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## **Family and Childhood Trauma. What Mental Health Professionals Tell Us?**

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### **Abstract**

The difficulty of the contact between the subject and the trauma in the family as well as the pain that emerges out of the symptom constituted the main motivation for this study. The main purpose of this study was to investigate -through the psychiatrists' and psychologists' thesis- the function of trauma within the family. The research approach was based on the qualitative research method with the main research tool being the semi-structured interview. The sample consisted of 15 mental health specialists (psychiatrists - psychologists), who worked therapeutically with families and children in various mental health institutions in Central and Eastern Macedonia. Data analysis was performed using the thematic analysis method and the main findings were significant impact of the role of the family on the development of childhood trauma, the development of psychopathology with various forms of trauma in children and the presence of factors that can act protectively in the mentaltrauma.

**Key words:** childhood trauma, traumatic experiences, family, trauma protective factors

### **Introduction**

Most people associate trauma with major tragic events, such as natural disasters, terrorist attacks, abuse of any kind, or serious accidents. In reality, however, childhood trauma, which may result from experiences such as emotional, physical or sexual abuse or neglect, has a negative impact on the emotional and cognitive sphere as well as on the child's neurological development (Sack, 2015).

Trauma is referred to as a situation where the subject experiences a host of negative effects as a result of an unexpected, shocking painful experience, a stressful event of extreme intensity and which cannot be processed and managed mentally. As a strain on the body's limits leads to bodily injury where the skin opens, bones broken, the muscles and tendons suffer contusion, so after a stressful experience which the subject is unable to manage, the soul acquires internal "cracks"(Antonopoulou, 2015). The word "trauma" comes from the ancient Greek verb "titrosko", which means to pierce, cause decay, and denotes an injury resulting from an external force and accompanied by rupture, with consequences on the whole organism (Laplanche, Pontalis, 1986). The same authors define trauma as *"an event of the subject life, which is defined by its intensity, by the inability of the subject to deal with it properly, and by the shock and the pathogenic effects it has on his mental organization."*(p. 503). The term mental trauma could describe the phenomenon of the violent rupture of the cohesion of the human psyche. There are two components that determine the nature of the trauma, the first is the event itself and the second is the psycho synthesis of the person experiencing it. Traumatic experience involves the subjective dimension of an event as everyone's reaction is different. A number of factors determine the severity of the trauma, most notably the general mental structure of the subject and whether the event occurred only once or had a recurring character. The pain caused by the trauma may be assimilated and may not be an inhibitory factor for the psychological function of the individual, but the traumatic experience is never erased from the psyche of the individual, while its consequences are more evident in children who are the most vulnerable(Antonopoulou, 2015).

The effects of childhood trauma have an impact on adulthood, and the person is more likely to experience depression, anxiety, post-traumatic stress and behavioral problems.

According to various studies, people who had been abused as children developed symptoms of a psychiatric disorder at the age of 21. People with difficulties in childhood are also vulnerable to drug and alcohol abuse. Research also shows a strong correlation between substance use and childhood stories. Specifically, it appeared that two thirds of patients receiving treatment for substance use have suffered sexual, emotional or physical abuse (Kouria, 2018).

Another study of a group of inmates with unfavorable family experiences during childhood revealed a strong correlation between delinquent behavior and trauma. In particular, childhood trauma was evident in a significant proportion of inmates ranging from 37.0% for physical abuse and 68.0% for emotional neglect, while the likelihood of disturbance was observed in almost half of inmates. Childhood trauma has been linked to aggressive, hostile, and violent behavior, as victims of traumatic childhood are more likely to commit serious violent crimes. In addition, childhood trauma is associated with behaviors such as suicide, self-harm, and depression (Altintas & Bilici, 2018).

Researchers at Bristol University have demonstrated that there is a causal link between trauma in childhood and psychotic experiences at the age of 18 years. Psychotic experiences include abnormal experiences such as hearing voices or feelings of paranoia. The study concludes that between 25% and 60% of young people who reported psychotic experiences would not have developed them if they had not been exposed to trauma, such as bullying, domestic violence or emotional neglect in childhood.

Childhood trauma has been associated with patients with bipolar disorder with the most severe and complex way of expressing the disorder. Little is known about the family factors that can mediate the onset of trauma and influence the effects of bipolar disorder. Childhood trauma appears to originate from parental characteristics (childhood parental trauma, psychopathology) and increases the severity-complexity of bipolar disorder (Etain, 2017).

The rates of child trauma in the family according to forensic research are high. Spitzer et al. (2006) found rates of 69% due to physical abuse, 69% due to emotional abuse, 47% due to sexual abuse and 41% due to neglect (Macinnes, Macpherson, Austin, & Schwannauer, 2016).

Bebbington et al (2011) after psychiatric research found that child sexual abuse was strongly associated with psychosis (Bebbington, Jonas, Kuipers, King, & Cooper, 2011). Studies have been conducted on the impact of child abuse on psychopathology. In a World Health Organization study of 51,945 patients, childhood trauma was associated with 29.8% of mental disorders (Kessler, Green, Gruber, Sampson, Zaslavsky, & al., 2010). People with borderline personality disorder (BPD) have reported emotional abuse in their childhood. Similarly, people with antisocial personality disorder (ASPD) have often been found to have a history of severe child abuse and neglect (Davidson, 2007).

The use of corporal punishment, sexual abuse and neglect of children increase the risk of developing post-traumatic stress disorder (PTSD). Abused and neglected children often come from families with multiple problems, putting them at risk for developing disorders such as antisocial personality disorder and PTSD symptoms (Spatz Widom, 1999).

### **Research methodology**

The purpose of this study was to investigate through the speech of psychiatrists and psychologists the functions and effects of family trauma in children. Specifically, an attempt was made to capture how a child is affected from a trauma, what are the symptoms of a child with a trauma, what is the role of the trauma in the later life and whether there are factors that act protectively in the trauma. The qualitative method was used to investigate the issue because it helps the researcher to focus on understanding the phenomena from the perspective of the people involved in the research (Robson, 2007).

The semi-structured interview was used for the collection of research data because it contributes to the collection of detailed information and views, and enables the respondent to express himself freely, to expand and supplement his thinking. Also, in this way, the research subjects were given the opportunity due to the immediacy that existed with the researcher, to make, if necessary, immediate clarifications, in a climate of trust without completely following a series of questions that had to be answered.

For the testing of the research tool, a pilot test was performed on two research subjects and, where necessary, the relevant changes were made.

Fifteen research subjects, women and men with the specialty of psychiatrist and psychologist, participated in the research. The sample, which was employed in mental health structures in Eastern Macedonia and Thessaloniki, was selected by the method of deliberate sampling as there were specific eligibility criteria, such as therapeutic work with family and children for more than five years.

### Data analysis

For the analysis of qualitative data, the method chosen was thematic analysis, which is considered an easy-to-use method and is widely used in qualitative research and is characterized by theoretical freedom, flexibility and orderliness. Thematic analysis is considered particularly important for the new researcher, as it provides key skills that are useful for conducting more specialized qualitative analysis approaches (Robson, 2007). In particular, it is a method of identifying, describing, reporting and "subjecting" repetitive semantic patterns, i.e. "topics" that arise from research data, and is a key tool for all researchers involved in qualitative research (Braun & Clarke, 2006). Based on the thematic analysis, a series of specific steps were followed regarding the analysis, coding, reporting and interpretation of the findings.

### Detailed categories:

#### a. Which are the reasons that parents traumatize their children

Childhood trauma refers to an event, environment or situation that a child has experienced, causes feelings of insecurity and makes a child vulnerable. Mental health professionals often associate the fact that children are traumatized from their parents and the relationship they develop with each other. The provocation of child trauma by the interaction of parents with their children is attributed to involuntary mainly, but also sometimes voluntary reasons.

In cases where parents unconsciously traumatize their children, one of the reasons given by research subjects is ignorance. Parents, without this intention, traumatize their children in their daily lives, not knowing how to handle situations that arise. The trauma, according to experts, is attributed to accidental behaviors of parents, who in their attempt to act for the good of their children, traumatize them unconsciously. They detail characteristically:

*"... mainly out of ignorance..."<sup>1</sup>PSCHTR3*

*"Or it may be out of ignorance, it may be because they don't know how to manage things, because something can happen to them too "<sup>2</sup>PSCHL10*

*"They do it out of ignorance, they do it in their daily life, and they do it by accident. It rarely happens voluntarily. " PSCHTR11*

A research subject believes that the over-effort of parents to help their children and lead them to become independent, often results in trauma. Their anxiety about raising their children, often, acts as a brake on the rational treatment of situations that arise. Parents <sup>1</sup>do not realize and do not understand that their excessive anxiety and overprotection, leads them to awkward behaviors, which act as reinforces increasing trauma: *"If I were to say something that I have noticed from my clinical experience, very big mistakes, very big clumsiness, let me put it this way, they are made in the parents' over-effort. The great anxiety to give children something more or to raise them, to make them autonomous, to help them "PSCHTR5*

Another respondent emphasizes that the intention is not this, to hurt or traumatize their child, but their attempt to educate it often involves violence and is traumatic. As the respondent characteristically states:

*"I do not think they are doing it on purpose, it is not the intention itself to hurt or traumatize the child. Some do it as part of an effort to educate the child " PSCHL8*

The way parents themselves grew up, as well as the way they perceive their children's upbringing are some of the reasons that parents are traumatize their children:

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<sup>1</sup>PSCHTR: Psychiatrist

<sup>2</sup>PSCHL: Psychologist

*"... The way they grew up, the way they perceive the upbringing of children which for some often even includes violence, violent behavior..." PSCHL6*

For the reasons that a parent inadvertently traumatizes the child, mental health experts report the parent's emotional immaturity. Emotional immaturity is associated with the manifestation of behaviors that don't help the healthy development of children. Emotionally immature parents often find it difficult to adapt to the changes that the arrival of a child brings to their lives, and put the needs (physical and psychological) of themselves and their partner above the needs of their child. At the same time, they have difficulty taking responsibility, denying responsibility for their children's behaviors by blaming them on each other, or even blaming the child itself. They often show intense anger and emotional insecurity in front of the children, and find it difficult to control their impulses, as they don't have enough patience and self-control, as typically reflected in the following reports of mental health professionals:

*"Many times it has to do with their own needs that have not been met in their lives in general or at the moment and many times unfortunately they do it because they think this is the right thing to do" PSCHL14*

*"... May be emotional immaturity."PSCHL12*

Parents' personal experiences are reported as a factor that influences parents' behavior, and is often associated with causing trauma to children. These personal experiences concern either the childhood of the parents or their adult life. The situations that adults have experienced as children play a catalytic role in the way they connect and interact with their own children, acting as a deterrent or mimic. The traumatic experiences of parents are directly related to the infliction of trauma on their children, as they are often repeated, taking a cyclical course over the generations. Adults' relationship with their family and their partner affects the way they deal with their parental role. Parents in their attempt to meet their own psycho-emotional needs can often be inadvertently led to the manifestation of behaviors that can injure their children. As the respondents typically state:

*"... it is something that happens because the parents have their own trauma from their childhood possibly."PSCHL4*

*"...Or it could be their own trauma."PSCHL12*

*"...Or it has to do with what experiences a parent has from his own personal childhood and the family environment in which he grows up." PSCHTR3*

A respondent talks about a story that repeats and circles. The respondent observes that parents exercise their parental role based on their experiences and deeper beliefs. Specifically, she refers to incidents of abuse and observes that parents who have been abused by their own parents repeat the same behavior in their relationship with their own children, through mechanisms of identification with the attacker. As it **distinctively**

#### **Detailed:**

*"Many parents, something we often come across, that their own experiences from childhood, their own ways of being educated by their parents may not have been the most appropriate often seem to come out in the upbringing of their children (...) We see it like the story is repeated many times as if it is making circles » PSCHL9*

Continuing in the same context of reports, there is talk about repressions. Parent's repressions, were mentioned as a reason for a childhood trauma. The term repressions means the repressed desires, experiences and emotions, which have shifted the unconscious, however, don't cease to affect the individual. Parents see their children as projections of themselves, and expect them to see them fulfill their unfulfilled desires. Typically here the respondent emphasizes the above fact:

*"..One of the reasons of a childhood trauma, parents repressions, their own trauma, I would say..." PSCHL15*

#### **b. How a parent is traumatize...**

Regarding the way in which parents traumatize their children, mental health experts responded, classifying punishment as a form of child trauma, as it is often an outburst of parental anger, without any pedagogical basis. The child accepts an aggressive behavior, which causes fear and guilt. However, depending on the type of punishment, the consequences that they cause are also distinguished. Regarding the punishment, the investigative subjects reported:

*"Each one has its own consequences. All parents, for example, punish, but how does one punish?" PSCHL2*

One respondent added to the forms of trauma along with punishment, sexual abuse and rejection. The respondent cited:

*"Also the punishments, the emotional rejection. These are the most common and sexual assaults. " They usually (...) let children a trauma that can last for several years." PSCHTR1*

Respondents referred to the rejection, also support:

*"I think the most I see very serious, is the rejection. I see parents who don't accept their children" PSCHL6*

*"I find the rejection and the lack of recognition ..." PSCHL15*

Another respondent talks about the serious consequences on an emotional and psychological level, citing rejection, which creates gaps in the importance that the child realizes that it has for itself. This perception determines both the subsequent attitude of the child towards itself and its attitude towards society. As it referred:

*"Or non-acceptance or rejection may work even deeper than punishment." PSCHL8*

*"Rejection is essentially about not meeting the child's basic needs." PSCHL14*

Emphasizing the consequences of lack of recognition in the adult life of the individual, one respondent emphasizes the constant over-effort that the individual makes seeking the reward or inactivity in which the person remains, as the person doesn't believe that can succeed in something. Indicatively states:

*"...the lack of recognition, usually a person enters a process of constantly trying to prove to himself and others that he is worthwhile, to constantly seek reward ..." PSCHL4*

Another respondent refers to the lack of recognition:

*"The most common types of trauma which are done by parents unconsciously and unintentionally, are not deliberately, is the rejection experienced by children, inhibition of desire and lack of recognition" PSCHTR3*

The respondent mentions the inhibition of desire as one of the most painful trauma, emphasizing the consequences it can have on the individual's psyche. As it **distinctively detailed**:

*"... The inhibition of desire I think that is the most painful ..." PSCHL4*

In the light of the forms of parental trauma, the respondents also raised the frustration, associating it with the provocation of feelings of insecurity and doubt that follow the person in adult life. Specifically they state:

*"... I will dwell on the part of frustration, in this part there is an alienation from the caregiver, there is the meaning of the double message." PSCHTR7*

Another respondent argues that adults in the process of psychotherapy often refer to experiences of rejection, frustration and lack of recognition by their parents. Characteristic is the following excerpt:

*"... Rejection, frustration and lack of recognition are usually what are referred to by adults who come to psychotherapy as more traumatic situations." PSCHTR11*

In the same frame of reference and the views of another respondent:

*"I would say rejection and frustration; because they are the most common reason people come to us experts so we can help them get out of this whole thing. Because this follows them in adulthood..." PSCHL12*

The way in which the punishment is imposed, its type and the punitive disposition of the parent, are what can traumatize the child. **Characteristically** research subjects report:

*"All parents, for example, punish, but how does one punish?" PSCHTR1*

*"Punishments also play a role in how they are handled and used by the parent" PSCHTR3*

*"Punishment can also be a tool. Punishment can also be use as deprivation" PSYCHL6*

*"Yes punishment, imposing a punishment." PSCHL8*

Another respondent spoke about the separation of the punishment related to deprivation from the one aimed at demarcating the child. The respondent states:

*"To deprive the child of basic needs, "you will not eat today", or "close yourself in your room", these are really outdated; unfortunately they are done even today" PSCHL4*

In the same context the following report:

*"Of course, deprivation of privileges is also a punishment" PSCHTR5*

Another respondent referred to the imposition of power through the use of punishments, saying:  
*"... Certainly punishment has authoritarianism and is a bit of a matter of power..." PSCHL9*

### c. Symptoms of parental trauma

Traumatic experiences have a strong impact on children and their psycho-emotional development. This effect is expressed in different ways and follows the child in its adult life, having a significant impact on its development. The symptoms of trauma were reported by the research subjects, with their observations converging in the appearance of stress, as a result of the treatment of traumatic experiences. More particularly is mentioned:

*"Anxiety mainly..." PSCHL13*

*"The symptoms have to do with the daily behavior and the way of dealing with situations that when they are problematic they lead to symptoms of the mental sphere, especially the sphere of anxiety disorders, what we said once neuroses, anxiety, somatization, panic attacks, phobias, these mainly" PSCHTR11*

*"Basically there are elevated anxiety symptoms. Bodily functions are disturbed, sleep, appetite, there is a mood disorder, the child is upset, shows an introversion, a reluctance to socialize or talk." PSCHL8*

Other respondents report a lack of self-esteem and self-confidence. The child negatively advances his efforts, judges himself harshly and nullifies his abilities, believing that others don't appreciate them. These unfavorable feelings are often accompanied by ambivalent behavior with outbursts of anger and aggression. The following reports have been reported for lack of self-confidence and behavioral disorders:

*"Child has a lack of self-esteem, a lack of self-confidence" PSCHL6*

*"... Has low expectations of itself, low self-esteem...." PSCHL10*

In a similar context, the following report:

*"Lack of self-confidence, lack of self-esteem, behaviors change too much, they have too much stress, and they have urination and evacuation problems ..." PSCHL12*

Difficulties can arise in the child's behavior due to psychological trauma. Respondents talk about anger, emotional outbursts, and mental disorders. Typical are the reports:

*"Reactive-type behaviors of children and the most characteristic is a nocturnal enuresis and a destructive type behaviors, child destroys and has increased aggression." PSCHTR3*

Referring specifically to the period of adolescence and the occurrence of speech disorders, such as stuttering, one respondent states:

*"Children are aggressive, also they are stuttering according to my observation." PSCHL9*

Mental health experts reported the occurrence of speech disorders as well as learning difficulties related to children's traumatic experiences, correlating them with students' performance. At the same time, they highlighted the accompanying disorders that concern the whole spectrum of psychopathology, such as behavioral, sleep and communication disorders. Characteristic are the references that follow:

*"... Anxiety, behavioral disorders, emotions that are expressed strangely, children have tantrums, there are shouts, exaggerated reactions to the stimulus okay?...there are sleep disorders, bruxism, they grit their teeth in sleep, either nocturnal enuresis or difficulty controlling sphincters in sleep, communication disorders speech disorders, stuttering, not speaking, learning disorders, school avoidance, social activities avoidance, dangerous behaviors, aggression, the whole spectrum of psychopathology. A trauma can do anything." PSCHTR7*

Depression is multifactorial in its causes, however, environmental factors and traumatic experiences, such as the loss of important people, significant changes in children's lives, states of neglect and emotional deprivation, and abuse, can all contribute to its onset. Respondents referred to depression, stressing that it can occur as a result of other symptoms that cause trauma, and can be a condition that will follow the child into adulthood. As it **distinctively detailed:**

*"... Depression mainly depressive positions, various depressive syndromes, psychoses" PSCHTR5*

*"It will make him sad..." PSCHL4*

A respondent also talks about the relationship between childhood trauma and personality disorders in adults and especially psychopathic disorder. As she states:

*"(...) Personality disorders (...) the psychopathic personality disorder» PSCHTR5*

### d. What protects against family trauma

Respondents' answers to whether there are any factors that protect a child from family trauma focus on the child's own family and wider environment. Specifically, the respondents mention the safety that a child needs to feel in its familiar environment as well as the recognition. As detailed below:

*"To feel safety and, to have recognition from the parent..." PSCHL14*

*"Mainly a safe family environment.PSCHTR11*

Other respondents focus on emotional intelligence as a protective factor in trauma, emphasizing that it helps the child better understand and interpret the events that take place within the family. More particularly is mentioned:

*"I think the higher the emotional intelligence, the faster child perceives more things."PSCHL10*

*"Emotional intelligence, I think.They can manage it better "PSCHL4*

*"... The child's emotional intelligence could be a factor that protects them..." PSCHTR11*

*"... The intelligence plays an important role because they can better understand some things."PSCHTR3*

*"...their intelligence first, their mental capacity..." PSCHL2*

*"Their intelligence, I would say..." PSCHL15*

*"... The intelligence, the child will find a way to react and survive" PSCHTR1*

Referring to the environment as a protective factor of traumatic experiences, research subjects talk about the grandparents or if there are even one of the two parents, who work in child support.Characteristic are the reports:

*"Another possibility is whether there is a suitable supportive environment..." PSCHTR3*

*"Or the other supportive environment, to have grandparents, who replace..."PSCHTR5*

*"Or either grandparents or one of the two parents..." PSCHTR11*

However, some respondents talk about genetically resistant nervous systems and strong defense mechanisms. As they comment below:

*"First of all, their character. Genetically as we say. "PSCHTR11*

*"Genetically, I mean, a resilient nervous system. A good quality strong nervous system that can cope and protect it "PSCHTR5*

While another respondent talks about the resilience and survival instinct that helps a child cope with family trauma. Typical is the reference:

*"There silence and the survival instinct" PSCHL13*

## **Discussion**

With this study, an attempt was made to investigate childhood trauma within the family in the words of mental health experts. Psychiatrists and psychologists talked about the fact that children can meet the trauma within the family in terms of interaction with parents. Parents through the daily practices they use to raise the child in order to better meet their role increase the level of their requirements and become more invasive which can lead to unexplained and traumatic behaviors for the child. All this seems to be done unconsciously without purpose in the parent's effort for something better for his child on one side or the other to satisfy his own personal needs. The respondents spoke about the personal immaturity of the parent that leads to these behaviors as well as about personal trauma that parent has received in childhood as a result of which a parent repeats this behavior.

Trauma takes the form of rejection, lack of recognition, frustration and punishment. With effects on the development of various forms of psychopathology in the child, such as anxiety disorders, learning disorders, communication problems, stuttering and even depression difficulties.

In addition, it appeared that childhood trauma could be the cause of the development of psychopathology in adults with the onset of various disorders. Protective agents have played an important role in protecting the child from trauma in the present study. Protective factors enable the child to develop resistance to the difficulties identified in the family environment by reducing the chances for trauma. Research subjects as protective factors refer to the supportive family environment such as grandparents and relatives, they also make special references to the emotional intelligence that a child may have so that through it child can more accurately understand the conditions, interpret them and if necessary toprotect itself from them. They also talk about the sense of safety that is important to have in the family so that the child feels protected.

References are also made to genes that affect a child's temperament and make him more resilient to adverse conditions. All of these factors are able to help the child cope with the harmful effects of a trauma.

In conclusion, it is felt that the family, although hurts a child through the behavior of the parents, this often happens unintentionally and on the need of the parent to help for a better level of adjustment. The trauma leaves its mark and this is seen in the child's behavior and the difficulties he may encounter with the manifestation of some form of psychopathology even in adulthood. But there are protective factors that help a child cope with these difficulties and come out unscathed without trauma and the effects it can have on child's psyche.

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