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CHILDHOOD TRAUMA AND POSTTRAUMATIC GROWTH

Abstract. Childhood trauma, including physical, emotional, and sexual abuse, neglect, exposure to violence, war, and natural disasters, affects approximately one in four children worldwide and can produce enduring emotional, cognitive, and social impairments. Yet, a growing body of research demonstrates that many young survivors experience posttraumatic growth (PTG): positive psychological changes that exceed mere recovery and encompass a deeper appreciation of life, strengthened relationships, the discovery of personal strengths, new possibilities, and spiritual development.

Traumatic experiences are commonly categorized as Type I (single, time-limited events such as accidents or natural catastrophes) or Type II (chronic, repeated stressors such as ongoing abuse or conflict) [4]. Type II traumas are associated with more severe neurobiological and developmental disruptions, including dysregulation of the hypothalamic–pituitary–adrenal axis, hippocampal and prefrontal cortex volume reductions, and amygdala hypertrophy, that manifest as deficits in memory, attention, and emotional regulation.

Theoretical frameworks for PTG in youth emphasize constructivist and narrative approaches: integrating traumatic memories into coherent life stories through storytelling, expressive writing, and art-based interventions fosters identity continuity and emotional processing. Cognitive-appraisal models highlight deliberate rumination and purposeful reflection as a mechanism for reappraising traumatic events in light of broader beliefs about safety and fairness. Social-ecological models underscore the importance of family cohesion, peer validation, and supportive school climates in facilitating PTG.

Cross-cultural research reveals that individualist societies often promote personal agency and one-on-one therapeutic methods, whereas collectivist cultures rely on communal rituals, group ceremonies, and indigenous healing practices Community-based "story circles" in low-resource settings have successfully fostered PTG despite limited formal mental health services.

Despite promising evidence for interventions such as Narrative Exposure Therapy and school-based programs, gaps in knowledge persist. There is a need for longitudinal studies tracking growth trajectories, culturally validated measurement tools beyond Western contexts, and neuroimaging research to elucidate the biological underpinnings of PTG in children.

Key words: childhood trauma, posttraumatic growth, Type I trauma, Type II trauma, narrative processing, cognitive appraisal, social-ecological model, cross-cultural variation, expressive writing, Narrative Exposure Therapy.

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ДИТЯЧА ТРАВМА ТА ПІСЛЯТРАВМАТИЧНЕ ЗРОСТАННЯ

Анотація. Травма, включаючи фізичне, емоційне та сексуальне насильство, нехтування, вплив насильства, війни та стихійні лиха зачіпає приблизно кожну четверту дитину у світі та може призводити до тривалих емоційних, когнітивних і соціальних порушень. Однак зростаюча кількість досліджень

демонструє, що багато молодих людей, які пережили травму, зазнають післятравматичного зростання (ПТЗ): позитивних психологічних змін, які перевищують просте відновлення та включають глибше усвідомлення цінності життя, зміцнення стосунків, виявлення особистісних сильних сторін, нові можливості та духовний розвиток.

Травматичний досвід зазвичай класифікується як травма типу I (одноразові, обмежені в часі події, такі як аварії або стихійні лиха) або травма типу II (хронічні, повторювані стресові ситуації, такі як тривале насильство або конфлікти). Травми типу II пов'язані з більш серйозними нейробіологічними та розвитковими порушеннями, включаючи розлад гіпоталамо-гіпофізарно-надниркової осі, зменшення об'єму гіпокампу та префронтальної кори, а також гіпертрофію мигдалини, що проявляється у дефіциті пам'яті, уваги та емоційної регуляції.

Теоретичні моделі ПТЗ у дітей та підлітків акцентують увагу на конструктивістських і наративних підходах: інтеграція травматичних спогадів у цілісні життєві історії за допомогою розповідання, експресивного письма та мистецьких інтервенцій сприяє збереженню ідентичності та емоційній обробці. Когнітивно-оцінювальні моделі підкреслюють важливість навмисного роздумування та цілеспрямованої рефлексії як механізму переоцінки травматичних подій у світлі ширших переконань щодо безпеки та справедливості. Соціоекологічні моделі наголошують на важливості сімейної згуртованості, підтримки з боку однолітків та сприятливого шкільного клімату для сприяння ПТЗ.

Крос-культурні дослідження свідчать, що індивідуалістичні суспільства зазвичай сприяють особистій активності та індивідуальним терапевтичним методам, тоді як колективістські культури використовують колективні ритуали, групові церемонії та традиційні методи зцілення. У спільнотах з обмеженими ресурсами «кола історій» на основі громадського підходу сприяли ПТЗ навіть за умов відсутності формальних психіатричних служб.

Попри обнадійливі дані про ефективність таких інтервенцій, як терапія наративного викриття та шкільні програми, залишаються прогалини в знаннях. Необхідні довготривалі дослідження для відстеження траєкторій зростання, культурно валідизовані інструменти вимірювання поза західним контекстом, а також нейровізуалізаційні дослідження для вивчення біологічних основ ПТЗ у дітей.

Ключові слова: дитяча травма, післятравматичне зростання, травма типу I, травма типу II, наративна обробка, когнітивна оцінка, соціоекологічна модель, крос-культурні відмінності, експресивне письмо, терапія наративного викриття.

Problem Statement. Childhood trauma, ranging from abuse and neglect to exposure to war and natural disasters, affects roughly one in four children worldwide, leaving long-term emotional, cognitive, and social sequelae [27]. However, not all trauma survivors follow a purely pathological trajectory. A significant subset demonstrates posttraumatic growth (PTG), defined as positive psychological change arising from the struggle with highly challenging life circumstances [22, p. 15]. Unlike mere recovery, PTG reflects transformations that exceed prior levels of functioning, including a greater appreciation for life, enhanced relationships, the discovery of personal strengths, new possibilities, and for many spiritual development.

Analysis of Recent Research. Early research on PTG focused predominantly on adults, such as combat veterans, natural disaster survivors, and patients with life-threatening illnesses [9, p. 14]. More recent work, however, documents PTG among children and adolescents, indicating that youth can also reconstruct their worldviews and identities in ways that promote resilience [8, p. 40; Morrill et al., 2008]. Yet, children's PTG unfolds within developmental constraints: evolving cognitive schemas, reliance on caregivers, and rapidly changing social contexts. Moreover, cultural narratives shape which forms of growth are recognized and supported [3, p. 40; 11].

Purpose and Objectives of the Article. This review synthesizes multidisciplinary literature on childhood trauma, its neurodevelopmental impacts, and the mechanisms of post-traumatic growth (PTG) in youth, placing special emphasis on cross-cultural variations. We examine: (a) the prevalence and developmental sequelae of diverse trauma types; (b) neurobiological and cognitive foundations; (c) theoretical models of PTG adapted for children; and (d) cultural frameworks that modulate trauma responses and growth pathways.

Main Body of the Research. Therefore, global epidemiological surveys estimate that 25% of adults report experiencing physical abuse in childhood, and up to 16% report sexual abuse [27]. Community violence afflicts an additional 15–20%, particularly in conflict zones [1, p. 75–77]. In lower-income countries, neglect – both emotional and physical – can exceed 30% due to resource scarcity [17].

Trauma is often categorized as Type I (single, discrete events, e.g., accidents) or Type II (chronic/repeated exposures, e.g., ongoing abuse) [4]. Research indicates that Type II traumas generally yield more severe developmental disruptions, though both types

can precipitate post-traumatic growth (PTG) under supportive conditions [23, p. 15].

Moreover, Early trauma disrupts the hypothalamic–pituitary–adrenal (HPA) axis, leading to dysregulated cortisol patterns [5, p. 200–210]. Hyperreactivity may manifest as heightened vigilance and anxiety, while hypocortisolism can undermine energy and concentration [7, p. 149].

Neuroimaging reveals volumetric reductions in the hippocampus and prefrontal cortex among maltreated children, areas critical for memory consolidation and executive control [21]. Conversely, the amygdala often shows hypertrophy, which correlates with increased threat sensitivity [12].

Trauma is associated with deficits in working memory, attention, and inhibitory control [15, p. 113–120]. Emotionally, children may exhibit alexithymia – the inability to articulate feelings – which can hinder narrative processing [25].

Additionally, constructivist perspectives suggest that individuals reconstruct their meaning following trauma [14, p. 50–53]. In children, narrative processing, facilitated through story-based interventions, enables the integration of traumatic memories into coherent life stories, thereby fostering identity continuity and emotional regulation [16, p. 1245–1250]. Kilmer et al. [8] demonstrated that structured group storytelling significantly predicted increases in PTG domains among maltreated adolescents.

Furthermore, P. Park's integrative model highlights the distinction between global and situational meanings. Children must reconcile the trauma (situational meaning) with their broader beliefs about safety and fairness (global meaning). Deliberate rumination – guided reflection rather than intrusive thinking – encourages reappraisal, leading to growth [24, p. 409].

PTG is embedded within social systems. Bronfenbrenner's ecological model [2] highlights microsystems (such as the family and peer groups), mesosystems (including school–home interactions), and exosystems (including community supports). Studies reveal that family cohesion, peer group validation, and positive school climates enhance PTG [13, p. 8].

It is worth mentioning that in individualist cultures (e.g., North America, Western Europe), post-traumatic growth (PTG) emphasizes personal agency and self-reflection [11]. Narrative interventions often involve individual expressive writing or one-on-one therapy.

In collectivist cultures (e.g., East Asia, parts of Africa), communal rituals, such as ancestor worship and group ceremonies, play a central role [3, p. 49–50]. Youth may derive growth through family reunification rituals or community reconstruction projects.

Importantly, indigenous communities often integrate the spiritual, ecological, and ancestral dimensions of their cultures. For example, the Red Road framework among Native American tribes utilizes sweat lodge ceremonies and vision quests to process trauma [18]. Such practices foster communal narrative ownership and reconnect youth with their cultural identity.

Additionally, research from Sierra Leone and Uganda suggests that story circles, in which children collaboratively narrate their experiences of village rebuilding, can enhance post-traumatic growth (PTG) despite limited formal mental health resources [1, p. 82]. These collective storytelling approaches leverage communal resilience.

Moreover, meta-analyses confirm that expressive writing yields medium effect sizes ($d \approx .5$) for PTG outcomes in adults [6, p. 830]. In children, combining art-making with narrative prompts yields increased PTG indices, particularly in emotional expression and self-esteem [10].

Initially designed for refugees, NET has been adapted for youth in war zones. Randomized trials in Uganda demonstrate significant reductions in posttraumatic symptoms and concurrent increases in PTG measures over 6-month follow-up [20].

Curriculum-integrated programs, such as Trauma-Informed Schools in Australia, train teachers to facilitate classroom storytelling and peer support circles. Pre-post evaluations report improvements in resilience scores and PTG beliefs among 10–14-year-olds.

Conclusions and Prospects for Further Research. Despite progress, several gaps remain. Longitudinal studies tracking PTG trajectories from childhood into adulthood are scarce. Culturally adaptive measurement tools, beyond Western-centric PTGI adaptations, are needed [26, p. 195–200]. Additionally, the interplay between neurobiological plasticity and narrative interventions warrants further neuroimaging research to elucidate the underlying mechanisms.

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