITCT: )** This is a treatment for both adolescents and children and it takes a multidimensional approach: attachment, cognitive behavioral, exposure, affect regulation, mindfulness, triggers, and psycho education (Lawson & Quinn, 2013). ITCT addresses issues such as physical, sexual, and emotional abuse, traumatic grief, community violence, and medical trauma (Lanktree & Briere, 2013). It also addresses issues related to social marginalization and poverty (Lanktree, et al., 2012).

**Attachment, Regulation, and Competency (ARC) therapy:** is based on attachment theory, child development, resilience factors, and it addresses attachment, self-regulation, and social competency (Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola, 2013). It targets early childhood trauma and ongoing adverse experiences (Kinniburgh, Blaustein, Spinazzola, & van der Kolk, 2005). ARC therapy uniquely considers contextual and cultural factors related to the child, the child's caregivers, and the social environment of the child (Kinniburgh, Blaustein, Spinazzola, & van der Kolk, 2005). The goal of ARC is to not only treat the child, but also develop a trauma informed milieu and systems that interact with the child (Kinniburgh, Blaustein, Spinazzola, & van der Kolk, 2005).

**Trauma Systems Therapy (TST):** This involves exploring multiple spheres in the child's life, and a multidisciplinary team is usually engaged in treatment (Saxe, Ellis, & Brown, 2015). The team may include important figures in the child's life such as spiritual leaders, teachers, and caseworkers (Saxe, Ellis, & Brown, 2015). TST is executed in three stages: safety focused treatment, regulation focused treatment, and beyond trauma treatment (Saxe, Ellis, & Kaplow, 2006).

**Trauma Focused Cognitive Behavioral Therapy (TF-CBT):** This addresses common emotional and social issues related to trauma such as posttraumatic stress disorder, attachment and relationship problems, academic problems, cognitive issues, depression, and anxiety (Deblinger, Mannarino, Cohen, Runyon, & Steer, 2011). TF-CBT is designed for trauma related to sexual abuse, traumatic grief, domestic violence, terrorism, and natural disasters (Cohen & Mannarino, 2008). TF-CBT has been modified to work in public systems (e.g. child welfare, juvenile justice, and schools) as well as special populations (e.g. military) (Cohen & Mannarino, 2008; Cohen, Mannarino, Berliner, & Deblinger, 2000; Deblinger, Mannarino, Cohen, Runyon, & Steer, 2011).

**Real Life Heroes (RLF):** is a resilience-based treatment (Richardson, Kagan, Henry, Delorenzo, & Brophy, 2001). It specifically addresses abandonment, loss, domestic violence, disasters, medical trauma, neglect, and physical, emotional, and sexual abuse and is most suitable for complex posttraumatic stress (Kagan, 2007; Richardson, Kagan, Henry, Delorenzo, & Brophy, 2001). RLF employs several tools such as yoga, story-telling, mindfulness, multi-sensory and creative arts to restore, improve, or build relationships and affect regulation (Kagan, Douglas, Hornick, & Kratz, 2008; Kagan & Spinazzola, 2013).

## **Conclusion**

Individuals who witnessed traumatic experiences first hand or second hand during childhood will most likely develop emotional problems like anxiety, depression, negative social networks etc as adults. The psychodynamic theory postulated that traumatic events that occur in childhood can remain in the unconscious and resurface as problems later in adult life. This school of thought believes that all behavior usually is a result of memories stored in our unconscious.

In the treatment of trauma, the clinician seeks for ways to strengthen the individual's social networks and correct the effects of past traumatic experiences. Thus, there is every need for clinicians to intervene effectively and efficiently in the treatment of trauma in childhood for better adulthood.

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