Trauma Studies: Trauma in Early Childhood and its Recuperation

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Abstract:*The paper explores that young children have more vulnerability to trauma. Secondly, it proposes effective treatment of young traumatized children. The paper assays pertinent literature on trauma including research findings about trauma in early childhood. It also unearths reasons, repercussions, and revivifications of trauma. There have been a number of misunderstandings about the reasons for the trauma of young children, and it has deterred the accurate diagnosis and treatment of neurosis and psychosis in children. Because of the emergence of trauma in early childhood, the concerned people feel frightened of its aftermath; therefore, the paper will help psychoanalysts, psychologists, and psychiatrists to alleviate the sufferings of traumatized children and their worried families. The paper also presents the scope of future research in the area of trauma in early childhood.*

Index Terms: *Trauma, reasons, repercussions, resuscitation, diagnosis, treatment, scope*

I. INTRODUCTION:

Children up to the age of eight are particularly at a very high risk for exposure to traumatic events because of their developmental growth and dependency on parents and janitors (; [47]National).[52] The traumatic factors such as verbal abuse, physical abuse, abduction, rape, gang-rape, negligence by parents, chronic illness, and conflict between parents lead to trauma especially in early childhood.[1,52] The American Psychological Association (APA), Trauma in Children and Adolescents (2008), and [58]Presidential Task Force on Posttraumatic Stress Disorder (PTSD) document that traumatic events include domestic violence, sexual violence, community violence, deaths due to accidents, natural disasters, and man-made calamities. Particularly, young children get traumatized due to physical abuse, sexual abuse, neglect, and domestic violence (National Child Traumatic Stress Network, 2010).

Almost twenty-seven years ago, it was estimated that three million couples per year got engaged in severe domestic violence in the presence of their young children (& Gelles, 1990)[67]. Then it was observed that 85% of abuse cases occurred among children who were younger than 6 years of age. Half of the child victims of maltreatment were younger than 7. Further, child abuse and neglect reached to 88% among young children of seven years old. Most of the children became victims of trauma due to the assorted form of sexual abuse, physical abuse, community violence, and domestic violence [56] The majority of young children got traumatized within their own communities (Shahinfar, Fox, and Leavitt, 2000). Accidental burns and falls also resulted in trauma to young children.[39] Most of the children go through multiple and repetitive distressing incidents (APA Presidential Task Force on PTSD and Trauma in Children and Adolescents, 2008).

Despite an ample statistical data available on the reasons and repercussions of trauma, psychiatrists and counselors de facto do not have sufficient information about the impact of upsetting events on the psychic and physical growth of younger children in comparison to adolescents).[26] This disparity has come into existence because the reasons and ramifications of trauma in childhood haven't been paid much attention in trauma studies. Though the research in early childhood trauma has been quite fast in the last twenty years, due to the limited knowledge of counselors, the traumatized victims have not been referred timely to the psychiatrists, and consequently, the rate of traumatized children has been quite high. The present paper reviews the concept of trauma and findings of trauma studies on young children. Further, it explores the unearthed reasons, repercussions, and revivification of trauma suggesting the possible treatments for traumatized children.

II. PREVALENCE OF TRAUMA IN YOUNG CHILDREN:

The word 'trauma' has been interpreted differently by the various researchers and psychoanalysts. For instance, Jacques Lacan states that trauma is the deterioration of the total psyche. He writes, "We see here a point that the subject can
approach only by dividing himself into a certain number of agencies. One might say what is said of the divided kingdom, that any conception of the unity of the psyche, of the supposed totalizing, synthesizing psyche, ascending towards consciousness, perishes there").[44]
Secondly, American Psychological Association states that trauma is: Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: (1) Directly experiencing the traumatic event(s); (2) witnessing, in person, the event(s) as it occurred to others; (3) learning that the traumatic event(s) occurred to a close family member or close friend – in cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; (4) experiencing repeated or extreme exposure to aversive details of the traumatic event (s). . . [7]
The postcolonial critic Homi K. Bhabha writes that trauma is "a painful re-membering, a putting together of the dismembered past to make sense of trauma of the present. It is such a memory of the history of race and racism, colonialism and the question of cultural identity that Fanon reveals with greater profundity" [5] Further, a professor and psychoanalyst at Manchester Metropolitan University, Ian

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Parker observes that trauma is:

Breaches of the body and by implication also of the mind provided one model for understanding how other shocks to the system might operate. One might say that trauma here is formatted into the life experience of the subject and also into psychiatry as something 'imaginary', organized around the register of perception, representation and communication and what has failed yet to be integrated into that register.)[57]

Trauma implies the total breakdown of the corporeal and the psychic system. It gets structured perennially into the life of the subject through experience and perception. Consequently, trauma retards articulation and communication of the subject. The subject fails to express himself/herself clearly after he/she is victimized. Cathy Caruth suggests that "in a catastrophic age, that is, trauma itself may provide the very link between cultures: not as a simple understanding of the pasts of others but rather, within the traumas of contemporary history, as our ability to listen through the departures we have all taken from ourselves" (Caruth, 1995, p.11).

Jean-Francois Lyotard defines trauma through the experiences of the survivors of the death camps set by Adolf Hitler and his closest allies. The phrase, "the jews" doesn't represent the Jewish community. It refers "neither to a nation, nor to a political, philosophical or religious figure or subject"). [49]The phrase, "the jews" generally represents the homeless Jews, the Blacks and the Arabs who entered Europe illegally. But it is particularly for the Jews who have had no nation and identity after the First World War. The Jews then were considered as the 'Other' and they were excluded from the Western thought (p. XII). Trauma lied in the otherness, "silence and the memory of the jews" (p. VII). Lyotard exposes that the survivors never want their afflictions and miseries to be talked about. The trauma of the survivors lied in "reluctance to talk, a fear about speaking certain things, the desire not to evoke the horror of the past, not to bring it back into active memory, not to be confronted once again with what is impossible to face up to" (p. VII). Secondly, Lyotard states that the narration of the traumatic horror faced by the survivors is impossible. There are no words, images, arguments, historical, and political parameters that can convey the agonies of the victims (p. VII).

Furthermore, the critic Michelle Balaev states that trauma is a lived experience and response. It gives rise to narratives. Researchers and psychoanalysts try to analyze subjects to comprehend what trauma really is and how it happens. Moreover, Balaev inserts that trauma is multifaceted. Balaev mentions:

Contemporary pluralistic approaches in literary trauma theory are more likely to acknowledge both the neurobiological and social contexts of the experience, response, and narratives, as well as the possibilities that language can convey the variable meanings of trauma. Paying attention to the specificity of trauma does not exclude the fact that social, semantic, political, and economic factors are present in the experience and recollection of trauma. (Balaev, 2014, p. 7)

Paul Arthur presents another version of trauma saying that trauma can be alleviated with the help of cyberspace memorials such as Facebook, Twitter, WhatsApp, and MySpace (p. 10).

But it's been observed that researchers have given just the generic interpretations of trauma. They haven't talked about the reasons and symptoms of trauma in early childhood. They haven't also paid much attention to explore the impacts of trauma on young children. In most of the cases, children are diagnosed for their illnesses, but the reasons and ramifications of trauma are often not taken seriously and this negligence of researchers and counselors has deteriorated the future of child victims of trauma.

It has been accepted that children and adults have almost the same auditory and physical senses (De Young et al., 2011). But children are more prone to trauma due to their developing physical and psychic structures. Researchers have also discovered that memory of infants and young children get influenced by traumatic events (De Young et al., 2011; [41]It means that a child suffers because of his/her stressful experience. But the hidden reasons and repercussions of trauma in early childhood still haven't been widely explored. This paucity in the discovery of trauma in early childhood has happened either because of the carelessness of researchers who didn't come out of the comfort zone to find the reasons of trauma or clinicians who didn't have enough information handed over by researchers to diagnose psychosis in childhood. The studies reveal that the impacts of traumatic experiences of young children have been either misinterpreted or taken insouciantly, and this tendency of researchers and clinicians has hindered the proper diagnosis of trauma of children ([74] Some of the researchers advocate that detection of trauma in early childhood has been difficult due to the immature behaviour of children.[11] It has been recorded that psychiatrists rely on parents to get acquainted with the health issues [18] but children of the age of five or above should be communicated with because they become able to express their emotions, thoughts and experiences rather relying on the reports of health counselors, parental feedback, and police. There is also need to increase trauma diagnostic tools. Researchers say that there has been lack of diagnostic equipment .to detect psychosomatic illnesses (, Pasquale, & Sarmiento, 2011). These tools are not available for developing children (Carter et al., 2004; Angold, 2006;[33] Strand et al., 2011)[66]. The neurosis of most of the children got transformed into their psychosis because clinicians just relied on the feedback given by the parents of infants and young children and concerned health inspectors [73] Trauma in Children and Adolescents (2008) and The APA Presidential Task Force on PTSD reports that traumatized children have not been properly identified and diagnosed, so they couldn't get adequate and timely help.

Despite the efforts of the health agencies such as Association for Child and Adolescent Counseling and American Counseling Association who have contributed a lot to ameliorate the situation of traumatized young children, the child victims are still suffering

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because the focus has been on the health of children rather the diagnosis of health-related issues. Efforts could have been made to stop physical abuse, sexual abuse, and domestic abuse

which twitched children into psychological trauma. In spite of the contribution of American Counseling Association in the area of research, mental health counselors have started to ameliorate their expertise regarding trauma in early childhood. But it's been observed from the historical perspective of trauma in early childhood that counselors and society as a whole, still don't have adequate knowledge to help protect young children from trauma.

III. REASONS, REPERCUSSIONS, AND REVIVIFICATION OF TRAUMA IN EARLY CHILDHOOD:

It has been discovered that young children up to the age of eight years get trauma because of a number of reasons such as medical ill-treatment, neglect, observation of a slaughter, racism, abduction, and rape of a loved one [65], p. 1065).[35] Researchers have observed that a byzantine parent-child relationship leads to trauma in early childhood[8] . Further, some other factors such as poverty, single parent, minority status, lack of parental education, teenage parenting also create psychosis in early childhood [9]Furthermore, parental stress and residential instability also generate trauma in young children. Studies prove that children get traumatized by just witnessing the harrowing incidents such as rapes of loved ones or strangers, murders, and domestic violence. Sometimes a child is not directly subjected to physical or sexual abuse, but an observation of traumatic incident also leads to victimization of trauma (APA Presidential Task Force on PTSD and Trauma in Children and Adolescents, 2008; Crusto et al., 2010;., [71]

Trauma reactions vary from child to child because every child has different perceptiveness. After getting traumatized, young children reveal the impacts such as suffocation, panic, crying, shouting, tremble, psychic disturbance, abomination, pain, hysteria, submissiveness, inferiority complex, daymares, nightmares, collective trauma, scary-fuss, feeling of doom and death, fear, guilt, flashback to past traumatic incidents, loss of hunger and thirst, feeling of utter degradation and untouchability, bleakness, metamorphosis, urination, insecurity, self-harm, subconsciousness, quest for beloved ones, incommunicability, hopelessness, loneliness, loss of trust even in family members, and dizziness (Singh, 2017, p. 1065).

Studies have also proved that traumatized young children avoid conversations, places, people, objects or situations that resuscitate trauma for them.[17] Child victims of trauma diminish their interest in games and other activities as they start hating all kinds of relationships. They become victims of other ailments such as temper tantrums, sleeplessness, irritability, alertness, lack of concentration, exaggerated confusing responses, aggression, and inactivity (De Young et al., 2011). Changes in eating, sleeping, and developmental skills are often exhibited by traumatized young children when they go through frustration, anxiety, and enuresis, Hogan, and Graham, 2010[75] They also fail to give a satisfactory academic performance (& Knorr, [46] If they become victims of sexual abuse, they act sadistically in later life ([63] [59] Goodman, Miller, and West-Olatunji, 2012). The generic repercussions of trauma include depression, disorder, separation, anxiety, developmental problems (American Psychiatric Association, 2013).

It is noticed that counselors have failed to grasp symptomology apropos the ramifications of trauma in young children and it's brought an unquestionable loss for them. Child victims of trauma become the recurrent victims and suffer perennially from Post-Traumatic Stress Disorder (De Young et al., 2011). The cases of the victims of PTSD have been diagnosed particularly among children who have been the victims of domestic and neighborhood violence (Goodman et al., 2012). During PTSD period, traumatized children often suffer from conduct disorder, attention-deficit disorder, periodic disorder, depressive disorder, and neuropsychological disorder (Briggs-Gowan et al., 2010). Young traumatized children also suffer from brain impairment and delayed psychical and physical development (Anderson, and Polcari (2012).[69]Studies have also unearthed that young children who get traumatized, become victims of schizophrenia and psychosis. They are found taking cannabis to get rid of the psychic tension and depression, but it further attenuates their physical and mental condition [61](Read, van Os, Morrison, and Ross,).[40,52]] Trauma not only impacts adults but also young children. For instance, when a child undergoes any traumatic experience, he/she suffers from impairment in the regulation of a metabolic, physiological, and psychological process [64] Ford et al., 2013). Apart from dysregulation, repetitive exposure to traumatic incidents make children alcohol addicted and this tendency has been more common in female victims of trauma (et al., 2012[68] Lorry M. Fenner and Marie E. DeYoung have also discovered that "a higher percentage of men suffer from service-related stress; more women suffer from pre-service stress" (Frick-Helms, 1997). It's also been noted that it isn't a matter of the gender but that of the reaction of an individual to the external harrowing incidents. Cathy Caruth appropriately states that "trauma, in order to be psychic trauma, never comes simply from outside. That is, even in the first moment it must be internalized, and then afterwards relived, revivified, in order to become an internal trauma" (Caruth, 2014, p. 26).

Researchers also record that early childhood trauma affects later physical health of traumatized victims.[32] Additionally, the researcher has also found that early childhood trauma leads to headaches heart diseases and headaches),[28] lung cancer [10] and immune response disorder [30]Most of the studies have explored that higher the exposure to early childhood trauma, the more the afflictions transpire in later life).[34] Signifiers remind traumatized children of the traumatic events that took place in their past life and it worsens their present life 46] Flashbacks, nightmares, and dissociative episodes are also the signs of revivification of traumatic

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experience of young children (De Young et al., 2011;, Zeanah, Myers, and Putnam, 2003[62,63] Jacques Lacan also proposes that signifiers control the human relations giving them shape and structures. They can be both creative and terrifying. For instance, when signifiers are signified, they structuralize a language. But when an unconscious

subject witnesses a traumatizing signifier, it can take the subject back to the disturbing past. Lacan, thus, underlines that "the unconscious is structured like a language" (Lacan, 1998, p. 20). Secondly, as "the phases of the moon are the cause of tides" and "miasmas are the cause of fever" (p. 22). Likewise signifiers remind victims of the shocking events. Lacan really supports Freud interpreting signifier as a:

Surprise, that by which the subject feels himself overcome, by which he finds both more and less than he expected—but, in any case, it is, in relation to what he expected, of exceptional value. Now, as soon as it is presented, this discovery becomes a rediscovery and, furthermore, it is always ready to steal away again, thus establishing the dimension of loss. (p. 25)

It has been found that early childhood trauma impacts late life. Child victims sometimes react immediately, and sometimes they take years to react to the past harrowing incidents .[42] This delay in reaction to past trauma is called *Nachträglichkeit* 'deferred action' of trauma. (Freud, 1955, p. 356). It's also observed that reminiscence of a traumatic event is more influential than the incident itself. Cathy Caruth also reveals that trauma doesn't lie in a traumatic incident itself but it exists in the memory of its subjects and it repetitively haunts them through a deferred action (Caruth, 1996, p. 4). When a traumatic subject is reminded about its original trauma or it witnesses a similar incident or associated signifiers, it goes back to its original distressing incident. A single trauma changes into a repetitive trauma creating severe physical and psychological issues Fosse, Moskowitz, and Perry, 2014). [60]

IV. TECHNIQUES FOR TREATMENT OF TRAUMA IN YOUNG CHILDREN:

Nurturant family-ties can help protect young children from the severe aftermath of traumatic incidents (Kanel, 2015). The feelings of stability and safety should be inserted in the mindset of traumatized children though they get exposure to distressing incidents because such feelings prevent further deterioration of their physical and psychical conditions. Not only are the feelings of safety and stability required to be cultivated in their psyche, but also efforts should be made to ensure that traumatized child victims should feel socially, physically, and psychologically free from any type of impending harm. Both parents and caregivers should be 24/7 available, sensitive, and empathetic for child victims of trauma so that the negative ramifications of trauma get inevitably abridged. It's been found that a strong and a secure child-parental relationship leads to an effective emotional connection between them (Aspelmeier, Elliot, and Smith, 2007). [2]It helps protect young traumatized victims from the fatal corollaries of trauma (De Young et al., 2011). A positive and nurturing role of caregivers also alleviate the sufferings of young traumatized children.[25] Though the effective role of parents and caregivers can't bring back the originality and freshness of the lives of traumatized children, their ceaseless care, and emotional attachment save young children from further exacerbation during the period of PTSD.[25]

If traumatized children are diagnosed early and treated timely, they can be saved from most of the deadly ramifications of trauma. There should be a secure, safe, and trusting rapport between counselors, health care workers, health inspectors, professional counselors, and parents so that they can exchange required information transparently. Exchange of information and empathy for child victims have been rewarding for the protection of young traumatized children from further deterioration (Corey, 2009).[24] An intervention of counselors, community support groups, and other mental health organizations in the lives of child victims strengthens child-parental relationship leading to the reduction of family stress. All health officials concerned about the well-being of child victims of trauma should awaken parents about their children-oriented responsibilities. Through collaborative efforts, the apocalyptic impacts of trauma can be alleviated (Trauma in Children and Adolescents, 2008; APA Presidential Task Force on PTSD and Clay, 2010).

Psychologists, psychiatrists, and other health professionals should implement evidence-based psychological methodology entitled Cognitive Behavioral Therapy (CBT) or Trauma-Focused Cognitive Behavioral Therapy (TFCBT) to detect the symptoms of trauma in early childhood. This evidence-based methodology has been efficacious to detect symptoms of the trauma of adolescents and their treatment [48] National Registry of Evidence-Based Programs and Practices).[55] TF-CBT can be applied to treat child victims of trauma in line with its symptoms. There is no single protocol to treat trauma.

The more the symptoms, the more the evidence-based approaches need to be developed and followed. Studies have already talked about evidence-based approaches available in psychotherapy (National Registry of Evidence-Based Programs and Practices, 2012). The need is to specify the techniques focusing symptoms of trauma (Child Welfare Information Gateway, 2012). It's been found that children have clear acuities for the adaptive understanding of their past distressing experiences (Trauma in Children and Adolescents, 2008 and APA Presidential Task Force on PTSD). So, TFCBT can be used to detect symptoms of trauma, involve child victims in the investigations apropos trauma, and its treatment. If TF5CBT technique helps adult victims of trauma [48]the same technique need to be implemented for ameliorating the physical and psychical condition of young children. It also helps to improve the child-parent relationship and to address the issue of domestic violence which has been one of the factors originating trauma. TF-CBT will surely assist psychiatrists for treating child victims of trauma because Cognitive Behavioral Therapy helps improve the family ties focusing on the psychological needs of children[48]).

It has also been found that care workers are lacked in effective

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communication skills especially when the language of their communication is the second language[19,18,20] (Cohen and Mannarino, 1996, 1997;).[27] The health carers who, for instance, work in the foreign countries and who have to communicate in the second languages, should get immaculacy in the language used for communication.

Psychologists and psychiatrists can also use Attachment Bio-Behavioral Catch-up (ABC) technique to nurse traumatized children who are victims of neglect. Researchers have found that neglect is also one of the reasons for trauma.[29] The technique is based on the positive response of parents in connection with the treatment of trauma in early childhood and neurobiology of child victims of trauma. In this technique, the nervous system of the victims of trauma is thoroughly examined (Dozier, 2003). So, this technique is also applicable to alleviate the trauma of child victims.

Parent-Child Interaction Therapy (PCIT) accentuates on the efficacious and friendly relationship between parents and children.[15] This technique can be used to resuscitate the dilapidated connection between children and parents particularly if the former get traumatized due to domestic violence. In this therapy, health officials inculcate parents how to behave with traumatized children aged two to eight. The technique is also used if children get trauma because of physical, sexual, and verbal abuse executed by caregivers. This methodology has been quite flourishing for treating patients of trauma by constructing healthy ties between Mexican American parents and children and managing child deportment [50] So, PCIT can be used for refurbishing a healthy relationship between kids and parents across the world.

The next treatment therapy which can also be used to treat child victims of trauma is to involve them in play and activities. It's been found that children aged 4 to 8 do not communicate extensively about themselves [45] but they exhibit lots of symptoms of trauma when they are involved in activities [31]It's been explored that children who become victims of trauma due to domestic violence can be treated through play therapy (Frick-Helms, 1997,.[43] But domestic violence is not a single reason for trauma, there are several factors that lead to trauma. So, play therapy can be used to nurse children who get traumatized because of a number of other reasons including domestic violence.

Maintenance of a stable equilibrium especially through physiological processes which is also called homeostasis is another treatment for trauma. If patients with trauma undergo some physical exercises, their attention gets diverted, and they gradually start recovering themselves from trauma. Dancing has already been proved as one of the treatment therapy of trauma (Tortora 2010). Trauma can also be alleviated with help of cyberspace memorials. Balaev comments, "Cyberspace memorials (such as Facebook and MySpace) establish a type of digital self and digital trauma that allows the experience of loss to be attenuated in an ongoing past that paradoxically allows for a sense of closure of traumatic memories and a limit to the grieving process" 3] Therefore, counselors can instruct parents of child victims of trauma to motivate the latter to watch good TV programs, dance, and operate decent applications on electronic gadgets but under parental supervision. On the one hand, where such a bonding makes child-parental connection strong, it will also, on the other hand, attenuate the complicated ramifications of trauma in early childhood.

Though HC-MC (Honoring Children, Mending the Circle) treatment is based on spirituality, and it's aimed at the treatment of trauma of American youth (BigFoot & Schmidt, 2010),[4] but this technique can be implemented for child victims of trauma. Although it's hard for young children to understand the concept of spirituality and meditation, even then, it will revivify the lost consciousness in their psychic system. The motive of this therapy should be to increase the efficacy of treatment of trauma in early childhood so that child victims can develop a balanced approach to life. By developing an active engagement, counselors and parents can assess the behavior of child victims, record observations, and confer with each other. At the end of meditative sessions, child victims can be interacted to gauge their amelioration. Trauma Assessment Pathway technique has been successful to restore parent-children ties[23] (Conradi, Kletzka, and Oliver, 2010). Therefore, this approach should also be used to rejuvenate a productive and lovable bond between young children and parents by introducing new procedures and ideas with the help of community support centers and health officials.

It has been observed that trauma treatment therapies such as Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Attachment Bio-Behavioral Catch-up (ABC), Parent-Child Interaction Therapy (PCIT), play therapy, homeostasis, alleviation of trauma with the help of cyberspace memorials, Honoring Children, Mending the Circle (HC-MC) therapy, and Trauma Assessment Pathway therapy offer specific stratagems to treat trauma of young children (Forman-Hoffman et al., 2013). But these therapies have been mostly ineffective in their approach. Either health officials failed to collect the accurate information about child victims of trauma or parents didn't provide the right data. That's why, the impact of treatments has been questionable and negligible (Fraser et al., 2013). It's required that psychologists, psychoanalysts, psychiatrists, counselors, health inspectors, researchers, caregivers, and parents should cooperate each other in the true sense to efficaciously treat child victims of trauma because due to the developing body and psyche, children are more prone to suffer from trauma. Assessment of PTSD reactions should be authentic and reliable. The literature on trauma in early childhood is very limited, so there is need to have an extensive research in this field along with investigations which are being conducted about trauma in adults and elders. The exact age, duration, onset, reasons, impacts, revivifications, immediate response, and deferred reaction to past stressful events need to be considered and assessed carefully. The approaches for collecting data about trauma in young children have been quite different than that of adults (Fraser et al., 2013). Young children are more prone to stressing

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events than adults, but there has been no proper checklist of the symptoms of trauma in young children. Though the organizations such as National Child Traumatic Stress Network (NCTSN) are trying to raise the standard of care and improve access to services for traumatized children, their families, and communities, NCTSN is confined to the United States only whereas trauma in young children is a global problem.

V. CONCLUSION AND RECOMMENDATIONS:

Young children are more vulnerable to trauma than adults and elders because their bodies and psychic systems are in the developing process. Young children are lacking in awareness of the external world which is fully glutted with stressful events and exposures. Further, they are dependent on parents and caregivers. If young kids encounter upsetting experiences in the early age, they inherit everlasting repercussions from such exposures. They can't handle psychic disturbance independently if their parents neglect them. Their inarticulacy and parental unawareness lead them to psychosis, ramifications of which are detrimental. Psychobiological guidance is beneficial for young children (Valentino et al., 2013; Clemens-Mowrer, 2005), so parents and caregivers should educate young children to ward them off traumatic incidents. Further, if young children get traumatized, they should be inculcated how to nullify the severe impacts of trauma. It's has become crucial for all health official, apropos agencies, and organizations to minimize detrimental factors and maximizing protective factors to help protect young children from trauma. Legislators should devise policies about childhood mental health to necessitate the safety, security, wellbeing, and timely treatment of young children.

Research reveals that infants, toddlers, preschoolers, and school-aged children can perceive trauma and reflect the impacts of trauma through their behavior and relationships (Cole et al., 2005).[22,21] If young children react to traumatic incidents susceptibly, they can also react positively to psychopathology. A vigorous need for the ongoing time is to scrutinize their behavior through symptomology. There is an ample research on the corollaries of trauma in early childhood [6](Blodgett, 2012; Cole, Eisner, Gregory, and Ristuccia, 2013)[21], but preventive factors need to be invented rather working on the impacts of risk factors. Parent-child relationships, public awareness, and the trauma treatment techniques that have been proposed in the paper should be executed with great precision. Studies explore that academic institutions provide an innocuous and supportive environment in the lives of children (Cole et al., 2013). Therefore, educational organizations should also come forward to help protect young children from the deadly repercussions of trauma. School counselors must embed preventive measures as integral parts of a wide-ranging school counseling platform.

A foremost purpose of this review article is to explore that young children, due to their developing physique, are more prone to trauma than adults. Additionally, it makes health counselors and parents aware of lethal corollaries of trauma in early childhood. It also advocates an appropriate treatment of trauma in young children. A lot of information about trauma in young children and its ramifications is available with some organizations such as the National Child Traumatic Stress Network, the California Evidence-Based Clearinghouse for Child Welfare, and the Association for Child and Adolescent Counseling. Psychiatrists and psychologists who work with adult patients of trauma should also conduct trauma awareness development programmes and provide psychoeducation to trainee health officials, parents and young children so that the latter must be protected through a joint programme.

The article leaves a platform for scholars to conduct further research to explore immediate and delayed responses of young children to traumatic incidents. Further research can be aimed at the degree of psychosomatic disturbance. Child victims of trauma do not have a constant bizarre behavior due to trauma; it fluctuates time to time; therefore, the future work can be focused on what the situations and the times are when reactions of child victims to traumatic experiences fluctuate.

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