



Childhood Trauma in Indian Context

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ABSTRACT

Childhood trauma has surged since the outbreak of the pandemic, with most individuals constricted in their movement around and exposed to the most devastating news. This paper conceptualises and concludes the existing literature, stating the factors responsible for an increase in childhood trauma. Owing to home restrictions and social distancing, children were stuck in the house, exposed to brutal news as well as a disturbed household atmosphere. Aside from these elements, abundant time on hand and an unoccupied brain: these factors help children cope with the threat to their safety and sense of belonging. Consequently, childhood trauma has implications for the behavioural and psychological aspects of the individual not just in the current but in future projections as well. This research will prove an outline for major factors which has to be looked into depth in case of evaluating any aspect of Childhood trauma which is frequently neglected in Indian society.

Keywords: Childhood; trauma; Indian society; Indian context; childhood trauma

INTRODUCTION

Childhood trauma frequently entails a negative reaction, known as traumatic stress, in the aftermath of an unpleasant, disturbing, or terrifying incident. Traumatic occurrences are often situations that are outside of our normal experience and are beyond our control. Many elements, including the kind and features of the incident or occurrences, influence how a traumatic experience impacts a person. Trauma affects a child's emotional development, mental health, physical health, and behaviour throughout the wellbeing of their life.

Children, according to research, are more sensitive to trauma because their brains are still developing.

An estimated half of all children in the United States have been exposed to trauma before the age of eight.

There are several forms of trauma :

- Acute trauma occurs as a result of a single stressful or risky incident.
- Exposure to severely stressful conditions on a regular and persistent basis causes chronic trauma. Examples include child abuse, bullying, and domestic violence.
- Complex trauma is the outcome of several traumatic incidents.

Trauma symptoms range from minor to severe. Many factors influence how a traumatic incident impacts a person, including their distinguishing features, past exposure to traumatic events, the existence of other mental health disorders, the nature and characteristics of the event or events, their history, and their approach to dealing with emotions

TRAUMA IN INDIA

A study done in Uttarakhand (Nisha, Kiran & Joseph, 2014) indicated that 32.8% of residents were still facing trauma-related stress. Results showed gender differences in the presentation of PTSD symptoms. Insomnia was the highest reported issue in females whereas males reported it hard to stop worrying and concentration problems. A similar scenario prevails in India, with few therapists being aware of psychological trauma and its consequences. In 2014, the NIMHANS urban well-being centre launched a 'Trauma Recovery Clinic.' The clinic's goals are to help survivors cope with their trauma and restore their lives.

CHILDHOOD TRAUMA INDIAN PERSPECTIVE

The World Health Organization (WHO) defines child abuse as "all types of physical and/or mental ill-treatment, sexual abuse, neglect or negligent care." or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. India is a country with strong cultural norms that regard child care to be primarily the responsibility of the

family. It is difficult to tackle child abuse comprehensively due to a lack of sufficient information and proof. Another barrier to treating child abuse is getting answers from children themselves on such a complicated issue.

INCREASE IN CHILDHOOD TRAUMA DURING COVID-19

The COVID-19 pandemic has been conceptualised as a multisystem cascading worldwide disaster that has drastically impacted the lives of children on several levels. This rapidly changing environment must also be comprehended to address the danger of violence against children and adolescents. An average of 31 children perished by suicide in India each day in 2020. Experts suggest that the Covid-19 epidemic may have exacerbated the psychological suffering endured by youngsters to a large extent. National Crime Records Bureau data shows that 11,396 minors committed suicide in 2020; about 1 child committing suicide per hour.

FACTORS RESPONSIBLE FOR THE INCREASE IN CHILDHOOD TRAUMA DURING THE PANDEMIC

Domestic Violence

According to studies conducted in India by the National Crime Agency (NCA) and Child Protection Services, men who abuse their female partners are also responsible for harming the children in their families (CPS). According to OASH, children who witness domestic violence or are victims of abuse are at a high risk of developing long-term physical and mental health issues. Children who experience abusive and violent behaviour in the relationship of their parents are more likely to be violent in their future relationships. It has been tough for parents who safeguard their children if they are a parent who has been abused.

Alcohol And Drug Abuse

Substance abuse dependency is one of the leading causes of child maltreatment. Child abuse can be committed by parents who have a history of alcohol or drug misuse. A parent who abuses alcohol or drugs is more likely to commence child maltreatment with children aged five or younger. According to the Indian study database, there is a substantial link between the incidence of traumatic experiences as a kid and the proclivity to acquire alcohol addiction as an adult. Physical violence, parental separation or divorce, and a family member's mental illness are the most important and commonly reported unfavourable childhood events in people with alcohol dependence syndrome.

Untreated Mental Illness

Untreated mental illness in a parent is a common cause of child maltreatment. Manic depression or any other mental disease might lead the parent to be unavailable for the child. In severe circumstances, a mother may withdraw from her children or feel that the child is scheming against her. Research shows that children of parents with mental illness in India use maladaptive coping strategies and have a higher level of internalising and externalising problems. There is little published literature in the Indian context about how parents with psychological disorders perceive their parenting role and how children experience growing up with such parents.

Lack Of Parenting Skills

Most parents are naturally adept at caring for their children, but a small percentage may be unable to meet their physical and emotional needs. Many parents associate discipline with abuse and will seek counselling to better understand their role as parents. Insecure attachments increase the likelihood of negative consequences such as learned helplessness, which predicts impaired personality and social development. Perceived parenting styles marked by carelessness and overprotection have been consistently associated with depression. Low parental care predicted depression later in life in both boys and girls. Males more likely experience severe depression symptoms than girls when their mothers provide inadequate care (Grotmol et al., 2010). Cultural differences between eastern and western cultures have been noted in parenting. In Western nations, high parental protectiveness is often pathogenic, whereas in China it is protective.

Stress and Lack of Support

An Indian study has revealed a link between authoritarian parenting and depression. When their caregivers or parents are under stress, many children are subjected to psychological abuse. It is tough for parents to deal with their child's emotional needs, especially when they are in stressful situations. Divorces, marital troubles, financial concerns, and job-related challenges can lead parents to abuse their children.

The Interplay Of Childhood Trauma And Socio-Economic Status

In India, every second kid is subjected to sexual abuse and violence. 53% of children say they have been abused by a parent, family member, or school instructor. Slums are home to one out of every six urban Indians. Children from high-income families are nearly four times more likely to experience physical violence.

THE INTERPLAY OF CHILDHOOD TRAUMA AND SOCIO-ECONOMIC STATUS

In India, every second kid is subjected to sexual abuse and violence. 53% of children say they have been abused by a parent, family member, or school instructor. It has been discovered that one in every six households in urban India (17.4%) lives in a slum, and are more prone to childhood trauma due to the fragile household conditions. Children from high-income families are nearly four times more likely to experience physical violence."

Adversity in childhood in India

Adverse childhood experiences," or ACEs, have been examined as types of child abuse and familial dysfunction. In India, data on child maltreatment is available, but data on ACEs is scarce. Several recent studies have identified the frequency of ACEs in certain areas. Lower earnings, poor living circumstances, and living with marital violence are all obstacles in India that can lead to neglect and abuse, which frequently 'cluster.'

Gender Influence

Gender identification is outlawed in India, but almost half of females 'wish they were born boys.' Female children are more likely to be sexually abused than male youngsters. For fear of shame or stigma, girls are less likely to be aware of or report abuse.

The Impact of Urbanisation

The incidence of child maltreatment as a result of urbanisation (rural, slum, or urban regions) has received little attention in literature. One study has discovered a significant prevalence of physical abuse among slum and pavement inhabitants, even though the intensity of the mistreatment was minimal. Small-scale regional or local studies might assist researchers in better grasping the frequency of child abuse in various places.

MODEL OF TRAUMA

According to Ehlers and Clark's (2000) approach, a perception of a present threat prompts a succession of behavioural and cognitive measures aimed at reducing the current threat while maintaining symptoms. Excessive caution (safety behaviours), maladaptive reactions to unwanted memories (thought suppression, rumination, purposeful numbing), and persistent dissociation are examples of these tactics. According to several researchers, these cognitive characteristics predict persistent PTSD. According to Ehlers and Clark's approach, processing

trauma predicts the formation of PTSD symptoms because it influences appraisals and memory features. There are four types of dysfunctional processing: data-driven, mental defeat, detachment, and lack of self-referential processing. Data-driven processing is considered to enhance the disjointedness of trauma memories and perceptual priming by preferentially processing perceptual information during the event (rather than its meaning). Mental defeat connotes a felt loss of all agency after trauma, as well as a poor self-image and lasting transformation. Several studies have found that certain cognitive processing tendencies predict PTSD.

IMPACT OF CHILDHOOD TRAUMA

Childhood trauma is more likely to result in post-traumatic stress disorder (PTSD) than adult trauma. There is no average response to trauma; children's reactions to trauma vary depending on the nature of the event as well as the child's individual, familial, and neighbourhood features. Young children who have experienced trauma may struggle to build attachments with caregivers, have an excessive fear of strangers, or have separation anxiety.

Children who experience trauma may become anxious or depressed and engage in risk-taking or self-destructive behaviours (e.g., drug and alcohol misuse, dangerous driving, sexual promiscuity, unprotected sex, self-harm, illegal activity). They may also have persistent thoughts about suicide or seeking revenge. Young children with trauma may have trouble forming attachments to caregivers and may exhibit regression after reaching a developmental milestone.

RESILIENCE TO CHILDHOOD TRAUMA

Resilience is described as "a dynamic process involving positive adaptation in the face of considerable adversity." The term "resilience" should be avoided since it implies an individual trait. Resilience is the result of several elements combined to influence how a kid reacts to catastrophic circumstances. It is advantageous to use an ecological strategy to promote resilience in development among traumatised children since it means that a child's development is impacted at several levels. These many characteristics are referred to as risk and protective factors. Individual, familial, social, or cultural risk factors are situations, characteristics, conditions, occurrences, or characteristics that increase the likelihood of a person encountering hardship (e.g., childhood trauma, re-traumatization, or negative outcomes due to trauma).

The resources available to a child and his or her family substantially impact resilience to

childhood trauma. Family members, teachers, mental health practitioners, child welfare professionals, and other community service providers can work together to ensure that children and families receive both emotional and concrete assistance (e.g., food, housing, and financial stability).

Trauma-informed Care -The environment in which children live, learn, and grow influences both their short-term and long-term well-being. As a result, when children's settings are sensitive to their unique needs, they are more likely to display resilience. When families, schools, community-based programmes and services, and individuals caring for children become aware of the impact of childhood trauma, provide a sense of safety and predictability, protect children from further adversity, and offer pathways for their recovery, they can increase the chances of resilience following childhood trauma. In other words, children gain when these organisations provide trauma-informed treatment (TIC).

Prevention of childhood trauma

The optimal preventative strategy incorporates all three levels and culminates in a complete service framework aimed at improving outcomes for children and families. The 2018 Family First Preventive Programs Act encourages states, in particular, to stress the significance of basic prevention services. High-risk programmes are available to populations that have one or more risk factors for child maltreatment, such as poverty, parental substance misuse, young parental age, parental mental health difficulties, and parental or child impairments. Tertiary preventive actions focus on families when maltreatment has already happened, to reduce the harmful repercussions of the maltreatment and prevent it from happening again.

CONCLUSION

Trauma may affect a child's emotional development, mental health, physical health, and behaviour for a long time. Half of the children population in India is traumatised before the age of eight. Children from high-income homes are four times more likely to be physically abused than children from low-income families. There can be many ways to prevent or even come up with a proper plan to reduce childhood trauma or even help the ones suffering from it. The government and the healthcare system must consider several reforms to improve the overall mental and physical well-being of the country's future generations.

Professionals in mental health can assist children and families in determining how to apply their existing therapeutic interventions and assessment to a new and unexpected sort of situation. Treatment frequently includes coping skills and problem-solving training. Knowing what to expect and the most frequent reactions might help folks relax. Adults must recognise that children comprehend and respond to distressing experiences based on their developmental level. Also, with the assistance of life educators or life coaches, helping children, families, and communities to restore routines and roles may help reintroduce normalcy to a child's life. The need to access mental health treatments, as well as the majority culture's insensitivity, the impact of racism and poverty, can have a significant influence on a child's well-being. While it is important to remember the need for screening for traumatic exposure at entry, larger-scale efforts to detect trauma-exposed children may also be necessary.

When treatment is provided to children and families, they are not always ready, and others may opt not to participate at all. It is critical to educate children and families about treatment alternatives and also keeping doors open. More study in this field is required, including the creation of risk assessment methods that may be utilised in a variety of situations. This will aid in identifying high-risk youngsters in need of clinical assistance.

The emphasis of the overall aspect should be prevention. The ambition is to scale up evidence-based prevention approaches to the population level, not just in the core child protection sectors of Social Welfare and Justice, but also in Education, Health, Social Protection, and other sectors with strong and clear accountability to deliver child protection outcomes. This should include universal access to justice, family and parenting assistance, safe schools, and internet safety, as well as the widespread acceptance of transformational norms and values.

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