Difficulties encountered by adolescents of selected municipalities in District IV, Nueva Ecija with a history of childhood trauma and their adaptive coping mechanisms

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Abstract

Childhood trauma refers to distressing and harmful events that occur during a child's years often due to abuse, neglect, or exposure to violent situations. In this study, the researchers explored the adaptive coping mechanisms of adolescents that have experienced childhood trauma. This study used a phenomenological research design. The researchers employed a qualitative research approach. The study involved 12 participants aged 15-18, identified through snowball sampling and purposive sampling. Data were collected via both face-to-face and online interviews. According to the findings of the study, out of the 12 participants, four participants had suffered childhood trauma at the age of 16, and four more had experienced childhood trauma at the age of 17. The researchers also discovered that 9 out of 12 participants who stated having experienced childhood trauma were female. The participants had some history of childhood trauma, including family disruption, verbal abuse, sexual harassment, physical abuse and bullying. The effects of childhood trauma on the individuals who have experienced it encounter several difficulties that still remain in their daily lives, the participants developed social trauma, low self esteem, self isolation, poor academic performance, behavioral and mental health problems and self doubt. Furthermore the coping mechanisms that emerged significantly are socializing with others, self isolation and self reflection. The researchers deduced that peer and family relationships can play a significant role in the development of early trauma. According to the participants they have developed different types of consequences like developing social trauma, low self-esteem, self isolation, poor academic performance, affected their mental health, and having self doubt. The participants employed diverse coping mechanisms as a way to deal with their traumas like self isolation, self reflection and socializing with others.

Keywords: adolescents; childhood trauma; coping mechanisms; psychological and social difficulties ; childhood trauma questionnaire

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mechanisms**

1.**Introduction**

Childhood trauma refers to distressing and harmful events that occur during a child's years often due to abuse, neglect, or exposure to violent situations. Childhood trauma is a widespread issue that affects millions of adolescents as well as their families every year (U.S. Department of Health and Human Services, 2012). According to the World Health Organization (2021), poor mental state is the major cause of impairment in teenagers, accounting for a significant amount of the worldwide disease burden, with long-term consequences. risky sexual behaviors, exposure to violence, and risk-taking behaviors (such as self-harm, drug, alcohol, and tobacco use) are all influenced by poor mental health during adolescence. These consequences can persist throughout a person's life and lead to deficiencies 45 in various areas (Terr, 2013). The World Health Organization (2022) also stated that in the previous year, up to 1 billion adolescents ages 2 to 17 suffered from harm, whether it be physical, sexual, emotional violence, or neglect that causes long-term consequences throughout adolescence and adulthood.

Moreover, psychological issues can develop gradually. Lead to difficulties in both relational and professional functioning. These problems may also increase the likelihood of suicide and less active social participation issued by Khushi Mukherjee (2022). A cumulative effect also takes place due to the exploration of trauma during childhood with the risk of psychological, and physical health problems as the different types of victimization increase.

To promote healing and healthy development it is vital to acknowledge and address the consequences of trauma. By raising awareness, researchers may encourage people to seek assistance and suggest coping mechanisms if they or someone they know has experienced childhood trauma. Researchers can build effective prevention and treatment measures for childhood trauma by investigating how it works, reducing its negative impacts, and giving specialized care to those who are affected by childhood trauma.

Coping mechanisms are strategies that help people deal with stress and uncomfortable emotions. Different types of childhood trauma can be coped with through several personal coping strategies like journaling, exercising, meditating, and social support which can help a person overcome a childhood trauma (Straussner & Calnan, 2014).

As previously established, childhood trauma causes a strong risk factor for developing posttraumatic stress disorder (PTSD) and depression later in their lives (Udo Dannlowski, 2012). As a result, Dannlowski et. al. speculated that maltreatment results in similar functional and structural alterations in healthy adults who suffer from maltreatment. They observed a strong association of CTQ (Childhood Trauma Questionnaire) scores that led them to conclude that maltreatment will still be associated with victims even after decades, as these strongly resemble findings described in depression and PTSD.

A study by Megan Cherewick (2015) stated that even though traditional coping strategies can be seen as a negative coping mechanism, in the Eastern Democratic Republic of Congo types of coping like 'trying to forget and praying', can still help support youth mental health. Another coping mechanism that one can pursue is having attachment relationships with friends and family, these are great support systems for the youth as they allow emotional expression.

In addition, a book by Claudia Leite de Moraes (September 2018 called Child Abuse & Neglect) further proves that separate effects of different kinds of child abuse and neglect or CAN with a low level of warmth in a parent-child relationship were estimated to be a huge risk factor for common mental health disorders in adolescence

It is believed that the more traumatic events during childhood/early adolescence can cause long-lasting psychological and physiological changes with an increasing risk for different disorders, including psychosis. Furthermore, patients who went through childhood trauma show more severe symptoms and worse functional outcomes than patients who didn't experience maltreatment (Schnider et al., 2022)

In a recent study by Chenran Pei (2023), childhood maltreatment is a predictor of adolescent sleep problems and results in negative impacts on psychological health, such as insomnia, depression, and suicidal ideation. Different kinds of childhood trauma are associated with a notable surge in adolescent sleep problems. In another study by Schonning (2022) adolescents who suffered from childhood trauma were three times more likely to experience insomnia and nightmares than those without.

1.1 Background of the Study

Some factors make an adolescent more susceptible to mental disorders or emotional problems. Childhood trauma is one of these factors, even though mental disorders and emotional problems can affect every adolescent, a large number of empirical studies have demonstrated the increased rates of mental disorders and emotional problems for individuals who experienced childhood trauma (Zhang et al., 2021). This study is anchored on the concept of Building child trauma theory from longitudinal studies: A meta-analysis by Eva Alistic, E. et al., (2011) which showed that trauma exposure to adolescence can lead to serious psychological and developmental issues. Hence, the understatement of childhood trauma in adolescence is essential.

According to their study, PTSD is a common concept that occurs with adolescents who suffer from childhood trauma which led researchers to conduct a study about the different types of traumatic experiences that adolescents might have experienced. Along with learning different ways for adolescents to cope with the possible traumatic experiences they've encountered. Investigating the coping mechanisms employed to reduce the impact of childhood trauma and adversities in order to create practices and policies that effectively support these individuals along their healing journey (Perry & Cuellar, 2021).

Previous research (Cherewick et al., Conflict and Health, 2015) classified coping strategies into two categories: disengagement or emotion-focused strategies (trying to forget, isolation, substance use) and engagement or problem-focused strategies (seeking social support, problem-solving, political participation). Coping strategies are related to risk and protective factors at the individual, family, and community level. Having attachment relationships with peers, family, and community provides stability and structure as well as an opportunity for emotional expression. Greater cohesion and integration of family and community in intervention efforts can better support strength-based interventions for youth. This viewpoint contends that disengagement/emotion-focused methods are detrimental to mental health while engagement/problem-focused strategies are beneficial. Furthermore, this study seeks to complicate this normative perspective on coping strategies to better understand and redefine coping mechanisms within distinct cultural contexts.

Therefore, to further inform trauma-focused interventions that support effective long-term coping, future research should investigate which coping strategies are perceived to be efficacious (Campbell et al., 2021). With that being said, there's a research gap on the adaptive coping mechanisms that adolescents use to cope with their childhood trauma.

Thus, this study was conducted to investigate the influence of childhood trauma on individuals during the critical transition from childhood to adolescence. Understanding how an adolescent goes through a traumatic experience that they've experienced is vital for understanding how early traumatic experiences shape one's life path, given the significant physical, emotional, and cognitive changes that occur.

1.2 Statement of the problem

This study aimed to determine the difficulties encountered by adolescents of selected municipalities District IV, Nueva Ecija with a history of childhood trauma and their adaptive coping mechanisms.

Specifically, this sought to answer the following:

1. How may the profile of the participants be described in terms of:
   1.1 age; and
   1.2 sex;
2. What are the difficulties of individuals with childhood trauma?
3. How do these difficulties affect their daily lives?
4. What are the developed coping mechanisms of adolescents with childhood trauma?

2. Methodology

This study used a phenomenological research method to determine the difficulties encountered by adolescents from selected municipalities in District IV, Nueva Ecija, with a history of childhood trauma and their adaptive coping mechanisms in the school year 2023-2024. The term phenomenological research design focuses on exploring the essence of human experiences and understanding the meaning people attribute to those experiences (Delve Ho. L. et al., 2022).

Semi-structured interviews and audio recording were employed to collect data. The participants of this study were selected adolescents aged 10 to 19 years old who had experienced childhood trauma, and they were determined through a snowball sampling and purposive sampling, whereby initial participants were selected based on their score in the childhood trauma questionnaire. These participants then referred additional participants who met the criteria, leading to a chain of referrals within the target population.

The selected participants were given a questionnaire called the Childhood Trauma Questionnaire, proposed by Bernstein et al., it was used by professionals to evaluate childhood trauma. This survey consists of several questionnaires that include questions addressing the struggles of the participants and how they have affected them. If necessary, researchers provided participants with clarification on the questions and an explanation of their position in the study. The researchers also interviewed the selected participants to enlighten their understanding of the topic at hand. To gather more information, the interview questions were asked in a similar manner to the survey but in a more intimate setting. After the completion of the questionnaires and interviews, the researchers gathered the information needed for analysis. The data were interpreted using thematic analysis.

3. Results and discussion

1. Socio-demographic Profile of the Participants

The tables below present the demographic profile of the selected participants in terms of their age and sex. The researchers used frequency and percentage to determine how sex and age affect the prevalence of childhood trauma to the adolescents that have experienced it.

1.1 Age

Table 1 presents the age of the selected adolescents who have a history of childhood trauma.

Table 1. Age of the Participants

Age	Frequency	Percentage
15	2	16.67%
16	4	33.33%
17	4	33.33%
18	2	16.67%
Total	**12**	**100%**

It can be seen from the table that four (4) participants are 16 years old with a percentage of 33.33%. A further 4 people, or 33.33% of the total, are 17 years old. 15 years old make up two of them, or 16.67% of the total. Two more of them, or 16.67% of the total, are 18 years old. It can be concluded that the majority of the participants belong to the age bracket 16-17.

According to Khan, M. K., (2022), exposure to accumulated Childhood Trauma until the age of 16 was associated with a higher prevalence of adult psychiatric conditions and worse outcome measures, such as major results that show a markedly interrupted development into adulthood.

Although young people in the US are frequently exposed to potentially traumatic experiences (PTEs), little is known about the risk of posttraumatic stress disorder (PTSD) from PTE exposure. According to McLaughlin et al. (2013) by the age of 17, almost two-thirds of American teenagers report having had one or more PTEs, indicating significant exposure to PTEs during childhood and adolescence. Based on Peverill et al. (2023), teenagers who have gone through traumatic experiences as children may have long-term effects that hinder their growth, especially when they reach the age of 17.

1.2 Sex

Table 2 presents the sex of the selected adolescents who have a history of childhood trauma.

Table 2. Sex of the Participants

Sex	Frequency	Percentage
Female	9	**75%**
Male	3	**25%**
Total	**12**	**100%**

Table 2 presents that the selected participants consisted of 12 adolescents. It shows that out of the 12 individuals, 9 of the individuals are female with a percentage of 75%, while the other 3 of the individuals are male with a percentage of 25%. The data implies that the majority of the participants are female.

Males and females have distinct patterns of childhood adversities, with females experiencing more complex and varied patterns of childhood adversity. These patterns were associated with numerous negative mental, emotional, and social outcomes among both sexes (Haahr-Pedersen et al., 2020). This experience is associated with an increased prevalence of posttraumatic stress, anxiety, and depressive disorders (Riecher-Rössler 2016). A review by Oram et al.,(2017) one of the most important psychosocial risk factors for mental disorders in women, namely gender-based violence is covered in clearly shows that women much more often than men experience different forms of gender-based violence.

2. Difficulties experienced by individuals with childhood trauma

This part of the study shows the different difficulties experienced by adolescents who have childhood trauma. Five themes were extracted from the data, which include: **Verbal abuse, Physical abuse, Sexual harassment, Family Disruption, and Bullying.**

Table 3. Difficulties Encountered by Participants with Childhood Trauma

Themes	Indicators
Family Disruption	Separated Parents - **P6, P9** " Parents often argued physically and eventually separated." - **P10**

Verbal Abuse	"Verbal abuse led to self doubt, with frequent questioning of my abilities." - **P1** "Having a low esteem to my look because they are making fun out of my appearance" -**P5** "It's about family matters and my friends, because there are times that my family tells me hurtful things. Of course, as a sensitive person, I don't forget those things, and I see them in myself. For example, when they say I'm "walang ambag" to my family or I'm not good enough, I base my worth on that." -**P12**
Sexual Harassment	Experienced sexual harassment during childhood - **P7, P8** Experienced sexual harassment during childhood by a relative - **P4**
Physical abuse	"Physical abuse from my older brother." -**P2** "My mother would hurt me physically whenever I made mistakes in my academics." - **P7**
Bullying	"I've encountered severe bullying since elementary." -**P3** Bullying throughout childhood - **P8**

Family Disruption

According to participants 6 and 9, their parents were separated, while participant 10 also stated that her parents often argued physically and eventually separated. Children being separated from caregivers due to events is known as family disruption. It includes parental separation, death, hospitalization, incarceration, or a change in caregiver. The detrimental effects of family disruption on child development had been well-established by Paksarian et al.,(2015).

Therefore, it shows that the participants' experiences with family disruption became a factor in why they developed childhood trauma.

Study by Stanick et al., (2017) states that family disruption, including divorce, separation, children being taken from the home, as well as parent deployment and veteran suicide, can have lasting effects on children's mental health and well-being. Children who undergo family disruption are more likely to face various diagnostic and functional challenges, such as depression, anxiety, and academic struggles, among other problems.

Verbal Abuse

Participants stated that they experienced pressure and verbal abuse from family members, adults, peers, and colleagues leading to self-doubt, lack of confidence and negatively affected self esteem. Verbally abusive acts include but are not limited to shouting, insulting, intimidating, threatening, shaming, demeaning, humiliating, disrespectful, belittling, scolding, swearing, blaming, yelling, ridiculing, cursing, teasing, scapegoating, criticizing, verbal put downs, negative prediction, negative comparison, and other derogatory language.

Dube et al., (2023) stated that, a key attribute of childhood emotional abuse is the underlying adult-to-child perpetration of verbal abuse, which is characterized by shouting, yelling, denigrating the child, and verbal threats. These types of adult actions can be as damaging to a child's development as other currently recognized and forensically established subtypes of maltreatment such as childhood physical and sexual abuse. Even with terminology, it is important

to consider that the child victim is exposed to childhood verbal abuse, which can have lasting developmental impacts and emotional harm. As such, the term 'childhood emotional and psychological abuse' should be used to emphasize the effects of these behaviors on the victim, rather than on the action and behaviors of the adult, since there are a broad range of patterns of adult behaviors that make up childhood emotional and psychological abuse.

According to Khan, P., & Khan, W. (n.d.), it has been determined that children experiencing verbal abuse at school frequently experience this. The school provides a secure and guarded learning environment for children. In general, schools are viewed as institutions that help people become productive, positive citizens and as tools for preparing them for their future roles. Previously, schools accounted for over 50% of a child's waking hours and were the second most significant socialization setting behind homes. However, schools have turned into places where a lot of verbal abuse occurs, which has an impact on students' academic performance as well as their psychological well-being. Teachers work in schools to fulfill responsibilities that will help students seek higher academic performance. It usually includes threats, offensive language, comments with harsh words, uses of swear words, yelling, shouting, teasing, ridiculing, passing nasty remarks, taunting to make the victim feel that they are not worthy of love or respect. It very well fits into the category of emotional torture that has long lasting repercussions.

Teicher et al., (2010) Stated that exposure to physical and verbal aggression from peers, perpetrated by other children who are not siblings and are not necessarily age-mates, is also a highly prevalent form of childhood stress . It may occur in the form of physical blows, verbal taunts, or social ostracism. They have increased rates of depression, suicidal ideation, loneliness, and even psychosis ; their grades are lower and their absentee rates higher ; they are more likely to carry weapons to school and to engage in fights, they also suffer more injuries, abuse over-thecounter medications, intentionally hurt animals and other people.

Sexual Harassment

Participants 4, 7 and 8 stated that they experienced sexual harassment during childhood. Sexual Harassment refers to unwelcome and inappropriate behavior of a sexual nature that makes the victim feel unpleasant, scared, or hostile (Johnson et al.,2018). It is a widespread issue nowadays, causing a significant problem in people's lives, and it also affects the community. It can occur in a variety of settings. The harasser could be of any gender and have any relationship with the victim.

Therefore, it indicates that the participants experiences with sexual harassment played a role in the trauma that the adolescents experienced in their childhood.

Young individuals who experience sexual harassment may suffer from low self-esteem, poor physical and mental health, trauma symptoms, embarrassment, negative body image, depressive symptoms, adjustment issues, and scholastic difficulties. Knowing that negative effects have been discovered in several functional domains, sexual harassment appears to have a pervasive, negative influence on young people's development (Skoog et al.,2019).

Physical Abuse

Physical abuse is just one form abuse can take. Abuse happens regularly and systematically. It doesn't have to be daily, but abuse is a pattern of behavior: weekly, monthly, or every couple of days. It can occur anywhere including in your own home, schools, or public places. According to participant 2, he was suffering physical abuse from his brother. While participant 7 stated that her mother would hurt him physically whenever he made mistakes in his academics.

Therefore, it shows that physical abuse the participants are experiencing from the members of their family is one of the factors why adolescents developed trauma from their childhood.

According to Ekwati et al.,(2022), adolescents who have experienced physical abuse may suffer from physical and psychological disturbances including long-term effects and mental disorders such as depression and traumatic symptoms. Research shows that around 300 million children worldwide live in a situation of violence in their homes, highlighting the need for adequate attention and treatment for cases of physical abuse (Caytuiro et al.,2022).

Bullying

Bullying is an issue that significantly impacts the people who have experienced it in our community, especially in an educational setting like school. It leaves long-lasting and impactful effects on adolescents, not only physically but also psychologically. For instance, participant 3 stated that she experienced severe bullying throughout her elementary school years, which affected her studies, and similarly, participant 8 experienced bullying throughout her childhood. These personal accounts highlight bullying as a critical factor contributing to the development of childhood trauma.

Thus, implies that getting bullied is one of the factors by which adolescents acquire their childhood traumas.

A study conducted by Moore et al. (2017) found that bullying victimization in children and adolescents was linked to a variety of negative mental health outcomes, such as poor mental health, mental health conditions like depression and anxiety, as well as symptoms and behaviors like psychotic symptoms and suicidal thoughts and attempts. In particular, victims of bullying were more likely to experience depression.

Additionally, research conducted by Ossa et al. (2019) involving a sample of 150 children and adolescents revealed that 69 of the 150 students surveyed (46.0%) had experienced bullying. Within this group, 43 students (28.7%) encountered moderate bullying, while 26 students (17.3%) faced severe bullying. Notably, approximately 50% of those in the severe bullying category met the critical threshold for suspected Post-Traumatic Stress Disorder (PTSD).

3. The effects of childhood trauma in their daily lives

In this section of our study, researchers find out how childhood trauma affects people on a daily basis. From its impact on mental well-being to how it affects individuals to develop their coping mechanisms and behaviors.

Table 4. Effects of Childhood Trauma in Participants' Daily Lives

Themes	Indicators
Developed Social Trauma	I developed trauma everytime time someone comes near me. -**P2** I started to ditch classes and cut class in order to avoid my bullies. -**P3** I became distant from men, especially older individuals, and I also tend to avoid making eye contact. -**P4** I don't want to go to school anymore and just stay in my room for the rest of the day. -**P5**
Low Self-esteem	"My self-esteem and confidence were impacted." - **P1** "Having a low self esteem for my looks because they are making fun out of my appearance." - **P5** "The person I used to be, strong and confident, now feels like a shadow of myself. I've lost a part of me, including my confidence." - **P11**

Self isolation	" It affected my social life and whenever there's a problem in my life, I start to isolate myself more." - **P2** " I became distant from men, especially older individuals" - **P4** "It affects how I socialize with others; I separate myself from them, and I overanalyze what they're doing and saying." - **P9**
Poor Academic Performance	"The first thing that affected me was my studies, because I started to ditch classes and cut class in order to avoid my bullies." - **P3** "Socializing and making friends and of course it can hinder with my academics since sometimes i want to socialize, sometimes i want to be alone" - **P7** "It affects my studies because it's hard to focus because of the feelings that I feel. It's hard to focus, and even when you try to wake up in the morning, it's like it's hard and you don't even have the will to do things anymore. Actually, I stopped going to school due to certain issues, and my activities piled up." -**P12**
Behavioral and Mental Health Problems	"It had an effect on my mentality and curiosity, even at an early age I unlocked curiosity and I probably suffered from mental illnesses like depression and borderline personality disorder (bpd)". - **P7** "Even when I'm out with friends or anybody else, I keep thinking about their arguments.I adapted their attitudes when arguing, which caused anger issues." - **P10** "It affected my mental health of course, every day, it feels as though I'm drifting off, my mind wandering, and my focus slipping away. I was always crying too. It impacted my relationship with my parents." - **P11**
Self Doubt	It leads to self-doubt, with frequent questioning of my abilities. -**P1** "Yes, I developed trust issues, abandonment issues, and commitment issues. Self doubt and Grudge against my parents." - **P6**

Developed Social Trauma

When discussing the effects of childhood trauma, the conversation often centers on the immediate psychological and emotional impacts. However, the enduring scars of such experiences often extend into adolescence and beyond, manifesting in disrupted social functioning and relationships. The researchers observed that developing social trauma is one of the significant effects of childhood trauma amongst the participants in our study. Its effects on adolescents are negative because it affects adolescents by having difficulties in forming relationships and they experience social anxiety.

In a study by Belle et al.,(2018), the relationship between decreased trust toward cooperative others and interpersonal trauma may point to the development of inflexible negative beliefs about others or acquired insensitivity to social rewards as a result of the traumatic experience. These effects increase in a dose-response relationship with the severity of the trauma. Future cognitive and pharmacological interventions could target specific behaviors related to cooperation and trust.

Low Self-esteem

Trauma may have a major effect on self-esteem by causing feelings of helplessness, guilt, and anxiety. Based on Northside Psychology, (2023), these emotions could result in a decline in one's sense of worth and confidence. The researchers found out that the impact of trauma on self-esteem can be extensive, influencing numerous aspects of an individual's life, including relationships, mental health, and overall well-being. According to Palmer Home, (2023), trauma and low self-esteem are closely connected. Trauma, particularly when it occurs early in life when the brain is still growing and developing connections between experiences and emotions, can significantly impact how people perceive themselves.

Joseph (2014), stated that individuals who experience a traumatic event tend to have lower self-esteem and are less satisfied with their relationships compared to those who have not. . trauma can profoundly shape an individual's sense of self, leaving a lasting mark on both their cognitive processes and physical experiences of self.

As specified by Lanius, Terpou, & Mckinnon (2020), trauma can profoundly shape an individual's sense of self, leaving a lasting mark on both their cognitive processes and physical experiences of self.

Trauma often leads individuals to develop coping mechanisms, with many choosing isolation as a preferred strategy. However, this tendency towards isolation has been found to correlate with lower levels of self-esteem (Tulane University, 2020).

Self Isolation

Participants stated that trauma affected their social life leading to self isolation. P1 mentioned that she became distant from men, especially older individuals. P2 and P9 also stated that whenever a difficulty occurs in their life they separate themselves from others and start to isolate themselves more. With that being said, researchers discovered that traumatic experiences are a factor that may affect both psychological and physical development, which, in turn, may impact an individual's social interactions and academic achievement.

According to Black et al., (2012), experiencing trauma as a child or youth often has a variety of serious repercussions that have the potential to follow an individual into adulthood. These may include experiencing difficulties in key areas of functioning such as academic achievement and social interactions(McMorris, & Borowsky 2010) stated that, experiencing a traumatic event and trauma-related effects during childhood has also been associated with delinquent and antisocial behavior in adolescence and adulthood (Freeman et al., 2010) also stated that, those who are exposed to interpersonal trauma are more likely to report a generalizing of mistrust to all people, irrespective of whether these individuals had done anything to warrant this suspicion; they are also more likely to distance themselves from others, not giving others a chance to prove trustworthiness.

According to Bell et al., (2018), The association between reduced trust towards cooperative others in individuals who experienced interpersonal trauma could indicate acquired insensitivity to social rewards or inflexible negative beliefs about others as a sequel of the traumatic experience, which increases in a dose response relationship with the severity of the trauma. A specific focus on cooperation and trusting behavior could provide a treatment target for future cognitive and pharmacological interventions.

Poor Academic Performance

The feedback of the participants about their academic performance had a negative impact because they tend not to attend the classes due to the certain circumstances. Some of the participants mentioned that they had a hard time

focusing on their studies. There are times that it is hard to focus because they have a problem that they can't take off their mind.

It only means that the participants experienced negative impacts on their academic performances. There are situations that make them not attend classes and to focus on their studies due to certain reasons. The effect of childhood trauma on the participants' academic performances is somehow negative.

According to Jessica D. et al. (2018), it is important to comprehend the effects of trauma on the brain because a bad school experience combined with a prior traumatic event can make a student feel weak, defenseless, or vulnerable. It can also set off a fight-or-flight response, which can be particularly provoking and lead to disruptive behavior from a traumatized student.

Behavioral and Mental Health Issues

Childhood trauma can lead to neurobiological changes that affect brain function and human development, resulting in symptoms that last into adulthood on the physical, mental, and emotional levels (Dye 2018). Adolescents who experience violence and child abuse frequently experience mental health issues.

Recent literature emphasizes that emotional dysregulation has a moderating role in the emergence of mental health problems among teenagers who have experienced abuse or maltreatment in the past (Wanner et al., 2012). Moreover, there has been increasing evidence of the association between childhood maltreatment, disrupted attachment, and emotional and behavioral difficulties in adolescents (Kira et al., 2012; Joubert et al., 2012). Increased childhood trauma can also contribute to the onset of psychiatric disorders in childhood and/or adulthood.

For this reason, it is crucial for mental health services to assess the presence of experienced trauma in children to inform both diagnosis and treatment. Self-report questionnaires could serve as valuable screening tools for identifying children exposed to trauma (Gregorowski & Seedat, 2013). Adolescents who suffered childhood trauma often undergo low self-esteem and may encounter feelings of depression and anxiety. As some adolescents may deny their trauma history, others might create a false self-image in order to shield themselves from the impact of their traumatic experience on their lives.

Self Doubt

This study indicated a significant connection between childhood trauma and the loss of self-confidence as well as trust. This correlation acts as a trigger for the development of self-doubt in individuals who experienced such trauma. According to Liberation Healing Seattle, (2023), after experiencing trauma, it can be difficult for us to comprehend our identity beyond that event. This confusion and loss of identity can lower our self-esteem and increase feelings of self-doubt,making it harder to feel confident in our own identity. Those who have undergone trauma may develop negative perceptions of themselves, which can lower self-esteem and cause emotions of uncertainty. This experience may reduce trust in oneself, others, and the environment around them, making it difficult to feel secure and deserving of good things. As a result, a lack of trust may decrease a person's sense of self-worth, making it difficult to regain confidence.

As stated by Ciolek, (2023), when individuals grow up without having their feelings and emotions acknowledged or validated during their formative years, they begin to accept the idea that they are invalid or insufficient. This causes self-doubt and confusion about their emotional experiences. As a result, they lose trust in their feelings and thoughts as they attempt to reconcile internal reality with external validation.

Children who have experienced trauma often struggle with self-doubt and find it difficult to make decisions due to the fear of upsetting others or making mistakes. This feeling of helplessness can then develop, making it difficult for them to take control of their lives. As a result, they experience a decline in confidence, leading to a continuous downward spiral that can severely impact their well-being. (Jody,2021).

4. Developed coping mechanisms of adolescents with childhood trauma

When circumstances feel overwhelming, coping mechanisms can help you bring them back under control. In this study , the researcher extracts different kinds of coping mechanisms which make them cope effectively. These are **Self Reflection**, **Socializing with others, Self Isolation.**

Table 5. Participants' Coping Mechanisms toward Childhood Trauma

Themes	Indicators
Self Isolation	"I'm not a social person, I've become distant to people, I started to rely and trust on myself, it affected my social life and whenever there's a problem in my life, I start to isolate myself more." -**P2** I also engage in self-isolation and keep myself busy throughout the day to avoid thinking about what happened. -**P4** I usually just isolate myself so no one will make fun of me anymore. -**P5,P8** "Very often, I isolate myself from them." -**P9** "By isolating, I can find peace within myself" - **P6**
Self Reflection	Making a 2nd self, my own therapist -**P2** "By questioning how it happened and what I could do in order to solve my problems." - **P6**
Socializing with others	"I surrounded myself with friends to gain more confidence with myself" -**P3** "I try to find new hobbies per week to help put my mind at ease, sometimes with friends when I want to socialize as they can help me forget my problems." -**P7**

<u>**Self-Isolation**</u>

After experiencing a traumatic event, individuals may tend to isolate themselves for a variety of reasons. Some people find peace in solitude, which allows them to process overwhelming feelings and memories at their own pace. Others choose isolation to avoid triggers or reminders of their trauma, which can be upsetting in social situations.

On top of that, feelings of shame, guilt, or fear of being judged by others might lead to a desire to retreat from social interactions. In general, solitude can be used to protect oneself and cope during a time of vulnerability and hardship. As stated by Gillis K., (2023), individuals who have experienced childhood trauma, particularly dysfunctional social relationships and communication patterns, may struggle to form healthy social support networks. When we grow up with poor models of communication and participation, it is natural to struggle to acquire these skills in adulthood.

Many people who grew up in chaotic circumstances develop concerns of repeating this behavior in their adult lives. It can feel simpler to avoid social engagement by isolating until they complete the healing process of developing new methods of interacting and solving conflict. According to (Brand, Schielke, & Brams, 2017), trauma frequently has a negative impact on an individual's general well-being, leading individuals to seek comfort in isolation as a way to cope with the complex and profound feelings and thoughts that follow a traumatic occurrence. Some individuals find comfort in self-isolation as a form of protection from past problems. (Shallcross, Troy, Boland, & Mauss, 2010).

Self-Reflection

This study discovered that one of the coping mechanisms of the participants was doing self reflection. For the participants, self reflection is a way to help them to cope with their trauma. When the participants experience some problems, they tend to talk to themselves to ease their feelings.

Therefore, reflecting on their actions helps them to cope with their problems and when they're experiencing their trauma. Reflecting on themselves enables them to move on from just experiencing, into understanding. Self reflection also improves their self awareness and consciousness.

Expressing your own feelings and thoughts through yourself can offer solace. A self-reflective process increases an individual's resilience by helping them gain awareness of their current capabilities, the constraints on these capacities, and the need to find person-driven alternatives. When supported by adaptive reflection techniques, interacting with stressors can benefit longer-term, healthy emotional development(M.F. Crane et al., 2017). Based on Kanto (2021), self-reflection is discussed as a technique for overcoming trauma and achieving life's purpose. It is said that self-reflection is a crucial tool for trauma recovery and self-management.

Socializing with others

Stress sometimes gets the better of us. Adaptive coping strategies typically help reduce stress and bring about feelings of comfort, balance, and competence in handling the challenges you're faced with. Most of the participants said that socializing and being surrounded by their friends helped them to cope and make them feel at ease as it helps them forget their problems.

Thus, talking and expressing their thoughts to someone close to them can be considered a good coping mechanism because it helps them cope with the trauma they are experiencing. Socializing not only helps reduce feelings of loneliness but also improves mood and overall well-being.

Having the love and support of people around you can provide comfort. Social support plays a significant role in coping with stressful situations.It has been suggested that social support can facilitate coping by providing assistance to individuals under stress (Kincaid,2023). So, whether dealing with chronic stress or day-to-day frustrations, reaching out to others can be a good strategy (Smith,2024)

3.1 Discussion

This study involved 12 participants, consisting of 4 individuals aged 16, 4 aged 17, 2 aged 15, and 2 aged 18. The data suggests that the majority of participants fall within the 16-17 age bracket. Of these participants, 9 were female and 3 were male. They recounted various childhood difficulties, including family disruptions, verbal abuse, sexual harassment, physical abuse, and bullying. Participants reported experiencing ongoing effects in areas such as academic performance, mental health, self-perception, and social interactions, with social trauma, low self-esteem, withdrawal from social interactions, academic difficulties, poor mental health, and self-doubt being common themes. This underscores the profound and wide-ranging impacts of childhood trauma on individuals' lives, emphasizing the importance of trauma-informed approaches in support and intervention strategies. This study found that adolescents use various coping mechanisms when dealing with overwhelming trauma, such as isolation for inner peace and control. They also engage in self-reflection to understand their emotions better and socialize with peers to gain confidence and temporarily escape their troubles. These strategies help adolescents manage their trauma and navigate challenging circumstances more effectively.

According to the U.S. Department of Health and Human Services (2012), childhood trauma is a common problem that annually impacts millions of adolescents and their families. The World Health Organization (2021) states that teens' mental health disorders are a primary cause of impairment and account for a large portion of the global illness burden, with long-term effects. Adolescent mental health problems can have an impact on dangerous sexual behaviors, exposure to violence, and risk-taking behaviors (e.g., self-harm, drug, alcohol, and nicotine use).. The World Health Organization

(2022) also stated that in the previous year, up to 1 billion adolescents ages 2 to 17 suffered from harm, whether it be physical, sexual, emotional violence, or neglect that causes long-term consequences throughout adolescence and adulthood. Furthermore, Norman et al., (2012) found that there is evidence that sexual abuse, physical abuse, emotional abuse, and neglect are harmful types of child maltreatment. Childhood trauma is linked to emotional, mental, and physical problems that might last throughout adulthood. The long-term effects of trauma exposure are examined, including drug abuse, incarceration, and co-occurring mental health issues. The mental well-being of adolescents is shaped by a multitude of factors, including personal elements like biological and psychological characteristics, along with environmental aspects such as family, school, and peer group dynamics. These factors are identified as primary contributors to potential sources of trauma for adolescents, impacting their mental health, as outlined by Carr (2015). As per Jonathan Bystrynski (2022), childhood trauma has been found to have significant effects on behaviorism factors in adulthood, such as emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect, which have been associated with higher levels of neuroticism. Traumatic childhood experiences, including lack of food, bullying, physical violence, loss of parents, living with individuals with mental disorders, and sexual harassment, have been associated with certain types of tolerance in adulthood, such as emotional inability, intolerance to uncertainty, conservatism, detachment from others, and a desire to make partners comfortable (Zashchirinskaia & Isagulova, 2022).

4. Conclusion

1. Among the 12 participants in the study, 9 were female.

2. .Out Of the 12 participants, four participants had suffered childhood trauma at the age of 16, and four more had experienced childhood trauma at the age of 17.

3. The study revealed various difficulties faced by participants in their early years, including family disruption, physical assault, verbal abuse, and sexual harassment. Researchers highlighted the significant influence of both peer and family relationships on the onset of childhood trauma, noting that neglect, abuse, and dysfunctional family dynamics can profoundly affect a child's well-being, as can instances of bullying from peers.

4. These early-life experiences may have lasting effects on mental health and relationships. Participants reported enduring consequences of childhood trauma, including social trauma, low self-esteem, self-isolation, academic struggles, mental health issues, and self-doubt.

5. Coping mechanisms varied among participants and included self-isolation, self-reflection, and seeking social support.

4.1 Recommendations

The following are the recommendations of the researchers based on their findings: Parents should monitor distress, provide mental health resources, seek professional help if needed for their children, model healthy behaviors, encourage open communication, and foster a supportive relationship with their children; Adolescents should not hesitate to seek professional help, practice self-care activities to manage stress and promote overall well-being, and avoid harmful coping mechanisms like substance abuse or self-harm to manage stress, and reduce the risk of serious physical harm; Future researchers should cover a province, and explore its impact on individuals throughout life, including adolescence and adulthood.

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