

# An Overview on Effects of Childhood Trauma

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## Description

Childhood trauma is defined as a series of traumatic events that occur during childhood (ACEs). Neglect, abandonment, sexual abuse, emotional abuse and physical abuse, witnessing abuse of a sibling or parent, or having a mentally ill parent are all examples of psychological trauma. These occurrences have significant psychological, physiological and societal consequences, as well as long-term detrimental repercussions on health and well-being, such as antisocial conduct, Attention Deficit Hyperactivity Disorder (ADHD) and sleep disruptions. Children whose moms have gone through traumatic or stressful situations during pregnancy are also at a higher risk of developing mental health problems and other neurodevelopmental issues. According to a 1998 study by Kaiser Permanente and the Centers for Disease Control and Prevention, traumatic childhood experiences are a root cause of many social, emotional and cognitive impairments that lead to an increased risk of unhealthy self-destructive behaviours, risk of violence or re-victimization, chronic health conditions, low life potential and premature mortality. As the frequency of negative events rises, so does the chance of issues from infancy through maturity. Following the first study, over 30 years of research has proven this. Many states, health care providers and other organizations now check parents and children for ACEs on a regular basis.

Childhood trauma is a major psychological, medical and public policy issue with devastating effects for individuals and society. Interpersonal violence against children is quite widespread all across the world. When systematically exploring the neurobiological impacts of paediatric trauma, developmental traumatology, the comprehensive research of the psychiatric and psychobiological effects of prolonged excessive stress on the growing child, provides a framework and principles.

Despite the high prevalence of childhood trauma, little is known about the biological effects of trauma in children compared to adults who have experienced childhood trauma; even less is known about how these paediatric mechanisms underpin trauma's short- and long-term medical and mental health consequences. This article focuses on the peer-reviewed literature on the neurological consequences of childhood trauma in children and adults who have experienced trauma as a kid. We also look at relevant animal stress models in order to better understand the psychobiological impacts of trauma throughout development. The neuroscience of trauma, its clinical applications and the biomarkers that may provide valuable tools for clinicians and researchers, both as predictors of posttraumatic stress symptoms and as instruments to track therapy response, are then discussed [1-5].

## Causes trauma in childhood

Trauma can be visible in some cases, such as physical or sexual abuse.

However, there are numerous types of childhood trauma that you may not recognise as such. Neglect, as well as the death of a parent, a catastrophic childhood illness, a learning deficiency that caused you to question yourself, too many siblings, a distant, emotionally unavailable, or worried parent and even your parent's own childhood trauma, are all traumatic experiences [1-5].

Maybe you had a mix of these things happen to you: neglect, death of a parent, significant childhood illness, a learning handicap, too many siblings, distant, emotionally unavailable, or worried parents and your parents suffered childhood trauma. Neglect as a child implies that your emotional and physical needs were not met. It's possible that your parents were overworked and distracted at the time. Or because of one or both of their parents' mental illnesses, they want you to be the "parent," take care of the other kids and do far more housework than any youngster should. Whatever the reason, your demands for nurturing and care went unnoticed, were ignored, or were scorned. A kid should never be exploited to meet the demands of a parent.

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## Conflict of Interest

The authors declare that there is no conflict of interest associated with this manuscript.

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