

Effects of Childhood Trauma on Adolescent Mental Health

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Abstract: Adolescent mental health issues are being increasingly acknowledged, yet the bulk of adolescent psychological issues may be traced back to childhood. This literature review provides a comprehensive analysis of the association between childhood trauma and mental health disorders in adolescents. A systematic search of relevant terms including emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, non-suicidal self-injury, suicide, aggressive behavior, Internet addiction, post-traumatic stress disorder, depression, and cognition was conducted. This review meticulously catalogs and discusses psychological disorders based on their specific classifications, resulting harms, association with childhood trauma, mediating mechanisms, and coping techniques. The findings from numerous pertinent journals and literature highlight a significant correlation between childhood abuse and neglect and various aspects of adolescent behavior, mood, and cognition. By a variety of intermediary systems, this association may be indirectly related. Treatment enables intervention and prevention of adolescent mental health issues. Several articles have demonstrated that childhood trauma has negative consequences on adolescent mental health. Unfortunately, there are research in this sector, and the majority of them is cross-sectional or has restrictions. Therefore, the contribution of this paper is to inspire readers or future researchers to further explore the effects of childhood trauma on adolescent psychology.

Keywords: childhood abuse, childhood neglect, adolescent psychological problems

1. Introduction

Currently, mental health is a topic of concern, and the issue of adolescent mental health has been regularly brought up. The recent death of 15-year-old Hu Xinyu, who hanged himself due to psychological problems, has catapulted adolescent mental health to an unprecedented level of social awareness. Adolescence is the period of transition from childhood to adulthood, which is also a crucial time. Its qualities include sensitivity and susceptibility to external environmental variables; this is the period during which psychological illness is most easily detected. 10% to 20% of adolescents globally suffer from mental health issues, according to a study [1].

The majority of teenage mental health difficulties may be traced back to childhood. Academics in the United States have begun to focus on the harmful effects of childhood trauma on youth mental health over the past few years. For example, Chuanyong Liu and collaborators assessed the impact of childhood trauma and intuitive stress on depression as well as an anxiety disorder in teens and found that these adolescents had more childhood trauma experiences [2]. There is an association between adolescent mental illness and childhood psychological trauma, as supported by both domestic and international research [3].

2. The Types and Specific Definitions of Childhood Trauma

The Childhood Trauma Questionnaire (CTQ-SF) demonstrated by Bernstein et al. outlines five subcategories of childhood trauma: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect [4].

Moreover, based on the number of traumatic episodes youngsters go through, some experts classify childhood trauma as Type I Disorder (single traumatic event) or Type II Disorder (repeated or persistent traumatic events). Emotional abuse and physical neglect are type II disorders, along with parental divorce and separation, which can cause long-lasting trauma in children [5].

Addressing the precise definition of childhood trauma, Jongsma argued that persons who have undergone the following circumstances may be considered to have had psychological trauma during childhood: 1) have had adverse emotional, physical, or sexual experiences in childhood; 2) emotional or physical neglect caused by lack of parental care and companionship during childhood; 3) parents with mental illness, antisocial behavior, or substance abuse; 4) parents who move frequently, are under great financial pressure, change their parenting frequently, or engage in promiscuous behavior; and 5) parents who are perfectionists, demanding, constantly belittling or criticizing others, adhering to a perfectionist parenting style [6]. Since the childhood trauma questionnaire is one of the most often used instruments to explore the impact of childhood trauma events, it is utilized as a reference for this review.

3. The Harm of Childhood Trauma to Adolescents' Mental Health

3.1. Behavior

3.1.1. Non-suicidal Self-injury (NSSI) and Suicidal Behavior

Non-suicidal self-injury (NSSI) is the improper, supervise, and repetitive mutilation of the liver absent suicide ideation by means of burns, cuts, scalds, and skin-scratching [3]. Since NSSI is more prevalent among adolescents around the world, it has received considerable attention from researchers. Both domestic and international studies reveal that childhood trauma is linked to NSSI in teenagers. A sample survey of an arbitrary German population with an age bracket of 48.4 years, as well as a ratio of 53.3% females vs males, revealed that participants with a heritage of self-injury expressed higher incidences of childhood abuse across all categories of abuse (emotional abuse, physical and sexual abuse, psychological and physical neglect). Mental abuse and neglect were demonstrated to be directly related to self-injury, whereas the impacts of physical and sexual abuse were completely buffered by self-expression and psychological coping [7]. Recent research on Chinese adolescents has found a link between childhood emotional abuse and self-injury [8]. Wenzhi He and colleagues conducted the study. Nanning middle school students provided samples that confirmed these findings. According to the study's findings, different types of childhood trauma have varying degrees of influence on the NSSI of middle school students. The most significant overall impact on NSSI is sexual abuse, followed by emotional and physical abuse [9]. Due to the young average age of the samples in this domestic study and the cultural peculiarity of one-child households, the research

findings differ slightly from those of the German study cited previously. Even if the majority of this research are cross-sectional or retrospective, the probability of recall bias is enough to explain the connection between both non-suicidal self-injury in adolescents and childhood trauma. This is true even if the majority of these studies are retrospective.

Stewart et al. define suicidal behavior as the intentional self-destructive behavior of killing oneself [10]. In recent years, the rate of youth suicide has increased, although research on the impact of traumatic events on suicidal behavior in China is still limited. Most suicidal teenagers with a history of childhood trauma, as noted in the relevant literature [11], are adolescents with a history of depression. Early international research has established a high correlation between childhood maltreatment and neglect and suicide. Abuse in childhood, particularly sexual abuse, increases the likelihood of suicide conduct [12].

3.1.2. Aggressive Behavior

Aggression is one of the most prevalent sorts of teenage behavior issues. Typically, it refers to physical or verbal activity that is intended to cause harm to others. This kind of behavior can be harmful to both the individual and the community. In terms of the relationship involving childhood trauma and adolescent aggressiveness, Lewis et al. reviewed crime files and unearthed that 80 to 90 percent of offenders had suffered abuse and a quarter of those who experienced severe abuse as a child were convicted of a crime [13]. An association between the prevalence of early abuse and an increase in aggressiveness ratings was validated by a second study with non-clinical adolescents in Germany. The study's findings indicate that childhood abuse is, in fact, a risk factor for later violent conduct [14]. Social learning theory explains this phenomenon by proposing that children who experience violence may internalize these acts as typical and adopt them in their future interactions with others. According to Dodge et al., a variety of dysfunctions, including emotional control and comprehension, caused by childhood trauma may contribute to adolescent aggressiveness. Although the aforementioned research varied in their analyses of the origins of aggression, they all point to the conclusion that early abuse has a direct effect on aggressive behavior.

3.1.3. Internet Addiction (IA)

Due to the Internet's surge in popularity and extensive use, the issue of "Internet addiction" has evolved and is highly prevalent among adolescents. Regarding the definition of Internet addiction (IA), no clear standard exists. According to the "Clinical Diagnostic Criteria for Internet Addiction", it is a mental and behavioral illness induced by excessive and recurrent Internet use [15].

Several factors influence IA. Individuals' self-control, according to the "limited self-control theory," is limited and easily undermined. Nonetheless, childhood abuse causes stress, which reduces self-control [16]. Relevant foreign studies have confirmed this conclusion: a sample study involving children and adolescents of various ages and family backgrounds from across the country shows that child abuse promotes the development of poor self-control and that there is a significant negative correlation between the two [17]. Thus, childhood abuse will impair the self-control of adolescents and result in Internet addiction. In addition, Geng Xu and colleagues sampled middle school pupils from the province of Anhui. They discovered that emotional, sexual, and physical abuse in childhood were risk factors for mild IA in adolescents [18]. This suggests further that childhood trauma has a deleterious effect on IA in young individuals.

3.2. Emotion

3.2.1. Depression

In this paper, depression is primarily defined as a mental illness characterized by severe and persistent bad mood and abnormalities in emotional control [19]. An increasing number of articles on adolescent depression in recent history have demonstrated that depression has significantly hampered adolescent development. Individual emotions, thinking, self-feeling, interpersonal communication, study, and work are all negatively impacted. According to research, many depressed teenagers experienced childhood psychological trauma such as loss, abuse, or separation [20]. Relative to their counterparts, adolescents who experienced early psychological trauma are far more vulnerable to suffering from psychological illnesses like depression [21]. Using 176 adolescents (12-17 years old) and freshly onset adults (18-29 years old) with unipolar depression as research samples, Rocque et al. discovered that patients with emotional maltreatment in childhood were more sensitive to stress [22]. In this context, the study by Ling et al. revealed that emotional neglect, as well as abuse, were the most significant predictors underlying depressive symptoms in adolescents who had psychological trauma as children [23]. In addition, Wenhong Cheng et al. discovered that the rate of childhood trauma in adolescents with depression was significantly greater than in teenagers of the same age who were not depressed. The rate of depression among those with a history of early trauma was 3.79 times that of those without such a history. Furthermore, the degree of depression was found to be considerably higher among those who had a past of early trauma in comparison to people who did not have this experience [20].

3.2.2. Post-traumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder (PTSD) refers to the psychological symptoms that an individual might develop after experiencing a traumatic incident [24]. Burt et al. noted that children are prone to PTSD following exposure to a traumatic experience, with rates ranging from 3 to 100 percent. Researchers investigated if there was a link between the number of traumatic experiences children and adolescents had and the prevalence of PTSD. 15–43% of women and 14–43% of males have reported having gone through at least one traumatic experience in their lifetimes. Moreover, 90% of children who were sexually abused, 77% of children who were victims of school shootings, and 35% of urban children who were victims of communal violence had PTSD symptoms.

It has additionally been proven that family support and parental coping techniques can influence PTSD symptoms. Studies have demonstrated that PTSD symptoms are less severe in children and adolescents with greater family support and less parental distress [25]. Adolescents who experienced childhood psychological trauma are more prone to develop PTSD, yet increased family support can also be beneficial for sufferers.

3.3. Cognition

Typically, behaviors interacting with the external environment influence cognitive function development. Cognitive abilities include learning, researching, comprehending, summarizing, and analyzing. Childhood trauma can have a negative impact on cognition, particularly memory, which is important because it affects a person's future growth. Early traumatic experiences have been linked to mental damage in adolescents, according to studies. After a childhood trauma, the structure, function, and neural development of brain areas will change, with the hippocampus being the most affected. Individuals who have undergone psychological trauma in childhood will have diminished hippocampal volume and reduced memory performance. In addition, the academic performance of adolescents may decrease as a result. If adolescents are dissatisfied with their educational experiences,

they will eventually lose confidence and deteriorate psychologically and cognitively. In a word, childhood trauma has a direct effect on adolescents' cognitive development. On the other hand, it is possible to lessen the negative effects of trauma by receiving timely and specific treatment for cognitive difficulties [26].

4. Meditating Variable Modulating the Effects of Children's Trauma on Adolescent Mental Health

Childhood trauma affects teenage mental health both directly and indirectly via a range of mediating factors, particularly when it comes to emotional and behavioral issues. According to a study by Huisi Ding, Psychological Resilience may serve as a mediator between the two variables. Some researchers believe that psychological resilience is the ability of teenagers to seek assistance from family, society, and other factors in times of difficulty. People with great mental resilience can utilize their conditions to overcome trauma and other obstacles and have fewer emotional and behavioral issues [27]. According to studies, childhood trauma influences depressive symptoms both directly and indirectly through psychological resilience [27].

Social support and coping styles, in addition to psychological resilience, are critical components. Jialu Hou et al. discovered that psychological trauma in childhood can have an indirect effect on adolescent depression via social support. Individuals who are supportive are more likely to overcome childhood trauma. Depression is more likely to develop in the absence of family and societal support following childhood trauma. A study found that the mediating effect of psychological style accounted for 17.24%, showing that psychological style has a substantial influence on the likelihood of depression among adolescents who have encountered traumatic events. Additional relevant research has examined the combined impact of peer support and responding styles, termed the chain influence effect, and found that social support and coping styles contribute 8.05 percent to adolescent depression [28] (see Figure 1). In conclusion, both support networks and coping mechanisms play a substantial role in mediating the considerable connection between early psychological stress and adolescent depression.

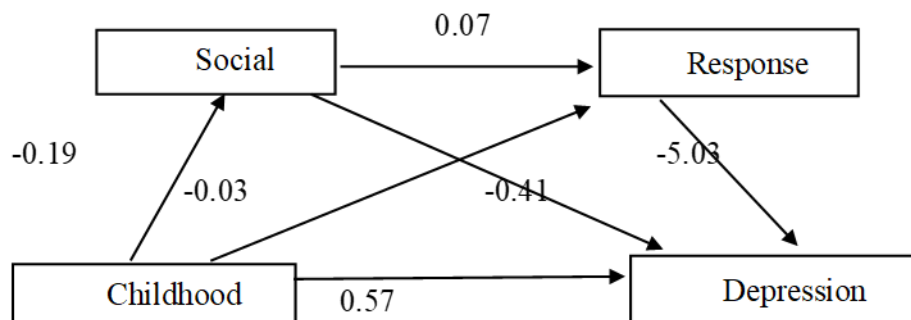


Figure 1: Model of chain mediating effects [28].

Furthermore, discovered to be a mediator between traumatic childhood experiences and mental health is rumination. Nolen-Hoeksema characterizes rumination as a form of responding to distress in which individuals passively and persistently ponder about unpleasant events, their causes, and dismal outcomes, but do not take positive measures to better the situation or actively escape it [29]. Psychological abuse, sexual abuse, and overprotection of children by their parents during childhood contribute to this mentality. Children's inability to correctly manage their emotions and control their environment, resulting in the formation of negative cognition and ruminating thoughts, which can lead to depression and other psychological problems, is a consequence of the lack of attention paid to their emotional problems and emotional expression by those around them.

Self-esteem is also a mediator of child maltreatment and adolescent psychological issues. According to Jiping Yang's research on childhood abuse and adolescent cyberbullying, abused children will watch and mimic abusive behaviors due to low self-esteem and aggression perception, and will act violently toward their peers [30]. According to the attachment theory of self-esteem, those with insecure-avoidant attachment styles are more aggressive. When adolescents lose control of their emotions, they frequently engage in harmful behavior, so perpetuating a vicious cycle of violence. The primary reason for this is that their poor self-esteem is exacerbated by the unfavorable comments they receive for their aggressive behavior as children. And self-esteem plays a crucial influence in children's interactions with the outside world. Teenagers with poor self-esteem will engage in a sequence of violent actions to compensate for their low self-esteem and other psychological issues. In contrast, those who grow up in a pleasant and harmonious family environment have higher self-esteem and are less likely to experience emotional issues in adolescence [30].

5. The Remedy and Prevention of Adverse Psychological Effects on Adolescent

5.1. Remedy

In accordance with the findings of a comprehensive analysis of previously conducted research, one of the factors that inhibit the development of adolescents is mental health problems. Immediate care is essential for adolescents who have experienced emotional trauma during their childhood and who have preexisting mental health conditions.

5.1.1. Portrait Therapy

Early psychological trauma has the potential to have a negative effect on a patient's self-worth, yet portrait therapy can help patients reshape their sense of self to a certain extent. This intervention's major objective is to achieve self-identity repair by exposing patients to self-portraits conceived and drawn by art therapists. Throughout treatment, the therapist will construct and analyze the patient's life experience using collages, sculptures, and portraits to create a safe therapeutic environment. This approach will cause patients to relax their guard, assist them in establishing a stronger sense of identity in their hearts, actualize memory and integration desensitization, and ultimately have a therapeutic effect [31].

5.1.2. Behavior Modification Techniques

Childhood psychological stress increases the likelihood that adolescents may participate in aggressive, violent, or criminal behavior. They are associated with issues like as inferiority, irritation, and crowd avoidance, which are treatable through behavior modification and intervention. It is feasible to establish self-control in people with irritability and aggressive conduct by moderate catharsis [32]. Yet people with inferiority complexes, social anxiety, and other issues can frequently be motivated to reach the goal of boosting self-confidence. The reinforcement should continue appropriately after the patient's symptoms have improved to consolidate the outcomes.

5.1.3. Improvement of Family Environment

A harmonious and happy family can provide patients with the spiritual and material nutrition they need for rehabilitation, as well as raise individuals with high self-esteem who are less vulnerable to setbacks. The impact of the family environment on patients is significant. With a variety of activities, parents can try to nurture patients' trust, maximize their sense of safety, and mitigate the detrimental impacts of psychological issues.

5.2. Prevention

Early prevention is the most effective method to lessen the negative effects of childhood trauma. According to Bronfenbrenner's Ecosystem Theory, the human development environment is an ecosystem comprised of microsystems, mesosystems, and ecosystems, and the macrosystems are interconnected. The microsystems of children consist of their environment, family, kindergarten, school, and natural environment [33]. Once irregularities are detected, parents and teachers in such an atmosphere should take immediate action to protect children from psychological damage by maintaining constant vigilance.

Mesosystems relate to the links between multiple "micro" ecosystems in which humans interact and are directly immersed. For example, the relationships between houses (home and school) and between instructors and parents. The importance of home-school cooperation is central to this approach. Instructors should swiftly inform parents about their children's kindergarten or school status. In addition, parents should provide their children with great companionship and interaction, as well as scientifically based care. So that they may feel a sense of support and closeness.

Ecosystems include contexts such as networks, groups, and neighborhoods, in which a child may or may not be active but may be influenced. The age of information explosion, in which all types of information are combined, has arrived. Children's cognitive development is limited, as is their ability to distinguish between right and wrong. As a result, parents must assist their children in screening information and limiting their children's exposure to negative external influences. Furthermore, the community, campus, and family should collaborate to promote children's healthy development and reduce the prevalence of psychological stress.

6. Conclusion

This review classifies and discusses the negative effects of childhood trauma on adolescent psychology. Combined with relevant research results at home and abroad, it concludes that there is a correlation between childhood trauma and young people's psychological problems, and different types and degrees of childhood trauma will cause different degrees of negative effects on adolescents and adults. In addition, this paper proposes some coping strategies for the above-mentioned trauma types and trauma consequences, mainly some remedial and preventive measures. Although this view is supported by relevant research results, few studies have been conducted on the effects of childhood trauma on adolescent mental distress, and most of these studies are cross-sectional or influenced to some extent by unavoidable objective factors. More researchers will be needed to fill this gap in the future, as the subject is still relatively underdeveloped. Therefore, this paper will contribute to inspiring not only future researchers to pay more attention to this field, but also parents to care more about the negative effects of childhood trauma on adolescent psychology. Besides, teachers play an essential role in assisting students who suffer from the negative effects of childhood trauma on adolescent psychology. If there is any policy about protecting these students, a better world would be created.

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