

The Relationship Between Childhood Trauma and Anxiety Disorders

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Abstract. This paper investigates the relationship between childhood trauma and anxiety disorders. Incorporating evidence from several previous studies about childhood trauma, this paper provides a comprehensive understanding of the relationship connecting childhood trauma and numerous anxiety disorders. External factors influencing the relationship between the two are discussed as well. Traumatic childhood experiences have a significant impact on a child's well-being. As children are undergoing a period of substantial growth and development, protecting them from experiencing such trauma is crucial. Therefore, significant figures in a child's life should be aware of the relationship between childhood trauma and anxiety disorders to prevent children from future mental health conditions. Throughout this paper, focus is placed on how raising awareness of this relationship can be considerably beneficial in preventing further trauma and its major consequences on an individual. Numerous studies cited in this paper demonstrate a relationship between childhood trauma and anxiety. On this basis, future research should further examine the severity of the effects of childhood trauma rather than merely determining whether there is a link.

Keywords: Childhood Trauma, Anxiety Disorders, child's well-being, magnitude of the impact.

1. Introduction

As the global issue of mental health conditions has grown in prominence, mental health is no longer a foreign concept. Among the many mental health conditions identified by professionals, anxiety disorders are considered to be one of the most common in current society. Although the reality that anxiety disorders are widely recognized, their underlying causes are often overlooked. Childhood trauma is one major cause. Through recent advances in empirical studies concentrating on these largely overlooked causes, researchers have discovered a substantial link between childhood trauma and increases in anxiety disorders. They have also revealed numerous details that possess a significant impact on the relationship between childhood trauma and anxiety disorders, including variables that enhance and diminish the relationship. While several efforts have been conducted to alleviate the deleterious effects of childhood trauma, such efforts will be fruitless unless more people are made aware of this relationship. As a result, influential figures in a child's life should be mindful of the gravity of the relationship between childhood trauma and anxiety disorders.

The purpose of this paper is to provide a comprehensive understanding of the relationship between childhood trauma and various anxiety disorders. This paper will also examine the implications and influences of numerous protective and risk factors that govern this relationship. Furthermore, the magnitude of the impact of this relationship and its consequences on broader aspects of an individual's health and development will be discussed.

2. Anxiety

Anxiety is a negative state of mind. It is characterized by intrusive thoughts which result in psychological and physiological reactions [1]. Anxiety is a ruling characteristic for many mental health conditions that can affect people of all ages, namely children, adolescents, and adults. In recent years, 9.4% of children and adolescents were diagnosed with anxiety and approximately 15.6% of adults experience anxiety symptoms [2]. Anxiety is ubiquitous throughout the population, with 6 million children and 40 million people in the United States suffering from anxiety [3]. However, the

prevalence of anxiety has risen. Although anxiety symptoms can affect anyone, there are more specific diagnoses of anxiety disorders. Anxiety disorders include, but are not limited to, generalized anxiety disorder (GAD), social anxiety disorder (SAD), and panic disorder [4].

2.1. Generalized anxiety disorder (GAD)

GAD is a mental health condition in which a person is constantly afraid or worried. It is normal to be stressed; but, if feelings of anxiety persist in the individual's life, they may have GAD. An individual with GAD may experience anxiety even while performing day-to-day tasks. They may have nothing troubling transpiring in their lives, but they feel stressed. They may also experience tremendous anxiety about minor issues. GAD symptoms include difficulty relaxing, being easily agitated, excessively worrying, etc. [5]. All of these symptoms interfere greatly with daily life. Most of the time, persons with GAD have worries about financial issues, family and friend problems, medical issues, and performance at work or school. GAD has an immense effect on an individual's life, thus it is critical to get help when necessary. Seeking treatment can considerably ease symptoms of GAD if emotions of chronic excessive stress encroach on someone's life. Talking to friends or family is one of the simplest and most accessible ways to obtain support for GAD — most of the time, they are willing to help. Individuals might also seek out nearby psychologists to help them with their GAD. The first step in treating GAD is to have it diagnosed.

Only a doctor or mental health professional can diagnose GAD. Doctors typically diagnose GAD patients by asking questions related to the symptoms. After being diagnosed, the patient can begin therapy. Individuals learn to manage anxiety and pressures in their daily lives through psychotherapy. Patients can talk with psychologists about how their condition affects their lives, the symptoms they experience, and possibly discover the underlying cause of their GAD. Medication is another option for treating GAD. Because GAD is so common, there are numerous drugs available to treat it. Antidepressants such as escitalopram and duloxetine, as well as buspirone and benzodiazepines, are among the drugs prescribed [6]. For the best results, certain individuals take the drug while also attending psychotherapy.

2.2. Social anxiety disorder (SAD)

Social anxiety disorder (SAD) is another mental health condition. This condition can affect individuals of all ages, however, it shows up more in females [7]. SAD is one of the most common mental health conditions with around 7.1% of adults in the U.S. suffering from SAD and 12.1% of people experiencing SAD at one point during their lives [8]. Individuals with social anxiety disorder are self-conscious in social circumstances.

They feel uncomfortable because they are afraid of being judged, humiliated, or embarrassed by others, especially when meeting new people, asking for help in public places, speaking in public, etc. Symptoms can be avoiding eye contact, having a stiff posture, sweating, and blushing in social situations [7]. People suffering from SAD often worry about social encounters. A medical practitioner, however, can diagnose and treat it. They will apply the DSM-5 criteria for SAD to determine whether the patient's experiences match the symptoms and experiences of someone suffering from SAD. Once a patient has been diagnosed, they are ready to begin therapy. Medication, support groups, and psychotherapy are all examples of treatment options. The medications can range from antidepressants to beta-blockers, which both help alleviate the symptoms of SAD. Support groups can also help people with SAD realize that their perspective of social situations may be a harmful way of viewing a normal situation. Additionally, psychotherapy can teach the patient how to manage anxiety in social circumstances and how to deal with the effects of SAD during social interactions.

2.3. Panic disorder

Panic disorder is an example of an anxiety disorder in which sudden panic attacks occur regularly. Panic attacks can be unexpected and cause feelings of losing control, impending doom, or dying. Panic attacks typically last a few minutes and can occur at any time. After a panic attack, individuals

tend to feel exhausted and fatigued. Panic attacks are characterized by sweating and shaking, a sensation of impending danger, a pounding heart, etc. Fortunately, panic disorder is treatable. Individuals who are experiencing symptoms of panic disorder should seek medical attention so that they can receive the necessary treatment. The medical professional may enquire about the patient's symptoms and utilize the DSM-5 criteria for panic disorder to make a diagnosis. Panic disorder can be treated with psychotherapy, as cognitive behavioral therapy is the first-line treatment [9]. The medical expert will teach the individual how to deal with various panic disorder scenarios and will assist in the correction of obstructive thoughts. Anxiety is intrusive, but it also has a detrimental influence.

3. Childhood trauma and anxiety disorder

Childhood trauma is a major contributor to anxiety disorders. Childhood trauma is described as “the experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects” [10].

Childhood trauma can be triggered by any severely unfavorable incident in a child's life, stemming from family, physiological, or school aspects. Some examples of childhood trauma are neglect, world events, and bullying. Childhood experiences shape a child's mentality and how they interpret the world. Their neural plasticity is greater, thus everything they experience changes and shapes the child in some manner; whether positive or adverse, their experiences have a profound impact on them. Because a child's experiences shape them, the trauma they encounter has a much greater impact. The toxic stress of their environment caused by the trauma alters the child's perception of the world.

One common form of childhood trauma is neglect. Child neglect is defined as “when a parent or caregiver does not give the care, supervision, affection and support needed for a child's health, safety and well-being.” [11]. Neglect can come from a variety of triggers, such as parents with addictions or mental health conditions. A child is vulnerable to their environment since they are unable to rely on themselves. They require parents who can look out for them, feed them, and comfort them. The comfort their parents provide helps to ease the stress of the world around them. It is critical for parents to act as a barrier for their child, shielding them from danger or highly stressful events. Children can endure minor quantities of stress; but, when the stress becomes excessive, the presence of a comforting parent is essential. Without the comfort of a parent during stressful times, the child suffers from emotional neglect. On the other hand, there is also physical neglect. Physical neglect occurs when a parent fails to provide for their child in ways that allow them to physiologically thrive. This could include not providing adequate food, leaving the child at home alone to care for themselves, or putting the child at a friend's home for several weeks. All forms of child neglect have some sort of harmful impact on the child. Neglect alters the way a child's brain functions, which can result in anxiety symptoms such as inability to relax, continuous worrying, and restlessness.

To show the enduring repercussions of childhood neglect, researchers examined the prevalence as well as contributing variables of childhood trauma, anxiety, and depression in a study based on the Shanghai Pudong New Area Mental Health Center (PMHC) [12]. Four senior high schools in different districts of Shanghai were chosen at random for the study [12]. The PMHC statistics department then selected 220 individuals from one-child and two-child households using computer random stratification sampling. Researchers provided participants with surveys in the form of a paper questionnaire. After thoroughly analyzing the study results, researchers discovered that “emotional neglect and physical neglect were positively correlated with anxiety in the two groups”. The results illustrate that emotional and physical neglect do have a relationship with anxiety—if child neglect increases, so does anxiety [12]. As a result, children must have supportive caretakers to grow into healthy individuals, both mentally and physically. Parents are an important element of a child's development in protecting a child from stress as traumatic events drastically impact a child's brain. Neglect can be prevented if parents provide attentive care for their children; otherwise, children may suffer persistent mental health conditions such as GAD. A study concentrating on the relationship

between parent-to-child maltreatment and GAD diagnosis provides an example of neglect-induced GAD [13]. Researchers revealed a rather robust link between childhood neglect and an increased likelihood of developing GAD [13]. They used a multistage cluster sampling approach in their prospective cohort study conducted throughout 32 urban and peri-urban areas of Karachi, Pakistan. The preliminary study's population consisted exclusively of 800 children, both male and female, ranging in age from 11 to 17 years. Due to the 49 participants who were unable to follow up two years later, only 751 adolescents participated in the follow-up [13]. The researchers identified that traumatic childhood experiences caused by parent-to-child maltreatment of any nature, notably neglect, were found to be one of the most frequently encountered risk factors leading to the emergence of GAD symptoms. This suggests how prominent child neglect is, as it can result in GAD symptoms that can last a lifetime. It is regrettable and unpleasant when a parent neglects their child because all children deserve a parent who is there for them; however, not all parents deserve a child. Neglect is powerful, but parents have the capacity to diminish its influence. Neglect is a form of mistreatment that no child deserves.

Another form of childhood trauma is world events. In recent years, a world event that changed lives around the world is the Covid-19 pandemic. It had unimaginable effects on people all around the world. Stress, mental health conditions, and even family conflict were on the rise. People changed as a result of the pandemic, which generated a variety of scenarios that would not have occurred in everyday life. It was distressing for people of all ages, but it was especially brutal to children's mental health, causing them to develop social anxiety throughout the pandemic.

A child's mind is incredibly malleable in the sense that it has greater plasticity compared to adults. The child's brain has an extraordinary ability to adapt to unfamiliar circumstances, but when exposed to adverse stimuli, it can also learn from certain unfavorable experiences and rewire the brain in vast capacities. As a result, the pandemic had an impact on children's brain processes unlike any other event. Children's brains were altered by the pandemic's traumatic impact, such as a rise in social anxiety from quarantining during the COVID-19 pandemic. Researchers conducted a longitudinal survey study in the Northeast United States to examine the effects of social technologies on well-being during the COVID-19 pandemic [14]. They gathered information from 1,415 junior high students (6-9 grade) from two school districts in the United States Northeastern region, which "varied in regard to socioeconomic characteristics and urbanicity." Of these 1,415 junior high students, approximately 51% were female, 48% male, and 1% nonbinary. Additionally, the participants came from a variety of ethnic backgrounds, with more than half identified as ethnic minorities: 46% White, 15% Hispanic, 9% Black, 6% Asian, 7% biracial, 5% Native American, 1% Middle Eastern, and 10% other/unknown race/ethnicity [14]. The researchers continued to collect data from these students during the COVID-19 social distancing period. They determined through the evaluation and analysis of data that numerous negative well-being markers, such as social anxiety, became more significant during the COVID-19 pandemic. Researchers found that students had considerable rises in social anxiety and the anxiety rose from pre-pandemic to post-pandemic. This proves that the pandemic had a negative impact on the children who were quarantined. The children's mental health was worse in terms of exacerbated social anxiety. They were not allowed to spend time with friends, go outside, or even socialize in person. With such an enormous shift in their lives, it was challenging for children, and their mental health deteriorated. The COVID-19 pandemic was an instance of trauma for children, intensifying their social anxiety and increasing the number of children affected by it.

Bullying is a type of childhood adversity. It happens when someone intentionally causes harm to someone who appears to be weaker. Bullying can be physical, verbal, or social in nature. It is incredibly detrimental to the bullied child and prevents them from living a peaceful life. With all the consequences of bullying, the child must be alert for bullies as well as possible taunts and physical assault. It significantly increases the child's stress and, unfortunately, raises the possibility of long-term mental health conditions. To show the extremity of this issue, there are around 2.7 million victims of bullying in U.S. schools [15]. All of those children are not just victims of bullying, but also of panic disorders. Bullying promotes panic disorders in bullied children because they experience a

higher degree of stress than non-bullied children. Researchers at Duke University Medical Center and the University of Warwick present the process and results of their study in an article [16]. The researchers conducted a study to determine the predictability of bullying or being bullied as a child on future psychiatric problems [16]. The research was designed to be a prospective population-based study, with researchers sampling 11 counties in Western North Carolina. There were 1420 participants in total, ranging in age from 9 to 16 years old. This research was conducted in the form of annual assessments. Researchers would complete annual assessments with the child and their primary caregiver. After the researchers had obtained sufficient research, they categorized the participants into three groups: bullies, victims, and bully/ victims (bullies who had previously been victims of bullying themselves). According to the findings of this study, researchers deduced that “those who were both victims and perpetrators were at increased risk for panic disorder.” Furthermore, researchers concluded that the victim and bully/victim groups had the highest level of panic disorder during adulthood in the long run [16]. This demonstrates that when one child bullies another, both children may suffer adverse effects on their mental health. The victim child is under increased stress and worry, which heightens anxiety and can contribute to panic disorder. However, it is not just the victim child who is in danger of developing panic disorder in the future, but also the bully or perpetrator child. Therefore, children must refrain from bullying to reduce the risk of mental health conditions as well as to save the victim child's mental health.

4. Factors that affect the relationship between childhood trauma and anxiety disorders

Childhood trauma may increase the incidence of anxiety disorders, but some approaches can mitigate the damaging effects of trauma. For example, if a child has a strong social support group, adequate caregivers, and/or emotional competence, they can endure certain traumas without developing anxiety disorders. Foremost, a good social support group can assist a child to express their feelings with someone, such as a close friend, mentor, or even a pet, and make the child feel like they are not alone and that there are people who would support them. The child can receive encouragement and guidance through the people they are close to. Another way to ameliorate the effects of trauma is by having adequate parents. Parents are an extraordinarily important part of a child's life and have a significant impact on how they develop. Depending on how a parent raises the child, the child can have anything from low self-efficacy to high self- efficacy, or have healthy mental health or many mental health conditions—parents are remarkably vital for a child to grow into the best version of themselves that they can be. Parents must ensure that their children feel safe, supported, and protected. The parent should also provide the child with adequate amounts of food, water, and shelter. This way, the parent may protect the child from potentially harmful stimuli while also providing a safe home and adequate nutrients for growth. Also, emotional competence is a powerful ability for overcoming childhood trauma. Emotional competency can assist children in understanding how to cope with various emotions healthily and effectively. They can additionally recognize emotions in others and engage people based on those sentiments. This skill can be acquired and improved. For example, children who utilize these abilities are better equipped to deal with possibly emotionally unstable parents or cope with negative emotions within themselves induced by particular mistreatment. This capacity allows the child to understand and deal with emotions in the best way possible. Overall, there are protective factors that allow children with adverse early experiences to lessen the detrimental impacts of trauma. Researchers have conducted a study on the effect of protective factors on those suffering from adverse childhood experiences (ACEs) [17]. They used the ACE survey module to collect data from non-institutionalized adults via cell phones and landlines. This study's participants consisted of a total of 7079 respondents who were 18 years or older. Although all participants were 18 or older, the group of participants varied in gender, ethnicity/race, level of education, and annual income. Furthermore, the ACE survey included questions such as “For how much of your childhood was there an adult who made you feel safe and protected?” and “For how much of your childhood

was there an adult who tried hard to make sure your basic needs were met?” [17]. The results of this study led researchers to conclude that, in comparison to those who had less than four ACEs, respondents with four or more ACEs were more likely to report being in poor health and experiencing frequent mental discomfort. Furthermore, those who reported four or more ACEs were less likely to mention protective characteristics such as growing up with an adult who constantly made them feel safe and protected and growing up with an adult who consistently responded to their fundamental needs. However, those who reported four or more ACEs and had a parent who made them feel safe, protected, and/or ensured the child’s basic needs were met most of the time, resulted in a lower chance of having poor health relative to those who didn’t. This cultivates the idea that the more ACE or trauma a child experiences, the greater the likelihood of mental discomfort or poor mental health — demonstrating how crucial a healthy upbringing is. In all, there are strategies for children to mitigate the trauma they have endured and overcome the potential mental health conditions. Therefore, not all children with trauma will develop anxiety disorders.

Childhood trauma has risk factors that increase the possibility of anxiety disorders. Risk factors are features of a child's life that make anxiety disorders from childhood trauma, or ACE, more probable. Risk factors are typically negative aspects of a child's life that cause additional trauma. Poverty, parent substance misuse, and parents with mental health conditions are all risk factors. Poverty is a prominent predictor for childhood trauma since the children who are in poverty reside in low- income areas, which sometimes leads to the child being a witness to violent assaults. Children may also lack access to enough food and water due to an absence of financial stability. All of these factors add to a stronger link between their trauma and the anxiety disorders that arise. Parents with substance addictions are another risk factor that many children face. Some parents may be under a great deal of stress and believe that the only way to feel better is to abuse substances.

However, it has a severe impact not just on the parent, but also on everyone around them, particularly their children. For example, if a parent abuses alcohol, they lose control and may wind up projecting their stressors onto their child. This severely affects the child and produces a home environment in which the child is more vulnerable to trauma. However, even if a parent does not have a history of addiction or substance misuse, they may have mental health conditions that affect their child. Parents who suffer from conditions such as anxiety disorders, mood disorders, dissociative disorders, and so on can have an adverse effect on their child's life and become risk factors. Parents suffering from mental health conditions may be inattentive and harsh to their children. It can be challenging for those parents to just take care of themselves at times, thus having a child to care for can be draining for both the parent and the child. Previous research and studies have revealed that ACEs have a substantial association with anxiety, which is an example of the strong association between risk factors and increased ACE [18]. Exposure to ACEs has been related to a variety of negative physical, developmental, and behavioral effects, as well as cognitive and developmental delays, particularly in children and adolescents. The risk factors solely exacerbate the effects of trauma or create a situation in which the child is more prone to develop anxiety disorders as a result of trauma.

5. Conclusion

With the trauma experienced by a child, there could be a higher likelihood of anxiety disorders. The association between hardship throughout childhood and the formation of future anxiety is apparent, therefore it is vital for childhood to be free of trauma and, moreover, fulfilling. Using empirical studies, researchers have identified a relationship between childhood trauma and anxiety disorders shown through various circumstances, encompassing parent-child maltreatment, harmful global events, and bullying from peers. With childhood trauma resulting in greater symptoms of anxiety, adverse childhood experiences develop a profound effect on the potential of anxiety disorders in the future. The anxiety disorders associated with childhood traumas, such as GAD, SAD, and panic disorder, significantly impair the quality of life for those who suffer from them. Anxiety is oppressive

and has detrimental consequences. Sometimes it infiltrates the mind and obscures lucidity, which makes living a peaceful life unattainable. As a result, individuals must ensure that they do everything possible from the outset to avoid such disorders from developing. Childhood is the core of an individual's mental health and perception of the world. Their childhood experiences mold them, and whether positive or negative, remain with them for the rest of their lives. Although childhood trauma and future anxiety symptoms are linked, there are means to mitigate the relationship. Overall, people must pay attention to the connection between childhood trauma and anxiety disorders because caregivers, children, and other community members have the potential to prevent future disorders from arising when they become mindful of the negative consequences of trauma on children. A limitation of previous research and studies is that many focus on determining what contributes to the link between childhood trauma and anxiety disorders rather than the magnitude of the impacts. Therefore, more research should be conducted on the significance of the impacts which hold the potential to influence the relationship between childhood trauma and anxiety disorders.

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