Chapter 2
Childhood Trauma:
Impact and Management

Alisha Arora
Central Institute of Psychiatry, Ranchi, India

Madhumita Bhattacharya
Central Institute of Psychiatry, Ranchi, India

ABSTRACT

The chapter explores the profound effects of childhood trauma on children and provides insights into effective strategies for its management. Drawing from extensive research in psychology, neuroscience, and trauma studies, the chapter examines the complex interplay between traumatic experiences and the developing brain, emphasizing the importance of understanding the specific developmental stages during which trauma occurs. Furthermore, the authors discuss a comprehensive overview of evidence-based interventions and approaches for managing childhood trauma. By providing a synthesis of current knowledge and best practices, this chapter seeks to contribute to the ongoing efforts to create a nurturing and resilient environment for children affected by trauma, promoting their healing and well-being.

INTRODUCTION

Trauma is becoming more widely acknowledged and has a significant impact on society. However, because of stigma and fear, most violence against children goes unreported or is kept a secret. *Trauma*, in DSM-5, is defined as exposure to actual or threatened death, serious injury, or sexual violence in one or more of four ways: (a) first-hand experience of the event; (b) first hand observation of the event occurring to others; (c) learning that the event occurred to a close relative or friend; and (d) experiencing repeated or extreme exposure to traumatic details of such events (APA, 2013). The National Child Traumatic Stress Network (NCTSN, 2020) defines *Childhood Trauma* as 'an event that a child experiences that is frightening, hazardous, or violent and puts the child's life or physical integrity in danger'. The core feature of the childhood trauma construct is the betrayal of trust, but it places a great emphasis on the element of potential life threat. The NCTSN asserts that indirect exposure to or observation of traumatic events

is also included in childhood trauma because children's safety may be compromised if their caregivers/loved ones are subjected to and negatively influenced by traumatic occurrences (NCTSN, 2020).

Children may experience trauma in a variety of ways, including accidents, severe illnesses or injuries, sorrow, and natural catastrophes, to mention a few. A child's emotional well-being and regulation can also be disrupted due to such volatile events (Barlow et al., 2017). Persistently stressful situations, including physical, sexual, and emotional abuse, neglect, family violence and discourse, community violence, carer substance abuse, mental illness, and incarceration, have the most pervasive and far-reaching effects in the lifetime of a young mind (Nelson et al., 2020). Therefore, the phrase "childhood trauma" refers to a broader and more inclusive concept that encompasses both interpersonal events like violence and wartime experiences as well as non-interpersonal ones like major accidents and life-threatening illnesses. This construct encompasses 'child maltreatment' and 'childhood adversity'.

'*Child maltreatment*' entails range of interpersonal abuse behaviours that significant others do towards children that have the potential to affect many parts of the kid, including their survival and dignity. Hence it includes subtypes of physical, sexual, and emotional abuse as well as physical and emotional neglect (WHO, 2017). Therefore, compared to 'child maltreatment', the concept of 'childhood trauma' is more expansive and all-encompassing.

In the literature, the phrase *'Childhood adversity'* is also used to describe incidents that cause harm to children. Childhood adversity, according to McLaughlin (McLaughlin and Sheridan, 2016), is defined as "experiences that are likely to require significant adaptation by an average child and that represent a deviation from the expectable environment." Hence, adversities are deviances in the environment which demand a significant adjustment by the child. The term includes events such as sexual abuse, as well as broader environmental stressors and disturbances like substance abuse in family and carer mental illness (Anda et al., 2020). It has also been used to refer to negative experiences like accidents or natural disasters (Kessler et al., 1997).

Since the landmark study by Felitti and colleagues (1998), the term Adverse Childhood Experiences (ACEs) has been more regularly used to identify childhood trauma (Angelakis et al., 2020). Over the past two decades, the term ACEs has generally been used to refer to a total of ten experiences, broken down into three groups: *abuse* (physical, emotional, and sexual); *neglect* (physical and emotional); and *household dysfunction* (living with someone with mental illness, substance use problem in home, witnessing domestic violence, incarcerated parent/caregiver, and divorce/separation of parents) (National Research Council, 2014).

PREVALENCE OF CHILDHOOD TRAUMA

The need to detect, record, and report instances of suspected or confirmed childhood trauma is growing on a global scale (McKenzie & Scott, 2011). Maltreatment with children has been called out as a global public health concern by the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF). Data from 195 countries and territories were analysed for the Global Burden of Disease Study: Collaboration on Child and Adolescent Health (2019), which found that more than 1 billion children and adolescents experienced violence, abuse, or neglect in 2019.

The situation in India is comparable to a silent epidemic. According to Behere et al. (2013), every other adolescent in India experiences sexual abuse and violence. In 2015, a survey of students in Puducherry revealed that 48% had experienced physical appearance-based bullying, 56% had experienced

Related Content

Mass Media's Negative Narratives: Secondary Psycho-Sociological Trauma on Students' Self-Identity and Academic Success
Michelle Jeanette Toma (2022). *Impact of School Shootings on Classroom Culture, Curriculum, and Learning (pp. 190-217).*
www.irma-international.org/chapter/mass-medias-negative-narratives/289245

The Dawn of Paternal HR: An Exploratory Study Using System Dynamics Approach
Muhammad Abdullahand Salman Iqbal (2020). *Occupational Stress: Breakthroughs in Research and Practice (pp. 217-237).*
www.irma-international.org/chapter/the-dawn-of-paternal-hr/240307

Unobtrusive Wearable Technology for Health Monitoring
James Amorand Christopher James (2015). *Handbook of Research on Innovations in the Diagnosis and Treatment of Dementia (pp. 382-395).*
www.irma-international.org/chapter/unobtrusive-wearable-technology-for-health-monitoring/129286

Adolescent and Adult Mass Shooters: Trauma, Mental Health Problems, and Early Prevention
Christopher A. Mallett (2021). *Research Anthology on Mental Health Stigma, Education, and Treatment (pp. 1155-1179).*
www.irma-international.org/chapter/adolescent-and-adult-mass-shooters/276077

Virtual School Counseling
Barbara Christine Wilson (2022). *Best Practices for Trauma-Informed School Counseling (pp. 112-137).*
www.irma-international.org/chapter/virtual-school-counseling/305569