

CHILDHOOD TRAUMA AND DEVELOPMENTAL MILESTONES

THE IMPACT OF CHILDHOOD TRAUMA ON DEVELOPMENTAL MILESTONES

CHILDHOOD TRAUMA AND DEVELOPMENTAL MILESTONES ARE INTRINSICALLY LINKED, WITH ADVERSE EARLY EXPERIENCES PROFOUNDLY SHAPING A CHILD'S JOURNEY THROUGH CRITICAL STAGES OF GROWTH. THIS ARTICLE DELVES INTO THE INTRICATE RELATIONSHIP BETWEEN TRAUMA AND THE TYPICAL PROGRESSION OF CHILDHOOD DEVELOPMENT, EXPLORING HOW EVENTS LIKE ABUSE, NEGLECT, OR HOUSEHOLD DYSFUNCTION CAN DISRUPT COGNITIVE, EMOTIONAL, SOCIAL, AND PHYSICAL DEVELOPMENT. WE WILL EXAMINE THE SPECIFIC WAYS TRAUMA IMPACTS FOUNDATIONAL SKILLS SUCH AS LANGUAGE ACQUISITION, MOTOR CONTROL, EMOTIONAL REGULATION, AND INTERPERSONAL BONDING. UNDERSTANDING THESE CONNECTIONS IS VITAL FOR PARENTS, EDUCATORS, AND MENTAL HEALTH PROFESSIONALS TO PROVIDE TIMELY AND EFFECTIVE SUPPORT, FOSTERING RESILIENCE AND PROMOTING HEALTHY DEVELOPMENT DESPITE ADVERSITY.

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THE NATURE OF CHILDHOOD TRAUMA AND ITS PREVALENCE

CHILDHOOD TRAUMA, OFTEN REFERRED TO AS ADVERSE CHILDHOOD EXPERIENCES (ACEs), ENCOMPASSES A BROAD RANGE OF DISTRESSING EVENTS THAT CAN OCCUR BEFORE THE AGE OF 18. THESE EXPERIENCES CAN BE SINGLE-INCIDENT TRAUMAS, SUCH AS A SEVERE ACCIDENT OR WITNESSING VIOLENCE, OR THEY CAN BE CHRONIC, LIKE ONGOING ABUSE OR NEGLECT. THE IMPACT OF TRAUMA IS NOT SOLELY DETERMINED BY THE EVENT ITSELF BUT ALSO BY THE CHILD'S PERCEPTION, THE DURATION OF EXPOSURE, AND THE AVAILABILITY OF SUPPORTIVE RELATIONSHIPS. UNDERSTANDING THE MULTIFACETED NATURE OF TRAUMA IS THE FIRST STEP IN RECOGNIZING ITS POTENTIAL TO DERAIL DEVELOPMENTAL TRAJECTORIES.

THE PREVALENCE OF CHILDHOOD TRAUMA IS A SIGNIFICANT PUBLIC HEALTH CONCERN. STATISTICS REVEAL THAT A SUBSTANTIAL PERCENTAGE OF THE POPULATION HAS EXPERIENCED AT LEAST ONE ACE, WITH MANY ENCOUNTERING MULTIPLE FORMS OF ADVERSITY. THIS WIDESPREAD IMPACT UNDERScores THE URGENT NEED TO ADDRESS TRAUMA'S EFFECTS ON CHILD DEVELOPMENT. FACTORS SUCH AS SOCIOECONOMIC STATUS, PARENTAL MENTAL HEALTH, AND COMMUNITY VIOLENCE CAN CONTRIBUTE TO INCREASED EXPOSURE TO ACEs, HIGHLIGHTING THE COMPLEX INTERPLAY OF INDIVIDUAL AND SOCIETAL INFLUENCES.

UNDERSTANDING DEVELOPMENTAL MILESTONES

DEVELOPMENTAL MILESTONES ARE A SET OF FUNCTIONAL SKILLS OR AGE-SPECIFIC TASKS THAT MOST CHILDREN CAN DO BY A CERTAIN AGE. THEY SERVE AS IMPORTANT INDICATORS OF PROGRESS AND DEVELOPMENT ACROSS VARIOUS DOMAINS, INCLUDING GROSS AND FINE MOTOR SKILLS, LANGUAGE AND COMMUNICATION, COGNITIVE ABILITIES, AND SOCIAL-EMOTIONAL DEVELOPMENT. PEDIATRICIANS AND DEVELOPMENTAL SPECIALISTS USE THESE BENCHMARKS TO MONITOR A CHILD'S GROWTH AND IDENTIFY POTENTIAL DEVELOPMENTAL DELAYS OR CONCERNS EARLY ON. THESE MILESTONES ARE NOT RIGID RULES BUT RATHER GENERAL GUIDELINES FOR TYPICAL DEVELOPMENT.

THESE CRUCIAL MARKERS ARE OBSERVED ACROSS SEVERAL KEY AREAS. GROSS MOTOR MILESTONES INVOLVE THE DEVELOPMENT OF LARGE MUSCLE GROUPS, SUCH AS SITTING, CRAWLING, WALKING, AND RUNNING. FINE MOTOR MILESTONES RELATE TO THE

COORDINATION OF SMALL MUSCLES, ESSENTIAL FOR TASKS LIKE GRASPING OBJECTS, FEEDING ONESELF, AND DRAWING. LANGUAGE MILESTONES ENCOMPASS UNDERSTANDING AND USING WORDS, FROM BABBLING AND COOING IN INFANCY TO FORMING SENTENCES AND ENGAGING IN CONVERSATIONS. SOCIAL-EMOTIONAL MILESTONES INCLUDE DEVELOPING FACIAL EXPRESSIONS, SOCIAL INTERACTION, EMOTIONAL REGULATION, AND THE ABILITY TO FORM RELATIONSHIPS. COGNITIVE MILESTONES INVOLVE PROBLEM-SOLVING, LEARNING, MEMORY, AND UNDERSTANDING THE WORLD AROUND THEM.

COGNITIVE DEVELOPMENT AND TRAUMA

CHILDHOOD TRAUMA CAN SIGNIFICANTLY DISRUPT COGNITIVE DEVELOPMENT, IMPACTING A CHILD'S ABILITY TO LEARN, PROCESS INFORMATION, AND SOLVE PROBLEMS. THE CONSTANT STATE OF HYPERVIGILANCE AND STRESS ASSOCIATED WITH TRAUMA CAN IMPAIR THE DEVELOPING BRAIN, PARTICULARLY AREAS RESPONSIBLE FOR EXECUTIVE FUNCTIONS LIKE ATTENTION, MEMORY, AND IMPULSE CONTROL. THIS CAN MANIFEST AS DIFFICULTIES IN SCHOOL, CHALLENGES WITH ABSTRACT THINKING, AND REDUCED PROBLEM-SOLVING SKILLS. THE BRAIN'S ARCHITECTURE IS PARTICULARLY VULNERABLE DURING CRITICAL PERIODS OF DEVELOPMENT, AND TRAUMA CAN ALTER NEURAL PATHWAYS THAT ARE CRUCIAL FOR HIGHER-LEVEL COGNITIVE FUNCTIONING.

SPECIFIC COGNITIVE FUNCTIONS OFTEN AFFECTED BY TRAUMA INCLUDE ATTENTION SPAN AND CONCENTRATION. CHILDREN EXPERIENCING TRAUMA MAY STRUGGLE TO FOCUS ON TASKS, LEADING TO ACADEMIC DIFFICULTIES AND AN INABILITY TO ABSORB NEW INFORMATION EFFECTIVELY. MEMORY, BOTH SHORT-TERM AND LONG-TERM, CAN ALSO BE COMPROMISED. TRAUMATIC EXPERIENCES CAN BE SO OVERWHELMING THAT THEY LEAD TO FRAGMENTED OR ABSENT MEMORIES OF THE EVENT, AND THE ONGOING STRESS CAN IMPAIR THE CONSOLIDATION OF NEW MEMORIES. FURTHERMORE, TRAUMA CAN HINDER THE DEVELOPMENT OF CRITICAL THINKING AND REASONING SKILLS, MAKING IT HARDER FOR CHILDREN TO MAKE SOUND JUDGMENTS AND PLAN FOR THE FUTURE.

EMOTIONAL AND SOCIAL DEVELOPMENT UNDER THREAT

THE EMOTIONAL AND SOCIAL DEVELOPMENT OF CHILDREN IS PROFOUNDLY IMPACTED BY TRAUMA. TRAUMA CAN INTERFERE WITH A CHILD'S ABILITY TO UNDERSTAND AND REGULATE THEIR EMOTIONS, LEADING TO OUTBURSTS OF ANGER, INCREASED ANXIETY, OR EMOTIONAL NUMBNESS. THE DEVELOPMENT OF EMPATHY AND THE CAPACITY TO FORM HEALTHY SOCIAL BONDS CAN ALSO BE SEVERELY AFFECTED. CHILDREN WHO HAVE EXPERIENCED TRAUMA MAY STRUGGLE WITH TRUST, HAVE DIFFICULTY INTERPRETING SOCIAL CUES, AND EXHIBIT CHALLENGING BEHAVIORS IN PEER INTERACTIONS, LEADING TO SOCIAL ISOLATION.

EMOTIONAL REGULATION IS A CORNERSTONE OF HEALTHY SOCIAL DEVELOPMENT. WHEN A CHILD EXPERIENCES TRAUMA, THEIR NERVOUS SYSTEM IS OFTEN IN A CONSTANT STATE OF ALERT, MAKING IT DIFFICULT TO CALM DOWN OR MANAGE STRONG FEELINGS. THIS CAN RESULT IN FREQUENT MELTDOWNS, IRRITABILITY, OR WITHDRAWAL. SOCIAL SKILLS ARE LEARNED THROUGH INTERACTION AND MODELING. TRAUMA CAN DISRUPT THESE OPPORTUNITIES, LEADING TO DIFFICULTIES IN MAKING FRIENDS, UNDERSTANDING SOCIAL BOUNDARIES, AND RESOLVING CONFLICTS CONSTRUCTIVELY. CHILDREN MAY ALSO DEVELOP A SKEWED PERCEPTION OF RELATIONSHIPS, EXPECTING BETRAYAL OR HARM BASED ON THEIR PAST EXPERIENCES, WHICH FURTHER IMPEDES THEIR ABILITY TO FORM SECURE ATTACHMENTS AND HEALTHY SOCIAL CONNECTIONS.

PHYSICAL HEALTH AND TRAUMA'S LASTING EFFECTS

THE PHYSICAL HEALTH CONSEQUENCES OF CHILDHOOD TRAUMA CAN BE EXTENSIVE AND LONG-LASTING, EXTENDING WELL BEYOND THE IMMEDIATE AFTERMATH OF THE TRAUMATIC EVENT. CHRONIC STRESS ASSOCIATED WITH TRAUMA CAN LEAD TO A DYSREGULATED STRESS RESPONSE SYSTEM, INCREASING THE RISK OF VARIOUS PHYSICAL HEALTH PROBLEMS THROUGHOUT LIFE. THESE CAN INCLUDE GASTROINTESTINAL ISSUES, CARDIOVASCULAR PROBLEMS, WEAKENED IMMUNE SYSTEMS, AND INCREASED SUSCEPTIBILITY TO CHRONIC PAIN CONDITIONS.

DEVELOPMENTAL MILESTONES RELATED TO PHYSICAL HEALTH CAN ALSO BE IMPACTED. FOR INSTANCE, TRAUMA CAN AFFECT A CHILD'S SLEEP PATTERNS, LEADING TO FATIGUE AND AFFECTING THEIR OVERALL ENERGY LEVELS FOR EXPLORATION AND LEARNING.

NUTRITIONAL INTAKE MIGHT ALSO BE COMPROMISED IF TRAUMA DISRUPTS HEALTHY EATING HABITS OR FAMILY ROUTINES. FURTHERMORE, SOME CHILDREN MAY DEVELOP SOMATIC SYMPTOMS, WHERE PSYCHOLOGICAL DISTRESS MANIFESTS AS PHYSICAL COMPLAINTS, FURTHER COMPLICATING THEIR OVERALL WELL-BEING AND POTENTIALLY DELAYING THEIR ENGAGEMENT IN AGE-APPROPRIATE PHYSICAL ACTIVITIES. THE CONSTANT PHYSIOLOGICAL STRESS RESPONSE CAN ALSO HINDER GROWTH AND DEVELOPMENT IN SOME CASES.

IMPACT ON BEHAVIORAL DEVELOPMENT

BEHAVIORAL DEVELOPMENT IS A SIGNIFICANT AREA WHERE THE IMPACT OF CHILDHOOD TRAUMA BECOMES EVIDENT. TRAUMATIZED CHILDREN MAY EXHIBIT A RANGE OF CHALLENGING BEHAVIORS AS A WAY TO COPE WITH OVERWHELMING EMOTIONS OR TO SIGNAL DISTRESS. THESE BEHAVIORS CAN INCLUDE AGGRESSION, WITHDRAWAL, DEFIANCE, OR REGRESSION TO EARLIER DEVELOPMENTAL STAGES. SUCH BEHAVIORS, WHILE OFTEN A MANIFESTATION OF UNDERLYING PAIN, CAN LEAD TO DISCIPLINARY ISSUES AND FURTHER SOCIAL DIFFICULTIES, CREATING A CYCLE OF ADVERSITY.

COMMON BEHAVIORAL MANIFESTATIONS OF TRAUMA INCLUDE INCREASED IMPULSIVITY, DIFFICULTY FOLLOWING RULES, AND A TENDENCY TO ENGAGE IN RISK-TAKING BEHAVIORS. CHILDREN MAY ACT OUT THEIR INTERNAL DISTRESS, BELIEVING IT IS THE ONLY WAY TO GET THEIR NEEDS MET OR TO REGAIN A SENSE OF CONTROL. CONVERSELY, SOME CHILDREN MAY BECOME OVERLY COMPLIANT OR WITHDRAWN, ATTEMPTING TO AVOID FURTHER ATTENTION OR POTENTIAL HARM. UNDERSTANDING THAT THESE BEHAVIORS ARE OFTEN ADAPTIVE RESPONSES TO OVERWHELMING CIRCUMSTANCES IS CRUCIAL FOR PROVIDING APPROPRIATE SUPPORT AND INTERVENTION, RATHER THAN SIMPLY PUNISHING THE BEHAVIOR ITSELF.

THE ROLE OF ATTACHMENT AND TRAUMA

THE DEVELOPMENT OF SECURE ATTACHMENT IS A FUNDAMENTAL DEVELOPMENTAL MILESTONE, CRUCIAL FOR A CHILD'S EMOTIONAL SECURITY AND SOCIAL WELL-BEING. CHILDHOOD TRAUMA, PARTICULARLY WHEN PERPETRATED BY A CAREGIVER, CAN SEVERELY DISRUPT THIS VITAL PROCESS. A CAREGIVER'S UNPREDICTABLE OR HARMFUL BEHAVIOR CAN LEAD TO INSECURE ATTACHMENT STYLES, SUCH AS ANXIOUS-PREOCCUPIED, DISMISSIVE-AVOIDANT, OR FEARFUL-AVOIDANT ATTACHMENT. THESE PATTERNS OF RELATING CAN HAVE PROFOUND IMPLICATIONS FOR FUTURE RELATIONSHIPS AND EMOTIONAL REGULATION.

SECURE ATTACHMENT, CHARACTERIZED BY TRUST AND A SAFE BASE FROM WHICH TO EXPLORE, ALLOWS CHILDREN TO DEVELOP CONFIDENCE AND HEALTHY EMOTIONAL EXPRESSION. WHEN TRAUMA ERODES THIS SENSE OF SAFETY, CHILDREN MAY STRUGGLE WITH TRUST, FEAR ABANDONMENT, OR HAVE DIFFICULTY FORMING INTIMATE CONNECTIONS. THEY MAY VIEW THE WORLD AS A DANGEROUS PLACE AND ANTICIPATE REJECTION OR HARM IN THEIR RELATIONSHIPS. THIS CAN CREATE SIGNIFICANT CHALLENGES IN FORMING HEALTHY ROMANTIC PARTNERSHIPS, FRIENDSHIPS, AND EVEN PROFESSIONAL RELATIONSHIPS LATER IN LIFE, IMPACTING THEIR OVERALL LIFE SATISFACTION AND CAPACITY FOR GENUINE CONNECTION.

LONG-TERM CONSEQUENCES AND HEALING PATHWAYS

THE LONG-TERM CONSEQUENCES OF CHILDHOOD TRAUMA AND ITS IMPACT ON DEVELOPMENTAL MILESTONES CAN BE FAR-REACHING, AFFECTING AN INDIVIDUAL'S MENTAL HEALTH, PHYSICAL HEALTH, RELATIONSHIPS, AND OVERALL LIFE TRAJECTORY. UNTREATED TRAUMA CAN CONTRIBUTE TO THE DEVELOPMENT OF CHRONIC MENTAL HEALTH CONDITIONS SUCH AS DEPRESSION, ANXIETY DISORDERS, POST-TRAUMATIC STRESS DISORDER (PTSD), AND SUBSTANCE USE DISORDERS. THESE CONDITIONS CAN SIGNIFICANTLY IMPAIR AN INDIVIDUAL'S ABILITY TO FUNCTION EFFECTIVELY IN DAILY LIFE AND PURSUE THEIR GOALS, HINDERING THE ATTAINMENT OF FURTHER DEVELOPMENTAL STAGES INTO ADULTHOOD.

FORTUNATELY, HEALING IS POSSIBLE. WITH APPROPRIATE SUPPORT AND THERAPEUTIC INTERVENTIONS, INDIVIDUALS CAN OVERCOME THE EFFECTS OF CHILDHOOD TRAUMA AND FOSTER RESILIENCE. TRAUMA-INFORMED CARE, WHICH RECOGNIZES THE WIDESPREAD IMPACT OF TRAUMA AND UNDERSTANDS POTENTIAL PATHS FOR RECOVERY, IS ESSENTIAL. THERAPIES SUCH AS EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR), TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT),

AND DIALECTICAL BEHAVIOR THERAPY (DBT) CAN HELP INDIVIDUALS PROCESS TRAUMATIC MEMORIES, DEVELOP COPING MECHANISMS, AND REBUILD THEIR SENSE OF SELF AND THEIR CAPACITY FOR HEALTHY RELATIONSHIPS. BUILDING A STRONG SUPPORT NETWORK, PRACTICING SELF-CARE, AND ENGAGING IN ACTIVITIES THAT PROMOTE WELL-BEING ARE ALSO CRUCIAL COMPONENTS OF THE HEALING JOURNEY. THE AIM IS TO MOVE FROM A STATE OF SURVIVAL TO ONE OF THRIVING, RECLAIMING LOST DEVELOPMENTAL POTENTIAL AND FOSTERING A MORE FULFILLING FUTURE.

FREQUENTLY ASKED QUESTIONS

Q: HOW DOES NEGLECT AS A FORM OF CHILDHOOD TRAUMA AFFECT LANGUAGE DEVELOPMENT MILESTONES?

A: NEGLECT CAN SIGNIFICANTLY HINDER LANGUAGE DEVELOPMENT MILESTONES BECAUSE IT OFTEN INVOLVES A LACK OF ADEQUATE VERBAL INTERACTION AND STIMULATION. CHILDREN WHO ARE NEGLECTED MAY HEAR FEWER WORDS, EXPERIENCE LESS BACK-AND-FORTH CONVERSATION, AND HAVE FEWER OPPORTUNITIES TO PRACTICE THEIR COMMUNICATION SKILLS. THIS CAN LEAD TO DELAYS IN VOCABULARY ACQUISITION, SENTENCE FORMATION, AND OVERALL LANGUAGE COMPREHENSION AND EXPRESSION, IMPACTING THEIR ABILITY TO CONNECT WITH OTHERS AND LEARN EFFECTIVELY.

Q: WHAT ARE THE EARLY SIGNS THAT CHILDHOOD TRAUMA MIGHT BE IMPACTING A CHILD'S SOCIAL-EMOTIONAL MILESTONES?

A: EARLY SIGNS CAN INCLUDE EXTREME DIFFICULTY REGULATING EMOTIONS (FREQUENT TANTRUMS, EXCESSIVE ANXIETY, OR EMOTIONAL NUMBNESS), CHALLENGES WITH FORMING PEER RELATIONSHIPS, EXCESSIVE CLINGINESS OR AVOIDANCE OF OTHERS, DIFFICULTY WITH SHARING OR TAKING TURNS, AND A GENERAL LACK OF TRUST IN ADULTS OR PEERS. THESE CAN MANIFEST AS BEHAVIORS THAT DEViate SIGNIFICANTLY FROM AGE-APPROPRIATE SOCIAL AND EMOTIONAL EXPECTATIONS.

Q: CAN PHYSICAL ABUSE IMPACT A CHILD'S GROSS MOTOR SKILL DEVELOPMENT MILESTONES?

A: YES, PHYSICAL ABUSE CAN IMPACT GROSS MOTOR SKILL DEVELOPMENT MILESTONES. CHILDREN WHO EXPERIENCE PHYSICAL ABUSE MIGHT DEVELOP FEAR OF MOVEMENT, PAIN THAT INHIBITS PHYSICAL ACTIVITY, OR EVEN PHYSICAL INJURIES THAT DIRECTLY IMPAIR THEIR MOTOR FUNCTIONS. THIS CAN LEAD TO DELAYS IN ACHIEVING MILESTONES LIKE WALKING, RUNNING, JUMPING, OR PARTICIPATING IN ACTIVE PLAY, WHICH ARE CRUCIAL FOR OVERALL PHYSICAL DEVELOPMENT AND COORDINATION.

Q: HOW CAN INCONSISTENT PARENTING DUE TO PARENTAL SUBSTANCE ABUSE IMPACT A CHILD'S COGNITIVE MILESTONES?

A: INCONSISTENT PARENTING RESULTING FROM PARENTAL SUBSTANCE ABUSE CAN DISRUPT COGNITIVE MILESTONES BY CREATING AN UNSTABLE AND UNPREDICTABLE ENVIRONMENT. THIS INSTABILITY CAN LEAD TO INCREASED STRESS AND ANXIETY IN THE CHILD, WHICH INTERFERES WITH THEIR ABILITY TO FOCUS, LEARN, AND RETAIN INFORMATION. THE LACK OF CONSISTENT ROUTINES, STRUCTURED LEARNING OPPORTUNITIES, AND RESPONSIVE ENGAGEMENT FROM CAREGIVERS CAN HINDER THE DEVELOPMENT OF EXECUTIVE FUNCTIONS LIKE PLANNING, PROBLEM-SOLVING, AND MEMORY.

Q: WHAT IS THE CONNECTION BETWEEN CHILDHOOD TRAUMA AND THE DEVELOPMENT OF

SELF-REGULATION MILESTONES?

A: CHILDHOOD TRAUMA SEVERELY DISRUPTS THE DEVELOPMENT OF SELF-REGULATION MILESTONES BECAUSE THE CHILD'S NERVOUS SYSTEM IS OFTEN IN A CONSTANT STATE OF ALERT, MAKING IT DIFFICULT TO MANAGE INTENSE EMOTIONS OR IMPULSES. TRAUMA CAN IMPAIR THE BRAIN'S ABILITY TO DEVELOP THE SKILLS NEEDED TO CALM DOWN, MANAGE FRUSTRATION, AND RESPOND THOUGHTFULLY RATHER THAN REACTIVELY. THIS CAN RESULT IN PERSISTENT CHALLENGES WITH EMOTIONAL REGULATION, IMPULSIVITY, AND BEHAVIORAL CONTROL THROUGHOUT CHILDHOOD AND INTO ADULTHOOD.

Q: ARE THERE SPECIFIC COGNITIVE MILESTONES THAT ARE PARTICULARLY VULNERABLE TO THE EFFECTS OF EMOTIONAL ABUSE?

A: EMOTIONAL ABUSE CAN PARTICULARLY IMPACT COGNITIVE MILESTONES RELATED TO SELF-ESTEEM, SELF-WORTH, AND EXECUTIVE FUNCTIONS LIKE PLANNING AND DECISION-MAKING. CHILDREN SUBJECTED TO CONSTANT CRITICISM, HUMILIATION, OR EMOTIONAL INVALIDATION MAY INTERNALIZE NEGATIVE BELIEFS ABOUT THEMSELVES, HINDERING THEIR CONFIDENCE TO ENGAGE IN LEARNING AND PROBLEM-SOLVING. THE STRESS OF EMOTIONAL ABUSE CAN ALSO IMPAIR CONCENTRATION, MEMORY, AND THE ABILITY TO THINK CLEARLY, AFFECTING THEIR ACADEMIC PROGRESS AND OVERALL COGNITIVE DEVELOPMENT.

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