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Analyzing the Role of Accumulation in the Development of Psychological and Physical Trauma

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Abstract: *Chronic childhood trauma affects all aspect of a person's life. Studies link trauma symptomology to accumulation in all risk and harm domains. A comprehensive literature review examined the evidence that accumulation leads to childhood trauma's physical and psychological effects. Relevant searches were done for "consequences and outcomes" and "cumulative harm" or "cumulative trauma." Database and manual searches yielded 1199 publications; 12 fulfilled inclusion criteria. Only January 2011–January 2022 peer-reviewed works were included. Multiplicity and polyvictimization, parental history and intergenerational trauma transmission, systemic cumulative damage, and developmental lifetime outcomes were linked to physical and psychological harm accumulation, according to the review. New findings from the review will help us understand the long-term impact of childhood trauma on the body and mind. This knowledge will help doctors treat traumatized or vulnerable children and adults by enhancing intervention, prevention, and management.*

Keywords: Psychological Trauma, Physical Trauma

I. INTRODUCTION

The present research examines accumulation's long-term psychological and physical impacts of trauma. "One can only wonder why the relationship between life experiences in the developmental years and adult functionality, disease, and life span was not recognized long ago, given the prevalence of adverse childhood experiences (ACEs) and their strong, dose-related relationship to various damaging outcomes." [1]

According to over two decades of international research, the cumulative effects of adverse childhood experiences (ACEs) or the number of ACEs an individual has are linked to poor physical, emotional, mental, and social health throughout life [2, 3]. The research found a strong link between childhood maltreatment and adult mental health [4,5], physical health difficulties [6–9], drug misuse [10–12], and aggressive and criminal conduct [10,13].

Empirical studies show that a trauma's buildup of risk and damage is more predictive and beneficial for therapeutic treatment than evaluating these adversities and traumas independently [14–16]. Childhood abuse and trauma research accounts for cumulative risk. It assumes that a combination of risk variables may better predict lifelong negative outcomes than a single risk factor [14,15,17]. The reciprocal relationship between risk and damage is called cumulative harm. It entails "the effects of patterns of circumstances and events in a child's life which diminish the child's sense of safety, stability, and wellbeing." Cumulative harm is the accumulation of trauma from several maltreatment instances or "layers" of neglect. [18]

Several studies highlight the accumulation of stressful experiences and their negative consequences. Other nations use "complex trauma" to characterize the long-term impacts of a lifetime of adversity from infancy, whereas Australia uses "cumulative harm" most often. However, some American research uses cumulative risk, trauma, abuse, and harm. In their landmark mid-1990s study on trauma symptomology from childhood and adult sexual and physical abuse, Follette and Colleagues [19] mentioned cumulative trauma. Their idea was that "individuals would demonstrate a cumulative impact of trauma as the number of different types of traumatic experiences increased and multiple trauma experiences would lead to increased trauma symptoms" [19]. However, McNutt, et al. [20] examined the relationship between total

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abuse events, physical health, and health-related behaviors. They found that repeated childhood and adult victimization affected adult health. Cognitively, cumulative damage and complex trauma vary. Cumulative damage refers to the ongoing pain and negative effects that children and adults who were abused as children experience. Complex trauma is the paradigm used to analyze the complexity of traumatic consequences on lifelong victims. Complex trauma affects most persons who have accumulated damage, but not all. According to Hodges et al. [21], cumulative trauma, defined as the total number of distinct interpersonal trauma types an individual has experienced [19, 22–24], is the tendency for children and adults to have multiple, repeated, and diverse traumas throughout their lives. The search keywords "cumulative trauma" and "cumulative harm" were used to identify the investigation's criteria.

Chronic childhood maltreatment may induce cumulative harm or trauma via multi-type maltreatment [25], polyvictimization [26], and revictimization at various ages [27, 28]. A theoretical paradigm called "multi-type maltreatment" explains how emotional, physical, sexual, neglectful, and witnessing domestic and family violence are related. Polyvictimization accounts for co-occurring childhood traumas such bullying, neighborhood strife, and crime [29]. Revictimization covers the same issues as polyvictimization from a "whole of lifespan" perspective [30].

Many childhood traumas and adversities—such as physical abuse and witnessing home and family violence [31–33], child maltreatment and psychological abuse [34], and sexual and physical abuse [33, 35]—occur simultaneously. Abused children are more likely to be abused by others throughout their life [27]. Cloitre et al. [24] found that cumulative trauma exposure predicts negative psychosocial outcomes in interpersonal violence study. Trauma, adversity, and interpersonal maltreatment are particularly detrimental.

A systematic literature review (SLR) of the previous 10 years evaluated the role accumulation plays in psychological and physical trauma, which may begin in infancy and endure until adulthood. The research analyzes cumulative trauma literature using accumulation theory. The present study asks: How does accumulation influence childhood trauma's psychological and physical repercussions over time? This study synthesizes evidence on the relationship between several traumas and physical and psychological impacts to guide cumulative damage and trauma therapy research.

II. METHOD

Following Moher et al.'s PRISMA criteria. [36] A systematic literature search began in January 2022 using PsychArticles, Sage, Taylor and Francis, EBSCOHost Megafile Ulti-mate, Science Direct, and PsychArticles. The question was created using the PICO model, which describes a research issue as population or patient groups, intervention, comparison or control, and outcome [37]. This leads to an issue concerning population (childhood trauma survivors), accumulation (intervention), and outcome (physical and psychological damage). Database search protocols were designed with the study topic in mind. After scoping searches gave few results, Boolean searches were used to combine two significant areas of interest: "cumulative trauma" or "cumulative harm" and "outcomes" and "consequences." Empirical study had to be full-text, peer-reviewed, and in English, published between January 2011 and January 2022. 1080 database searches yielded 434 items after duplicates were removed. After database searches, duplicates were removed, and relevant publications were assessed for relevance to the research subject. After that, duplicates were removed and manual reference list searches were assessed for relevance. Reference lists were used manually to find appropriate database hits. Five articles remained after eliminating duplicates and cross-referencing with database searches based on human searches of the relevant locations. From 1199 articles discovered via database and manual searches, 760 duplicates were removed, leaving 439 for evaluation. Only January 2011–January 2022 peer-reviewed works were included.

Study Selection

Cohen's Preview, Question, Read, and Summarize (PQRS) method was utilized to choose research [39]. The preview process screened article titles and abstracts and classified research as qualitative, quantitative, or mixed. The review would only include empirical studies to improve the evidence base on accumulation and traumatic psychological and physical damage. During "question" and "read" stages, studies were examined for inclusion/exclusion criteria. Full-text publications, English-language studies, and studies that met the inclusion conditions for an investigation into all three research topic components (childhood trauma, career choice, and helpful professions) were assessed.

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Every eligible study's journal title was entered into Ulrichsweb, a credible source of publisher and bibliographic data for academic and intellectual publications, to ensure peer review. Studies that were duplicated, non-empirical or peer-reviewed, inaccessible, or did not clearly focus on the essential components of the research topic (accumulative harm or trauma, and results or consequences) were eliminated. Figure 1 shows the search, exclusion, and inclusion PRISMA flow chart. Appendix A shows a tabular synthesis matrix tool with indexed studies to aid summarization [39]. The synthesis matrix tool organized and condensed research data on participants, resources, goals, procedure, limitations, findings, and conclusions.

Evaluation of Quality

Twelve articles met exclusion/inclusion criteria and were evaluated qualitatively. The six qualitative studies were assessed using CASP criteria [40]. Objectives, technique, design, sampling, data collecting, ethical problems, analysis, outcomes, and value were assessed for each study. The Strengthening the Reporting of Observational research in Epidemiology (STROBE) evaluation technique was used to rank six quantitative cross-sectional studies [41]. Abstract, introduction, methods (study design, study size, participants, quantitative variables, attempts to resolve bias, data sources, and measurement), results (data description, key results, limitations, and interpretations), participants clearly defined, summary and outcome measures evident, and bias/generalizability addressed were evaluated [41].

Each quantitative study was ranked low, moderate, or high using STROBE. Each quantitative study employed purposive sampling, a normal academic procedure, to acquire data on the demographic group under consideration, reducing convenience bias and generalizability [37]. Despite their bias, quantitative research were relevant to the study topic and provided valuable insight on accumulation's involvement in damaging traumatic occurrences. No papers were rejected based on quantitative, qualitative, and mixed-method study quality, however limitations were noted as necessary. The single mixed-methods study was evaluated using STOBE and CASP. This systematic review includes twelve papers.

Using three sources

Systematic reviews need objective, transparent, and rigorous methods to reduce bias and ensure future replicability [42]. Triangulation compares simultaneous findings [43]. To ensure reliability, a second researcher replicated the quality rating and search methods. The second researcher found similar findings.

Emerging Themes and Data Synthesis

The 12 studies were analyzed using the synthesis matrix method following quality review [37]. Descriptive evaluation was used to analyze, compress, and organize the study to identify the initial themes. The best analytical method was narrative synthesis [37].

Study design included mixed-methods, qualitative, and quantitative research evaluation. Because the papers were largely cross-sectional and qualitative and quantitative methods were suited for the research topic, all three were used. Because qualitative and quantitative studies were diverse, meta-analysis and meta-synthesis were impractical [27, 39]. Theme synthesis was the best analytical method [37]. A "method for identifying, analyzing, and reporting patterns (themes) within data" is thematic analysis [44]. Theme analysis examines "tangible data to be analytically interpreted," seeking for patterns and deconstructing and synthesising them [45]. The six processes of thematic analysis were familiarizing with the data, developing preliminary codes, finding themes, assessing themes, defining and labeling themes, and writing a report [44]. Multiphase top-down thematic analysis was used to uncover and integrate first-order descriptive themes under the results (themes) heading of the data extraction tool (synthesis matrix) [37,44]. This was the review's whole sample.

Reformulated first-order themes were used to construct second-order themes during thematic analysis [44, 46]. Synthesizing second-order ideas and investigating how the motifs connected to each other and the research issue produced third-order themes [44, 46]. This procedure revealed comorbidity, intergenerational trauma transmission, multiplicity and polyvictimization, systemic cumulative harm, and lifetime impacts. Appendix B details coding.

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III. RESULTS

The key impacts of accumulation on long-term psychological and physical suffering from childhood trauma were found by this SLR. The studies identified systemic cumulative harm, childhood multiplicity and polyvictimization, generational trauma, and developmental lifelong impacts.

Multiplicity and Polyvictimization in Childhood

The word "multiplicity" denotes how frequently a child has a bad experience. Throughout all twelve studies in this literature review, multiplicity and polyvictimization during infancy were linked to the likelihood of adult revictimization. Stewart et al. [47] found that abused children are more likely to develop significant psychopathology. Stewart et al. [47] found that children with severe adversity and multiple maltreatment had greater trauma symptomatology, supporting the cumulative risk concept. Ford and Delker [48] examine the impact of revictimization on polyvictims and multiadversity survivors in a longitudinal research. People with greater incidence of mental illness have more childhood child maltreatment. Stewart et al. [47] found that childhood adversity increases adult anxiety and depressive symptoms. Polyvictimization, or multiple mistreatment, was 29%, according to Stewart et al. [47]. Papalia et al. [49] found that polyvictims had higher rates of psychological harm and more emotional and behavioral symptoms than similarly aged peers who had not experienced multiplicity. Youth who have experienced significant levels of physical and emotional abuse had higher impulsivity scores, poor coping skills, and higher rates of self-harm and suicide ideation [48]. Menger Leeman [50] links cumulative repercussions to recurrent abuse, suffering, and other negative occurrences. Menger Leeman [50] discussed multiplicity and the increased likelihood of revictimization in adulthood for subgroups reporting adverse experiences of witnessing domestic, family, and community violence, being immersed in families with career drug problems, and the likely possibility of psychological injury as a result. Menger Leeman [50] recognized the need of considering these elements while assessing outcomes and therapies.

Childhood maltreatment, especially polyvictimization, increases the risk of adult victimization. Stewart et al. [47] contrasted children who had never been abused and neglected to those who had. Abuse victims were six times more likely to be abused again. Stewart et al. [47] found that polyvictimized children and youth were twice as likely to experience suicidality, supporting the idea that cumulative relationships occur. Traumatized children and young adults may be more likely to hurt themselves or others, supporting the idea that adversity accumulation may contribute to clinical mental health [51].

Farnfield and Onions [52] explored how the "toxic trio" of parental drug misuse, mental illness, and domestic violence affects children. The accumulation of maltreatment harm has helped the psychiatric diagnosis that focuses the child victim's mistreatment [52]. and understanding the link between trauma and co-occurring mental diseases.

Over the previous several decades, polyvictimization and revictimization have been operationalized more. Revictimization and psychological and physical trauma have a dose-response relationship [48].The cumulative harm from polyvictimization throughout critical developmental periods makes these children and adolescents more prone to revictimization [48].

Intergenerational Transmission of Trauma

This SLR identified two publications on parental risk and generational harm. Due to the patrimonial effects of early life trauma, parents who have endured abuse and suffering may struggle to attach and connect with their children [52]. Intergenerational harm transmission occurs in attachment, parenting, behavior and emotional control, psychosocial risk, and abuse [50]. Literature uses "intergenerational transmission" and "intergenerational continuity" interchangeably. In this study, intergenerational transmission is the parent's direct involvement in the child's abuse, neglect, or maltreatment [53], while intergenerational continuity is the result or experience shared by both generations and suggests ecological risks are a factor in child maltreatment [50].

Menger Leeman [50] suggests that parents with developmental trauma will have maltreated children. Studies show that childhood physical violence is most typically passed down [50]. This assertion was supported by Toohey [53], who showed a definite correlation between parental physical violence and the possibility of child maltreatment. Menger Leeman [50] compared women who physically attacked their young children to those who did not. The cumulative risk hypothesis supports the mental health consequences of parents who have been physically abused and then harm their

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own kid. This hypothesis states that various kinds of abuse compound over time, creating greater doses of injury that affect adult mental health.

Menger Leeman [50] discovered risk variables such parental mental illness, domestic and family violence, and parents under 21 that moderate the association between previous parental maltreatment and child maltreatment towards their own kid. Toohey [53] reiterated the risk factors for vulnerable populations in our communities and the intergenerational consequences, such as multiple children being placed into statutory care and social exclusion in families and institutions like schools, courts, and sports organizations. Toohey [53] focused sometimes on intergenerational disadvantage in connection to unemployment, welfare dependency, poverty, jail, drug misuse, and mental illness. Many deeply embedded families in our social care systems show decades of accumulated misery.

Systemic Cumulative Harm

The environment and systems' involvement in harm is a common theme in this SLR's literature. Three research highlighted systemic cumulative harm for abused and neglected children and adolescents. Robinson [51] discussed the links between homelessness, the juvenile justice system, and out-of-home care for children and teens, as well as how service gaps worsen their conditions. These persons likely to participate in these three sectors due to their susceptibility due to abuse risk and damage and their accumulation of adversities, many of which started early [51]. Early developmental trauma causes familial trauma. Later school dropout, drug and alcohol misuse, mental illness, unstable residential care, and family separation intensify this trauma. The cumulative trauma concept is supported by the dosage rates of compounding adversity in each trauma region, which increase suicidality and self-harm [49]. According to Papalia et al. [49], children and adolescents who have experienced high levels of emotional and physical abuse are more likely to be impulsive and have less coping methods, which may increase self-harm and suicide thoughts. This increases their stress, particularly as they mature and display more severe and frequent behaviors.

Polyvictim children and youth have early-onset violence, drug abuse, severe internalizing and externalizing symptoms, high regulatory needs, mental illness, self-harm, and suicidal conduct. According to Ubbesen et al. [54], there is contradictory evidence that the statutory care sector changes at-risk children's lives. These vulnerable children and teens are called "cross-over-youth" because they commonly use two or more systems and move between juvenile, housing, and statutory systems [51].

Ubbesen et al. [54] state that the age at which a child enters the statutory care system matters because many parents remove their children due to abuse and a lack of resources and ability to protect them, while adolescents are placed in care for personal reasons. The role accumulation plays in past injury that has altered over time due to recurrent hardship and abuse is significant here. Ubbesen et al. [54] attribute this vulnerable cohort's introduction into care and other statutory systems to cumulative events. Robinson surveyed children and young adults [51] and found that physical violence and other forms of abuse, such as psychological pain from abandonment, were common. Many study participants' parents were too preoccupied with their own multifaceted needs to assure their children's safety. These children and youth described how the hardship compounded, resulting in comorbid mental health diagnoses and considerable physical injuries, typically due to high-risk activities, impairments, or neglected medical issues [51]. These children and kids were polyvictims, had adversity-stricken households, and were "cross-over-youth." Due to differences in service mandates and paradigms, healing, diversion, rehabilitation, and early intervention programs may unwittingly deepen clients' fears of abuse and neglect [55]. Research on statutory care, justice, homelessness, and domestic violence programs confirms this. Other supporting services differ from statutory or tertiary sectors in that clients are voluntary and the services have philosophical foundations. Human services prioritize client safety, well-being, and protection. When the safety of children and young people and the principles of protection conflict, barriers to collaboration and service provision may arise, which can negatively affect support by creating piecemeal support and unintentionally creating more abuse and harm [55].

Developmental Lifespan Outcomes

The environment and systems' involvement in harm is a common theme in this SLR's literature. Three research highlighted systemic cumulative harm for abused and neglected children and adolescents. Robinson [51] discussed the links between homelessness, the juvenile justice system, and out-of-home care for children and teens, as well as how

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IV. DISCUSSION

The review identified four themes: intergenerational transmission of trauma, developmental lifespan implications, multiplicity and polyvictimization in childhood and adulthood, and systematic cumulative harm. These themes highlight the role accumulation plays in both physical and psychological trauma. These themes allow us to explain the direct effects that a person's lifetime experiences from the accumulation of childhood trauma.

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