

Developmental Trauma: The Effects and Signs of Traumatic Events on Children, and Its Implications

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ABSTRACT

Trauma is a concept that has grown so popular in the last years that sometimes it can be considered overused and losing its weight. However, it is still popular in self-help literature, common speech and does not seem to gain its rightful place among mental health or other professionals, despite its groundbreaking neuroscientific and evolutionary background. It would be important for professionals to understand the relevance of this framework and its scientific basis, use it in contexts where it can be relevant, and even bring long awaited reforms and changes. So ‘the baby should not be thrown out with the bathwater’, meaning that trauma should not be neglected, just because it has become “too fashionable”. In this chapter I will help to understand the basics and the relevance of this framework, focusing on developmental trauma that is revolutionary in our understanding of symptoms, dynamics and treatment of mental health issues affecting both children and adults. The whole developmental period of a human, and how it is affected by upbringing and other early age experiences has its implications for the rights and legal protection of children and childhood in general, thus it would be more than useful to obtain a common understanding among social, educational and legal professionals.

KEYWORDS

developmental trauma; PTSD; trauma informed education; trauma consciousness in legal systems; secondary traumatization

1. The Educational “Tale” of Developmental Trauma

The human brain is a magical organ that has evolved to serve our survival and reproduction in a complex and unique way. This can explain many human experiences that at first we cannot easily grasp, and this will be the perspective which will help us to understand the essential importance of developmental trauma. Also, to begin this chapter let us see a bit how our brain works. We became humans due to our constant and endless capability of learning. Our neuronal patterns can store almost unlimited amounts of information and we know that the best way to add new knowledge is to

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help us picture it and connect it to already existing information bricks whilst spice it up with some emotion. Our ancestors could survive from a shared knowledge of their community which they heard in a form of emotionally presented tales. Thus, it is much easier for us to remember an event in our favourite TV series presented to us with excitement, and happening to known characters, rather than trying to remember a textbook chapter full of important facts but not much else. So, allow me to try to tell you the “tale” of developmental trauma, then give you some scientific background and legal world implications.

Once upon a time human infants came to the world as a member of a hunting, collecting tribe. This community formed a unity to cope with the challenges of life. Humans did not grow huge teeth, or camouflage in the form of fur, in order to survive. They did not stay so small that they could easily hide or learn to run the quickest to escape. Instead they developed a brain to live in a learning community that could look after each other and develop better tools for the purpose of gaining nutrition and staying alive, as well as to be able to raise their very vulnerable infants in an environment where they could ensure their survival.

As a result, the brain of a newborn, inserted into the framework of these circumstances, was wired to soak in all the information that would be needed to become an accepted and useful member of this community, so ensuring the individual’s survival. All the feedback an individual received from their emotions, behaviours, and reactions were guidelines to what was safe and what could bring danger from the outside world or of being excluded from the group. The reactions of the surrounding adults taught the brain when to switch on to survival mode: ie: fight, flight or freeze. Since risk was not only present from, say a sabre-toothed tiger, but also the anger or disappointment of the caregivers could prove fatal, the brain of the child learnt to be sensitive to the signs of these reactions and switch on the appropriate reaction that seemed useful. This “guideline” would be remembered for the individual’s whole life.

Automatisation is also a wonderful skill of our neurobiology, and this whole process became automatic and unconscious: ie: searching, noticing and storing information of appropriate behaviour in the group and implying it automatically and unconsciously on an emotional, and behavioural and often also on a cognitive level.

Centuries passed and in our western society the adult community around an infant is mostly a nuclear family, but the process remains the same. Babies are born and they learn from their caregivers what is safe and what is dangerous, how one is supposed to act, think and feel. The most important thing is to stay alive, so any life-threatening event has an essential message about what to learn about life: how we can avoid the reoccurrence of such situations.

What is life threatening for a child? By all means, we can imagine every possible human or natural catastrophe, and it is true that these often have a long term effect on the psyche of a child (or an adult). However, to a vulnerable and weak little creature so many more things can be terrifying. For example, if the mother is often angry, or not present, or the father is unpredictable, or the neighbourhood is

dangerous, and people are tense or aggressive. In order to survive in any environment, a keen awareness of the smallest sign of someone becoming angry or aggressive is essential, thus allowing the individual to decide whether the best form of protection would be to choose to fight, flee or if nothing else helps, to numb oneself from the expected pain. Under the circumstances where one assumes that they are fighting for their life, ancient survival instincts lead the action and the wild parts of the brain take charge. The civilised and culturally cultivated parts of the brain, that are slower because of the complexity of these thoughts, will not be involved in such a scenario.

If a child grows up in a family where aggression, ignorance or fear is constantly present, their perception will be of a dangerous world where life consists of a constant fight for survival. These instinctive survival behaviours will be easily activated in school, friend groups and during adult life.

2. The Scientific Ground of the Concept of Trauma

Nowadays we think that being traumatised means that one's brain is shaped to a higher level of survival mode by a single or recurring event, and the earlier this happens the more generalised and unconscious the consequences are.¹

Trauma and its long lasting, life changing effects received public attention mainly during the last century. The word trauma has its origins in ancient Greek, and it means wound. It already describes that we are referring to the long lasting scars that a particularly heavy experience leaves on one's soul.² World wars, soldiers with PTSD (Post Traumatic Stress Disorder), and catastrophic events affecting large groups of people have shown professionals a group of typical symptoms and proved that this is a mental health issue that merited research. Over many years and a lot of research, and thanks to the technology of modern neuroscience, psychiatrists and psychologists have begun to understand the neural system's background of symptoms and have realised that the reactions and changes in the body, and especially in the neural system itself can explain many phenomena that had been previously described by mental health professionals.³

Guiding attention towards traumatic experiences in childhood during the 1990s, Vincent Felitti and Robert Anda conducted The Adverse Childhood Experiences (ACE) study, in which they compiled data from 17,421 HMO (health maintenance organisations in the US) patients. Participants filled in a questionnaire of ten questions about whether they had experienced enumerated ACEs, including verbal and physical maltreatment, sexual contact with an adult, witnessing violence against their mothers, and having parents addicted to drugs or alcohol. Based on the

1 Van Der Kolk, 2002, pp. 381–392.

2 Gohara, 2018, p. 13.

3 Van Der Kolk, 2020, pp. 165–189.

affirmative answers, the participants were assigned an ACE score of zero to ten. 87% of the respondents scored two or more, and the researchers also noticed that the higher a patient's score, the larger the likelihood of adult life difficulties, such as relationship and employment difficulties, substance abuse, chronic depression, and suicide attempts.⁴

Slowly mental professionals began to recognise a similar dynamic behind PTSD and the consequences of traumatic experiences among children. This perspective offered a new explanation to some well-known phenomena that psychology had previously observed. It offered a new perspective on attention disorders, issues with closeness or trust or emotional regulation and many other issues that had developed during childhood and could affect the whole life of a person.⁵

2.1. Definition

Since the 1990s the literature and scientific background on trauma has been growing rapidly, giving rise to numerous nomenclature and definitions.

Harris and Fallot⁶ summarised it, in saying that trauma is an experience that occurs when an external threat overwhelms a person's internal and external positive coping resources.

According to SAMSHA (Substance Abuse and Mental Health Services Administration),⁷ individual trauma results from an event, a series of events, or a set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has long lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

I would like to use trauma here as a word referring to the consequences of a traumatic event where the person experiences an overwhelming situation to which their capacities are not enough to cope, and it elicits the emotions of fear, helplessness, hopelessness, terror and is often a subjective threat to the person's survival. It should also be added here that witnessing or becoming aware of such a seriously threatening event or series of events can be traumatic to others.⁸

The triggering events are not necessarily violent, but they do violate the person's sense of self and security.⁹ It is important to note from the very beginning, that an event that is not traumatic to one individual can easily be threatening and traumatic to another who gets triggered by their own perception and experience of that specific event. This difference can be the result of different previous experiences, capacities to cope, and personal interpretations.¹⁰

4 Gohara, 2018, p. 14.

5 Perry, 2019.

6 Harris and Fallot, 2001, cited in Evans and Graves, 2018, p. 2.

7 SAMSHA Trauma Definition, 2012, cited in Evans and Graves, 2018, p. 2.

8 Gohara, 2018, p. 14.

9 Randall and Haskell, 2013, p. 507.

10 Mogyoróssy- Révész, 2021, pp. 89-95.

3. Basics of Evolutionary and Neuroscientific Background

The reason why trauma scientifically seems to be a very beneficial framework is that the neurobiological and evolutionary background is well established and continuously researched. Trauma symptoms can also be described by the neurobiological consequences of the traumatic event or series of events, and the way that those influence behaviour. Our brain is an organ to serve our survival, and experiences sculpt it to try to be the best in this task. The brain “gets ready to try to avoid another threatening event”.¹¹ In evolutionary terms it means a constant readiness to automatically fight or flight, or a numbing response to any “look alike” triggers, and it can eventually result in overreactions to perceived threats, such as anxiety, depression, emotional detachment.¹²

I would like to highlight an important theoretical alteration at this point. In traditional psychology, psychiatry professionals often considered these symptoms to be pathological. Our up-to-date understanding of these mechanisms suggests that we need to change this perspective and realise that these are in fact normal responses for abnormal events, an adaptation to cope with heavy experiences in life. We should not consider the consequences of (developmental) trauma disorders but reordering.

Neuroscientists have proved that¹³ trauma changes the brain’s pathways that direct cognition, impulse control, empathetic understanding, the regulation of emotions, perception of threat, the ability to differentiate the past, present and future, and the filtering of information. If this happens early on in a lifetime, it generally alters development and compromises healthy ways of growing up.¹⁴

Evolutionary consequences of a traumatised nervous system can be observed in two different behavioural pathways.¹⁵

- hypervigilance (a heightened state of awareness)
- dissociation (numbing and detachment).

In a hypervigilant state, if one perceives something threatening, their judgement will be impaired because the quicker, but evolutionary older “emotional brain” will react instead of the cognitive based executive regions. Repeated and early exposure to trauma can set this as the default stress response, and this way the “fight or flight” reaction (that is adaptive when someone is actually in danger) will govern responses to everyday situations and undermine judgement. This generates an overly alerted state which also damages impulse control, the differentiation of past and present moment, and ensures that the main focus is solely on survival.¹⁶

11 Perry, 2019, pp 29–41.

12 Gohara, 2018, p. 13.

13 Van Der Kolk, 2020, pp. 189–203.

14 Perry, 2017.

15 Van Der Kolk, 2020, pp. 59–97.

16 Perry, 2019, pp 135–165.

Numbness is the final evolutionary response to an unavoidable threat; it makes a person detached from emotions and the present moment because it is too overwhelming to handle. Recurrence of such experiences can result in the chronic prevalence of this state. The phenomenon of dissociation describes a state where one is *distancing* themselves from their own physical sensations, by getting themselves into a depersonalised and numb state in order to cope. Often it creates an escape to an imaginary world, or cognitive distancing from emotions but shutting down entirely from interactions is also possible. In worse case scenarios it can cause a sort of distancing from one's own or someone else's emotions, leading to a complete lack of empathy that can create the foundation for criminal, aggressive behaviour but also an incapability to save oneself and entering a cycle of becoming a victim repeatedly.¹⁷

In everyday life, these symptoms can lead to a lessened capacity to cope and connect, a misunderstanding of social cues, only paying attention to possible harmful signs, ignoring friendly or positive cues and caring behaviour. Hence the world soon turns into a hostile and dangerous place, where it is not safe or smart to handle situations in a peaceful way. It can even lead to the individual's unconscious conclusion that there is no sense in trying to handle such problems at all but instead would be better to turn towards an external numbing and controlling of these states with alcohol or drugs.¹⁸

All these behaviours can be labelled by society as problematic and criminal. Therefore, injured people can easily get marginalised and surrounded only by similarly hurt people which strengthens the maladaptive patterns in each other.

Possibly traumatic events show a wide diversity: human and non-human causes, violence, sexual abuse, physical assault, neglect, witnessing violence, war, natural catastrophe, serious injuries, accidents, loss of loved one, medical procedures etc. However, we need to be aware that trauma is an individual experience, the same event can be traumatic to one person but not to another. Thus, we need to take individual experiences into account, and not externally judge an event to be or not to be traumatic.¹⁹ As for the victims we can say that people from any socioeconomic background can experience trauma, but marginalised and vulnerable members of society are at greater risk to develop traumatic responses.²⁰

People with different resilience levels, coping profiles, or social support can develop many different types and levels of impaired functionality. Once again, we need to bear in mind that they might seem to be a decrease in their ability to cope, but in fact these are normal responses to an abnormal event. From this perspective, even our way of looking at mental disease can be drastically changed, because very often the history of a person who is suffering from different psychological symptoms contains traumatic events that explain their way of reacting.²¹

17 Van Der Kolk, 2020, pp. 97–117; Randall and Haskell, 2013, p. 511; Gohara, 2018, p. 21.

18 Gohara, 2018, p. 22.

19 Evans and Graves, 2018, p. 2.

20 Randall and Haskell, 2013, p. 508; Perry, 2019, pp 291–311.

21 Evans and Graves, 2018, p. 2.

3.1. PTSD and Developmental Trauma

As with any growing field, the science of trauma is getting more and more differentiated, and today we distinguish *single, chronic and complex or developmental traumas*.²² Some of the above are already well described phenomena of psychiatry and psychology.

A well-defined point in time when trauma began to be seen as a more established phenomenon was World War I, when the conceptualisation of PTSD began. Professionals first attributed “shell shock”, which described unusual psychological symptoms appearing among soldiers resulting from their exposure to the battlefield and combat experiences. Examination and descriptions continued with the medical treatment of veterans throughout the Second World War, but the real breakthrough arrived with the analysis of Vietnam veterans. The concept of PTSD entered the “civil world” by scientific and self-help literature that wrote a lot about trauma as a consequence of sexual insult, rape or domestic violence.²³

In recent times PTSD has become a well-established diagnostic criterion in DSMV²⁴ (currently used diagnostic directory handbook of mental diseases)

Simple PTSD is a neurophysiological response to a traumatic event that has occurred once. It has three typical types of symptoms:

- *re-experiencing* phenomena: intrusive thoughts, rumination, flashback
- *avoiding/numbing*: avoiding anything that reminding of the traumatic events, even thoughts, emotional numbing, withdrawing from relationships:
- *hyper arousal response*: being alerted to danger, irritable, overly alert, lack of concentration²⁵

ACE and other research among children has shown us that developmental or complex trauma tends to be more extensive than simple PTSD. It can affect brain development, attachment patterns, and self-capacities, such as self-regulation and coping mechanisms. Complex trauma is a result of a group of precarious and damaging events that cause traumatic shock, disruption in one’s development, and the interruption of primary attachment bonds.²⁶The symptoms in this case can be summarised in six core categories:

- *affect dysregulation*: modulating emotion and impulse.
- *changes in consciousness*: dissociation, attention deficit, overly alerted
- *altered self-perception*: shame, guilt, responsibility.
- *relation to others*: difficulties in establishing and maintaining intimate relationships, difficulties with trust.
- *somatisation*: stomach pain, headache or even more complex physical issues
- *alterations in system of meaning*: hopelessness, unable to find purpose²⁷

22 Randall and Haskell, 2013. p. 507.

23 Gohara, 2018, p. 22; Van Der Kolk, 2020, pp. 13–29.

24 American Psychiatric Association, 2022.

25 Randall and Haskell, 2013. p. 511.

26 Ford, et al., 2012 cited in Evans and Graves, 2018, p. 2.

27 Randall and Haskell, 2013. p. 511.

In this chapter we will focus on complex or developmental trauma, because it is a relatively new concept that tries to define the interconnected effect of experiencing abuse, violence, and neglect repeatedly in close family relationships during childhood.²⁸ Additionally it has important consequences in our society, our legal and education systems, but also in our personal daily life. Childhood trauma as we see it, causes disturbances on many important levels that can determine one's happiness, or satisfaction in life, but also in one's ability to adapt to society. It can slow down the development of a child and interfere with all levels of functioning during its early years. However, it remains prevalent later in social connections, emotional regulation, and all forms of attachment and communication.²⁹

The early years of a child are mostly determined by interactions with its caregivers, and later with the wider community such as siblings, friends, school teachers etc. Thus, it would be essential while raising the future generations to cooperate, and support each other as adults around children to ensure that they grow up in a stable safe environment.³⁰ Cooperation can be a lot better if we establish a common understanding of what is happening to a "problematic" child, and how adverse experiences can shape one's brain and behaviour

4. Bad or Misbehaving Child?

Learning about the outcomes of a trauma helps us to understand how a child with a difficult background can develop symptoms that can be considered "bad behaviours" by those who do not understand the nature of these mechanisms. For example, experiencing constant fear impairs concentration and performance, and can make them seem emotionally detached. It is important to understand that "problematic behaviour" or symptoms of children are usually signalling that something is imbalanced inside or around them. Sometimes it is just a temporary issue, for example difficulty, a bad day, not enough sleep or hunger. However, if these symptoms are prevalent for longer periods or the actual symptoms change but a healthy balance does not return, we should suspect that something more severe is affecting that child.

The symptoms that we should notice can be apparent on many levels.³¹

- *Cognitive*: memory problems, poor verbal skills, difficulty focusing or learning at school, too slow or poor skill development, development learning disabilities,
- *Behavioural* excessive temper, demanding attention through both positive and negative behaviour, regression, acting out in social situations, screaming or crying excessively, easily startled, tantrums, withdrawal, ignoring others, anxious behaviour (for example biting nails)

28 Van Der Kolk, 2020, pp. 165-189.

29 Beyer, 2006, p.1216.

30 Perry, 2019, pp 291-311.

31 American Psychological Association, 2018 cited in Evans and Graves, 2018, p. 4.

- *Psychological/emotional*: unable to trust others, development of new fears, nightmares, fear of being separated from caregiver, withdrawn, loss of interest in normal activities, irritability, sadness, anxiety, etc.
- *Physiological symptoms*: poor appetite, overeating, weight change, digestive problems, difficulties sleeping, enuresis and/or encopresis, etc.

For an underlying dynamic that can help us understand the process of developing such difficulties we need to return to the evolutionary survival instinct. A child needs their caregivers to ensure their survival, so feeling angry or disappointed towards them can seem very dangerous. The problem is that anger is an automatic response if something feels dangerous. If this emotion arises in a human infant, but it is risky to express it and it seems to serve survival more if directed inwards, then it transforms into shame, anxiety and self-blaming. This way it makes it possible to adapt to the caregivers. The unconscious belief will thus be created, that the child or later the adult is responsible for any mistake and should blame themselves for difficulties. It leads to a strong lack of trust. This causes multiple issues and suffering in many people, in spite of the fact we know now, that it is a natural way of self-protection after being abused or not protected from violence.³²

We can summarise that following traumatising experiences, the basics of autonomy, trust and exploratory behaviours in children are impaired.³³ The responses and typical symptoms, although individual in nature, will be different at a younger age than later in life. Toddlers and infants mostly react with increased irritability, sleep disturbances, strong emotional reactions towards separation, regression in toilet habits or speech, physical complaints, loss of appetite or food hoarding.³⁴

Later the symptoms can also change in the short- or long-term, where numbing and social withdrawal can be followed by acting out or anxiety, tantrums, aggression. Both externalising and internalising behaviours can occur simultaneously.

Disturbed attachment behaviours are very common, not only among young children but also teenagers and adults, who can also be clingy, angry towards the returning caregiver or loved one, as well as ignoring, neglecting etc.³⁵

5. Protective or Supporting Environment

It is important to briefly mention what constitutes a healthy and healing surrounding for a child. The basic idea of healthy development would mean ensuring the following mindset for a child: my parents/caregivers love me and accept me, they can and will protect me from harm so I can explore this world that I am curious about, and

32 Beyer, 2006, p. 1216.

33 Beyer, 2006, p. 1217.

34 Pressley Ridge Magyarország Alapítvány and University College Leuven, 2022.

35 Beyer, 2006, p. 1218.

eventually I will get strong enough to protect myself otherwise I can always turn to my community for help.³⁶ In such cases where they grow up undisturbed, children reach developmental and emotional milestones and learn healthy coping and social skills. This happens naturally and automatically if their environment is safe, largely predictable, supportive and stable. If these features are established or re-established around children that are suffering or have suffered from trauma, they can gain a healthier world view, and new, more constructive coping skills. Although the scars they received will not disappear, they can learn to turn tragedy into meaning³⁷

Trauma treatment is a complex work that requires the collaboration of parents or foster family with professionals. External and internal safety needs to be established, which helps to handle the fear of abandonment and issues with the subject's own and external aggression.

The goal is to grow resilience. Resilience is the ability to cope with a stressful, in some cases possibly traumatic event, and gives the possibility to learn from adverse life experiences.³⁸

Resilience means the positive adaptation of a whole system after losing balance, and among young people, adaptation after negative experiences or risks can include the adaptation of the systems surrounding them such as family, school communities etc. and the system within them, such as the nervous system and immune system.³⁹

A healthy childhood makes a person individually more resilient as well, through facing stress and stressful situations that they can cope with via their skills and social support. Eventually they learn the opposite from what they pick up by repeating traumatic events. The resulting knowledge of the world, the self and others will be approximately as follows: The world is a place full of challenges, many of these I am able to cope with even though it seems difficult at first. If not then I can ask for help. I am worthy of other people's love and support. We are always there for each other, and there are situations that I cannot solve but the people around me will stay beside me through the sadness that those situations cause.⁴⁰

Developmental trauma happens in close relation to other forms of trauma and in terms of treatment, it requires close, intimate, stable relationships. Healing in this case is not an achievable static state, but a lifelong process. Disrupted attachment can heal in healthy relationships to individuals, but also this way the person gets reconnected to the wider society, or a social group can serve as a secure basis.⁴¹ However, we need to know that isolation is a severe issue of the western society in spite of and because of its many achievements, and among these circumstances trauma is getting more dangerous since it can deeply break the connections among people.

36 Mogyoróssy- Révész, 2021, pp. 41–59.

37 Ringel and Brandell, 2012 cited in Evans and Graves, 2018, p. 4.

38 Mogyoróssy- Révész, 2021, pp. 77–85.

39 Masten et al, 2008, p. 76.

40 Perry, 2019, pp. 291–311.

41 Perry, 2019, pp 291–311; Mogyoróssy- Révész, 2021, pp. 114–133.

6. Trauma Consciousness

In families and institutions that are the natural habitats of children, adults most often aspire to handle a child's "problematic behaviour", and not address the underlying causes of sadness and fear that leads to such behaviour. Children, and often adults do not have a conscious reflection on what inner emotion drives their or other's behaviour. The younger the child, the less they can verbally express their inner experiences, because self-reflection and mentalisation has not yet been developed, so it can only be expressed via a mood, or an act.⁴²

Also based on the example of the adults surrounding them, they sometimes learn that the way for example to solve a disagreement or react to something uncomfortable is through aggression. As they do not have effective tools that they could use to soothe themselves, they get flooded by emotions that can end up as a tantrum, or deep frustration, or somatic issues.⁴³ In time, this can all easily lead to criminal behaviour or even substance abuse.

With these mechanisms in mind, it should be realised that children need understanding and reassurance, rather than punishment from the adults around them. This knowledge and its implications are a very important responsibility of educated professionals.

From the above-described developing scientific field of trauma, the practical phenomena of trauma consciousness has arisen. *Trauma informed or trauma conscious approach*⁴⁴ means the acknowledgment of the extent of traumatic experiences and trauma affected behaviours in our world. Following the acknowledgment actions and policies should be carried out. Thus, institutions are prepared to act in a way that takes trauma into consideration, tries to avoid retraumatisation and offers chances for rehabilitation. In a trauma informed approach, it is important that organisations create services based on these understandings but also create collaborations with other organisations handling children or families.

As professionals, who are active in the fields of children's rights or child welfare, education, politics we cannot consider trauma and its affects as a problem of the individual only. Trauma is deeply embedded in the social context, shaping choices, ideologies, and opportunities. Unresolved trauma causes widespread damages in our society. It has social, economic, legal and health related consequences. Healthcare, the education system, child welfare and even legal systems need to consider employing a trauma conscious perspective⁴⁵

42 Pressley Ridge Magyarország Alapítvány and University College Leuven, 2022.

43 Beyer, 2006, p. 1217.

44 Pressley Ridge Magyarország Alapítvány and University College Leuven, 2022.

45 Randall and Haskell, 2013, p. 518.

7. The Roots of Trauma in the Society

If we are looking at the bigger picture, we also need to be aware of the conditions that are constantly recreating developmental trauma in our society. The impacts of trauma are present in many people's lives; and it is much more common than one realises.

“A community-based surveys had findings indicating that somewhere between fifty-five per cent and ninety per cent of people have experienced at least one traumatic event in their lifetime, and one quarter of these people experienced it during their childhood.”⁴⁶

Trauma can be caused by severe violations of human rights and social issues, such as war, marginalisation, political conflicts, and institutional abuses. Its effects can be the lack of trust, an inability to believe in justice in the world, and insecure relationships. All these are the roots of criminal behaviour, substance abuse, and health issues. Thus, our society is shaped on many levels by developmental trauma.

On a larger scale we can take poverty into consideration as a risk factor for stressful, neglecting and thus traumatising circumstances in a child's upbringing. Nevertheless, if we look at the child welfare system, the abduction from families and then expecting children to easily adapt to foster or residential care, or school systems where children are considered lost causes because of acting out and not being able to concentrate, then we face grave institutional problems as well.

We really need the framework of trauma to improve the life that our society offers for future generations in our civilisation.

8. A Closer Look on the Legal System

If we take a closer look at the functioning of our legal system, there are various factors that we should take into consideration. Law is the guideline of our society. It can direct human behaviour but sometimes the psychological background is not thorough, or lawyers do not have enough knowledge of it.

As a systematic approach it is important to mention restorative justice which represents many values that are similar to the trauma-conscious approach. The restorative justice system aspires to create a shared narrative for everyone involved in a criminal case, which is really hard to reach but deeply healing for the individuals and the community as well. Haskell and Randall describe this approach of law followingly:

| 46 Ibid., p. 503. |

“Restorative justice is an approach to dealing with crimes and wrongdoing which takes seriously the need for repair of relationships harmed by these events. A restorative approach to law envisions justice in more expansive terms than is conceived of in the more traditional punitive and retributive models of criminal law. A restorative model of justice requires not only offender accountability but also victim participation and community engagement in the process of identifying and rectifying the wrongs which have been committed.”⁴⁷

A thoroughly designed restorative justice system is suitable to be a part of trauma healing processes and collaborative treatments and rehabilitation. As a result, the belief in justice and fairness can return to the lives of those affected by trauma.⁴⁸

Consequently, we should take a look at the issues we can observe in people’s lives who come from troubled or marginalised socio-economic backgrounds, and their relation to the justice system. We can probably all picture now how much confusing and traumatic events a child can bear growing up in a frustrated, stressed, and struggling family, where neglect, violence, and abuse are common experiences (probably because the parents also grew up under similar circumstances). As a result, a large number of these children, as both juveniles and adults, will deal with trauma responses which often (but not always) lead to substance abuse problems and conflicts with the law. ‘Studies show that between seventy-five per cent and ninety-three per cent of those entering the juvenile justice system have experienced trauma.’⁴⁹

Unfortunately, in many cases law enforcement only criminalises these youngsters instead of offering rehabilitation and treatment for their injuries as well.⁵⁰

In communities where substandard housing, an ineffective education system, domestic violence and a lack of proper health care are parts of everyone’s daily reality we notice a vicious circle of traumatisation. Unfortunately, in many cases our juridical system is not prepared or effective in helping to stop this, but instead makes things even worse by degrading treatment, exhibiting prejudice, and lacking empathy and understanding.⁵¹

Family and juvenile courts are probably the mostly affected by trauma. In cases of child protection, custody, domestic violence, minor offenders and probably most criminal cases, a knowledge of trauma would be required. Children and youngsters who get involved in such procedures often suffer from the effects of trauma, so their relationship with their family and/or any professionals (attorneys, social workers, etc.), their understanding of the court procedure, and their reactions to emotional situations where they feel vulnerable, are all impaired by their trauma responses.⁵²

47 Ibid., p. 506.

48 Ibid., 2013, pp. 517–531.

49 Ibid., 2013, p. 514.

50 Gohara, 2018, p. 50.

51 Ibid., p. 17.

52 Beyer, 2006, p. 1215.

I would like to avoid mitigating the issue of criminal behaviours, but our society needs to face its complex nature. Western law mostly considers humans rational actors who are assessing a cost-benefit when making their decisions and acting. However, we know that the fight, flight, numb responses that can be over activated by developmental trauma do not allow for rational decision-making processes with thorough evaluation, these are evolutionary automatisms.⁵³

Abuse and traumatic experiences are not linear causes of criminal behaviour, but there is a complex interconnection, which should not only raise the question of who is to blame, but also how it can be prevented or treated.

If we take a closer look at the criminal justice system, trauma consciousness has implications concerning victims, witnesses and offenders.

As for the victims in a legal case, it is very important to avoid retraumatisation, victim blaming and revictimisation. This also applies to witnesses. These phrases describe different forms of further traumatisation, by repeating the traumatising story to listeners who are not understanding, or maybe even hostile, which can cause many more painful moments to the victims. In hearings and courtroom processes all the professionals involved should be aware that their sometimes inconsistent behaviour, and their lack of trust can be symptoms of trauma. Also, the nature of traumatic memories is different from non-traumatic ones, as they have less coherent narratives, and it can also be emotionally difficult to express and talk about them.⁵⁴

Undergoing such juridical processes and being involved in the court system itself is a difficult, confusing experience for a mentally healthy adult, let alone a child with severe scars. Thus, it is the responsibility of professionals to minimise the additional stressors and be aware of consequences and dynamics of trauma and to cooperate with professionals that can support this process.

This perspective can be found in victim sensitive hearings, such as forensic interviews, which is already spreading and getting more and more common in abuse cases.

A forensic interview is a

“non-leading, victim sensitive, neutral, and developmentally appropriate investigative interview that helps law enforcement determine whether a crime occurred and what happened; the goals of a forensic interview are to minimize any potential trauma to the victim, maximize information obtained from the victims and witnesses, reduce contamination of the victim’s memory of the alleged event(s), and maintain the integrity of the investigative process”.⁵⁵

53 Beyer, 2006, p. 1227; Perry, 2019, p. 95.

54 Randall and Haskall 2013, p. 529; Van Der Kolk, 2020, pp. 189–203.

55 O’Donohue and Fanetti, 2016; Office of Justice Programs, n.d cited in Evans and Graves, 2018, p. 5.

A good example for this in practice is the Barnahus method, developed in Europe, in the Nordic countries, and already used in many other regions.⁵⁶

The stress of the courtroom environment may affect the testimony of the victims or witnesses by increasing the general stress and fear levels and decreasing communication skills.⁵⁷ There are already initiatives to imply the knowledge of trauma in the courtroom and in the preparation work with the help of lawyers, for both juvenile and adult cases. For example, judges who are aware of trauma responses and dynamics could create safer courtroom settings and practices.⁵⁸

It is possible that the court hearing would be the first time that the victim or the witness meets the abuser following the incident, and such traumatic triggers and reminders may cause the survivor to feel uneasy, anxious, or even terrified. A trauma-conscious approach could help the judges and lawyers to make this situation easier for the survivors, by offering chances to control some parts of the environment, like where to sit, who to look at, and which way to face. It can also help to prepare the survivors for what would be about to happen, discuss the processes, the timeframes, etc. Thus, the feeling of support and control can lessen the overwhelming effects.⁵⁹

By offenders, I would like to focus on growing empathy and rehabilitation, without questioning the weight of wrongdoings and the necessity of consequences. We have already learnt that children who grow up in socially disadvantaged, aggressive, and traumatic environments can easily end up as criminals, abusers, and aggressors. Along their maturing they are often deprived of basic education and social services that could improve their circumstances, lessen traumatising effects and handle their trauma responses appropriately. If we take a look at statistics we see that the risk of abusing their partner among those boys who witnessed domestic violence is seven times widespread than in general.⁶⁰ Approximately one-third to one-half of severely traumatised people develop addictions to drugs or alcohol. Child sexual abuse is strongly associated with sexual violence in adulthood. Gang-involved youths experience PTSD at more than twice the rate of other young people.⁶¹

The law deems it necessary to punish them for their criminal behaviour, even though it has originated from social conditions. Society needs to take the responsibility to revisit and handle both rehabilitation and sentencing in a more complex way. This should apply, not only to juvenile offenders but also in adult cases, where a traumatic background is present.⁶² Without questioning the necessity of a law system where criminal deeds are punished, maybe our perspective towards offenders could change and in some cases, we could see them as injured members of our society and

56 Johansson et al. 2017.

57 SAMSHA 2014 cited in Evans and Graves, 2018, p. 5.

58 Sickmund, 2016 cited in Evans and Graves, 2018, p. 6.

59 Katz and Haldar, 2015, p. 387.

60 Gohara, 2018, p. 19.

61 Ibid.

62 Gohara, 2018, p. 7.

not merely morally tainted and lost souls. Such a change of perspective would bring new attitudes and ways of managing such cases.

Offering these people a chance to receive treatment that considers their former injuries due to trauma could bring better results for them and for society in general, mainly concerning juveniles and minors but possibly also with adults.

On a practical level such work would aspire to maximise a safe and stable environment, where one has the chance to face one's own pain and vulnerability behind one's actions and learn to calm and soothe oneself. Experiencing an accepting, predictable, calm, safe and trustworthy surrounding is definitely healing if our inner world is shaped to always prevent danger. It can further sculpt our brain and automatisms, not by forgetting the old patterns, but by learning new ways and alternative reactions.⁶³

Hopefully, in the coming years, more and more law professionals and even the whole juridical system will gain deeper knowledge of the psychology of trauma, so it could result in avoiding retraumatisation, preparing lawyers and judges to work with traumatised clients, and eventually the whole system could reach a more sensitive way of functioning, where the nature of underlying trauma is taken into consideration. By being committed to trauma informed perspectives, we can gain a closer grip on the roots of criminal activities, and violence. As a result we can create better ways of rehabilitation. Through this we can offer the whole community chances for a safer, more emotionally balanced existence, and provide real help for victims and offenders. The most essential benefit from this would be the new possibilities, and creative ways to develop transformative interventions.⁶⁴

9. Secondary Traumatization

There is one more issue that needs to be addressed: *vicarious trauma*. Scientific research shows that the lawyers' exposure to traumatic material can also harm their own mental health. The phenomena of vicarious trauma was first observed in social workers, police officers, and psychologists. However, lawyers or judges can also be exposed and affected by the traumas of their clients.⁶⁵ Secondary traumatic stress is an expansion of PTSD in DSM V.⁶⁶ The symptoms can be: higher general level of stress; PTSD like flashbacks; rumination, and a feeling of hopelessness. It can easily lead to burn out, emotional exhaustion, but other non-adaptive copings such as a detachment from emotions, substance abuse, and overworking.

Psychological distress that is created by traumatic content or handling the trauma responses of clients is increasing and causing more problems among lawyers. Studies

63 Perry, 2019, pp. 85–113.

64 Katz and Haldar, 2016, p. 370.

65 Weir, 2022, p. 22.

66 Brady et al, date; Pearlman, date cited in Weir, 2023, p. 24.

show that depression, anxiety and alcohol abuse are more common among lawyers than in the general population⁶⁷

The exposure to indirect trauma, particularly for those who work in criminal law, child protection, or even those who take on family cases is capable of touching everyone involved. In the absence of adequate coping mechanisms or professional support, this does leave marks for life.

It is common that lawyers working with traumatic cases report emotions such as sadness, disgust, and frustration from these experiences. However, their usual coping mechanism tends to be denial, distraction, and distancing.⁶⁸ This extensive use of avoidance-based coping mechanisms and suppression can often be detected in them taking on heavy workloads which unconsciously prevent such unbearable emotions from coming to the surface. However, this is only a temporary solution. These ways of “surviving” can easily lead to severe mental health issues.

The role played by legal professionals of the detached professional role is quite common in this subgroup culture. It builds a barrier for the whole community that prevents them facing this problem.⁶⁹ The change that would be universally beneficial would require the legal world to address and be aware of vicarious trauma and offer solutions for those affected. It might begin by facing any vulnerabilities, and removing the taboo of mental health issues, as well as raising awareness about these “professional hazards” at university during the education process.

Another smaller scale solution could be strong organisational support emanating directly from the place of employment, where mental health issues are not considered to be a stigma or a taboo, and trauma is a known concept, so that lawyers can receive professional help and collegial support in their close work circles.⁷⁰

Traumatic experiences that get handled and treated can increase resilience and lead to post-traumatic growth, in the case of vicarious trauma as well. With professional support these experiences can help people to reach a more sensitive complex level of understanding and working within society.⁷¹

10. Conclusions

In bringing this chapter to a close, I would like to highlight the importance of deeper understandings of old phenomena. In the field of mental health sciences it was observed many years ago that many pathologies have their roots in a person's childhood. Thanks to the framework of developmental trauma and its neuroscientific background, we are beginning to understand its dynamics, which gives us an opportunity to develop better treatments and prevent many subsequent issues. The

67 Weir, 2022, p. 101.

68 Ibid.

69 Weir, 2022, p. 103.

70 Ibid., 105.

71 Mogyoróssy-Révész, 2021, pp. 77–85.

crucial change might be also the angle we take to look at this phenomenon. PTSD and developmental trauma cause a lifelong alteration in one's brain. Such changes used to be necessary in evolution to save the individual from the possible reoccurrence of a similar situation. Therefore, some behaviours considered maladaptive in our current culture were essential for survival in ancient times and might still be essential in modern day violent surroundings. This is a given natural reaction of humans. This perception can promote implications in organisational levels, policies, laws and change in attitudes of our society towards childhood, mental health issues, marginalisation, criminal behaviour and many other aspects of life.

Bessel Van der Kolk ⁷²an important researcher of the field of developmental trauma summarised the consequences of such experiences on individuals in the following words

“the complex disruption of affect regulation; the disturbed attachment patterns; the rapid behavioural regressions and shifts in emotional states; the loss of autonomous strivings; the aggressive behavior against self and others; the failure to achieve developmental competencies; the loss of bodily regulation in the areas of sleep, food, and self-care; the altered schemas of the world; the anticipatory behavior and traumatic expectations; the multiple somatic problems, from gastrointestinal distress to headaches; the apparent lack of awareness of danger and resulting self endangering behaviors; the self-hatred and self-blame; and chronic feelings of ineffectiveness”.

These words again underline the complexity of the consequences and remind us how severe are the problems that those affected will need to face.

Beyond the individual outcomes of a traumatising childhood, we discussed in this chapter the levels at which society as a whole, policies, institutions, health care, and the legal system are affected.

As for the legal system, it can be crucial to imply the essential knowledge of trauma, since it is responsible for protecting society (especially children and their development), and preventing criminal acts while simultaneously supporting the rehabilitation of law-breakers. Completing this mission can be more effective by acting in a trauma-informed manner and implementing methods that handle all targeted groups with sensitivity.⁷³ Furthermore, collaborating with other systems, and creating interdisciplinary platforms will be crucial in the anticipation of necessary changes in areas such as the child welfare system, mental health support, addiction treatments, and the law enforcement of social services.

This could all begin with the education of professionals. They would not only be taught about trauma and its nature, but also about cooperation and collaboration. They could then be trained to be dedicated to systematic changes and improvement.

72 Van der Kolk, 2005, p. 5.

73 Evans and Graves, 2018, p. 6.

As trauma-informed systems begin to develop partnerships within their communities, trauma-informed communities will begin to emerge. Trauma-informed communities would make collaborative efforts among multidisciplinary practices, providing trauma-focused interventions that would minimise re-traumatisation

After opening this chapter with a story, let me finish it with a hopefully not too far-fetched vision of the future. Let us imagine a courtroom where a trial will soon be under way. A group of teenagers had had a street fight a few days before, and the police had also found some illegal substances on them. In the courtroom the parents of these boys would be present. They would have been contacted, not only by the police, but also social services before the trial, visited by social workers and would have agreed to attend regular meetings in the subsequent period in order to help family support and create a safe background for the rehabilitation of the teenagers. The social workers would have offered counselling and help to the families, asked the parents to check what resources they had access to, and what help would be needed in order to be active participants in the rehabilitation of the youngsters.

The social workers and the police would have also had a meeting before the trial with the state issued lawyers of the teenagers about what had happened, what they had seen within the families, what information the social workers would have gathered from the school, as well as what the possible outcomes of the trial would be, and what the rehabilitation process would look like. These lawyers and also the judge would have completed education courses on trauma and its implication on a juvenile court. They would have planned beforehand the process of the hearings of the offenders, and also of the victims and witnesses. Some victims who had previously been bullied by the offenders, would be offered help from psychologists and the preparation for their hearings which by their request did not take place before the offenders.

The trial in our tale would take place in a safe and calm way, where professionals would be responsible for creating this atmosphere, and would be aware that frustration, anger, shyness, and the non-communication of the victims, the witnesses or even the offenders could be a manifestation of their trauma response. So a lot of effort would be put into creating a stable, predictable, safe, trustworthy, and calm environment.

The rehabilitation process after sentencing would involve cooperation of social workers, teachers, and mental health professionals. It would offer treatments that take trauma dynamics and responses into account, and also ways in which these youngsters could develop coping mechanisms and new ways of handling situations, instead of maladaptive automatisms that would only result in violence, aggression and ultimately substance abuse.

If we read this story, we can realise it is actually not so far-fetched; many legal and social systems do contain the seeds of such processes. Children's rights, forensic interviews, and interdisciplinary collaborations are indeed gaining more and more

strength and attention in recent years. I do believe that we all have to work hard to keep pushing these trends.

It is essential that sensitive, well-educated trauma informed professionals participate in the creation of laws and policies, in developing and sustaining social, educational and health systems, and last but not least that such professionals work with children, families and vulnerable members of our society in everyday situations.

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