

Childhood Trauma Effects: The Trail That Follows

Alliance Graduate School of Counseling

Perla Valdez

Introduction

Parental emotional violence and neglect are considered to have the most significant effect on the early development of the individual's mental, cognitive, physical, social and personality and have serious and enduring consequences that continue into adulthood (Gupta & Aggarwal, 2012 as cited in Majumdar et.al, 2017). "Childhood parental emotional violence refers to those acts of parents directed at a child before the age of 18, with or without any intention of harming the child, but instilling in him or her a sense of mental distress and vulnerability, distorting his or her view of relationships and impairing interpersonal interactions in later life (Majumdar et.al, 2017). Most often than not, these psychological wounds created by emotional abuse have no noticeable physical traces, thereby making emotional abuse the most difficult to describe operationally and to classify all types of violence (Majumdar et.al, 2017).

Though noticeable physical traces may not be evident, there are signs in the actions of the emotionally abused that denote the impact of such and can potentially be the indicator of future psychological decline if not attended or treated in time. Such actions can be verbal cues that include expressing the event to many people and nonverbal psychological cues like rehearsing it in one's mind, not forgiving the aggressor. The affected can relive these events over and over in their mind (which can potentially have a long term effect) harboring what can be characterised as resentment, when not treated can lead to serious complications. According to Alley dog the best definition of resentment is:

A negative emotional state mixing frustration, rage, dislike, or hate, and other negative feelings that interfere with an individual's ability to relate to another person or circumstance. This emotional state is often disguised or silenced so that an individual can continue to work as required.

Growing numbers of psychologists, therapists and health professionals have indicated that the way people respond to interpersonal offenses may have a significant effect on their well-being (McCullough, Sandage, & Worthington, 1997; McCullough & Worthington, 1994; Thoresen, Harris, & Luskin, 1999 as cited in Witvliet, Ludwig & Vander Laan, 2001). Unforgiving reactions (probing the hurt, remembering the grudge) are known to be a deterioration of health. The current study will use a cohort approach to assess how caregiver inflicted childhood trauma with resentment as a possible catalyst can possibly influence the onset or development of Depression in adulthood.

## Introduction

Dave Pelzer stated in his book title a *Child Called It* the following phrase: “Childhood

should be carefree, playing in the sun; not living a nightmare in the darkness of the soul”(1995). (year). This is an ideal picture of what childhood should be. Nonetheless, there are cases like Nixzmary Brown, 7, and Terrell Peterson, 5, two precious kids that were tortured and beaten to death and Andrew Franklyn Kowalczyk a depraved individual convicted on nine accounts for producing childhood pornography. Additionally is the case of Oxana Malaya. Oxana Oleksandrivna Malaya, born November 4, 1983 is a Ukrainian young girl that was discovered at the age of eight with dog-like features. She was three years of age when she was left outside by her alcoholic parents. Though she was rehabilitated, she was never the same! These are extreme cases of mistreatment toward children, and the latter describes the overarching theme of this literature review. The following articles explain the intimate (familiar and personal) impact, external impact and an outlier, of childhood abuse.

### Intimate Impact

#### How Our Meaning Systems are Affected

McCormick et al. (2018) believe that a well-established belief system creates a holistic sense of coherence and purpose in individuals. When trauma is experienced the epicenter of the belief system is questioned creating turmoil in the self and heightening acute emotional distress (McCormick et al. 2018). The researchers used a bivariate approach to examine the previous information and assess the potential mediating effects of religion/spirituality in connection to Adverse Childhood Experience and PTSD. The findings state that in tune with previous works, this study additionally found bivariate correlations between Adverse Childhood Experience and all six subscales of R/S (i.e., divine struggles, demonic struggles, inter-personal struggles, moral struggles, meaning struggles, and doubt struggles) (McCormick et al. 2018). Further research

studies should incorporate longitudinal designs, utilize more robust assessments of psychological distress and study a broader scope of psychological disorders (McCormick et al. 2018).

#### How our familial system contributes to perpetuation

Copeland et al. (2018) used a longitudinal cohort study of 1420 participants to evaluate the impact of the unfavorable broader family context of an individual (i.e. socioeconomic strain, familial instability or family dysfunction) in relation to the perpetuating effects childhood trauma has on adult functioning (i.e. health, risky and or criminal behavior, financial and educational status, and social functioning) (Copeland et al. 2018). The findings in this study suggest that childhood trauma, to a certain degree, are universal; everyone or a great majority of the populace, experiences some form of trauma in their younger years of life which has potential of impacting many aspects of functioning (Copeland et al. 2018). In fact, childhood trauma has a wide range of effects on adult performance including psychiatric status and educational status according to the findings (Copeland et al. 2018) and they weren't attributed to earlier difficulties in child development. This present study is "suited to informing broad-based public policy efforts at reducing trauma exposure and ameliorating effects of exposure" (Copeland et al. 2018).

#### **External Impact**

##### Trauma Assessment Ignorance in Various Organizations

Because of the detrimental effects of childhood trauma, it is imperative that organizations that "seek the well being" of individuals know how to properly address and treat any signs of abuse. The previously stated is idealist thinking but the two following studies demonstrate that lack of intervention implementation, thus highlighting the need for new policy. Kealy & Lee (2018) spotted a flaw in medical practices; they lacked trauma accessing programs/protocols for

psychiatric patients that may have experienced childhood trauma. This lack hinders the understanding and therapeutic stance in mental health practice with patients who experienced trauma (Kealy & Lee, 2018). To assess the “prevalence and/or impact of childhood trauma amongst service users”, Kealy & Lee used a cross-sectional study of 136 participants attending a large urban community based mental health clinic in Vancouver, Canada of which 66% of participants were female and 67% were white (Kealy & Lee, 2018). The researchers’ findings state that there is a need for clinical attention to experiences of childhood maltreatment in assessment, care planning, and treatment in community-based mental health; for understanding the nature of clients’ histories of trauma can help clinicians in their empathetic practices. Future research should use larger samples and use more comprehensive assessment methods to extend the present findings (Kealy & Lee, 2018). The previous article mentioned the need for reform in the health system; the following article demonstrates a need for reform in the prison system.

Messina & Grella (2018) presented a troubling reality of the correctional system and its approach to the overall well being of their inmates. The research implies that the underlying problem of drug dependent women offenders is not that they acted with malice aforethought but as un-rehabilitated victims of past trauma (Messina & Grella, 2018). The research shows that in comparison with their male counterparts, drug dependent female offenders are more likely to experience chronic illness; yet they are impacted because of the limited health care provided in prisons (Messina & Grella, 2018). Building their findings from reports of the Adverse Childhood Experiences, 500 women were interviewed with only less than 5% declining to cooperate. Findings suggest that an early intervention and prevention plan is needed and adequate trauma treatment is needed in the correctional treatment settings (Messina & Grella, 2018).

#### Organizational Reform

There is a need, yet there is a lack of instruction on how to help. Childhood trauma affects many areas of our lives yet we need people to help others reform. But, if you don't know how to spot the problem how can you help? The following research demonstrates flaws that can potentially affect the proper assessment and treatment of childhood trauma. Because of the lack of research that assesses the psychometric properties of SCC (subjective cognitive complaints), and a presence of SCC in reports from a neuropsychological clinic, Szabo, Nelson & Lantrip (2020) sought to examine how "childhood abuse may engender a vulnerability to SCC".

Rumination was hypothesized to be the possible link between the two previous variables (Szabo, Nelson & Lantrip 2020). In this cross sectional study, 56 adults between ages 26-71, 72% were male and all were referred from neuropsychological appointments. The findings of this research suggest that the connection between abuse / maltreatment and SCC in neurologically normal adults deems for greater rumination. The findings imply that targeting rumination in patients with SCC should be of importance for trauma- informed care within health care settings (Nelson & Lantrip, 2020). Future research should utilize bigger sample sizes and "follow patients longitudinally to assess whether rumination has an eventual cognitive decline" (Nelson & Lantrip, 2020).

## The Outlier

### The devil's advocate argument

McCormack & Thomson (2017) argue that though childhood trauma can negatively impact the health of an individual, its perpetuating effects aren't sufficiently scientifically supported as to corroborate and posit the presence of a psychiatric disorder in adulthood. The researchers propose that there are confounds that contradict the implication of trauma causing irreparable

emotional, psychological and intellectual development; one of which, are the supported empirical findings that state that psychological growth following adversity is possible” (McCormack & Thomson). They utilized interpretative phenomenological analysis with a sample size of five; two male participants and three female between ages 38-62 to have an understanding of how these individuals view the world in regards to their trauma (McCormack & Thomson). The findings state that the participants, some of which were “decades away from childhood” reported having deep pain in connection with their “incredibly difficult experiences” (McCormack & Thomson). Future research should consider “therapist biases, therapeutic style, and therapeutic relation-ship” as areas of interest “in complex childhood trauma” (McCormack & Adams, 2015).

Childhood trauma is a topic that merits attention being that it affects many areas of development. Everyone undergoes trauma in their childhood, some experience it severely like the case of Nixzmary and Oxana, nonetheless it is imperative that when trauma manifests we have the correct tools to reverse it. There is a great need to reform our systems and offer help to the ones that are displaying pains that have not been cured. These pains sometimes are suppressed and are manifested in our later adult life. But there is a silent factor that speaks louder than the negative psychological implications that are demonstrated in adult life. That is resentment. These caregiver inflicted effects can be assessed, by understanding the interaction of resentment in the development of psychological ailments. Resentment is the first invisible sign of negative impact in a child. If it is detected and treated in time adulthood negative psychological effects can possibly be detained. We seek to understand how resentment can possibly catapult the negative effects of adulthood mental health deterioration.

Methods

Past research has focused on broad traumatic events itself and its effect that subsequently manifested in adulthood through mental ailments like depression or PTSD but has left out that the recall of the traumatic event can cause short term repercussions demonstrated through resentment and hate and these eventually being untreated create more serious complications, like depression and PTSD. We hypothesize that if resentment or hate is identified through the personal identification of the participants proper interventions can be made before the resentment, being untreated foments deep rooted psychological ailments like Depression and PTSD.

### Participants

There are 30 participants in total. Fifteen male and 15 female participants between the ages of 8 and 10 were examined in our study. Their demographics are the following: 40% hispanic (Cuban, Dominican, Puerto Rican, Salvadorian and Mexican), 15% Caucasian ( From Germany, Norway, and The United States) 25% African Americans, and 20% Asian descent. Twenty-five percent of our participants lived in a single male parent home, 25% lived in a single female parent home, 30 lived in a home with both biological parents and the remainder of our participants lived in a home with a biological parent and a step parent. Forty percent of our participants were in a low socioeconomic bracket, another forty percent were from a middle socio-economic bracket and the remainder were from the high-middle socioeconomic bracket.

We will recruit our participants by partnering with media outlets like youtube, snapchat and twitter to help us develop our advertisement and send them out. Additionally we will reach out to schools across the United states to help us post our advertisement on their google classrooms. Additionally we will ask teachers of those respective schools to help us send emails to all of their

parents emails with our advertisement.

## Design

In our cohort longitudinal study we seek to analyze the lives of forty participants with our initial meet being at 8 years of age. We seek to assess levels of resentment and hate at our initial meet by using our 'Valdez-Mayor-Resentment/Hate Scale'. Our scale is a style of likert scale that assesses 8 response set options that the participants could choose from (frequency, quality, intensity, agreement, approval, awareness, importance and familiarity). These following categories were assessed: Continuous or persistent feelings of a powerful emotion, such as indignation, when contemplating a specific interaction or experience, inability to stop thinking about the event that triggered the strong emotions, feelings of regret, fear or avoidance of conflict, tense relationships, Feeling invisible, inadequate, or less-than (Resentment, 2019), and We will also assess vulnerability to psychological ailments like depression by utilizing Hamilton

## Procedures

After the participants are recruited we will be administering our evaluations online due to the pandemic. We would usually take kids and parents to our Liberty Hall of Science Research Class room on our department provided bus. Nonetheless, the evaluations will be held online and after completion the parents will receive by mail the \$50 gift card we promised them. Before we administer the evaluations we will send out an electronic consent to be reviewed and signed. They will be informed about their freedom to eventually forfeit the study given the case they no longer want to participate.

We will inform them that we will follow up to assess traces of resentment at 7 different periods in a span of 30 years. We met with our participants one time a month at these different stages of development: two times in the childhood period including our initial assessment at age 8 and at 12 years of age, two times in their adolescent years at age 15 and 17, and four times in adulthood at ages 20, 26, 34, and 45. We gave them various tests to evaluate their initial mental processes about possible trauma. We began by giving them journals to write down thoughts that would come in their mind repeatedly and made them angry. We explained to them that these journals were going to be kept confidential and that their parents were not going to be given permission to read them, they were also informed that we were going to be reading their responses, and if we sensed that they wanted to hurt themselves or others we were going to intervene.

### Result

The results indicate that there is indeed a connection between resentment and the development of adulthood mental ailment. Almost 75% of our participants scored high on our Resentment scale. Additionally, they reported that they sometimes had no control over the intrusive negative thought that invaded their minds. They reported that this was due to their mental fixation on later down in the future when they were less helpless and could defend themselves retaliating against their caregiver. They reported that once they saw their caregivers sometimes they wanted to hit them but because they didn't and they couldn't express their anger they withheld that emotion. They expressed that doing this caused them to think of ways to possibly or subtly getting even. They expressed tolerance but not love

### Discussion

Psychological and physical trauma can have profound effects on development and well-being throughout the life-course. Because traumatic events in childhood occur at key psychosocial and biological stages of development, their impact can continue into adult life (Greenberg et al., 2018). There is research that supports that the impact of these trauma can cause turmoil which can trump development in different areas, for example social. Social relationships are often marred by interpersonal offenses. An expanding group of theorists, therapists, and health professionals has proposed that the ways people respond to interpersonal offenses can significantly affect their health (McCullough, Sandage, & Worthington, 1997; McCullough & Worthington, 1994; Thoresen, Harris, Luskin, 1999 as cited in Witvliet, Ludwig & Vander Laan, 2001). Unforgiving responses (rehearsing the hurt, harboring a grudge) are considered health eroding (Witvliet, Ludwig & Vander Laan, 2001). The effects of trauma without a doubt cause turmoil in anyone but especially in children. As they try to process the trauma, they understand that they are too weak to express it in a way that will avoid a negative repercussion. So instead they hurt themselves in the process by harboring negative emotions of resentment. If they resentment is let out or if an outlet in which they can express themselves is found mental health can remain in good shape in the future. Forgiveness also plays a big role in improvement. Which ultimately involves addressing resentment. Our findings indicate positive outcomes but there are some things we could have done differently to get better results. We believe that a limitation to our study was that we looked specifically at how they interpreted trauma and not how their

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Appendix A

## Appendix B

### Parental Consent Form

#### Nyack College Department/Program of Alliance Graduate School of Counseling

Title of the Study: Childhood Trauma Effects: The Trail That Follows

Researcher Name(s): Perla Valdez email: [valdezp1@nyack.edu](mailto:valdezp1@nyack.edu)

Advisor: Julio Orozco Email: [julio.orozco@nyack.edu](mailto:julio.orozco@nyack.edu)

The general purpose of this research is to assess the impact of caregiver trauma on the child and how resentment is an indicator or catalyst of adulthood psychological disorders, for example depression. Participants in this study will be asked to provide information about their experiences at home with parents or their primary caregivers, how this interaction impacted them emotionally and mentally, and what were these thoughts after these interactions.

While participating in this study, your child will be asked to [insert several sentences describing the procedure of the research, including any interactions researchers will have with the child and any responses/measurements researchers will collect from the child. Include information about timing if applicable; for example, children will be asked questions at Time 1 and other questions at Time 2 three weeks later.]

Findings from this study will be used in the medical and scholastical field to further medical understanding of the effects of child trauma on adult mental health. The findings will be presented in the American Psychological Association page, on the Mental Health Counselors Association, in the American Association of Christian Counselors in class powerpoints in Nyack college, Harvard University, Yale University, Princeton University and Columbia University.

I hereby give my consent for my child to participate in this research study. I acknowledge that the researcher has provided me with:

- A. An explanation of the study's purpose and procedure.
- B. Answers to any questions I have asked about the study procedure.

I understand that:

- A. My child's participation in this study will take approximately 30 years.
- B. The probability and amount of harm/discomfort anticipated as a result of my child

participating in this study are not greater than those ordinarily encountered in daily life.

C. Research sessions will not be held when important academic material is being covered.

D. The potential benefits of this study include, better intervention strategies for both potentially suffering children and untreated traumatized adults and prevention plans tailored around the individual's needs

E. My child will be compensated for participating in this study with a fifty dollar Visa Mastercard throughout the years that they meet with the researchers

F. My decision to allow my child to participate is voluntary, and I may withdraw my consent and discontinue my child's participation in the study at any time. My refusal to participate will not result in any penalty or disadvantage for me or my child.

G. In addition to my written consent, my child will give verbal agreement to participate in the research. My child will be able to discontinue their participation at any time, without penalty, and this will be explained to them before they agree.

H. My child's responses in this study will be kept confidential, to the extent permitted by law. The data will be stored in a password-protected computer in which only the researchers will have access to, and research reports will only present findings on a group basis, without any personally identifying information about me or my child.

Name of child (printed): \_\_\_\_\_

Name of parent (printed): \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_