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Types of Childhood Trauma and Their Impact on Children's Reflection on Traumatic Events, Reflective Ability, and Long-term Effects

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Abstract. Childhood trauma can have long-lasting effects on personal emotions and psychological growth. Different ways of dealing with traumatic memories could have impacts on overall mental health. This study revealed how different childhood fear memories influence individuals' follow-up reaction to traumatic events and their corresponding coping skills. Using interviews with young adults, four main types of traumas were identified: separation or abandonment, family violence or conflict, fear of monsters or objects, and bloody or accident scenes. The findings show that traumas involving relationships, such as family conflict or abandonment, often lead to lasting feelings of insecurity and can affect personality development. In contrast, sudden events or fears related to objects tend to have weaker long-term effects and may fade with time. Hence, how individuals process these memories also matters: people who actively think about and express their fears tend to manage them better; while those who avoid or suppress these memories may continue to experience fear. Therefore, the results suggest that encouraging reflection and emotional expression plays a key role in supporting mental health and getting people out of childhood trauma.

Keywords: Childhood trauma, separation, abandonment, family violence

1. Introduction

Childhood is a critical period for psychological development. Psychological trauma during this period can lead to various problems. There is a higher probability of these symptoms persisting into adulthood; manifesting as various mental health disorders. Therefore, a deeper understanding of the underlying mechanisms of childhood trauma is essential for developing effective psychological interventions and implementing effective disease prevention strategies.

From the perspective of the occurrence mechanism, childhood trauma usually derives from severe psychological trauma caused by a sudden or repeated external event. These events are powerful enough to overwhelm a child's original coping and defense mechanisms. It is worth noting that the impact of trauma depends not only on the event itself but also on how individuals encode and later process the memory of it.

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In the field of traumatic memory research, Terr's (2003) classification has had a significant influence. Some research classifies childhood trauma as one of two types. Type I trauma involves a complete and detailed memory of the event, 'warning signs', and misperceptions. The related traumatic memories are clear and persistent, and the individual can recall and describe them many years later. These memories may also involve cognitive reconstruction or biases in detailed perception later on. Type II trauma includes denial, numbness, self-hypnosis, dissociation, and anger. The related traumatic memories are fragmented and are often accompanied by forgetting, dissociation, and emotional numbness. This classification demonstrates the diversity of trauma reactions and provides a theoretical basis for understanding their subsequent impact [1].

Also, research shows that different memory processing methods, such as active reflection and avoidance/denial, significantly impact psychological adjustment after trauma. Some studies have found that reflective thinking can reduce the link between childhood trauma and negative emotional symptoms [2]. However, whether different types of trauma lead to different paths of memory processing, and how these paths influence a person’s long-term attitude toward fear, is still a question that needs deeper study [3,4].Therefore, this study uses interviews to analyze the relationship between childhood traumatic memories and memory consolidation. The study first classifies and details these memories through interviews. Then, it aims to study in a systematic way the relationship between trauma types, memory processing, and reflection on traumatic events.

This study addresses the following research questions:

1.Are different types of traumatic memory (e.g., separation/abandonment, family violence/conflict, fear of monsters/objects, bloody/accident scenes) related to the intensity of residual childhood fear?

2.How does one’s reflective attitude towards traumatic memories (the ability to think about, understand, and express fear) affect how fear is handled?

3.Does the type of traumatic memory affect attitudes towards fear (hiding or expressing it)?

2. Method

The interviews lasted an average of 25–30 minutes. The interviewees were, on average, 20 years old, with 33% being male and 67% being female. During the interviews, interviewer first asked the interviewees to recall and describe things, scenes, or objects that had made them very afraid or uneasy during their childhood (at primary school or earlier). First, interviewees are asked to recall their childhood fears, the lasting effects they experienced, memory triggers, coping methods, and their current attitudes towards fear. Then, interviewer asked about the current impact of these experiences, including whether they affect decision-making, forming friendships, or travelling habits. Next, interviewer asked them to describe the circumstances in which they would recall these experiences, what triggers them, and how they usually respond to these thoughts or emotions. Finally, participants were asked to respond to this question: how should traumatic memories be handled?

3. Analysis and results

3.1. Classification results

The analysis and discussion of the interview results with typical cases is provided below. (These cases are real events experienced by the interviewees.) Four common types of childhood traumatic

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memory emerged: separation/abandonment; family violence/conflict; fear of monsters/objects; and bloody/violent scenes.

3.1.1. Separation/abandonment

In the interviews, five participants brought up this topic.

Separation/abandonment is defined as a severe and specific type of emotional abuse. It involves the interruption of a continuous and stable connection between a child and their primary caregivers, particularly their mother.

Case (Subject 3): When I was in the third grade, my mother would often take me to the middle school playground to play. One day, I suddenly realized that my mother was no longer there. I cried a lot because I thought I was lost and was afraid of being abducted. I tried to find her, but I couldn't. After some time, she suddenly appeared and said she had been nearby. This is a typical example of separation/abandonment anxiety.

Impact and Response: This event had a significant residual effect on the individual. Subject 3 said it made him feel unsafe all the time. Sometimes he didn't even dare to sleep alone. Even when he was in high school and sleeping next to my mother, he still felt that someone or a ghost would come and get him.

Theoretical explanation: The situation demonstrates the deprivation of the child's idealizing function. Their main coping method was to cry alone and rarely share feelings with friends. It also shows that separation and abandonment can harm social skills, making it harder to start or maintain normal interactions. In addition, children are deprived of the chance to experience the "mirroring" and "idealization" functions, which are essential for developing a sense of safety and being valued [5].

3.1.2. Family violence/conflict

In the interviews, four participants brought up this topic.

Family violence in close relationships can include physical attacks, sexual violence, emotional abuse, and controlling behaviors, and is usually characterized by an imbalance of power. Key features include the violence occurring within close relationships and taking multiple forms (physical, sexual, emotional, and economic), as well as children being exposed to it, either by witnessing violence or perceiving its consequences [6-7].

Case (Subject 8): In Year 4, during a family holiday, his parents suddenly started arguing in the hotel room. His father smashed two cups, slammed the door, and drove off. His mother and he felt helpless and afraid. Later, his relationship with my parents became tense. When friends talk about family happiness, he may feel sad and is reminded of the helpless child he was, watching his parents argue.

Impact, Response and Theoretical Explanation: This traumatic memory stems from my exposure to conflict as a child. This caused the interviewee to remain distant from their parents and feel helpless. Their coping method was to be alone and not talk to anyone.

3.1.3. Fear of monsters/objects

In the interviews, six participants brought up this topic.

This refers to the fear generated by the imagination or pretend play, even when the threat is not real. According to the theory of mind, this fear has two components: 1) evaluative thoughts about

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the monster or danger, and 2) a physiological reaction caused by these thoughts, such as a faster heartbeat or trembling [8].

Case (Subject 6): When she was in kindergarten, her mother took she to a shopping center with escalators. She was very afraid and thought they were dangerous. She would shake when using escalators. Even at primary school, she was still afraid. Later in life, she became wary of elevators and was reminded of the experience when entering the mall.

3.1.4. Bloody/accident scenes

In the interviews, one participant brought up this topic.

This is the fear and avoidance of direct or indirect contact with blood, wounds, or injuries, such as those resulting from surgeries or accidents. If escape is not possible, patients may faint due to vasovagal syncope. Negative thoughts, such as "fear of fainting," often arise. Blood pressure and heart rate may drop [9].

Case (Subject 4): When he was five, he witnessed a car accident on the street. A child was thrown into the air and was covered in blood. He was scared and froze. Later, he avoided fast motorcycles and felt nervous when he saw children running near roads.

3.2. Trauma memory processing and outcome

As mentioned, a reflective attitude towards traumatic memories affects how fear is handled. Based on interviews, three relationships were found: between fear attitudes and trauma types; between reflective attitude and fear transformation ability; and between event type and residual impact intensity.

Those affected by family violence or humiliation trauma tend to hide their fear and rarely express it. Those with abandonment or shock trauma, on the other hand, tend to express their fear and seek understanding. The relationship between reaction to traumatic events and trauma type is listed as below show in Table 1.

Table 1. Reaction to traumatic events and trauma type

Trauma type	Reaction to traumatic events	Examples (Subject number)
Family violence, humiliation	Hide fear (worry about being hurt again, being judged)	1,6,9
Abandonment/shock	Express emotions, seek understanding	3,8,9

Those who actively reflect try to understand and cope with trauma rather than simply avoiding fear. A lack of reflection can lead to persistent effects and habitual fear or avoidance. As shown in Table 2, there is a relationship between reflective attitude and the ability to transform fear.

Table 2. Reflective attitude and ability to transform fear

Reflective attitude	Features	Examples (Subject number)
Active reflection	More likely to try coping or understanding trauma, not only avoidance	2, 3, 5, 6, 8
Lack of reflection / stuck in emotion	Easily remain affected, forming habitual fear or avoidance	1, 4, 7, 9

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Interpersonal trauma affects personality, safety, and self-worth, often resulting in introversion or suspicion. Sudden shock events have shorter-term effects that usually weaken in adulthood. Fear of objects or animals can be easily triggered, but has a limited impact and can be self-adjusted. As shown in Table 3, there is a relationship between event types and residual impact.

Table 3. Event type and residual impact

Event type	Residual impact	Examples (Subject number)
Interpersonal trauma (e.g., mother's scolding, abandonment, family violence)	Persistent impact on personality, sense of safety, self-worth; may cause introversion/suspicion	1, 3, 7, 8
Sudden events (e.g., car accident, elevator, horror movie)	Short-term or environmental impact, weaker influence in adulthood	4, 6, 9
Object/animal-related fear (e.g., insects, dolls)	Easily triggered memories, partial self-adjustment possible	5, 9

4. Conclusion

In this study, four main types of childhood trauma were identified through interviews: separation or abandonment; family violence or conflict; fear of monsters or objects; and bloody or violent scenes. These types were frequently mentioned in the study. The four main types include the various ways trauma can affect children. Examples of separation and abandonment suggest that a lack of stable support enables children to feel insecure. Family violence or conflict reflects how close relationships can cause lasting fear. Fear of monsters or objects illustrates how a child's imagination can intensify anxiety. Exposure to bloody or violent scenes demonstrates how sudden shocks can create intense and vivid memories. Considering these four types together helps us understand both ongoing and sudden traumatic experiences. In summary, they clarify the main patterns in how fear develops and how children respond to different types of trauma emotionally.

This study found that the impact of childhood trauma on future growth depends not only on the type of trauma experienced but also on how individuals engage with and process these memories. Those who can actively reflect on and understand their trauma are often better at reducing its influence. However, if they simply avoid or deny it, the fear will persist and may affect their personality and relationships. Interpersonal traumas, such as family violence or abandonment, are especially likely to cause long-term insecurity. In contrast, the influence of sudden events or the fear of specific objects may slowly weaken over time.

The results show that simply telling people with childhood trauma "don't be afraid" is not enough. It is more important to guide them in learning to express and think about their experiences. For example, recounting events or learning ways to regulate emotions may help reduce the long-term negative effects. This is also relevant to the prevention and treatment of PTSD.

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