

Impact of Psychological Trauma in Children and Adolescence

Asem Babina Devi, and Jitendra Kumar Kushwaha,
Manipur University, Imphal, Manipur

Children and adolescence are considered to be the phase where major developmental milestones occur. When they are faced with certain traumatic events, their inability to process could have lasting impact on their concept of the self and could remain imprinted. The present paper aims to explore the impact of psychological trauma and the development of post-traumatic reaction in children and adolescence who have been victims of communal violence. A survey has been conducted in children and adolescence who has been displaced and is living in relief camps due to an ethnic violence. The Child PTSD Symptom scale for DSM-5 (CPSS-5) has been used to assess the post-traumatic stress disorder and level of severity that they have experienced in the past 5 months after the violence has erupted. Children and adolescence who is within the age range of 8 to 18 years have been assessed using CPSS-5. The results of the assessment showed that the adolescence experienced mild to moderate level of trauma and there is significant difference between the early, middle and late adolescence.

Keywords: Children, adolescence, physical, psychology, maturity, trauma, post-traumatic stress disorder

The human life span starts from the moment of conception to death (Bates, 1987). The development evolves from the moment one has been conceived and continues till one die. There is also a saying that the life span development starts from the womb and ends in the tomb. The periods of the human life span are prenatal, early (2 to 6 years), middle and late childhood (start at 6 and continues till puberty), adolescence (12 to 18 years), young adulthood (19 to 25 years), early (25 to 45 years), middle (45 to 65 years) and later adulthood (65 onwards) (Boyd & Bee, 2006). The developmental changes that occur during each stage of life differ. Development is a lifelong process where the changes occur in the domain of physical, cognitive, emotional and social domain. Childhood and adolescence period are considered to be the most important stages of change. Major developmental milestones are said to occur during these phases. It is the phase where the foundation is to be laid. They are like soft clay which can be moulded

into any shape. It is crucial that the phases of growth in all the domain went on smooth in order to become a physically, psychologically and socially healthy adult in later life. One of the positive attributes of human is that they have the ability, capacity and plasticity to the environmental demands that are being made on the individuals (Baltes et al, 2006). It is important that the phase of childhood and adolescence are nurtured in such as a way that they are able to maintain their resiliency no matter how challenging the situation and environment can be.

Children and adolescence are in the prime state of physical development where growth spurt occur. In adolescence, the changes are more visible where the development of primary and secondary sexual characteristics occur. During the phase of adolescents, there has been dramatic shifts in their physical features where growth spurts and hormonal surges occur (Forbes & Dahl, 2010). Due to the hormonal changes that led to the development of primary and sexual

characteristics, their psychological process could also be impacted. G. Stanley Hall in 1904 has described the period of adolescence as storm and stress pertaining to the turmoil, lack of self-control and heightened level of sensitivity that occur during this phase as they are transitioning from childhood to adulthood (Zeligs, 1943). The reason as to why they are lacking control and have emotional dysregulation could be that they are evolving and have not reached the maturity to process certain situations in life. In the cognitive stages of development given by Jean Piaget (Piaget, 1971), there are four stages namely sensorimotor (birth to 2 years), preoperational (2 to 7 years), concrete operational (7 to 11 years) and formal operational (beyond 11 years). The stages indicate how children move through the four stages of intellectual development which results from the interplay between innate capabilities and environmental influences, or we can say interaction between nature and nurture. Each stage of development is marked by important goals to achieve. The goal to be achieved for the sensorimotor is object permanence, preoperational is symbolic thought, concrete operational is logical thought, and formal operational is scientific reasoning. Everyone goes through each stage though the progress of development might differ between each individual. Since children and adolescence are still in their progress of development, the processing of information might not reach the level of maturity as seen in adults which can impact their emotional, social and occupational domains. Emotions are the affective component of the human psychology. Although the overall adolescent population are happier than unhappy, there are evidence which suggest that they experience frequent and more intense emotional reactions which can increase the risk of mental disorders which are characterized by difficulties in emotional regulation (Larson et al, 2002). Emotions are

elicited by environmental stimuli which is termed as the antecedents. There are three responses to the antecedent which occur at three level namely subjective, physiological and regulatory level. The subjective level is one's evaluation of their own emotional state. The physiological level refers to one's arousal and stress responses via the peripheral system. The regulatory level is the motivation and ability to alter their emotional experiences (Scherer, 2005). Adolescent experiences more intense emotions in both positive and negative domains as compared to children and adults. They also react to emotional states more rapidly which can be a mix of both positive and negative emotions as compared to children. (Riediger et al, 2009). Adolescents also react more strongly to stressors in a negative way (Larson & Ham, 1993). There has been reports that negative emotional state became more progressive from early to middle adolescents (Larson et al, 2002). Adolescent is a period where they are transitioning from childhood to adulthood where they prefer to spend more time with their peers and less time with their parents (Barnes et al, 2007). They no longer wanted to be treated as a child and started making independent decisions on how to navigate their life which are based on limited experiences and also prefers to do that without advice or suggestions from their parents or caretakers. The combination of inexperience and independence can sometime lead to decisions which can have dire consequences on certain domains of their life (Czikszentmihalyi & Larson, 1984). We can say that children and adolescence are still in their developing period and have not yet reached their maturity and certain experiences can be impactful during these phases.

Children and adolescents have been described as the most vulnerable population when they are facing a conflicted situation that arise out of human made disaster (Inter-agency Network for Education in

Emergencies, 2006; Inter-agency Standing Committee, 2007). One of the reasons is that conflicts impair their daily schedule, destroy their nurturing environment for growth and development. They also lack in the development of their coping mechanisms in order to deal with the situation. Human made disaster such as communal conflict is violent in nature as compared to other form of disaster such as natural or human error (Sekar et al, 2005). The reason is that human made disaster is characterized by divisions in their social domain which is based on an identifiable trait (ethnicity, religion, etc.) that can be promoted for causing the conflict which gets prolonged for a long period of time elongating the sufferings with no assurance of an end (Bhadra, 2006). The children and adolescents can bear mental scar for a long period of time in the face of a trauma that results out of the conflicted situation. They can be “silent or invisible” victims of the traumatic event as they have inadequate skill to effectively verbalize their thoughts and emotions (Drell et al, 1993). Though they might not be able to express effectively, children experience biological and psychological reactions to stress (Yule, 2002). A conflict can have detrimental impact on their development as well as their ability to develop a free sense of self and life opportunities (Bhadra, 2012). The trauma that results from the conflict often impair the cognitive functions such as problem solving, attention and memory in children and adolescents (Feeny, Foa, Treadwell & March, 2004; Howe et al., 2004). In their emotional domain, a traumatized child might limit their emotional expression or show emotion in the level of behavioural expressions such as impulsivity (Maughan & Cicchetti, 2002).

Rationale of the Present Study

Trauma is defined as a state of intense shock or sadness. An individual when faced with a traumatic situation often developed Post-Traumatic Stress Reaction (PTSD). The perception of trauma might vary between

different age group. Certain studies have also reported that the children are not able to verbalize their thoughts and emotions when in the face of a traumatic event. However, there are not enough studies that have pondered more on the issue. The present study is an explorative study to see if children and adolescence have the same perspective when they faced a traumatizing event.

The present study aims to explore the development of post-traumatic symptoms in children and adolescence who have undergone trauma of communal violence.

Hypotheses

- The presence of post-traumatic symptoms in children and adolescence
- If there is a difference in the presence of post-traumatic symptoms in children and adolescence

Method

Sample

It is a survey on the victims of a communal riot. The participants are children and adolescence who have been displaced from their own home and is currently residing in a relief camp. 56 participants within the age range of 8 to 18 years are taken up for the current study.

Tools

Child PTSD Symptom Scale- Self-Report Version for DSM-5 (CPSS-5-SR) (Foa EB & Capaldi, S, 2013). The scale is used to assess Post-traumatic stress disorder (PTSD) diagnosis and its severity in the past month in children and adolescence aged between 8 to 18 years. The scale consists of a trauma screening which is to assess the history of Criterion A traumatic experiences. Also, it has a 27 item semi-structured interview out of which 20 items assessed DSM-PTSD symptoms and 7 items assessing impairment of endorsed symptoms on daily functioning. The scale takes about 5 to 10

minutes to complete. The scoring is done by calculating the total severity score which ranges from 0 to 80. The score is calculated by summing the ratings of the 20 items which assess the DSM-PTSD symptoms. It has an excellent internal consistency for the total symptom severity (Cronbach's alpha=.924). It also has good test-retest reliability (r=.800) and convergent validity (r=.904). Thus, CPSS-5-SR is a reliable and valid self-report instrument which can be used to assess DSM-5 PTSD diagnosis for children and adolescents

Results

Table 1: Socio-demographic details of the participants

		Frequency	Percent
Gender	Male	27	58.7
	Female	19	41.3
	Total	46	100
Age (Adulthood)	Children (8-9 Years)	12	26.1
	Early Adolescence (10-13 Years)	23	50
	Middle Adolescence (14-16 Years)	5	10.9
	Late Adolescence (17-18 Years)	6	13
	Total	46	100

Socio-demographic Details of the participants: A total of 46 participants are taken, out of which 27 are male and 19 are female. The mean and standard deviation of the age range is 11.98 and 2.91. Of this, 12 are children, 23 are in their early adolescence period, 6 are in middle adolescence and 5 in late adolescence.

Table 2: CPSS-5-SR range

	Frequency	Percent
Minimal	7	15.2
Mild	8	17.4
Moderate	25	54.3
Severe	6	13
Total	46	100

CPSS-5-SR: The data was assessed using the descriptive statistics of frequency. 8 of the them are in minimal range, 7 are in mild, 26 are in moderate and 5 are in severe range of PTSD symptoms. Each age range was compared for symptom severity. In children, 5 in minimal, 2 in mild, 4 in moderate and 1 in severe. In early adolescence, 3 in minimal, 3 in mild, 16 in moderate and 1 in severe. In middle adolescence, 2 in mild, 2 in moderate and 2 in severe. In late adolescence, 4 in moderate and 1 in severe.

Table 3: Mean difference for Gender

	Gender	N	Mean	Std. Deviation	df	p-value
CPSS-V SR Range	Male	27	24.5	14.6	44	0.88
	Female	19	25.1	10		

Independent sample t test was applied. The p-value is found to be 0.88 indicating no significant difference between gender.

Table 4: Means, Standard Deviation and One-Way Analyses of Variance in Symptoms of Severity of Trauma

Measure	Children		Early Adolescence		Middle Adolescence		Late Adolescence		F (3, 42)	s ²
	M	SD	M	SD	M	SD	M	SD		
CPSS-V SR	18.4	14.5	23.5	9.76	31.4	16.8	36.7	6.41	3.875**	.217

* p<0.05.

The age, when categorised into Children, Early, Middle and Late Adolescence, has a significant impact on the Severity of trauma experience $F(3,43)=3.875$ $p=0.016$. Post-hoc analysis reflects that there is a significant difference in the severity of trauma experience between children and middle as well as late adolescence, and between early adolescence and late adolescence.

Discussion

Trauma can be inflicted due to several reasons and it creates toxicity to the mental health of the person. Experiencing trauma in any form have severe detrimental effect. Children and adolescence in their epitome of developmental era when faced with trauma can have negative impact which can often lead to a whirlpool of adverse mental health issue leading to emotional and behavioural problems (Layne et al., 2014). The problem persists till adulthood often leading to seeking of professional help (Green et al., 2010). In the present study, it was revealed that due to the trauma the children and adolescents had encountered because of the communal conflict, 26 out of 46 has moderate symptoms of PTSD. It is more than fifty percent of the total sample. In a face of trauma, we can say that half of them have the predisposition to developing symptoms of PTSD. There have been many studies which has proven how trauma can be linked to the development of mental health issues in adulthood (Duckworth & Follette, 2012; Kerig, 2014) and the present finding can also agree with that even though the manifestation of other mental health issues cannot be commented yet. One of the interesting findings in the present research is that 16 of them who reported showing moderate range of PTSD symptoms belong to the middle adolescence. It is about 34 percent of the total. As compared to children, adolescent perceive more intensely about the trauma while children's comprehension about the experience is lacking. But even within the adolescent

population, the middle adolescence seems to be more perceptive of the incident as compared to the early and late. One of the possible explanations as to why the children are less harmed maybe due to the fact that the nature of the trauma is such that they are protected by the adults in their family. When the conflict arises, the parents or their primary caretaker immediately came to the rescue and evacuated them into a place safe for them. Thus, they could not fully comprehend the intensity of the trauma inflicted due to the communal riot. The nature of the trauma is collective. This may not be the case when children go through individualistic trauma such as sexual abuse where they have adverse consequences on their mental health (Choi et al., 2023). In conclusion, one could highlight that the perception and interpretation of trauma vary across the life span as well as the nature of the trauma. Even in the adolescent period, the way one perceives the incident vary in each age group. This could lead to the impact of the psychological health and appropriate assessments and intervention could be planned as per the age group so that the intensity of damage could be minimised.

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Asem Babina Devi, PhD, Assistant Professor, Department of Psychology, Manipur University, Canchipur, Imphal, Manipur. Email- asembabina@manipuruniv.ac.in Mobile: 9378075488, Orchid ID: 0000-0003-4356-5805. InSPA Member ID: LM/2020/10482

Jitendra Kumar Kushwaha, PhD, Assistant Professor, Department of Psychology, Manipur University, Canchipur, Imphal, Manipur. Email- kjitendrakumar85@manipuruniv.ac.in Mobile: 8059599464, Orchid ID: 0000-0002-5575-2395. InSPA Member ID: 141/2012