

# The lasting effects of childhood trauma on mental health in adulthood: Current knowledge and practical next steps for clinical practice

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Childhood trauma broadly refers to exposures to traumatic events in childhood, such as being abused or neglected by a parent or guardian, surviving a natural disaster or an act of terrorism, or witnessing the loss of a loved one.<sup>1</sup> While broadly referring to traumatic experiences at any point of childhood and adolescence (i.e., under 18 years of age), the onset of childhood trauma occurs in younger years (i.e., 0-9 years old) for many individuals who experience it.<sup>2</sup> Specifically, complex childhood trauma, the focus of this paper, refers to the types of traumatic exposures that tend to be experienced together and cumulatively over the course of childhood, including physical abuse, sexual abuse, emotional/psychological abuse, physical and emotional neglect, and exposure to domestic violence.<sup>1</sup> Approximately one in three Canadians has a history of experiencing at least one form of childhood trauma, with the most frequently reported trauma being exposure to domestic violence.<sup>3</sup> As the subject of an emerging and quickly evolving field of research within neurosciences, social epidemiology, and medicine, we are beginning to understand the high prevalence of childhood trauma and its potentially detrimental effects.

## The Early Childhood Experiences study and other epidemiological findings

In the late 1990s, the Adverse Childhood Experiences (ACE) study was implemented in San Diego, California to understand the potential physical and mental health problems arising decades after exposure to childhood trauma. This retrospective cohort study gathered information related to childhood exposures from over 17,000 adults, and collected patient information related to clinical problems and health behaviours.<sup>4</sup> Largely due to the research that has emerged from the ACE study, it is becoming abundantly clear that the effects of childhood trauma manifest in many forms and persist long after childhood. In addition to a long list of physical health problems, various childhood traumas act as risk factors for a wide range of mental health problems.<sup>4</sup> Carr and colleagues recently reviewed the literature to summarize the mental health outcomes associated with five major types of childhood trauma: physical abuse, sexual abuse, emotional abuse, and physical and emotional neglect.<sup>5</sup> In this review, childhood physical, sexual, and emotional abuse as well as physical and/or emotional neglect were found to be associated with mood disorders including major depression, anxiety disorders, schizophrenia, eating disorders, substance abuse disorders, and various personality disorders.<sup>5</sup> Physical and sexual abuse were also linked with post-traumatic stress disorder, and sexual abuse was linked with bipolar disorder.<sup>5</sup> Other types of childhood trauma not reviewed by Carr and colleagues, including witnessing domestic violence, have also been linked with many of the above outcomes.<sup>3,6,7</sup> As suggested by the significant

overlap between outcomes associated with the distinct trauma types, many survivors of childhood trauma report suffering multiple traumas throughout their childhood. For example, Afifi and colleagues recently analyzed data from a representative sample of Canadians and found that almost one-quarter reported two of three types of childhood abuse (physical, sexual, or witnessing intimate partner violence), and 8% had experienced all three.<sup>3</sup> There is strong consensus within the literature of a dose-response relationship between childhood trauma and mental illness, such that the odds of developing an above-listed condition increase with the number of traumatic incidents experienced in childhood.<sup>3,5,9</sup>

## Neurobiological factors

Although epidemiologic studies describe a clear association between childhood trauma and mental health, neurobiological research provides critical insight into the underlying biopsychosocial pathways that lend a plausible explanation to these epidemiologic findings. The body's stress regulating pathways may be disrupted when repeatedly exposed to sustained traumatic stress, including various forms of childhood abuse or neglect.<sup>10,11</sup> As these stress exposures coincide with brain development, these disruptions may alter various endocrine pathways that can shape brain development, including memory storage and retrieval, social cognition, emotional attachment, emotional regulation, and coping skills.<sup>9,10</sup>

## Social factors

Not all those who are exposed to trauma in childhood will suffer from deteriorating mental health. Social epidemiological and psychological research has demonstrated that the trajectory of mental health may depend on various social influences among survivors of childhood trauma. For example, a strong social support network tends to improve psychological well-being among adult survivors of childhood trauma.<sup>12,13</sup> Conversely, exposure to other social stressors including poverty, low social support, social marginalization, discrimination, parental mental illness, and/or substance abuse may interact to promote poor mental health among survivors.<sup>14</sup>

## Detecting childhood trauma among adults in medical practice

Given the high prevalence and widespread health implications of childhood trauma, identifying a history of trauma among patients is necessary for clinicians to successfully aid in preventing or treating health problems that can develop in adulthood. Unlike many physical health problems, there are no clear and definite signs of prior childhood trauma, but some behavioural and clinical symptoms that may be indicative of a traumatic history include dissociation, anxiety, depression, suicidal ideation, chronic pain, and substance abuse or addiction.<sup>15-18</sup> If a clinician suspects a patient may have been exposed to a form of trauma in their childhood, they may refer the patient to

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a specialist for further assessment, or they may administer a formal assessment through a validated questionnaire, such as the Childhood Trauma Questionnaire.<sup>19</sup>

In a study assessing clinician practices of screening for childhood trauma among adult patients, Weinreb *et al.* found that less than one-third of surveyed primary care physicians reported “usually” or “always” screening for childhood trauma.<sup>20</sup> Common barriers to screening included a lack of knowledge about childhood trauma, a lack of confidence in screening, and a perception that screening was not part of their role as a primary care physician.<sup>20</sup> These barriers demonstrate that clinician education, related to the prevalence and potential impacts of childhood trauma and appropriate screening and response methods, may be the first step in responding appropriately to the potential health problems associated with childhood trauma. In the study by Weinreb *et al.*, over one-third of physicians had not received any formal training in screening adult patients for childhood trauma.<sup>20</sup> Becoming skilled in identifying childhood trauma is especially pertinent for clinicians who are specializing in mental health. One way of addressing this educational barrier could be by building this training into medical school curriculums and continuing education training programs. Furthermore, the development of clinical guidelines describing when and who to screen for childhood trauma may clarify the role physicians should play in addressing childhood trauma.

### Trauma-informed care

Aside from simply learning to screen patients, optimizing the physician–patient relationship with survivors of childhood trauma is essential to addressing their health needs. Trauma-informed care is a promising method that has been successfully taught through continuing education.<sup>21</sup> This patient-centered method of communication and care is guided by the clinician’s understanding of the potential health effects of trauma, as well the range of situational perceptions common to trauma survivors, particularly within a medical setting.<sup>21</sup> The aim of trauma-informed care is to promote a culture of empathy, sensitivity, safety, and acceptance in order to facilitate engagement, trust, and retention in preventative medical care for trauma survivors.<sup>21,22</sup>

In conclusion, a large proportion of the Canadian population has been affected by childhood trauma. The medical system must adapt to the emerging research demonstrating compelling evidence for immense health implications that survivors of childhood trauma may face in adulthood. While the development of methods specifically tailored to trauma survivors is a promising approach to minimizing the health burden for trauma survivors, governing and managing bodies within the health care and educational systems should explore large-scale changes that work to bridge the gap that remains.

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