

## THE IMPACTS OF CHILDHOOD TRAUMA ON ADOLESCENTS RISK BEHAVIOUR: A CASE STUDY

**Noradila Mohamed Faudzi\*, Siti Khadijah Mohd Nasrah, Nurnisrina Faiqah  
Muhammad Izwan & Muhammad Harith Awaluddin**

Amaze Synergy Ventures Malaysia, Psychology Consultant, Bandar Baru Nilai, 71800 Nilai, Negeri Sembilan, Malaysia.

\*Corresponding Author: noradila\_mf@yahoo.com.my

### ABSTRACT

Childhood trauma can have profound and long-lasting effects on adolescent risk behaviours. Adolescents who have experienced childhood trauma may face a variety of challenges, including emotional difficulties, behavioural changes, trust issues, low self-esteem, academic struggles, physical health effects, a higher probability of mental health disorders, involvement with risky behaviours, interpersonal relationship issues, and the need for resilience and coping strategies. This study aims to explore how childhood trauma impacts adolescents' risk behaviour and what coping skills adolescents use to handle trauma. Participant is a Muslim adolescent girl with an unwanted pregnancy. This study used purposive sampling with several established criteria. The semi-structured interview was conducted at a shelter home in Selangor, and the participant was given a diary to help her express her feelings. The data were analysed using a thematic analysis approach to get the essence from the participants' perspective. Five themes have emerged from the study: 1) Emotional and Psychological Distress, 2) Maladaptive and Risky Behaviours, 3) Social and Relational Difficulties, 4) Academic and Functional Impairment, and 5) Physical Health Consequences. Ultimately, childhood trauma considerably raises the likelihood of getting involved with risky behaviours during adolescence due to the profound effect it has on emotional, cognitive, social, and physiological development. Initial detection and intervention to address trauma-related issues and encourage healthy coping skills are vital for reducing the likelihood of negative consequences and improving the well-being of adolescents who have experienced childhood trauma.

**Keywords:** Adolescent, childhood trauma, risk behavior, health, psychological

## INTRODUCTION

Childhood trauma, a critical public health issue, can profoundly influence personality development and behaviour throughout adolescence. The range of early life traumatic experiences, such as physical or emotional abuse, sexual abuse, neglect, domestic violence, bereavement, exposure to violence, accidents, natural disasters, or other distressing events, underscores the breadth of this issue and its enduring effects on a young individual's emotional and behavioural functioning (Greeson et al., 2014; Downey & Crummy, 2022).

Adolescents who have experienced childhood trauma often face a multitude of challenges, including emotional instability, behavioural changes, trust issues, reduced self-esteem, academic struggles, physical health problems, a higher risk of mental health disorders, and engagement in risky behaviours. It is crucial to recognise that these individuals need appropriate coping strategies to manage their emotional distress and trauma-related symptoms effectively. They may struggle in interpersonal relationships, but with the proper support, they can overcome these challenges (Greeson et al., 2014; Ghazali, Chen, & Aziz, 2017; Downey & Crummy, 2022).

An increasing volume of research demonstrates that trauma during pivotal developmental phases can result in enduring adverse effects on a child's neurological and psychological development. Exposure to child abuse, domestic violence, or community violence disrupts brain development and neuroendocrine function, leading to attachment difficulties, poor peer relationships, emotional dysregulation, and engagement in high-risk behaviours such as substance use, smoking, and sexual promiscuity (Layne et al., 2014). In the absence of suitable therapeutic intervention, recurrent early trauma can alter the brain and nervous system in maladaptive ways, resulting in heightened susceptibility to health-risk behaviours and mental health issues.

Indicators of unresolved childhood trauma often become apparent during adolescence. Parents and carers may observe behaviours that are uncomfortable, unsettling, or even alarming. It is important to remember that these behaviours, such as rule violations, rebelliousness, academic challenges, substance abuse, legal problems, high-risk sexual behaviour, social withdrawal or isolation, self-harm, disordered eating, and manifestations of depression or anxiety, are common in adolescents with trauma (Calvo et al., 2024).

Women with a history of childhood abuse are shown to be more vulnerable to anxiety, depression, and post-traumatic stress disorder (PTSD), and are more likely to engage in hazardous behaviours, such as illicit drug use, risky sexual practices, and suicide attempts (Carr, 2013; Dube et al., 2005; Norman et al., 2012). Similarly, Sommer et al. (2020) found that individuals who have experienced trauma and meet Criterion E2 of PTSD, which involves reckless or self-destructive behaviour, are at a heightened risk of engaging in various detrimental activities, including substance abuse, disordered eating, and compulsive purchasing. These findings underscore the need for a comprehensive approach to the assessment and treatment of trauma, emphasising the urgency and importance of the issue.

Recent research has underscored the potential of emotional reactivity as a crucial mechanism connecting trauma exposure to risky behaviour. Emotional reactivity, which measures the strength of emotional responses to stimuli, can impede an individual's capacity to regulate emotions and manage impulses when it is excessively heightened. Stumps, Bounoua, and Sadeh (2024) revealed that early trauma can incite impulsive and hazardous behaviours via emotional dysregulation. Early data from Sommer et al. (2020) suggest that emotional reactivity could be a fundamental element that sustains risky behaviour in trauma-exposed populations, especially among women, paving the way for future studies in this area.

This case study seeks to examine the trauma history and risk behaviours of a seventeen-year-old girl who faced an unexpected pregnancy due to high-risk behaviour. This study examines the coping techniques employed by the participant to manage her trauma. The findings seek to elucidate how early traumatic events influence behavioural outcomes in adolescence and emphasise the critical necessity for tailored therapeutic intervention.

## LITERATURE REVIEW

### Childhood Trauma and Adolescent Risk Behavior through Bronfenbrenner's Ecological Systems Theory

Childhood trauma, a significant predictor of adverse developmental outcomes, particularly in adolescence, underscores the crucial role of the audience. Numerous studies have consistently demonstrated a robust association between childhood trauma and increased engagement in high-risk behaviours during adolescence, including substance use, self-harm, risky sexual activity, and aggression (Wegman & Stetler, 2009; Zhang et al., 2020). These findings highlight the audience's responsibility in early identification and intervention to reduce the long-term impact of trauma on adolescents' psychological, emotional, and behavioural development.

Bronfenbrenner's Ecological Systems Theory provides a valuable framework to understand the complex and multi-layered influences that shape adolescent behaviour following trauma exposure. According to this theory, an individual's development is influenced by interactions within and across five nested environmental systems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1979). Applying this model allows for a holistic exploration of how trauma interacts with various ecological layers, impacting the adolescent's overall trajectory.

At the microsystem level, the adolescent's immediate relationships and settings, such as family, school, and peer groups, serve as the primary context in which trauma often occurs and risk behaviours develop. Studies have shown that adolescents who have experienced trauma within the family (e.g., abuse, neglect, or violence) are more likely to exhibit emotional instability, behavioural issues, low self-esteem, and difficulties with trust and social functioning (Zashchirinskaia & Isagulova, 2023). These psychosocial impacts often manifest as externalising behaviours such as substance use, aggression, and sexual risk-taking, especially when there is a lack of emotional support or secure attachment within the microsystem (Brady & Back, 2012; Gabert-Quillen, Selya & Delahanty., 2015).

The mesosystem, which involves the interrelations between microsystems (e.g., home and school), plays a crucial role in either reinforcing or mitigating trauma effects. Adolescents with unresolved trauma may struggle academically or behaviourally in school, particularly if there is poor communication between caregivers and educators when these systems do not coordinate interventions or provide consistent emotional support. The risk of maladaptive behaviours increases. Kianpoor and Bakhshani (2012) explained that trauma often leads to behavioural re-enactment, where adolescents subconsciously replicate actions linked to their traumatic experiences, which can be misinterpreted or mishandled by institutions.

At the exosystem level, factors that indirectly affect the adolescent, such as parents' mental health, socioeconomic stressors, or lack of community mental health services, can further intensify trauma outcomes. For instance, Maurya and Maurya (2023) found a higher prevalence of substance use, violence, and gender-based behavioural differences in adolescents with adverse childhood experiences (ACEs).

These external environmental pressures, although not directly involving the adolescent, influence the level of care, supervision, and access to psychological support that they receive, underscoring the need for a comprehensive approach to adolescent trauma.

The macrosystem encompasses cultural values, laws, and societal norms. Societies with rigid gender stereotypes, normalised aggression, or stigma surrounding mental health care may inadvertently reinforce risk behaviours or prevent youth from seeking help. For example, Maurya and Maurya (2023) noted higher rates of substance use and violence among boys due to entrenched gender norms. The seminal ACEs study by Felitti et al. (1998) is key research in this area, demonstrating how early trauma within dysfunctional family environments predicted a wide array of risky behaviours, criminal activity, and poor health outcomes in adulthood, largely influenced by the prevailing societal context.

The chronosystem captures the role of time, including developmental transitions and cumulative trauma exposure. Childhood trauma that occurs early and remains unresolved tends to manifest more severely during adolescence; a critical period marked by identity formation and social exploration. Weiss et al. (2013, 2015, 2018) and Blevins et al. (2016) highlighted that trauma exposure in early life is linked to later high-risk behaviours such as unsafe sex, substance misuse, reckless driving, and non-suicidal self-injury. Furthermore, the inclusion of reckless or self-destructive behaviour in the DSM-5 PTSD criteria (Contractor et al., 2017) reflects growing recognition of the long-term behavioural impacts of trauma. The cumulative and chronic nature of trauma over time, especially in the absence of protective factors, significantly increases the likelihood of psychological impairment and functional decline.

In Malaysia, childhood trauma is frequently influenced by structural violence and socioeconomic disparities within Bronfenbrenner's ecological systems. Children from low-income (B40) households may encounter harsh parenting, neglect, or emotional unavailability at the microsystem level, attributed to financial stress (Beilharz et al., 2020). At the exosystem level, restricted access to mental health services, especially in rural Sabah, Sarawak, and underserved urban areas, hinders the timely identification and intervention of trauma (Ghazali et al., 2017). The macrosystem illustrates the cultural stigma associated with mental illness and the prevailing societal expectations that emphasise family honour at the expense of individual wellbeing (e.g., "maintaining the family's reputation by keeping issues private"), which frequently inhibit help-seeking behaviours and the disclosure of trauma (Allen et al., 2023). The chronosystem illustrates the impact of historical events, including the COVID-19 pandemic, on parental stress and domestic violence, thereby heightening children's exposure to trauma and instability (Downey & Crummy, 2022). The interplay of these forces illustrates the role of broader structural and cultural conditions in contributing to emotional distress and heightening adolescents' susceptibility to risk behaviours following trauma.

In summary, Bronfenbrenner's Ecological Systems Theory allows for a systemic interpretation of how childhood trauma affects adolescents. The evidence reviewed suggests that trauma not only impacts the individual emotionally and behaviourally but also interacts dynamically with their environment, shaping outcomes across multiple layers. This dynamic interaction, with its intriguing complexity, reinforces the importance of trauma-informed interventions that are ecologically grounded, addressing not only individual symptoms but also the environmental systems that sustain risk or support healing.



## METHODOLOGY

### Research design

Phenomenological study investigates personal experiences of individuals and their perception of a particular phenomenon. This study employs a phenomenological approach, specifically Husserl's concept of intentionality, which suggests that all consciousness is directed towards an object or experience. The method involves the use of epoché to suspend preconceptions, thereby enabling a more genuine interaction with the participants' life experiences (Moustakas, 1994). In this study, a phenomenological approach was applied within a structured case study framework to explore the lived experience of a single adolescent who had undergone childhood trauma. The aim was to develop a comprehensive understanding of how the trauma influenced the participants' perceptions, emotions, and risk-taking behaviours within their personal and social contexts.

The participant in this study is a single adolescent who lives in Shah Alam, Selangor. Before conducting interviews, the researcher used reflexive journaling to set aside personal assumptions and pre-existing knowledge regarding the subject, in accordance with the epoché approach. Phenomenology can be classified as a method that has four characteristics, namely descriptive, reduction, essence, and intentionality. Purposive sampling was used in the participant selection method to ensure that the researchers included only those people who truly fulfilled the study's inclusion requirements (Maxwell, 2005). To investigate the effects of childhood trauma on adolescents' risk behaviour, three in-depth, semi-structured face-to-face interviews were carried out.

The study took place in a shelter house, and the participant stepped up after being involved in an unintended pregnancy. During the development of the research protocol, the researcher assessed potential ethical concerns that could arise in this investigation, including informed consent, confidentiality, data generation and analysis, the researcher-participant relationship, and the reporting of the final results. Prior to initiating the research, the researcher obtained informed consent. The idea of informed consent underscores the researcher's obligation to communicate all facets of the research to participants in an appropriate language.

The clarifications encompass the study's nature, participants' prospective roles, the researcher's identity and funding source, the research purpose, and the publication and utilisation of the results. The use of Bahasa Malaysia, the native tongue of the Malays and the national language of Malaysia, in the interviews, underscores the respect and connection to the cultural context of the research. An interview protocol created based on Seidman's three-series interviews (2006) served as the basis for the in-depth interviews conducted to gather stories from study participants. Seidel (1998) asserts that the process of analysing qualitative data is neither linear nor straightforward, but rather iterative, progressive, and recursive.

For data validity, this study used the triangulation technique. Triangulation procedures are typically defined as the process of using several senses to clarify meaning or to confirm the possibility of a recurrence of an observation or interpretation. Triangulation techniques can be used to clarify the meaning by distinguishing the multiple perspectives of the distinct phenomena (Flick, 2014). The researcher employed triangulation by conducting a comprehensive analysis of all data obtained from participants, including field notes, observations, and documents like photos and diaries. This thorough approach ensures a comprehensive grasp of the evidence and aids in identifying issues or discrepancies within the data, thereby enhancing the study's credibility.

Additionally, data comparison and verification were obtained through subsequent interviews with the same participants. An audit trail was consistently preserved throughout the research procedure, ensuring complete transparency. This trail encompassed comprehensive documentation of every phase of the investigation, including data gathering methodologies, coding frameworks, theme formulation, and reflexive annotations. The audit trail aimed to ensure transparency and enable external reviewers to follow the analytical and interpretive decisions made throughout the investigation (Lincoln & Guba, 1985; Nowell et al., 2017). Audit trails are acknowledged as a fundamental approach for providing confirmability in qualitative research, enabling others to evaluate the logical coherence between the raw data and the conclusions. The integration of these tactics enhanced the methodological rigour of the investigation and bolstered the credibility of the findings.

### Data Analysis

According to Braun and Clarke (2006), using thematic analysis in data examination allows researchers to focus on idiographic and inductive methods rather than nomothetic and deductive ones. Following data collection, thematic analysis was conducted to highlight the recurring patterns identified during the analysis of the interview transcripts. The purpose of a thematic analysis is to uncover themes, or relevant or intriguing patterns in data, and then use these themes to address the research or make a statement about an issue. A strong thematic analysis does more than summarise data; it analyses and makes meaning of it. A standard error is to utilise the main interview questions as themes (Clarke & Braun, 2013). In this study, the six steps of thematic analysis, familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes, and producing the report, help the researcher identify the main themes.

To begin with, the researcher reads the data thoroughly to become acquainted with it. She then constructs the first codes by detecting and naming key data elements. These codes are sorted into potential themes, which are then examined and refined to ensure they accurately represent the data. Each theme is defined and named, with explicit descriptions provided by the researcher. Finally, the themes are presented in a report that tells the data's story, using examples to demonstrate the findings. Thematic analysis, as described by Braun and Clarke (2006, 2013), is a versatile and theoretically autonomous method applicable across several epistemological and ontological frameworks. Its efficacy resides in its capacity to transcend superficial patterns and discern not only what is explicitly stated in the data, but also the underlying or 'latent' meanings, relationships, and structures within the data. The procedure is recursive, indicating that researchers may revisit previous processes when new insights arise during the investigation. This iterative process guarantees that themes emerge from participants' life experiences and expressions rather than being imposed on the data.

### Client description

Nadia is a seventeen-year-old Malay girl. Out of her ten siblings, she is the youngest. At the age of 14, she began engaging in risky behaviour, including drug and alcohol use, smoking, self-harm, and sexual activity. Among her friends, she is a drug dealer as well. There are traumatic incidents that happened in her upbringing that have an impact on her behaviour. Her father practices polygamy, and he does not take responsibility for the family, and finally, he gets Nadia's mother's divorce. Nadia's mother has occasionally injured her due to her rebellious behaviour, and she has witnessed her father use drugs and abuse her mother, too. Her brother has also hit her because she is always involved in fighting. There is much conflict in her connection with her family. She believes her

mother is unjust because she consistently blames her for any bad behaviour compared to her sister. At the age of 14, she began consuming alcohol, and later experimented with methamphetamine, cocaine, and marijuana. The chaos in her family has led her to seek someone else to help her relieve stress. She feels calm and happy when she is away from her family. She has a boyfriend who is 10 years older than her, and his boyfriend is also a drug addict. With his boyfriend, she starts to have sexual intercourse, which leads to her unwanted pregnancy.

## RESULTS AND DISCUSSION

Based on the data collected, five main themes have emerged from the study: Emotional and Psychological Distress, Maladaptive and Risky Behaviours, Social and Relational Difficulties, Academic and Functional Impairment, and Physical Health Consequences. The feedback from participants during the interviews and their diaries was quoted to validate the findings from the themes.

### Emotional and psychological distress

The theme of psychological and emotional distress distinctly emerged from the participant's narrative, marked by mood instability, recurrent anger, somatic symptoms, and suicidal thinking. These emotions indicate not only present emotional dysregulation but also underlying, unresolved psychological disorders often linked to a history of childhood trauma. This finding underscores the urgency of addressing childhood trauma to prevent the development of such disorders. Childhood trauma has been demonstrated to increase a person's susceptibility to psychological suffering in later life. Fan et al. (2024) assert that early traumatic events can sensitise individuals, increasing their vulnerability to emotional distress when faced with subsequent stresses. This underscores the importance of early intervention to prevent or mitigate the impact of such stresses. Downey and Crummy (2022) demonstrate that childhood trauma substantially influences enduring psychological consequences, including diminished self-esteem, despair, and anxiety. Adverse childhood experiences can lead to both functional and structural alterations in the brain, particularly in areas such as the hippocampus and amygdala, which are intricately associated with the onset of mood disorders, including depression and bipolar disorder.

This study reveals that the subject consistently reported emotional instability and interpersonal challenges, seemingly originating from unresolved childhood trauma. She reported having erratic emotional fluctuations; occasionally feeling content in the shelter house, while at other times expressing a strong desire to depart. She also reported experiencing frequent irritability, which occasionally resulted in behavioural problems within the shelter. These findings substantiate the idea that early trauma might impair emotional processing, resulting in enduring psychopathology. They also highlight the significant challenges the subject faces in controlling her emotions, underscoring the need for targeted treatment to address these issues.

*"Sometimes I feel okay, sometimes I feel not okay, hahaha. There are times when I like staying here, then suddenly I don't like it. Hah, my mood is not okay and unstable. Hahaha, it suddenly becomes like that."*

*"Hmm, it's not because I was in pain, but it was more like feeling really hot-tempered. On that day, something happened, and it really felt like I wanted to hit someone because I was angry with them."*

*"I just want to go back, I don't want to stay here, the longer I stay here the more I feel like I want to do something to kill myself, I want to cut my hands, doing barcode to my hand, the important thing is, I can't stay here"*

### Maladaptive and risky behaviours

In this study, one of the key themes that emerged was maladaptive and risky behaviours as a result of childhood trauma. The participant, a 16-year-old female from a low-income neighbourhood, shared her narrative which revealed patterns of substance abuse, self-harm and suicidal thoughts, delinquency, and sexual risk-taking, all of which have been consistently associated with early trauma exposure in existing literature. For instance, her dependency on drugs to cope with emotional stress mirrors findings by Rogers et al. (2023) and Huang et al. (2021), which show that adolescents with ACEs are at significantly higher risk for early and problematic substance use. Similarly, her self-injurious behaviours and suicidal ideation reflect emotional dysregulation, a known consequence of childhood trauma (Fu et al., 2024; Poon et al., 2023). Her involvement in drug selling and her willingness to engage in sexual activity at a young age further underscore how trauma can lead to maladaptive risk behaviours. These findings support previous studies that establish a clear link between childhood abuse or neglect and the onset of high-risk behaviours during adolescence (Yao et al., 2022; Sapp, 2024; Hahm et al., 2010; Thompson et al., 2017).

*"Not long after that, that thing (drug) became my friend, when I was hurt, stressed with my family, the drug became my companion"*

*"Felt want to commit suicide and end my life. Just now I thought about banging my head against the wall, sometimes when I think about banging my head against the wall I do it, because I can't stand it."*

*"I was also a pusher, I sold drugs. I had a lot of drugs, so I sold them too. But when I came here, I got rid of the drugs because I was afraid the police would come looking for them at home. That's when I threw the drugs away."*

*"Yes, I wasn't forced to do anything, I was willing to have sex, so maybe because of that my boyfriend was released too, because we like each other and willingly, not forced, so my mother just kept quiet."*

### Social and relational difficulties

The theme social and relational difficulties emerged strongly in the participant's account, reflecting the long-term impact of childhood trauma on trust, communication, and peer relationships. Her statements illustrate a pattern of withdrawal from others, both peers and family members, rooted in early experiences of physical harm, emotional neglect, and perceived injustice within familial relationships. Attachment and trauma theory (Bowlby, 1980; Herman, 1992) posits that childhood trauma, mainly when perpetrated by carers or family members, can significantly hinder a child's capacity to trust others, establish secure attachments, and manage social interactions. Survivors may form internal working models that perceive others as hostile, untrustworthy, or emotionally unavailable. This trait is evident in the participant's avoidance of peers, which amplifies her challenges in emotional expression and her persistent sense of misunderstanding or exclusion. A study reported interpersonal difficulties arising from a breach of trust linked to childhood



trauma, perpetuated by internal feelings of fear, longing, guilt, and shame. Avoidance, isolation, and dominance over others perpetuated distrust (Pigeon et al., 2025). The participant's struggle to build connections with peers in the shelter, along with her deep mistrust toward her family, especially her sister, aligns with previous research showing that trauma disrupts the development of secure attachment and social functioning (Herman, 1992; Poon et al., 2023). Additionally, her feelings of being misunderstood and emotionally dismissed by her mother highlight a breakdown in relational empathy, a dynamic often observed in trauma-exposed youth (Fan et al., 2024). These findings support the understanding that social disconnection is not merely behavioural but is a trauma-related survival response.

*"I avoid my family because I don't like it. Hmm, it's because ever since I was little, I used to get hit and have bruises. It was because of my sister sometimes making mistakes, and I'd get the blame. Since I was a child, for years, she has thrown glass at me, hurt me... and since then, I've had trouble trusting."*

*"I don't like telling my mom when I meet someone new, I really don't like it. Because she doesn't understand."*

*"Then I told my sister, hmm, mom thinks it's the best, but it's what's best for her, not for me. Actually, mom thinks that if I stay here, I'll be better, but for me, it hasn't made me better because I feel so stressed and sad. Mom and the others only see it, they don't feel what I'm feeling right now."*

### Academic and functional impairment

The theme of academic and functional impairment was prominently reflected in the participants' considerations, particularly regarding school disengagement and truancy. The participant, despite showing disinterest in formal education, showed courage and determination by being willing to engage in practical vocational training, specifically motorbike courses at GiatMara. This contrast may indicate trauma-related academic avoidance, cognitive overload, or diminished self-efficacy in traditional academic environments. The participant reported frequently missing school due to peer ridicule aimed at her family, which was subsequently accompanied by physical punishment from her brother. This underscores a dual perception of emotional insecurity in both school and home settings that are expected to offer stability and support.

The lived experiences discussed correspond with existing research indicating that childhood trauma is a significant factor in school disengagement, emotional detachment from educational settings, and an increased likelihood of academic dropout, particularly when exacerbated by bullying and domestic conflict (Perfect et al., 2016). These findings underscore the need for a comprehensive approach to address childhood trauma in education. Children who experience trauma, including abuse, neglect, or exposure to violence, frequently encounter challenges in memory, attention, and executive functioning, which are essential for academic achievement (Egeland et al., 2020). Neuroscientific evidence indicates that trauma can interfere with brain development in regions associated with learning, resulting in ongoing academic difficulties. The combination of cognitive impairments and external stressors, such as family conflict and peer rejection, increases the likelihood of school withdrawal among adolescents, indicating not only academic failure but also broader functional impairments in daily life (Perfect et al., 2016).

*"Yeah, I'm not interested in studying, but if it's something like motorcycles courses at GiatMara, I can manage."*

*"I often skipped school because my friend's made fun of my dad. After that, I got beaten by my brother for skipping school."*

### Physical health consequences

Physical health consequences are another theme in this study. The client statement clearly illustrates how childhood trauma can have compounding effects on physical health, emotional stability, and interpersonal safety. According to a research study published in 2019, adults who experienced childhood trauma were more likely to develop heart disease, cancer, autoimmune diseases, sleep disorders, and liver illness (Zarse et al., 2019). Another study mentioned the results highlight that childhood trauma can have lasting detrimental consequences on an individual's emotional and physical health, sleep quality and stress reactivity (Beilharz et al, 2020). There is a study that reinforces the various impacts of early bad experiences on physical health. In the client's case, the headaches that began after being physically harmed by a sibling may represent both physical injury and a psychosomatic response. Chronic pain, especially headaches, is one of the most common somatic symptoms in trauma-exposed individuals (Nelson, Gabard-Durnam & Sheridan, 2022).

*"I went to the clinic to get a blood test, and the top level was really high, while the bottom level was low. The doctor said I should see a specialist because they suspected tuberculosis. The doctor told me to spit out mucus for testing and gave me an antibiotic injection here. Then, I had to wait for the results. The doctor said, 'I don't think it's tuberculosis, it's just a suspicion.' But whatever it is, I still have to wait for the doctor's decision."*

*"My head keeps hurting... ever since my brother hit me, it's been constantly painful. My mom didn't help when my brother hit me.  
My friends talk about me, they say I'm mentally ill and so on, and it's heart-breaking and that's not right, so I'm angry, I hit them. I also get bruises because of the fight"*

### CONCLUSION

Childhood trauma raises the likelihood of getting involved with risky behaviours during adolescence due to the profound effect it has on emotional, cognitive, social, and physiological development. Initial detection and intervention to address trauma-related issues and encourage healthy coping skills are vital for reducing the likelihood of negative consequences and improving the well-being of adolescents who have experienced childhood trauma. These healthy coping skills can include mindfulness practices, social support networks, and cognitive-behavioural therapy techniques. This study underscores the profound impact of childhood trauma on the propensity for risky behaviours during adolescence, highlighting the urgent need for early detection and intervention strategies to address trauma-related issues. The findings suggest that fostering healthy coping mechanisms can significantly mitigate the negative consequences associated with such trauma, ultimately enhancing the well-being of affected adolescents. However, this study also has limitations; it primarily relies on self-reported data, which may be subject to bias, and does not account for the long-term effects of trauma beyond adolescence. Thus, it is essential for future research to explore longitudinal studies to understand better

the enduring effects of childhood trauma and the effectiveness of various intervention programmes. Additionally, expanding the demographic diversity of study samples could provide a more comprehensive understanding of the nuanced ways in which childhood trauma affects different populations. By addressing these gaps, future studies can contribute to more effective prevention and intervention strategies aimed at supporting at-risk youth.

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