



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 childhood is a pivotal phase for cognitive, and motor detrimental impact on children's mental health, and well- development in children. The development of children being. Research has shown that traumatic experiences involves biological components that influence changes can lead to severe negative outcomes, such as anxiety, in the brain structure. Cortisol Releasing Hormone and depression in children. Despite the growing (CRF) is a critical hormone that is responsible for recognition in mental health literacy, there comes a need coordinating the body stress response with the release of for systematic research on the causes, consequences, and hormones that is being produced in the brain. Trauma 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 Behavioural changes in children may occur after disorders. Prolonged stress increases the risk of anxiety, experiencing traumatic experiences. This comes with the depression, eating disorders, and suicidal tendencies. cultural context of such individuals. In Australia, Furthermore, sexual, and domestic violence are children with traumatic experience may exhibit unruly associated with the risk factors of depression in children. behaviours, such as unemployment, gambling, promiscuity, and substance abuse. Aside from these (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 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.

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
Kuzminskaitė 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 PTSD 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 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	Fadhilah et, al. (2025)	Students with traumatic backgrounds showed elevated levels 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	3. Discussion		
Kurniasari et, al. (2017)	Individuals experience high rates of violence, but boys in particular have a higher prevalence	Dimensions of Violence	3.1 Factors, and Effects of Childhood Trauma		
Syamil and Susilarini (2025)	Forgiveness is the key in trauma release, and is	Dimensions of interventions	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 negative experiences are a significant stressor that physical effects on children. Impact the functionality of the brain. Stressors arise from

Early childhood trauma has been associated with significant deficits in various cognitive functions that could not be entirely eliminated. Unresolved trauma can lead to emotion regulation (SMD=1.25), executive several disorders, including Post Traumatic Stress function (SMD=1.61), and processing speed (-0.48) (Fan et al., 2023). Jin et al. (2023) identified two distinct disorder (BPD), obesity, and diabetes. Research has shown that exposure to adverse childhood experiences has widespread, but weak functional connectivity. State 2, (ACEs) can affect the brain sensory system, marked by focused network integration. Individuals with a history of emotional neglect (CEN) exhibited longer structure, such as enlarged amygdala volume, in dwell times on state 1. These findings suggested that individuals exposed to trauma, including orphans, CEN may be associated with neural flexibility, and mothers with chronic depression, and adolescents with impaired mextability that leads to negative emotions. BPD (Teicher, 2016 as cited in Herzog et al., 2018).

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 BPD patients are often reported to engage in self-harm behaviours, with the primary intention of terminating dissociative state. Emotional abuse is linked to higher levels of BPD symptoms (Schulze et al., 2024). The cortex (ACC), and prefrontal cortex (PFC). These changes are associated with brain abnormality in disturbances, and negative relationships (Schulze et al., 2024).

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 PEARLS screening tool. Results indicated that 94% association between early trauma, and its effects on brain of patients had experienced at least one adverse functions. Findings suggest that individuals with PTSD childhood experience. Notably, sexual abuse, and the show higher energy per cycle EPC, which uses ¹³C MRS death of a caregiver remain as the strongest predictor of to measure synaptic strength in the prefrontal cortex. The newly diagnosed PTSD during hospitalization (Choi et al., 2024). Van Villet et al. (2021) demonstrated pre-connections in people with PTSD. In a recent adolescent study, ACE were assessed using treatment of PTSD severity as the most reliable predictor

of less favorable outcomes. While dissociative individuals with high genetic risk for atrial fibrillation symptoms short-term link to poorer results, this effect showed amplified effects of childhood trauma on did not persist. Essentially, other symptoms, such as arrhythmia development. Findings showed that 28.0% borderline personality disorder, self-injury, interpersonal had 1-2 types of childhood maltreatment, and 5.3% had problems did not significantly moderate treatment 3-5 types of childhood maltreatment. During a median efficacy. These findings suggest that trauma leads to follow-up period of approximately 12.2 years, the study various mental health issues. Finch et al. (2024) explored documented 6,558 cases of atrial fibrillation (AF), 742 the relationship between adverse childhood experience, cases of ventricular arrhythmia (VA), 2,093 cases of attachment, resilience, and psychological distress. A bradycardia (BA). At baseline, the mean age of higher number of ACE results in greater psychological participants was 55.8 years (SD=7.7). Individuals with distress. Greater resilience is associated with a reduced higher levels of maltreatment were more likely to be number of psychological distress. younger, female, and present with comorbid conditions.

such as hypertension, diabetes mellitus, anxiety, or Internal stimuli, such as negative self-perceptions can depression (Chen et al., 2024).
elevate stress levels by increasing cortisol, the hormone that regulates the body's stress response. External

According to Skinner (1963), living beings learn to stimuli, including negative experiences can trigger generalize experiences based on past events. Classical, emotional responses leading to recurrent thoughts, and operant conditioning theories suggest that the feeling dreams, and memories. Research highlights the of helplessness in the face of challenging situations biological impact of trauma, showing that childhood increases the likelihood to develop negative emotional trauma exposure can lead to persistent changes in stress responses. Repeated failures to overcome problems can hormone levels, including increased corticotropin lead to increased pressure, and confusion. Traumatic releasing factor (CRF), and decreased responses are characterized by excessive fear, self- adrenocorticotropic hormone (ACTH), and cortisol isolation, and declining physical, and mental health. levels that can last through adulthood. The duration of

Daily cortisol output, and post-dexamethasone cortisol elevated risk of anxiety, eating disorders, self-harm, and suppression. The impact of trauma on cortisol levels are suicide. These findings suggest that both physical, and shaped by 3 key factors: duration, age, and non-physical forms of violence can have long lasting 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 shown to contribute to the development of childhood children exhibit lower morning, and daytime cortisol trauma, and the likelihood of experiencing abusive production compared to older children, suggesting relationships in adulthood. Both-violent couples are the increased sensitivity, and negative feedback control in most common type of violence. Furthermore, women younger children (Bellis & Zisk, 2014). Li & Liang . could be just as violence as men (Bonetario et al.,2021) (2023) found that self-esteem plays a role in mediating

trauma related to complex post-traumatic stress disorder Violence against children has significantly increased the (CPTSD). High self-esteem priming reduces risk of developing depression, anxiety, and gradually disturbances in self organization (DSO) symptoms. Low developing PTSD symptoms. Research showed that self-esteem is linked to emotional dysregulation, and violence disrupts interpersonal relationships, and negative self concepts.

physical health resulting in sleep disorders, and chronic stress (Fadhila et al., 2025). Recent evidence suggests

Psychological disorders are conditions that influence that childhood trauma may impact biological aging. thoughts, feelings, and behaviours in individuals. Meier et al. (2024) conducted a study on young adults Psychological disorders are often characterized by with prior residential care, with findings proving that abnormal patterns that disrupt daily life, and can lead to physical neglect was associated with epigenetic age feelings of helplessness (Downey & Crummy, 2022). deceleration. Childhood neglect disrupts normative Depression, and anxiety are the most common stress system calibration, resulting in methylation psychological disorders. Various research has shown patterns. Lifetime exposure to trauma did not predict that childhood trauma can have a profound impact on an epigenetic age. However, epigenetic age deceleration individual's mental health, affecting their survival, and may reflect maladaptive developmental stalling that well-being. Moreover, a study explored how cognitive carries long-term biological risks.

overgeneralization, rumination, and social problem

solving mediate the relationship between trauma, and Unhealthy lifestyles are behavioural patterns that can be depression symptoms. Overgeneralization leads towards harmful to individual's overall well-being. These negative self-perceptions, which increases the risk for behavioural patterns deviate from societal norms depression. Individuals who repetitively indulge in encompassing smoking, alcohol consumption, and drug rumination often lead to negative emotional states. use. Research suggests that individuals use such Difficulty in navigating social problem-solving solutions behaviours as a coping mechanism for trauma, repeating enhance the likelihood of experiencing depression them in the form of self-defense. The review by Setién- (Dehghan Manshadi et al., 2024).

Suero et al . (2020) examined the relationship between childhood trauma, and substance use as a direct

Tantomo & Zamralita. (2024) provide evidence that consequence of trauma. Trauma related substance use negative self-perceptions may intensify trauma may increase the likelihood, and severity of psychosis. symptoms in individuals affected by intimate partner

violence. The strongest predictor of PTSD symptoms According to the Australian organization ASCA (2015), was negative self-perception, and self-blame by 35%. alcohol abuse can be a form of self-medication for Cognitive emotion regulation strategies have been trauma, particularly among survivors of child sexual abuse. Adolescents, and young adults struggling with shown to influence PTSD symptoms by 39.5%.

substance abuse are more vulnerable to sexual abuse.

Psychological disorders often develop gradually, Data from 2011-2012 highlights the prevalence of meaning they might not appear immediately after a alcohol consumption, with 82.4% of adults aged 18, and traumatic event, but can emerge years later. Zhang et al. over reporting alcohol use in the past year, while 9.0% (2025) found that childhood maltreatment increased the reported never consuming alcohol. Data showed that risk of developing MDD(OR=2.28), anxiety(OR=1.01), 77.5% of women consumed alcohol compared to men. non-fatal self-harm(OR=1.06), suicide

Unhealthy lifestyles can be an indirect consequence of attempts(OR=1.09), and PTSD(OR=2.29). Adults who trauma. In Australia, this is reflected in higher rates of

experience traumatic events are at an increased risk for homelessness, unemployment, dropouts, and depression. Children who suffer from sexual abuse, promiscuity. Excessive substance use, such as smoking, physical abuse, and neglect are particularly vulnerable to and alcohol consumption can compromise physical, and depression. Research by Mandeli et al. (2015) found mental health. This leads to 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 Childhood trauma is also linked to higher rates of (OR=2.42), physical abuse (OR=1.98), and neglect comorbidity, earlier onset, and poorer outcomes in adult (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 cooperative, and intellectually motivated. Emotional illicit drug use (Kuzminskaitė et al., 2021).

Intelligence also contributes to assertiveness, which enables adolescents to recognize, regulate, express

Aas et al. (2021) distinguished depressive symptoms in emotions effectively, empathize with others, and build patients with schizophrenia, or bipolar disorders based healthy relationships. Prior research demonstrated its on physical activity levels. Patients with childhood effectiveness in enhancing self-esteem, and assertiveness trauma who were physically inactive (>90 min/week) amongst female students. While authoritarian parenting tend to have more depressive symptoms, and poorer is linked to increased trauma vulnerability, democratic working memory. Notably, patients who were physically parenting may serve as a protective factor in trauma active (>90 min/week) have better memory, and lower recovery, and resilience (Muliati, 2022). depressive symptoms.

Research found a significant association between Parenting styles refer to parental guidance that helps with childhood trauma, and chronic depression in adulthood. the learning process in children. These styles play an Affection plays an important role in ensuring a child's important role in physical, emotional, social, and emotional well-being in a parent-child relationship. cognitive development. Positive parenting styles are Maternal abuse, indifference, and overcontrol can more likely to foster a healthy relationship. Negative predict the duration of depression. Statistics revealed parenting styles worsen behavioural issues in children alarming rates of childhood trauma with 25% of children (Elan & Handayani, 2023).

experiencing sexual violence, and 15% experiencing emotional violence. Women have higher prevalence

Child development is deeply intertwined with the role of rates of both violence compared to men (Negele et al., parents, and caregivers. From birth to the age of 5, 2015)

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 households. Prolonged conflicts between family of judgment. Children absorb, and remember their members can cause significant psychological distress in parent's actions, whether positive, or negative. Child children. Children are often the primary victim in the growth is accompanied by brain development, and case of domestic abuse. A study that was done by emotional maturity. Motoric skills in children are Sharratt et al. (2023) shows the verbal effects of developed during infancy, and toddlerhood (1-3 years domestic induced violence on children's mental health, old). Social developments in children are fostered and well-being. Depression, and anxiety are the most through interactions at school (3-6 years old). Cognitive prominent effects. The study indicated that victims of abilities, such as reading, writing, and numerical skills domestic abuse are more likely to develop self-harming are developed in middle childhood (6-12 years old). tendency, and attempted suicide. Children who During adolescence, self-exploration, and character experience verbal violence are at a higher risk of development become crucial (12-18 years old) (Erikson, emotional wounds, and negative outcomes compared to 1963).

physical violence. Repeated exposure to violence can

impair children's perceptions on relationships, leading

Parenting styles determine the risk of trauma in children. them to view violence as a normal aspect of interpersonal Children have limited cognitive abilities, and lacking dynamics. O'Connor et al. (2025) conducted two 7-day emotional stability making them vulnerable to multilevel diary studies to examine the effect of trauma misinterpretation of parental actions. Open on sleep quality, and daily stress in adulthood. Childhood communication is the key to positive parenting as it helps abuse, and neglect is linked to poorer sleep quality, build trust, and fosters emotional security. Poor shorter sleep duration, morning fatigue, and higher level communication can lead to distrust, and fear. Research of daily stress, rumination, and worry. Longer trauma emphasizes the importance of harmonious family exposure is associated with poorer sleep quality relationships in providing a stable environment for compared to shorter trauma affected individuals. children to survive (Gordon, 2000). Research suggests

that permissive, and authoritarian parenting comes with According to Zhang & Yan . (2024), maternal childhood higher risk factors of mental health issues in children trauma contributes to internalizing, and externalizing compared to those of democratic parenting styles behaviour problems. Maternal trauma has been shown to (Hardiana et al., 2023).

increase the risk of depressive symptoms in individuals.

Mindful parenting reduces trauma related distress in both

Authoritative(democratic) parenting plays a role in children, and parents. Furthermore, intergenerational shaping assertive behavior in early adolescents, trauma may increase the risk of an abusive environment particularly in resisting negative peer influence. These for children. Ozanne e et al. (2024) conducted an parenting styles revolve around two-way investigation into the impact of institutional child abuse communication, which involves children decision- in the UK. Results revealed that at home, 53.4% chose to making that balances autonomy with guidance, and disclose abuse, 48.4% institutional abuse victims discipline. Adolescents in democratic households are disclosed their abuse. Child abuse victims who disclosed more inclined to be independent, socially competent, their abuse is marked by a higher PTSD symptoms,

increasing self-personality dysfunction. Interpersonal children's self-esteem, and self-blame, research suggests personality dysfunction decreases PTSD symptoms due that some children can develop resilience as a result of to individual's avoidance of interpersonal relationships. their experiences. (Ingelina et al., 2024). Trauma can lead Avoidance protects individuals from triggers. to negative thoughts, decreased self-esteem, and Individuals with higher resilience are suggested to have permissive attitudes towards mistakes, ultimating in self 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 trauma exposure in developed children. Early childhood 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 which 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

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 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 positive therapeutic relationship (Syahri & Ifdil, 2019). 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 life spans. Trauma often disrupts trust in relationships, and the adaptive coping mechanisms that foster resilience.

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. 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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