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Exploring the Long-Term Impact of Childhood Trauma: Unseen Consequences and Paths to Healing

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ABSTRACT

Trauma in childhood is a grave medical and psychosocial problem. This kind of trauma occurs when a child experiences several traumatic events at an early age. Early childhood trauma disrupts the normal neurological process of the body which subsequently hinders the normal development of the brain. In recent years, a growing body of research has emerged linking childhood trauma to an increased risk of developing various chronic diseases, including cardiovascular, diabetes, pulmonary, and cancer. This paper aims to review and synthesize the current literature on the negative impacts of childhood trauma including drug abuse, sex addiction, depression, and other psychiatric problems. The findings suggest that exposure to childhood trauma significantly increases the risks of developing drug abuse, sex addiction, depression, anxiety, and many other chronic diseases. The findings highlight the urgent need for early recognition and intervention in childhood trauma to potentially alleviate its harmful consequences in adulthood.

Keywords

Childhood trauma, ACE, PTSD, Chronic diseases, Depression, Cancer, Hypertension.

Introduction

Trauma is a common event that can have a profound impact on its victims and society. This is a serious medical, psychological, and societal issue that can lead to long-lasting feelings of deep unhappiness and stress [1,2]. According to the Diagnostic of Mental Disorders, childhood trauma is defined as an exposure to deeply distressing or life- threatening experiences in early life [3,4]. It has long-lasting effects on an individual's cognitive, emotional, and physical health. Family is one of the crucial aspects of human development. Correspondingly, if the child faces different disparities and health problems, then it will leave a long-lasting impact throughout his adulthood [5]. This kind of trauma is connected to post-traumatic stress disorder (PTSD) and depression in adults as emotional and behavioral patterns progressively evolve with time [6]. Childhood trauma can arise from various adverse experiences including physical abuse (Inflicting physical harm on a child), emotional or psychological Abuse (verbal assaults or constant criticism) sexual Abuse (Any sexual activity with a child, including molestation, rape, or exploitation), verbal abuse, neglect, witnessing domestic violence, bullying, accidents, experiencing parental divorce, living with someone who is mentally ill or abuse drugs and medical trauma [7,8]. Trauma can impair normal development, cognitive functions (memory, attention, and executive functioning), behavioral patterns, and emotional regulation which can affect academic performance and social relationships [9]. Traumatized children may develop insecure attachment styles, leading to difficulties in forming and maintaining healthy relationships in adulthood [10].

Childhood trauma is common in the USA. Despite its high prevalence, data are scarce on the impacts of trauma on children as compared to adults with known histories of childhood traumas. A study by the Centers for Disease Control and Prevention (CDC) found that approximately one in seven children in the United States experienced abuse or neglect [11]. Global studies indicate that over 50% of children have experienced some form of violence in the past year, with significant regional variations [12]. Globally, childhood trauma is a pervasive issue. WHO estimates that up to one billion children aged 2-17 years have experienced physical, sexual, or emotional violence or neglect [13]. In the United States, NatSCEV data reveals that 60% of children are exposed to violence, crime, or abuse annually [14].

Downey & Crummy [15], surveyed to find the presence of different coping strategies including denial, alcohol abuse, and self-isolation among the survivors of childhood trauma. Furthermore, they investigated the symptoms of anxiety, sleep disturbance, low self-esteem, and depression in those individuals. Nine participants including two males and seven females working in counseling and social care centers were recruited. Interviews were conducted via direct phone call for six individuals, while three individuals were present for face-to-face interviews. Each individual told their experiences based on their interactions with the clients. It was found that survivors of childhood traumas sometimes create a false self-image or deny their past traumatic experiences. They show dependency on drugs and alcohol. Low self-esteem and depression were also found to be associated with childhood traumas. Different treatment plans, social support, and interventions were considered crucial for reversing the impacts of different psychiatric conditions.

Methodology

A comprehensive search was conducted using various research databases, including PubMed, Google Scholar, CINAHL, Clinical studies, PsycINFO, and meta-analysis to identify relevant studies exploring the relationship between childhood trauma and substance abuse, sex addiction, depression, low self-esteem, and subsequent health problems. Several keywords were used including "childhood trauma," "adverse childhood experiences (ACE)," "depression", "cancer," and "chronic diseases." Only peer-reviewed journal articles published in English were included. A total of 106 articles were identified and included in this review.

Long-term Negative Impacts of ACE

Drug and Alcohol Abuse

A link has been found between the exposure to traumatic experiences in childhood and substance abuse disorders. Alcohol and drugs can be used by the victims of childhood trauma to distract themselves from early childhood hardships. Childhood trauma is associated with several alcohol- related problems, like binge drinking [16]. Most studies regarding childhood trauma and substance use disorders have been done on the patients enrolled in substance use treatment programs [17].

Shin et al., [18] reported that young individuals who have experienced childhood trauma are more compelled to drink alcohol as compared to non-victims. A research consisting of 55 participants, who were being treated for their drug dependency, told that they had been repeatedly ignored or abused as a child, which led to their dependency on drugs later in life [19].

Khoury et al., [20] studied the impacts of childhood trauma on substance use disorder by interviewing 587 patients recruited from a hospital in Atlanta. He found that individuals who experienced multiple forms of childhood trauma were significantly more likely to engage in substance abuse particularly cocaine later in life. The study revealed a dose-response relationship, indicating that the risk of substance abuse increases with the number and severity of traumatic experiences.

Anxiety and Depression

Children who have suffered from traumatic experiences find it difficult to properly express and manage their emotions. They often try to internalize their feelings and stress reactions, and thus may suffer from severe depression and anxiety. The relationship between stress, depression, and childhood trauma could be linked to the neurological response system of that individual [21]. Children who suffer from childhood traumas are at a risk of developing many long- term mental disorders in adult life including complex post-traumatic stress disorder (CPTSD). This disorder is quite similar to PTSD as both of these are types of anxiety disorders linked to the traumatic events that happened in the individual's past. The symptoms include excessive levels of anger, guilt, and anxiety [22].

Continuous stressful conditions in childhood can lead to the excessive release of various stress hormones in the body [23]. The neurobiological system of the human body becomes more susceptible to the harmful impacts of childhood traumas. Stress in the body hinders the normal development of the brain and nervous system. Neuroimaging studies reveal structural and functional changes in key brain regions, including the amygdala, hippocampus, and prefrontal cortex. These changes are associated with impaired emotional regulation, cognitive deficits, and increased risk of mental health disorders [1]. For example, it has been found that repeated exposure to stressful conditions in early life can dysregulate the natural biological patterns of the Hypothalamic-Pituitary-Adrenal (HPA) axis of the body. The hypothalamic-pituitary-adrenal (HPA) axis is crucial for stress response in the human body. These alterations in the neurological system produce signals in the brain to warn the body of threatening circumstances. The chronic activation of the HPA axis causes the repeated secretion of stress hormones, and thus, the body stays alert all the time to prepare itself to counter perceived dangerous situations [24]. This over-activation can increase the chances of depression and anxiety disorders in those individuals due to the presence of high cortisol levels in the body over the course of their lives [25]. Many studies have shown that individuals with a history of childhood trauma often exhibit either hypercortisolism or hypercortisolism, both of which are linked to various health issues, including metabolic syndrome, cardiovascular diseases, and psychiatric disorders [26].

Picard & McEwen [27], reported that childhood trauma can disrupt the normal homeostasis process of the body also known as "Allostatic load". This disruption ultimately has an impact on the normal functions of mitochondria. Stress in the body causes the production of reactive oxygen species which are free radicals derived from the oxygen molecule. The increase in the number of ROS species for prolonged time can be detrimental to overall health especially the brain due to an increase in the consumption of oxygen in the body. High ROS in the body damages the normal cellular processes of the body, thereby leading to the manifestation of many diseases.

Subsequent Health Problems

The physiological impacts of childhood trauma are profound and

multifaceted. Childhood adversities have been linked with a higher risk of various chronic diseases, including cancer, cardiovascular disease, heart stroke, pulmonary diseases (asthma), diabetes, kidney dysfunction, and obesity [28]. These chronic diseases can be due to various direct and indirect pathways, including dysregulation in the stress-signaling pathways, immune dysfunction, changes in the brain structure, and alterations in the DNA expression causing cellular aging in children [29,30]. For example, childhood trauma like physical abuse can cause direct physical injury, neglect can lead to malnutrition [31], and stress can dysregulate normal brain functions [32].

The developing brain is particularly vulnerable to the effects of trauma. The disruption in the normal neural circuits of the brain due to childhood trauma can have life-long impacts on behavior, learning, and mental and physical health. For example, reduced hippocampal volume is commonly observed in individuals with a history of childhood trauma and is linked to memory impairments and high susceptibility to depression [33,34].

Traumatic experiences in childhood can lead to long-term changes in immune function. Many previous studies have reported that childhood trauma is associated with chronic inflammation, as evidenced by elevated levels of pro-inflammatory cytokines such as interleukin-6 (IL-6) and C- reactive protein (CRP). These inflammatory markers are implicated in the development of autoimmune diseases, chronic pain conditions, and increased susceptibility to infections [35]. Scott et al., [36] reported a connection between childhood trauma and increased chances of chronic obstructive pulmonary disease (COPD) and asthma in adults.

Childhood trauma is a significant risk factor for the development of cardiovascular diseases in adulthood. The stress-induced dysregulation of the autonomic nervous system and chronic inflammation contribute to endothelial dysfunction, hypertension, and atherosclerosis. Longitudinal studies have demonstrated that individuals with a history of childhood trauma have higher rates of heart disease, stroke, and related mortality [37].

Cancer is one of the major causes of death globally. According to a report in 2023, approximately 1,958,310 new cancer cases were diagnosed in the United States, with an estimated 609,820 cancer-related deaths [38]. A systematic review by Holman et al., [39] found that adverse childhood experiences (ACE) are associated with an increased likelihood of developing various types of cancer. Although it is still not completely understood, many emerging studies have suggested that changes in stress responding system, genetic makeup, and inflammatory processes can be related to the progression of cancer. Due to DNA damage, individuals with childhood trauma are at a higher risk of developing cancer [40,41]. Furthermore, multiple other factors related to ACE including harmful exposure, and changes in behavioral patterns can be associated with a high incidence of cancer in adults with a child trauma history [42].

Low Self-esteem

Low self-esteem is also one of the grave consequences of childhood trauma. A sense of support, love, and safety is paramount for children to empower them to explore their surroundings independently and confidently. If the parents of the child are the purveyors of trauma, he will struggle with the problem of low self-esteem even in his adulthood due to a lack of initial bonding and relationship formation. More specifically, verbal or physical abuse instills negative feelings like fear, thereby causing self-esteem issues [15,43].

Childhood trauma destroys the self-worth, and self-belief of its victims due to the presence of unhealthy relationships which promote uncertainty and emotional hesitation. It can lead to the formation of negative self-concepts, for example, the individual will develop self-hatred and self-deprecating traits [44]. Due to the trauma inflicted by the closest people, the core belief system identifies a lack of secure attachment, devoid of protection, thereby prompting lower self-esteem. Overall, lower self-esteem has an impact on the mental health system of the child prompting PTSD [45].

Sleep Disturbance

Adequate sleep is crucial for mental and physical health. Trauma can disrupt sleep patterns, leading to insomnia and other sleep disorders. Sleep problems can further exacerbate the symptoms of post-trauma. A sleeping routine is linked with a feeling of safety and comfort, and the interference in it during childhood disturbs the normal sleeping cycle [46]. For instance, children who might have suffered through sexual abuse will struggle to fall asleep during the night on their bed, because their personal safe space were once invaded. Wamser-Nanney & Chesher, [47] studied the impact of childhood trauma on the sleeping cycle of individuals. They found major signs of sleep disturbance and also reported having nightmares among individuals.

The nightmares and sleeping issues following trauma can signify the presence of subconscious feelings among those individuals. Thus, responding positively to hard feelings can assist in minimizing the symptoms of stress and depression. Establishing a regular sleep routine, creating a restful sleep environment, and practicing good sleep hygiene can help improve sleep quality. Techniques such as mindfulness meditation and progressive muscle relaxation can also promote better sleep [48].

Sex Addiction

Childhood trauma has long been recognized as a significant risk factor for a variety of psychological disorders, including addiction [49,50]. Sex addiction, also known as hypersexual disorder, is a neurological disorder characterized by compulsive sexual thoughts and behaviors that interfere with an individual's daily life. Sex addiction can be described as a type of behavioral addiction that progressively becomes uncontrollable [51]. Many individuals with sex addiction use sexual behaviors as a means of coping with the pain and emotional turmoil stemming from their traumatic pasts. For example, a study by Schwartz & Southern [25], found that 80% of adult individuals seeking treatment for sex addiction

reported histories of childhood abuse or neglect. Several theories explain the link between childhood trauma and sex addiction. One prominent theory is the self-medication hypothesis, which posits that individuals engage in compulsive sexual behaviors to cope with the distressing emotions and memories associated with trauma [53]. Another theory suggests that early traumatic experiences can lead to attachment disorders, where individuals seek out intense sexual experiences to fulfill unmet emotional needs. It has been reported that sex addicts exhibit a high rate of anxious attachment as compared to the non-addicts. There is a stronger connection between sexuality and attachment as both are associated with distress regulation. When the parents soothe their crying baby, the child slowly learns to soothe himself. If the child does not receive proper care from their parents, they will lack self-soothing characteristics. When they grow old, they will look for other ways to control their emotions like using external stimulants including sex [54,55].

Intervention and Treatment

Childhood trauma is just like an epidemic affecting almost 20% of the population globally. The influence of childhood trauma is widespread, and although there are children who will have the inner strength to completely heal from it, for the remaining ones, the results are far-reaching [56]. Understanding the various types of childhood trauma is crucial for identifying, preventing, and addressing their impacts on a child's development and mental health. Preventive measures and early interventions, such as supportive parenting programs and early childhood education can mitigate the effects of trauma and promote resilience [57]. According to the growing evidence, it is reported that a delay in intervention can increase the risks of more issues in children, and will take longer to achieve positive outcomes from the treatment. Early intervention programs that address trauma, and provide coping skills can reduce the risk of developing substance abuse and sex addiction [58].

Trauma-informed care

Trauma-informed care, which incorporates an understanding of trauma's impact on treatment is essential for helping individuals to recover from these behaviors and improve their overall health [59,60]. This treatment is based on the "Trauma theory", that hypothesized the storage of traumatic memories as psychological reactions to different stimuli, if they are not properly processed either symbolically or verbally. The impairment of memory processing due to different traumatic events leads to the manifestations of new symptoms in reaction to a certain stimulus that might be not related to the original experience. So, it will be difficult for healthcare providers to predict the exact stimulus that contributed to a specific traumatic response.

Trauma-informed care (TIC) has emerged as a critical approach to address the needs of trauma survivors. This method focuses on creating environments and interactions that are safe, supportive, and conducive to healing. Routine screening for trauma history is done by the providers to identify the individuals who need trauma-informed interventions. A strong relationship is built between the patient and therapist to provide the necessary support, and if appropriate, the family is also involved sometimes to facilitate healing. By teaching and reinforcing healthy coping mechanisms, caregivers can help children manage trauma-related symptoms and stress [59,60]. Several therapies including Trauma-Focused Cognitive Behavioral Therapy (TF- CBT) and Eye Movement Desensitization and Reprocessing (EMDR) are also employed by the caregiver to address the specific impacts of trauma [61].

Therapeutic Approaches

Effective therapies for childhood trauma include cognitive-behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and attachment-based therapies.

TF-CBT

One of the therapies, Cognitive Behavioral Therapy (CBT) can help the individual to overcome negative emotions and create wishful endings. By allowing the individual to become more in control of their feelings, previous emotions can be easily diminished [61]. Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is a structured, resiliency-building, and short-term treatment model based on the cognitive-behavioral theory that focuses on the unique needs of children with PTSD and other trauma-related difficulties. It combines cognitive- behavioral, humanistic, and family therapy principles to help children and their caregivers process and resolve traumatic experiences. TF-CBT involves several core components, including psychoeducation, relaxation skills, affective modulation, cognitive coping, trauma narrative development, and parent-child sessions. In this therapy, the therapist does a first session with the child and then with the parents, and later joint sessions are done [62,63]. The main aim of this therapy is to reduce the impact of cognitive distortions on different behavioral reactions, thereby allowing the individual to become non-reactive to trauma signals and memories. It enhances self-esteem, social support, and coping skills as well as improves the relationship of children with their caregivers [64].

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is based on the Adaptive Information Processing (AIP) model suggesting that trauma disrupts the brain's natural information processing. It is a structured and integrated psychotherapeutic approach designed to alleviate the distress associated with traumatic memories [65]. EMDR typically involves eight phases: history taking, preparation, assessment, desensitization, installation, body scan, closure, and reevaluation of all the events. Each phase addresses different aspects of trauma processing and symptom management, tailored to the child's developmental levels and specific needs [66]. It involves the use of bilateral stimulation, such as eye movements, taps, or tones, while the patient focuses on traumatic memories. By reprocessing traumatic memories, EMDR helps integrate these memories into adaptive networks, reducing their emotional impact.

The efficacy of this therapy for PTSD patients in both adults [67] and children [68] with childhood trauma has been reported in many previous studies. De Roos et al., [69] studied the impact of EMDR

in disaster-exposed children. He found significant improvements in children as the treatment with this therapy reduced many trauma-related symptoms.

Impacts of lifestyle changes

Besides the above interventions, many previous studies highlight the importance of physical activity, a balanced diet, adequate sleep, mindfulness practices, and strong social connections to significantly improve the mental health of individuals who have experienced trauma.

Physical Activity

Physical activity is one of the most effective lifestyle changes for improving mental health. Activities such as running, meditation, deep breathing, yoga, and strength training can be particularly beneficial. These mindfulness exercises can help individuals with a history of childhood trauma to manage stress and improve emotional regulation. These practices promote relaxation, reduce symptoms of anxiety and depression, and enhance overall well-being. Research indicates that mindfulness can change brain structures and functions associated with emotional regulation and resilience [70].

Different exercises can be used as a therapy for the treatment of a large number of psychotic disorders. Exercise has been shown to reduce symptoms of depression, stress, and anxiety disorders. It enhances mood and improves overall well-being. For individuals with a history of childhood trauma, Ratey & Loehr [71], reported that regular physical activity can help regulate the stress response system, reduce inflammation, and promote neurogenesis. Fetzner & Asmundson [72], reported that aerobic exercises exhibit anxiolytic effects and can be used as a potential treatment for PTSD and substance abuse disorder. These exercises can have a direct impact on the brain's neurotransmitters, hormones, and endorphins by improving brain functions and enhancing the self-esteem and confidence of individuals with a childhood trauma history [73].

Healthy diet

A balanced diet rich in essential nutrients can support mental health and help mitigate the effects of childhood trauma. Jacka et al., [74] studied the relationship between a healthy diet and mental health in adults. He highlighted the importance of a healthy diet and how it can improve the mental health of individuals throughout life. Omega-3 fatty acids, found in fish and flaxseeds, are organic compounds that have been shown to reduce symptoms of depression and anxiety thus, improve mood. These fatty acids play a significant role in a variety of physiological functions including neuroinflammation, neurotransmission, and neurogenesis, thereby are involved in the normal development and functioning of the brain. Omega-3 fatty acids exhibit several health benefits including antiarrhythmic, anti-inflammatory, and antithrombotic peoperties [75,76].

Dysregulation in oxidative stress can be linked to various mental disorders. Antioxidants, found in fruits and vegetables, can help reduce inflammation and oxidative stress [77]. Antioxidants like polyphenols and selenium can enhance cognitive function and memory, which can be impaired by trauma [78]. Nutrients that regulate the HPA axis, such as magnesium and vitamin C, can help modulate the stress response and reduce the physiological impacts of stress [79,80]. Probiotics and prebiotics found in fermented foods and fiber-rich foods support gut health and, through the gut-brain axis can improve mental health [81].

Fasting

Many preliminary findings suggest that fasting can reduce symptoms of anxiety and depression. Fasting improves mood and enhances mental clarity. Fasting triggers several physiological processes that may be beneficial in treating trauma [82]. One of the processes is autophagy, where cells remove damaged components and regenerate, potentially reversing damage caused by chronic stress and trauma [83].

Fasting also helps with reducing chronic inflammation which is commonly reported in individuals with trauma. Fasting reduces systemic inflammation by lowering levels of pro-inflammatory cytokines, which may alleviate trauma symptoms [84]. It is also reported that fasting may enhance neuroplasticity, the brain's ability to reorganize itself [85], which is crucial for overcoming the cognitive and emotional impairments caused by trauma. Despite its potential benefits, fasting is not without risks. Children and adolescents are particularly vulnerable to the adverse effects of fasting, such as malnutrition, electrolyte imbalances, and psychological distress [86]. Therefore, fasting as a treatment for childhood trauma should be approached with caution, under the supervision of healthcare professionals, and tailored to the individual's needs.

Journaling

Journaling is basically a practice of regularly writing about thoughts, feelings, and experiences. It has long been recognized as a therapeutic tool. The act of writing allows you to articulate your emotions, gain insights into your past experiences, and develop a sense of control over your narrative [87].

Several mechanisms contribute to the therapeutic effects of journaling in the context of childhood trauma. For example, by writing your thoughts, a person can find a safe space to express emotions that may be difficult to articulate verbally. This emotional expression can facilitate the processing of traumatic experiences, reducing the emotional burden and promoting psychological healing.

Vadaq & Widyatno [88], reported the importance of journaling in reducing the stress levels of children who were the victims of domestic violence. A total of 5 children were selected as test subjects. The results showed major stress reduction and an increase in the gratitude level in all 5 children. Thus, through journaling, individuals can challenge and reframe negative thoughts and beliefs associated with trauma. This process of cognitive restructuring helps to mitigate the impact of trauma on self-esteem and overall mental health [89].

Affirmation

Affirmation involves the repetition of positive statements aimed at reinforcing self-worth, resilience, and a sense of control. Affirmations are based on the idea that changing one's thoughts can influence emotions and behaviors, contributing to psychological well-being [90]. In the context of childhood trauma, affirmations can serve several therapeutic functions [91]. Trauma often undermines an individual's sense of self-worth [92]. Affirmations can counteract negative self-beliefs by reinforcing positive self-perceptions, thereby enhancing self-esteem [93].

Negative self-talk is one of the common symptoms among trauma survivors, perpetuating feelings of helplessness and hopelessness. Affirmations help to replace negative self-talk with positive, empowering statements, fostering a more optimistic outlook. Ali & Mahler [94], studied the impacts of self-affirmation on the 178 college students. The result showed a reduction in the negative thinking of the participants towards their body image. Furthermore, affirmations can strengthen an individual's resilience by reinforcing their ability to cope with adversity [95]. This is particularly important for individuals with childhood trauma, who usually struggle with feelings of vulnerability and powerlessness [96]. Jhunjhunwala [97], found that self-affirmation interventions can lead to significant reductions in stress and improvements in problem-solving abilities. Although research specifically examining the use of affirmations in childhood trauma is limited, the broader evidence suggests that affirmations can be a valuable component of trauma-informed care.

Social Connections

Strong social connections are vital for mental health as they can provide crucial support for individuals recovering from childhood trauma. Building and maintaining healthy relationships with family, friends, and support groups can reduce feelings of isolation and provide a sense of belonging. Peer relationships also play a vital role in recovery [98,99]. Friendships can provide a sense of normalcy, acceptance, and belonging, which are essential for healing [100,101].

Participating in community activities and volunteering can also foster social connections and improve overall well-being. Community programs and supportive school environments can provide additional layers of support. Participation in community activities and positive school experiences can enhance self-esteem and social skills, contributing to overall well-being [102].

The buffering hypothesis suggests that social support can protect individuals from the harmful effects of stress. In the context of childhood trauma, supportive relationships can provide emotional comfort, practical assistance, and validation, thereby reducing the impact of traumatic experiences [103]. Another theory known as Attachment theory posits that early relationships with caregivers form the blueprint for future relationships. Secure attachments can promote resilience, while insecure attachments can exacerbate the effects of trauma [104]. Positive social connections in later life can help to reframe these early attachment patterns and foster a sense of security and trust.

Social connections can influence neurobiological processes, including the regulation of the hypothalamic-pituitary-adrenal (HPA) axis, which is involved in stress response [105]. Positive social interactions can enhance the production of oxytocin, a hormone associated with bonding and stress reduction, thereby promoting healing and resilience [106].

Conclusion

In conclusion, Childhood trauma has profound and lasting impacts on its victims. It can lead to many long-term consequences including substance abuse, depression, low self-esteem, sex addiction, cancer, hypertension, and many health problems. Addressing the root causes of the behaviors of its sufferers through trauma-informed care and early intervention strategies is critical for breaking the vicious cycle of trauma and addiction. Besides therapies, lifestyle changes can be greatly helpful in individuals with a childhood trauma history to recover from symptoms like anxiety and depression. The clinician should work in collaboration with their patients to go for the most effective treatment ensuring positive outcomes. Future research should continue to explore the mechanisms linking childhood trauma to various adversities to come up with better treatment plans.

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