





Lasting Impacts of Childhood Trauma: Causes and Strategies for Intervention

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Abstract

Childhood trauma is mainly caused by events that threaten a child's growth, and development. It has a significant impact on children's well-being. The high suicide rate comes from trauma factors that trigger self harming behaviour. Children who experience trauma are at risk of developing anxiety, eating disorders, sleep disorders, and suicidal thoughts. This study aimed to investigate the causes, and consequences of childhood trauma, as well as potential interventions for parents, and institutions. Using a scoping review method, we analyzed existing literature to identify the root causes of childhood trauma. Our findings suggest that psychological distress in children can persist into adulthood, leading to changes in attitudes, and behavior. Fortunately, psychological based interventions, such as Play Therapy, Forgiveness, and Self Resilience strategies can help mitigate the effects of childhood trauma.

Keywords: childhood trauma, adverse childhood experiences, parental abuse, inner wound

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1. Introduction

Childhood trauma remains as a complex issue affecting millions of people throughout their lives. Exposure to adverse childhood experiences, such as abuse can have a detrimental impact on children's mental health, and well-being. Research has shown that traumatic experiences can lead to severe negative outcomes, such as anxiety, and depression in children. Despite the growing recognition in mental health literacy, there comes a need for systematic research on the causes, consequences, and interventions on childhood trauma. This study aims to contribute to the existing literature by investigating the complexity of childhood trauma.

Childhood trauma refers to the psychological issues caused by early trauma exposure. Violence remains as a trigger contributing to trauma exposure. Violence against children encompasses physical, sexual, emotional, and domestic violence can be harmful to children's well-being leading to various mental health disorders. Prolonged stress increases the risk of anxiety, depression, eating disorders, and suicidal tendencies. Furthermore, sexual, and domestic violence are associated with the risk factors of depression in children. (Mandelli et al., 2015).

Child abuse victims consistently shown symptoms of depression, and anxiety. Research has indicated the risk of depression in adulthood. Globally, depression remains as a leading mental health concern in the world. This is

true in the middle, and high-income countries. The severity of trauma is determined by familial relationship. (Negele et al., 2015).

Childhood is a pivotal phase for cognitive, and motor development in children. The development of children involves biological components that influence changes in the brain structure. Cortisol Releasing Hormone (CRF) is a critical hormone that is responsible for coordinating the body stress response with the release of hormones that is being produced in the brain. Trauma exposure can cause low cortisol production in the morning, and increased CRF hormones in men compared to women (Bellis & Zisk, 2014). Changes in the brain volume due to trauma can lead to reduced global volume, and cortisol surface area. The type, and severity of trauma can have various effects on the shape, and developmental trajectory of the brain (Madden et al, 2023).

Behavioural changes in children may occur after experiencing traumatic experiences. This comes with the cultural context of such individuals. In Australia, children with traumatic experience may exhibit unruly behaviours, such as unemployment, gambling, promiscuity, and substance abuse. Aside from these changes, anger management, anxiety, and dissociative disorders can also occur (ASCA, 2015).

Research has established an association between traumatic events, and a decline in various aspects of

mental health that leads to poor lifestyle choices in individuals. Traumatic events can encourage poor decision-making abilities. A study that was conducted in the Netherlands has found a correlation between trauma, and unhealthy lifestyle behaviours, such as heightened weight gain, and sleeping disturbances that impair the body response (Tong et al., 2024).

Resilience factors could be found in early childhood. A study in Switzerland found resilience development in children with trauma exposure. Higher levels of self-resilience leads to lower rates of depression, and increased life satisfaction in adulthood (Maecker et al., 2015).

Understanding the root causes of childhood trauma, and its psychological impact on children remains crucial for developing further interventions, and knowing which triggers them in Indonesia. Research highlights the importance of different approaches to lower the risk of self-harming, and suicidal tendencies stemming from trauma (Anggadewi, 2020). Previous studies have shown that physical, emotional, and sexual violence occurs against boys, and girls under the age of 18 in Indonesia. The prevalence shows that violence is reported higher amongst boys than girls (Kurniasari et al., 2017).

Childhood trauma can have a long, and lasting impact on children from infancy through adulthood. This leads to negative emotional outcomes, such as fear, rejection, and anxiety. The appearance of emotional, and somatic disorders significantly disrupts daily activities in children. Childhood trauma is connected to active parenting that shapes development, and growth in children. Mental health issues, such as conduct problems, hyperactivity, and peer problems have been found in children with permissive, and authoritarian parenting. (Hardiana et al., 2024).

Various studies have come up with effective interventions to help children cope with trauma, including Child Therapy, Forgiveness, and Self Resilience. This study investigates the causes, consequences, and effective interventions to be used by parents, and institutions. This research aims to raise awareness about childhood trauma, and its impact on children

2. Research Methods & Results

This literature used a Scoping Review Methodology, using Google Scholar to gather existing data. This review focused on four key scopes: The first scope describes the structural changes to the brain associated with exposure to trauma. The second scope explores the psychological impact of trauma, such as depression, anxiety, eating disorders, and suicidal ideation. The third scope explains behavioural changes, and poor lifestyles choices in individuals. These behavioural changes encompass smoking, alcohol use, and aggressive behaviour. The fourth scope describes different parenting styles that affect psychological factors in children associated with trauma.

The keywords used in this review are childhood trauma, adverse childhood experience, parental abuse, inner wound.

Table 1. Results of The Literature Review

Article	Statements obtained from the findings in the article concerning childhood trauma dimensions	Components relevant to the statements
Tong, et al. (2024)	Traumatic experiences can contribute to the development of unhealthy lifestyle behaviours	Dimensions of unhealthy lifestyle behaviour
Mandelli, et al. (2015)	Individuals exposed to abuse in childhood were consistently more vulnerable to depression later in life	Dimensions of childhood abuse
Herzog, et al. (2018)	ACE related factors that contribute to long-term changes in brain structures, and functions	Dimensions of neurobiological impact
De Bellis and Zisk (2015)	Childhood trauma influences biological stress response, altering cortisol regulation, and HPA axis function	Dimensions of neurobiological impact
Downey & Crummy (2022)	Early trauma in childhood has a negative impact on self-esteem, and distorted self-perception	Dimensions of well-being
Li,et al. (2023)	Adolescents with MDD, and childhood trauma showed altered brain network efficiency compared to those without trauma	Dimensions of neurobiological impact
Choi et, al. (2024)	Predictive factors of ACEs in relation to a new PTSD diagnosis during hospitalization	Dimensions of adverse childhood experience(ACE)
Madden et, al. (2023)	Childhood trauma impacts brain development,resulting in reduced brain volume	Dimensions of neurobiological impact
Thoma et, al. (2022)	Childhood trauma is a growing public health concern with	Dimensions of mental health issues

	long-term consequences for emotional, behavior, and physical health			sleep quality, shorter duration, and longer sleep onset latency	
Kezelman et, al. (2015)	Adults with unresolved childhood trauma often turn to substance use, including alcohol, and drugs as coping mechanism	Dimensions of unhealthy lifestyle behaviors	Aas et, al. (2021)	Physically active patients with a history of trauma show enhanced working memory compared to their inactive counterparts	Dimensions of well-being
Kuzminskaite et, al. (2021)	Trauma victims often report engaging in fewer healthy behaviour	Dimensions of unhealthy lifestyle behaviours	Vliet et, al. (2024)	Emotion regulation difficulties, low self-esteem, and interpersonal problems did not impact the effectiveness of treatment	Dimensions of well-being
Maecker et al. (2015)	Increased trauma exposure paradoxically predicted greater resilience, and life satisfaction	Dimensions of resilience	Finch et, al. (2024)	Adults with lower resilience scores reported Lower adult higher levels of distress, and trauma symptoms, highlighting the importance of resilience in trauma recovery	Dimensions of Resilience
Sharratt et, al. (2023)	The experience of multiple forms of maltreatment was linked to elevated levels of anxiety, and depression	Dimensions of childhood abuse	Li and Liang (2023)	Self-esteem has a positive effect on reducing CPTSD symptoms	Dimensions of well-being
Tamman et, al. (2024)	PTSD patients who experienced early trauma showed increased prefrontal synaptic strength, as measured by EPC	Dimensions of neurobiological impact	Zhang and Yan (2024)	Parents play a crucial part in child development, contributing to their behaviour. Practicing mindful parenting promotes healthy behaviour, minimizing maternal trauma in children	Dimensions of Parenting Styles
Zhang et, al. (2025)	Childhood maltreatment increases risk for major depressive disorder, and higher anxiety	Dimensions of childhood abuse	Schulze et, al. (2024) revisi	Higher levels of BPD is connected to higher levels of childhood trauma	Dimensions of mental issues
Sétien-Suero et, al. (2020)	Trauma related vulnerability to psychosis may be heightened by substance use	Dimensions of unhealthy lifestyle behaviors	Fan and Kang (2025)	Significant cognitive decline is observed in individuals with childhood trauma	Dimensions of neurobiological impact
Manshadi et, al. (2024)	Trauma can lead to depression through cognitive overgeneralization, which fosters negative self beliefs	Dimensions of well-being	Chen et, al. (2024)	Genetic factors play a crucial role in determining cardiac outcomes in individual with arrhythmias	Dimensions of biological impact
Morison et, al. (2022)	The effectiveness of arts-based intervention is tested through a comprehensive study of 24 interventions in in art-based therapy	Dimensions of trauma interventions	Jin et, al. (2023)	CEN-exposed participants showed longer mean dwell	Dimensions of neurobiological impact
O'Connor et, al. (2025)	Childhood abuse predicted poorer	Dimensions of childhood abuse			

	time in a brain state with weaker interregional connectivity			divided into 3 phases	
Meier et, al. (2024)	Analysis revealed a negative correlation between childhood trauma, and epigenetic age residuals. Individuals with age deceleration are carrying potential long-term biological risks	Dimensions of biological impact	Intishar (2023)	Brain development from the infancy to adulthood forms the foundation for problem-solving, learning, and social adaptation	Dimensions of child development
Ozanne et, al. (2024)	Institutional abuse had an indirect effect on PTSD symptoms, mediated by personality dysfunction	Dimensions of well-being	Elan and Handayani (2023)	3 parenting styles that influence child character development, and behavioural problems	Dimensions of child development
Boentario et, al. (2021)	Intimate partner violence can lead to depression, and increase the risk of entering abusive relationships in adulthood	Dimensions of violence	Tantomo and Zamralita (2024)	Negative self-perceptions reflect deteriorating mental health amongst individuals with trauma symptoms	Dimensions of well-being
Kurniasari (2021)	The prevalence concerning gender imbalance in violence against children, with boys experiencing increased physical violence	Dimensions of violence	Muliati (2022)	Authoritative parenting styles contribute to assertiveness in adolescents serving as a protective factor against trauma	Dimensions of parenting styles
Ingelina et, al. (2021)	Violence may results in developing self resilience in children exposed to trauma	Dimensions of resilience	Anggadewi (2020)	Physical, and sexual violence are the most frequently reported violence in Indonesia	Dimensions of violence
Syahri and Ifdil (2019)	Involve children in expressing themselves through playing	Dimensions of Interventions	Fadhila et, al. (2025)	Students with traumatic backgrounds showed elevated labels of anxiety, withdrawal, and concentration difficulties	Dimensions of mental health issues
Hardiana et, al. (2024)	Children raised by parents with permissive, and authoritarian parenting styles are more likely to exhibit behavioural issues	Dimensions of parenting styles			
Kurniasari et, al. (2017)	Individuals experience high rates of violence, but boys in particular have a higher prevalence	Dimensions of Violence			
Syamil and Susilarini (2025)	Forgiveness is the key in trauma release, and is	Dimensions of interventions			

3. Discussion

3.1 Factors, and Effects of Childhood Trauma

Changes in brain structure can occur due to a combination of biological, physiological, and physical factors, which significantly impacts a child's growth, and development. Additionally, external factors such as illness, injury, and environmental changes can cause alterations in the brain structure, and volume (Intishar, 2023). Brain development commences in the womb, and continues through childhood, and adolescence, reaching its peak around age 20. At this age, individuals typically achieve mental, and physical maturity. Underdeveloped self-awareness in children can hinder their cognitive, and processing ability while dealing with traumatic

experiences. Trauma can have both psychological, and physical effects on children. Negative experiences are a significant stressor that impact the functionality of the brain. Stressors arise from events that pressure an individual's psychological state.

Early childhood trauma has been associated with significant deficits in various cognitive functions in attention (SMD=2.37), working memory(SMD=3.35), emotion regulation(SMD=1.25), executive function(SMD=1.61), and processing speed(-0.48) (Fan & Kang., 2025). Jin et al. (2023) identified two distinct brain dynamic states. State 1, characterized by widespread, but weak functional connectivity. State 2, marked by focused network integration. Individuals with a history of emotional neglect (CEN) exhibited longer dwell times on state 1. These findings suggested that CEN may be associated with neural flexibility, and impaired mestability that leads to negative emotions. The absence of stressors enhances productivity, stressors are an inherent part of human experience that could not be entirely eliminated. Unresolved trauma can lead to several disorders, including Post Traumatic Stress Disorder (PTSD), depression, borderline personality disorder (BPD), obesity, and diabetes. Research has shown that exposure to adverse childhood experiences (ACEs) can affect the brain sensory system. Additionally, studies have found changes in brain structure, such as enlarged amygdala volume, in individuals exposed to trauma, including orphans, mothers with chronic depression, and adolescents with BPD (Teicher, 2016 as cited in Herzog et al., 2018). Dissociation is deeply intertwined with the development of BPD due to trauma. Higher levels of BPD symptoms are connected to higher severity of childhood trauma. BPD patients are often reported to engage in self-harming behaviours, with the primary intention of terminating dissociative state. Emotional abuse is strongly reported linked to affective instability, identity disturbances, and negative relationships (Schulze et al., 2024).

A prior study (Frissen et al., 2018; Teicher et al., 2016; Vythilingam, as cited in Li et al., 2023) highlights the link between childhood trauma, and structural changes in the brain, including reduced volumes of the hippocampus, amygdala, anterior anterior cingulate cortex (ACC), and prefrontal cortex (PFC). These changes are associated with brain abnormality in individuals with major depressive disorder (MDD). The severity of the changes in the brain can aggravate the impact of traumatic responses, leading to significant long-term effects. Tamman et al. (2023) explored the association between early trauma, and its effects on brain functions. Findings suggest that individuals with PTSD show higher energy per cycle EPC, which uses 13C MRS to measure synaptic strength in the prefrontal cortex. The severity of trauma can lead to stronger synaptic connections in people with PTSD. In a recent adolescent study, ACE were assessed using the PEARLS screening tool. Results indicated that 94% of patients had experienced at least one adverse childhood experience. Notably, sexual abuse, and the death of a caregiver remain as the strongest predictor of newly diagnosed PTSD during hospitalization (Choi et al., 2024). Van Villet et al. (2021) demonstrated pre-treatment of PTSD severity as the most reliable predictor of less favorable outcomes. While dissociative symptoms short-term link to poorer results, this effect did not persist. Essentially, other symptoms, such as borderline personality disorder, self-injury, interpersonal problems did not significantly moderate treatment efficacy. These findings suggest that trauma leads to various mental health issues. Finch et al. (2024) explored the relationship between adverse childhood experience, attachment, resilience, and psychological distress. A higher number of ACE results in greater psychological distress. Greater resilience is associated with a reduced number of psychological distress.

Individuals with high genetic risk for atrial fibrillation showed amplified effects of childhood trauma on arrhythmia development. Findings showed that 28.0% had 1-2 types of childhood maltreatment, and 5.3% had 3-5 types of childhood maltreatment. During a median follow-up period of approximately 12.2 years, the study documented 6,558 cases of atrial fibrillation (AF), 742 cases of ventricular arrhythmia (VA), 2,093 cases of bradyarrhythmia (BA). At baseline, the mean age of participants was 55.8 years (SD=7.7). Individuals with higher levels of maltreatment were more likely to be younger, female, and present with comorbid conditions, such as hypertension, diabetes mellitus, anxiety, or depression (Chen et al., 2024). Internal stimuli, such as negative self-perceptions can elevate stress levels by increasing cortisol, the hormone that regulates the body's stress response. External stimuli, including negative experiences can trigger emotional responses leading to recurrent thoughts, dreams, and memories. Research highlights the biological impact of trauma, showing that childhood trauma exposure can lead to persistent changes in stress hormone levels, including increased corticotropin releasing factor (CRF), and decreased adrenocorticotrophic hormone (ACTH), and cortisol levels that can last through adulthood. The duration of trauma exposure influences cortisol levels, with prolonged trauma leading to decreased morning cortisol.

According to Skinner (1963), living beings learn to generalize experiences based on past events. Classical, and operant conditioning theories suggest that the feeling of helplessness in the face of challenging situations increases the likelihood to develop negative emotional responses. Repeated failures to overcome problems can lead to increased pressure, and confusion. Traumatic responses are characterized by excessive fear, self-isolation, and declining physical, and mental health.

Daily cortisol output, and post-dexamethasone cortisol suppression. The impact of trauma on cortisol levels are shaped by 3 key factors: duration, age, and developmental stage. Studies have found that priming effects, contributing to depression. Intimate partner can elicit a heightened cortisol level. Research on violence (IPV) resulted in depression, and has also been children in foster care has shown that pre-pubertal children exhibit lower morning, and daytime cortisol production compared to older children, suggesting increased sensitivity, and negative feedback control in younger children (Bellis & Zisk, 2014). Li & Liang (2023) found that self-esteem plays a role in mediating trauma related to complex post-traumatic stress disorder (CPTSD). High self-esteem priming reduces disturbances in self organization (DSO) symptoms. Low self-esteem is linked to emotional dysregulation, and negative self concepts.

Violence against children has significantly increased the risk of developing depression, anxiety, and gradually developing PTSD symptoms. Research showed that violence disrupts interpersonal relationships, and physical health resulting in sleep disorders, and chronic stress (Fadhila et al., 2025). Recent evidence suggests that childhood trauma may impact biological aging.

Psychological disorders are conditions that influence thoughts, feelings, and behaviours in individuals. Psychological disorders are often characterized by abnormal patterns that disrupt daily life, and can lead to feelings of helplessness (Downey & Crummy, 2022). Depression, and anxiety are the most common psychological disorders. Various research has shown that childhood trauma can have a profound impact on an individual's mental health, affecting their survival, and well-being. Moreover, a study explored how cognitive overgeneralization, rumination, and social problem solving mediate the relationship between trauma, and depression symptoms. Overgeneralization leads towards negative self-perceptions, which increases the risk for depression. Individuals who repetitively indulge in rumination often lead to negative emotional states. Difficulty in navigating social problem-solving solutions enhance the likelihood of experiencing depression (Dehghan Manshadi et al., 2024).

Unhealthy lifestyles are behavioural patterns that can be harmful to individual's overall well-being. These behavioural patterns deviate from societal norms encompassing smoking, alcohol consumption, and drug use. Research suggests that individuals use such behaviours as a coping mechanism for trauma, repeating them in the form of self-defense. The review by Setién-Suero et al. (2020) examined the relationship between childhood trauma, and substance use as a direct consequence of trauma. Trauma related substance use may increase the likelihood, and severity of psychosis.

Tantomo & Zamralita. (2024) provide evidence that negative self-perceptions may intensify trauma symptoms in individuals affected by intimate partner violence. The strongest predictor of PTSD symptoms was negative self-perception, and self-blame by 35%. Cognitive emotion regulation strategies have been shown to influence PTSD symptoms by 39.5%.

According to the Australian organization ASCA (2015), alcohol abuse can be a form of self-medication for trauma, particularly among survivors of child sexual abuse. Adolescents, and young adults struggling with substance abuse are more vulnerable to sexual abuse. Data from 2011-2012 highlights the prevalence of alcohol consumption, with 82.4% of adults aged 18, and over reporting alcohol use in the past year, while 9.0% reported never consuming alcohol. Data showed that 77.5% of women consumed alcohol compared to men.

Unhealthy lifestyles can be an indirect consequence of trauma. In Australia, this is reflected in higher rates of homelessness, unemployment, dropouts, and depression. Children who suffer from sexual abuse, physical abuse, and neglect are particularly vulnerable to and alcohol consumption can compromise physical, and mental health. This leads to emotional instability, strong associations between depression, and various anger issues, increased risk of dissociative disorders, forms of childhood trauma, including emotional abuse nightmares, psychosis, PTSD, self-harm, and suicide. (OR=2.78), domestic violence (OR=2.06), sexual abuse (OR=2.42), physical abuse (OR=1.98), and neglect (OR=2.75). Furthermore, sexual abuse is linked to an depression, and anxiety, such as physical inactivity,

obesity, smoking, sexual risk-taking, heavy alcohol, and illicit drug use (Kuzminskaite et al., 2021).

Aas et al. (2021) distinguished depressive symptoms in patients with schizophrenia, or bipolar disorders based on physical activity levels. Patients with childhood trauma who were physically inactive (>90 min/week) tend to have more depressive symptoms, and poorer working memory. Notably, patients who were physically active (>90 min/week) have better memory, and lower depressive symptoms.

Parenting styles refer to parental guidance that helps with the learning process in children. These styles play an important role in physical, emotional, social, and cognitive development. Positive parenting styles are more likely to foster a healthy relationship. Negative parenting styles worsen behavioural issues in children (Elan & Handayani, 2023).

Child development is deeply intertwined with the role of parents, and caregivers. From birth to the age of 5, children thrive on affection from their parents. Parents serve as role models, and safe havens where children feel comfortable in expressing themselves without any fear of judgment. Children absorb, and remember their parent's actions, whether positive, or negative. Child growth is accompanied by brain development, and emotional maturity. Motoric skills in children are developed during infancy, and toddlerhood (1-3 years old). Social developments in children are fostered through interactions at school (3-6 years old). Cognitive abilities, such as reading, writing, and numerical skills are developed in middle childhood (6-12 years old). During adolescence, self-exploration, and character development become crucial (12-18 years old) (Erikson, 1963).

Parenting styles determine the risk of trauma in children. Children have limited cognitive abilities, and lacking emotional stability making them vulnerable to misinterpretation of parental actions. Open communication is the key to positive parenting as it helps build trust, and fosters emotional security. Poor communication can lead to distrust, and fear. Research emphasizes the importance of harmonious family relationships in providing a stable environment for children to survive (Gordon, 2000). Research suggests that permissive, and authoritarian parenting comes with higher risk factors of mental health issues in children compared to those of democratic parenting styles (Hardiana et al., 2023).

Authoritative (democratic) parenting plays a role in shaping assertive behavior in early adolescents, particularly in resisting negative peer influence. These parenting styles revolve around two-way communication, which involves children decision-making that balances autonomy with guidance, and discipline. Adolescents in democratic households are more inclined to be independent, socially competent,

cooperative, and intellectually motivated. Emotional Intelligence also contributes to assertiveness, which enables adolescents to recognize, regulate, express emotions effectively, empathize with others, and build healthy relationships. Prior research demonstrated its effectiveness in enhancing self-esteem, and assertiveness amongst female students. While authoritarian parenting is linked to increased trauma vulnerability, democratic parenting may serve as a protective factor in trauma recovery, and resilience (Muliati, 2022).

Research found a significant association between childhood trauma, and chronic depression in adulthood. Affection plays an important role in ensuring a child's emotional well-being in a parent-child relationship. Maternal abuse, indifference, and overcontrol can predict the duration of depression. Statistics revealed alarming rates of childhood trauma with 25% of children experiencing sexual violence, and 15% experiencing emotional violence. Women have higher prevalence rates of both violence compared to men (Negele et al., 2015).

Domestic violence is a recurring issue in multiple households. Prolonged conflicts between family members can cause significant psychological distress in children. Children are often the primary victim in the case of domestic abuse. A study that was done by Sharratt et al. (2023) shows the verbal effects of domestic induced violence on children's mental health, and well-being. Depression, and anxiety are the most prominent effects. The study indicated that victims of domestic abuse are more likely to develop self-harming tendency, and attempted suicide. Children who experience verbal violence are at a higher risk of emotional wounds, and negative outcomes compared to physical violence. Repeated exposure to violence can impair children's perceptions on relationships, leading them to view violence as a normal aspect of interpersonal dynamics. O'Connor et al. (2025) conducted two 7-day multilevel diary studies to examine the effect of trauma on sleep quality, and daily stress in adulthood. Childhood abuse, and neglect is linked to poorer sleep quality, shorter sleep duration, morning fatigue, and higher level of daily stress, rumination, and worry. Longer trauma exposure is associated with poorer sleep quality compared to shorter trauma affected individuals.

According to Zhang & Yan . (2024), maternal childhood trauma contributes to internalizing, and externalizing behaviour problems. Maternal trauma has been shown to increase the risk of depressive symptoms in individuals. Mindful parenting reduces trauma related distress in both children, and parents. Furthermore, intergenerational trauma may increase the risk of an abusive environment for children. Ozanne e et al. (2024) conducted an investigation into the impact of institutional child abuse in the UK. Results revealed that at home, 53.4% chose to disclose abuse, 48.4% institutional abuse victims disclosed their abuse. Child abuse victims who disclosed their abuse is marked by a higher PTSD symptoms,

increasing self-personality dysfunction. Interpersonal personality dysfunction decreases PTSD symptoms due to individual's avoidance of interpersonal relationships. Avoidance protects individuals from triggers. Individuals with higher resilience are suggested to have less PTSD symptoms.

3.2 Intervention Strategies

Early intervention requires an undertaking effort in addressing childhood trauma. Parents play a vital role in meeting their child's needs, as children often struggle to express their feelings. The lack of intervention can further deteriorate children's well-being. Various interventions are available for children, adolescents, and adults, and can be tailored to individual, or group settings depending on the specific needs.

Play Therapy is a children's-based intervention that is meant for children aged 3-12 years old, allowing them to express their feelings through playing without relying on verbal communication. This approach is particularly for children who struggle to understand, and articulate their emotions. By engaging in play therapy, children can indirectly convey their feelings through traumatic experiences. Play Therapy provides a safe, and comfortable environment. The therapist's appearance should not trigger any traumatic memories, ensuring a positive therapeutic relationship (Syahri & Ifdil, 2019). Creative arts-based interventions showed promising improvements in trauma exposed children, and adolescents up to 18 years of age. Significant reduction can be achieved in various psychological domains, such as negative mood, anxiety, and externalizing behaviours. Children's self-concept, and adaptive behaviours were improved (Morison et al., 2022).

Forgiveness is a state of self-healing, and letting go of resentment towards someone who has caused harm. Research by Syamil & Susilarini (2025) shows that forgiveness can be an effective approach for adolescents aged 13-18 who have experienced trauma.

Forgiveness typically involves four stages. Motivation is the first, and foremost stage in forgiveness. This initial state is driven by the individual's response to trauma. This stage is characterized by 3 types of motivation, such as benevolence, revenge, and avoidance motivation. Benevolence Motivation stems from the desire for reconciliation. Revenge Motivation derives from retaliation. Avoidance Motivation derives from an individual's tendency to escape. Uncovering Phase remains as the second phase, in which individuals explore their emotions, and negative feelings stemming from a traumatic event. Decision to Forgive is the third stage, which involves a conscious decision to forgive the perpetrator. Lastly, Work Phase/Deepening Phase typically involves self-acceptance, and perspective change towards freeing themselves from trauma.

Self-Resilience is an effort to overcome fear, and adversity. While trauma can negatively impact

children's self-esteem, and self-blame, research suggests that some children can develop resilience as a result of their experiences. (Ingelina et al., 2024). Trauma can lead to negative thoughts, decreased self-esteem, and permissive attitudes towards mistakes, ultimately in self dissatisfaction, and hatred. Studies show that increasing self-esteem through self-care, and changing self-critical attitudes can be an effective way to resilience building (Lassri et al., 2022).

3.3 Limitations and Future Work

The Scoping Review Methodology was involved to examine existing literature based on childhood trauma. This methodology was used to gather relevant information about the consequences, impacts, and interventions on trauma. Limitations of this work refer to the methodology as a literature review that is based on the quality of prior studies as references. Interventions that were used in the literature review are not suitable for all age ranges. Future research should focus on adapting interventions across various age groups

4. Conclusion & Suggestions

In conclusion, childhood trauma can severely impact an individual's psychological well-being. Trauma can lead to changes in the brain trajectory, and development. Changes in the structure of the brain are caused by trauma exposure in developed children. Early childhood trauma exposure heightened the risk of depression in adulthood. Psychological disorders commonly associated with trauma are depression, anxiety, eating disorders, and self-harm. Violence perpetrated against children, such as physical, emotional, sexual, and domestic violence may increase the likelihood of developing psychological disorders. Unhealthy lifestyle behaviours, such as smoking, alcohol, and substance use are the outcomes of traumatic experiences. Negative parenting styles, such as authoritarian, and permissive parenting may encourage problematic behaviours in children. Assertive (democratic) parenting styles may enhance self-esteem in children that serve as a protective factor against trauma. Child Therapy, Forgiveness, Arts-Based Interventions, and Self Resilience are interventions that can help children with adverse childhood experiences. By implementing these interventions, parents, and institutions can play a crucial role in promoting long term well-being. Future research could focus on the complex interplay between trauma, and interpersonal dynamics spanning across different lifespans. Trauma often disrupts trust in relationships, which in turn might develop into an intergenerational trauma that is passed down onto the next generation. Additionally, future research should focus on the development of targeted intervention strategies, and adaptive coping mechanisms that foster resilience growth in children exposed to early trauma. Emphasis on different approaches on different developmental ages, such as childhood, adolescence, and adulthood.

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Author Contributions Statement

Author 1, and Author 2 conceptualized the research topic on childhood trauma's causes, impacts, and interventions. Author 1 was involved in the use of the methodology in this study, as well as utilizing Google Scholar as a tool leading to careful fact checking, and investigation. Author 2 contributed to the development of the topic framework, providing direction, and structure to the research. Through collaborative discussions, both researchers agreed on the main focus, and ideas. Author 1 conducted the data search, collecting, and integrating relevant sources from the last decade. Author 1, and Author 2 jointly analyzed journal findings, ensuring the reliability, and quality of the results. Author 1 drafted the manuscript, with Author 2 assistance in data manuscript, and feedback on the structure, and writing.

Name of Author	C	M	So	Va	Fo	I	R	D	W
Author 1	✓	✓	✓	✓	✓	✓	✓	✓	✓
Author 2	✓				✓			✓	✓

C : Conceptualization I : Investigation
M : Methodology R : Resources
So : Software D : Data Curation
Va : Validation W : Writing
Fo : Formal analysis Review

Conflict of Interest Statement

There is no conflict of interest

Data Availability

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