

1-7-2021

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Recommended Citation

Creed, Anna (2021) "Nurture, Not Nature: Trauma and Children," *Conspectus Borealis*: Vol. 6 : Iss. 1 , Article 13.

Available at: https://commons.nmu.edu/conspectus_borealis/vol6/iss1/13

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Nurture, Not Nature: Trauma and Children

Childhood is, to many, an adventurous and fond time in their lives; memories of having playdates with friends, going on picnics with family members, and countless other significant moments accompany this phase of development. For some individuals, there are no noteworthy events, only flashes of pain and hurt. From the fear of being sought after by an angry and intoxicated parent to the extreme cases of waking up to a parent on top of them, these are unfortunate recollections that some bear from their childhood. Regardless of how a child grows up, there is no arguing the influence it has on their development. Children from all contexts and ages can experience trauma in significantly impactful ways, and this abuse can influence their perceptions of identity and relationships with others from early on in their life. However, children who do experience this type of developmental trauma can, and most often do, overcome their past experiences. Within this paper the definition of trauma is discussed along with an analysis of peer-reviewed articles that further support the long-term effects of trauma within childhood.

There are many ways to quantify and define trauma, but not all definitions can accurately explain what trauma is. Regardless, to many experts in the field of childhood development, trauma is recognized as certain occurrences or situations that are damaging or threatening to one's life. The types of traumatic events may manifest themselves in sexual, mental, emotional, natural, or physical ways. Potential scenarios may include something as common as tornadoes, to parents physically and verbally abusing their child, or simply existing in an environment so stressful that their state of mind becomes altered (Sweeney, Clement, Filson, & Kennedy, 2016). Different types of trauma exist, with a major type being complex trauma. Complex trauma is a

term used to explain continual, lengthy, and significant experiences that consistently occur, usually between the abuser and victim. These events occur most frequently during one's younger years of life, inside their caregiving unit (Van der Kolk, 2017). Possible instances of this type of trauma could involve sexual and physical maltreatment, neglecting one's educational needs, or a caregiver not providing for the child. (Van der Kolk, 2017). Regardless of the various arrays of trauma that are present, it is evident that their outcomes leave a permanent stain on victims that follow them for years to come.

A popular empirical method for identifying trauma in youth is the Adverse Childhood Experiences (ACEs) questionnaire, as trauma and ACEs are directly related. Beginning in 1988, researchers wanted to examine the relationship between abuse and maltreatment in children, which was one of the primary factors in adult death (Fox, Perez, Cass, Baglivio, & Epps, 2015). This was measured by utilizing the ACEs questionnaire and scoring method with a sample of individuals who experienced childhood trauma. In the questionnaire, subjects were asked to answer various questions on hypothetical abuses they experienced; each trauma they went through got a point, and the total number of points was the ACE score. Results show that the higher one's ACE score was, the more likely they would be at risk for experiencing chronic life-threatening conditions. In addition, the more ACEs one experienced as a child, made them more susceptible to mental health concerns such as depression or anxiety (Fox, Perez, Cass, Baglivio, & Epps, 2015). These studies support the idea that having many ACEs from abuse in childhood significantly correlates with one's health later in life.

Studies concerning ACEs continue well into modern research and many developmental researchers are trying to understand the association between childhood trauma and lifelong health. Fox et al. (2015) conducted a study utilizing the ACEs questionnaire and scoring system,

to understand how children experiencing ACEs become serious, violent, chronic offenders (SVCs). Researchers used two pieces of information: criminal files of juvenile SVC offenders and the Positive Achievement for Change device (PACT). The main function of the PACT was to assess the rehabilitation needs of juveniles along with the chances that they might offend again, measured from interviews between the offenders and probation officers. Additionally, the PACT contained information that allowed researchers to see the types of abuse(s) the juveniles experienced, if any, based on the ACEs scoring. Results of the study indicate that ACEs and their scores were exceptionally accurate foretellers of those who would become SCV offenders. Furthermore, children who were socially isolated were more likely to become an SVC. The severity of the maltreatment also heightened the chances of teens enacting criminal behavior between the ages of fourteen and eighteen. Lastly, ACE scores were more predictive of criminal behavior when compared to gender and socioeconomic status. This study is the first of many steps toward screening technology that can accurately predict who could become an SVC. Individuals with professions that oversee children can utilize this tool to predict at-risk children and intervene accordingly.

Another group of researchers, Song, Min, Huh, and Chae (2016), conducted a study to understand spirituality levels in patients with depression, ACEs, and other abuses in their childhood. They examined spirituality in relation to other variables, because it can be just as important of a tool for someone to develop their sense of identity. Spirituality is linked to a person's self-perception of their wellbeing, and ACEs can affect that. This study above referenced prior research findings that had demonstrated a significant relationship between spiritual activities and one's wellbeing, thus encouraging the researchers to further explore this relationship. They started by utilizing two self-report measures: the Childhood Trauma

Questionnaire-Short Form (CTQ-SF) and Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp-12). The CTQ-SF analyzed five different types of traumas (sexual abuse, emotional abuse, physical abuse, physical neglect, and emotional neglect) and the (FACIT-Sp-12) observed three aspects of spirituality (faith, peace, and meaning). The results show that individuals who faced emotional abuse in their childhood, along with depression, indicated a lower amount of spirituality and well-being in all three aspects. From the five types of trauma studied, emotional neglect was the only indicator of lowered levels of spirituality, specifically with meaning, compared to other types of trauma. In regards to the other types of traumas, specifically physical abuse, no statistically significant results were shown. Another study should transpire that tests other types of abuses, to see how they could correlate to the three parts of spirituality. Limitations exist with this study due to the minimal amount of data retrieved. Utilizing only two self-report measures risks inaccurate information and a lack of attention to important factors (health status, personal, environmental, and psychosocial circumstances) regarding the participants. Additionally, limiting the participants to adults with depressive symptoms in a hospital setting, reduces the generalizability of the results. Despite these circumstances, this study gives attention to how certain types of abuse, combined with mental disorders and spirituality, can affect one's well-being more severely than other types of abuse.

Spirituality is only one of many factors that is affected by ACEs—another such factor is the years of healthy life lost by individuals who have experienced traumas. Brown et al. (2009) directed a study to examine how ACEs elevated the chances of early death in adult individuals. Samples of adults who had gone through trauma answered questions from the ACEs questionnaire with follow up data gathered by calculating the years of life lost from potential

deaths of the subjects with two tools: years of lost life (YLL) and years of potential life lost (YPLL). The YLL is calculated by averaging the age of death to an external standard life expectancy curve, factoring in life expectancies above the standards and leaving a health gap for each death. The YPLL examines the number of years lost for an individual who does not live the projected number of years of their anticipated life expectancy. Findings indicate that the number of ACEs and premature deaths are related, with ACEs scores over one reducing one's lifespan significantly. Those with six or more ACEs, died roughly twenty years earlier than those with no ACEs, with the average age at death being seventy-seven-and-a-half. Moreover, the average YLL per death was three times greater with people having six or more ACEs compared to those without ACEs. People less than sixty-five, on average, reported more than one ACEs compared to participants over sixty-five, indicating a shorter age at death. Regardless of age, each adult in the sample endured at least one ACE in their lives. Due to the frequency of ACEs, though, the actual occurrence of them may be under-reported due to the sensitivity of the questions, limiting the total numbers of YLL and YPLL. Regardless, this study exhibits how continuous trauma can lead to serious mental and physical concerns, and ultimately lead to a shorter lifespan.

Anda et al. (2006) sought to unearth the kinds of changes that happen neurologically from ACEs and abuse in childhood. Subjects were mailed an ACEs questionnaire that asked about an assortment of mistreatments they may have endured, as well as health-related worries from youth to adulthood. Findings from this study show that childhood ACEs are directly related to the potential amount of mental disorders, health disorders, and comorbidities. Following that, many areas of the brain underwent a reconstruction that affected their primary function due to having more than four ACEs. An increased probability of panic disorders, depression, anxiety, or hallucinations affected the altered areas of the brain, such as the hippocampus, medial prefrontal

cortex, and amygdala. This reconstruction affected individuals' ability to respond to anxiety stressors in a healthy manner. Likewise, the increased chances of comorbid outcomes influence changes in the monoamine neurotransmitter functioning, and increase susceptibility to alcohol and drug abuse. This study emphasizes the unseen consequences of ACEs in childhood and how important early intervention is from a young age.

The details of these studies show how much development relies on the environment present. The possibility of becoming a lifetime member of prison, experiencing mental health challenges, to dying earlier than expected, is significantly influenced by the severity and amount of trauma experienced during one's lifetime. Despite the extensive research on ACEs and childhood, little attention is paid to the early environment and the social influences in this environment. More research needs to ensue for there is significance in following the timeline of a child's identity formation trail and seeing how it impacted their development.

During one's progression in becoming citizens of society, many adults, caregivers, and teachers have the opportunity to build a secure relationship with them. The process of socializing and instilling the child with qualities of an autonomous individual is vital for the initial phase of their development. The strength of the bonds formed between them and the young one ultimately sets the stage for how they will develop later on, as well as the path they will take. Children interpret how others, themselves, and the world around them function through the action of others. Additionally, the formation of the child's temperament, communication skills, and how they manage their feelings are also produced. When the essential parts of a supportive relationship (trust, love, consistency, and safety) are thwarted, children see the world as unforgiving and cruel. As a result, these children are unable to have a positive scope in life, rendering them unable to properly respond to negative events. Lacking a structured routine and

the consistency of care and affection impacts the child emotionally and mentally. Children that go through these types of experiences yearn for structure and control and will begin to grasp onto every opportunity to express this. Agreeing to every command of an adult and sticking to a very tight schedule are a few of the many behaviors they might demonstrate. In turn, coping mechanisms manifest in the form of aggressive outbursts, social withdrawal, and anhedonia. Eventually the child comes to realize that they can no longer rely on others and must fend for themselves (Cook et al., 2017).

Role models tightly attached to children outline the template of how to form healthy, intimate relationships with others. The attachment between a child and their caregiver is crucial; it is the first example of components of a relationship that a child will enact and witness. Abuse significantly impacts children in how they form relationships and attachments with others. Depending on the type of abuse(s), different types of attachment styles may reveal themselves in the form of coping with the trauma endured. Having a caregiver who neglects and ignores a child asking for help could result in the growth of a dismissive-avoidant or insecure-avoidant attachment in the child (Brandt, 2017). In a relationship, the behaviors and actions seen from the individual include keeping their partner, or friend(s) at a specific distance, or staying clear from any type of relationship entirely. Contrary to the certain behaviors, these individuals crave intimacy and a relationship like no other, constantly engulfed in a bubble of isolation. A disorganized-disoriented or fearful-avoidant attachment style may emerge due to continuous abuse from a caregiver (Brandt, 2017). Within the relationship, the ideas of intimacy and trust seem foreign to these individuals, shutting them down from their partners or friends. Yet at the same time, they fear the possibility of rejection. They are constantly wondering whether abuse or love will characterize the relationship, proving a challenge for them to fully take the steps to

achieve one. Additionally, individuals with caregivers who switched from being supportive to their needs, to then acting dismissive the next time around, could develop an anxious-pre-occupied or insecure-ambivalent attachment style (Brandt, 2017). Known as being “attached at the hip,” a constant need of affection, keeping an eye over every aspect of the relationship, and showing unstable moods are common for these individuals. A sense of obsession can materialize from the individual analyzing every part of the relationship they are in, leading them to accuse the other of actions never done. Regardless of the types of mistreatment one faced as a child, it is evident how much weight the strength of the bond between their caregiver has, for it shapes their present and future relationships.

A child’s initial relationships significantly affects their perception and identity formation throughout their development. Identity formation involves the sense of stability, having good notions of one’s self, and an understanding of who one is; this is something many strive to achieve. However, when trauma has taken place in one’s childhood, identity perception becomes difficult to reach; normal survival instincts overpower assets utilized for the buildup of a normal formation of individuality. Therefore, from reaching specific growth milestones later than usual, plus the onslaught of emotional burdens to carry into adulthood, the formation of one’s identity becomes lodged within a vicious cycle of safety-focused behaviors, and re-enactments of traumatic incidents. As a result, this sequence of events blocks any life learning encounters that promotes personal growth. Various forms of identity, typically negative, sprout from the maltreatment(s) and bloom into a deathly rose worn by survivors. Examples including stolen innocence, snapshots of specific activities that do not correlate to a person, or discovering huge gaps in some of their memories, are often associated with this identity. It is here, that one finds it impossible to tell their narrative from childhood, even up to early adulthood; with this, an

identity of missing parts is internalized, leaving the individual to wander aimlessly for the other components to complete them. An identity referred to as one's lost self is also utilized to compensate for the abuse. In this self, the detachment of major components, usually emotional in nature, that make up an individual, occur as a survival mechanism; the adaption of a primary role they are currently in may replace the empty parts of them, creating a façade of normality.

Usually, though, this method leads to one coming to the realization that something they cannot pin down is amiss in themselves. More extreme, but still possible, one can embrace a self where they become strangers to even themselves. From trauma causing such a shift in core relationships within their circle, these individuals train themselves to avoid any form of ruminations regarding themselves and see nothing but a complete stranger looking back at them. Trauma comes in many forms, leaving different marks on every person it touches; what remains, though, is the fact that it stole the opportunity for one to discover and understand their true selves (Brenner, 2017).

The understanding of trauma, the components of it, and various studies delve into the possible outcomes for survivors of abuse. It is evident the environment shapes the formation of individuals; this setting creates a mold for their adulthood and the path they embark. Moreover, it is clear that trait predispositions contribute significantly to the development of individuals. However, the environment interacts with predisposed genetic markers to create the perfect storm. In this case, the environment sets the course for how traits are expressed. Everyone is born with a unique assortment of qualities, tailored only to them. Nevertheless, their setting has enough influence to alter their genetic makeup. For example, in the study done by Fox et al. (2015), those who were most susceptible to becoming SVCs underwent minor to extreme cases of abuse in childhood. Through the environment in which they were raised, the genetic markers of survival within the juveniles influenced their behaviors towards violent outcomes.

Childhood trauma has harrowing consequences to endure. However, despite the difficult aftermaths survivors experienced, hope lies ahead for them. By looking at the situation from a different angle, individuals can see that an abundance of resources exist and are available to aid them in their process of healing. Yet most importantly, they can come to the realization that what happened to them does not determine who they are. The identity that they took on from their past is not final. Each day that passes creates more opportunities for them to rise above their trauma. By entering a new environment, these individuals can find and discover who they truly are and start a new positive and fulfilling life.

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