

# PSYCHOLOGICAL ABUSE AND TRAUMA IN FAMILIAL RELATIONSHIPS AND ITS AFTERMATH: A REVIEW

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## Abstract

*Mental health is the most neglected area of public health worldwide. Other rising concern is trauma. It is a pandemic in society today and is disrupting lives like never before. We find that abuse is usually invisible. Traumas can cause traumatic stress responses in family members with consequences that cripple family relationships and impede optimal family functioning. Parenting behaviour is impacted, leading to higher rates of dysfunctional families, child maltreatment, and adversity. Psychological trauma can be reversed by finding a respectful way to resolve problems within familial relationships. Yet, there is a rise in aberrant behaviours seen in post-traumatic stress disorder, adverse childhood experiences, psychopathy, sociopathy, personality disorders, and mental illnesses (schizophrenia) due to psychological trauma, and healing remains elusive to us. There is a dire need for a greater understanding of trauma in family relationships, and with counselling and family therapy in the backdrop of this study, it is important to spread awareness that abuse in relationships is more common than is known to the public.*

**Key words:** *psychological abuse, trauma, family, counselling*

## 1. Introduction

### 1.1 Trauma: Definition and types

Trauma can be defined as a psychological or emotional response to an event or an experience that is deeply distressing or disturbing. When loosely applied, this definition of trauma can refer to something upsetting, such as being involved in an accident, having an illness or injury, losing a loved one, or going through a divorce [1]. However, it can also encompass the extremes and include experiences that are severely damaging, such as rape or torture. According to the American Psychological Association, trauma is “an emotional response to a terrible event like an accident, rape, or natural disaster. Psychological or emotional trauma is damage or injury to the psyche after living through an extremely frightening or distressing event and may result in challenges in functioning or coping normally after the event” [2].

Because events are viewed subjectively, this broad definition of trauma is more of a guideline. Everyone processes a traumatic event differently because we all face it through the

lens of prior experiences in our lives. While the injuries we sustain can be primarily physical in nature, they can also be emotional or a combination of both. Catastrophic events inevitably leave a mark. Physical wounds are perhaps the easiest to see, whereas emotional scars are often more difficult to recognize. The trauma from emotional, physical, or sexual abuse endured in familial relationships can produce long-lasting psychological and physical effects. When using the word trauma, most people think of physical abuse, natural disasters, or a really bad car accident. Horrible images from television or news reports go through our minds. Many families may have never experienced such tragedies in their lives, and they are thankful that they haven't experienced trauma. But trauma is more than these horrible events mentioned, and it is far more common than we think. Trauma can be present in ordinary life situations and affect us in ways that we have no clue about.

There is ongoing research on trauma's biological effect on the brain. So far, we know that trauma causes alterations to the limbic system, the hypothalamic-pituitary system, and neurotransmitters. Most people understand how trauma may cause psychological issues, but the fact that trauma is closely related to somatic and social issues is far less known [3]. Simply put, "trauma" refers to experiences that cause intense physical and psychological stress reactions. A disordered psychic or behavioural state resulting from severe mental or emotional stress or physical injury is a psychological or emotional response to an event or an experience that is deeply distressing or disturbing.

Trauma has been characterised more broadly by others. For example, **Horowitz (1989) [4]** defined it as a sudden and forceful event that overwhelms a person's ability to respond to it, recognising that a trauma need not involve actual physical harm to oneself; an event can be traumatic if it contradicts one's worldview and overpowers one's ability to cope [5]. Broadly defined, the medical definition of trauma refers to "an injury (such as a wound) to living tissue caused by an extrinsic agent, a disordered psychic or behavioural state resulting from severe mental or emotional stress or physical injury, or an emotional etc" [5]. Exposure to traumatic events is ubiquitous worldwide and has a well-established deleterious impact on health. Trauma can take many forms, and its impact varies based on the unique life circumstances, environment, and resilience of the impacted individual.

Judith Herman defines trauma as "psychological trauma, which is an affiliation with the powerless. In trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. Traumatic events are extraordinary, not because they occur rarely but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity or a close personal encounter with violence and death. They confront human beings with the extremes of helplessness, terror and evoke the responses of catastrophe."

## 1.2 Symptoms

Emotional symptoms of trauma include denial, anger, sadness, and emotional outbursts, while some common physical signs of trauma include paleness, lethargy, fatigue, poor concentration, a racing heartbeat, muscle pain, indigestion, and headaches, often grouped under psychosomatic illnesses.

## 1.3 Type of traumas:

Psychologists have developed categories to differentiate between types of traumas. There are two main categories of trauma commonly referred to as big “T” and “little t.” Big “T” traumas are the events most associated with post-traumatic stress disorder (PTSD), including serious injury, sexual violence, or life-threatening experiences. Threats of serious physical injury, death, or sexual violence can cause intense trauma, even if the person is never physically harmed. Witnesses to big “T” events or people living and working near trauma survivors are also vulnerable to PTSD, especially those who encounter emotional shock on a regular basis, like paramedics, therapists, and police officers. Traumatic events like natural disasters and war came to be known as ‘big T-traumas’.

Little “t” traumas are highly distressing events that affect individuals on a personal level but don’t fall into the big “T” category. Examples of little “t” trauma include non-life-threatening injuries, emotional abuse, death of a pet, bullying or harassment, and loss of significant relationships. People have unique capacities to handle stress, referred to as resilience, which impacts their ability to cope with trauma. What is highly distressing to one person may not cause the same emotional response in someone else, so the key to understanding little “t” trauma is to examine how it affects the individual rather than focusing on the event itself [6].

Terms such as interpersonal trauma, relational trauma, betrayal trauma, attachment trauma, developmental trauma, complex trauma, cumulative trauma, intergenerational trauma, and collective trauma are now understood in context of psychological trauma following abuse in any form in the family or in the community. The aftermath of trauma following abuse has been described as PTSD (post traumatic symptom disorder) and PTRS (post traumatic relationship syndrome) and the term ‘post traumatic growth’ are used to explain positive psychological change in individuals after trauma and abuse.

## 1.4 Psychological abuse and related traumas in family system:

This review focuses on the psychological abuse in familial relationships. Traumas resulting from abuse occurring within familial relationships require a pre-existing dependent relationship which are frequently described as trusting or familial relationship [7]. This is a word that describes events, relationships, or all other things having to do with family, a kind of intimate connection that only family members can share [8]. A close familial relationship means sibling, spouse, parent/child, or grandparent/grandchild.

There is a reason why psychological abuse in a family is so important to be conceptualized. It would not be an overstatement to conclude that a dysregulated family environment can be the ‘**origin**’ of trauma, better described as ego-threatening. Whenever there is continuous familial conflict, especially psychological abuse, it causes problems that ripple through the entire family unit. These traumas, particularly, have profound effects when the family has infants or children dependent on their care givers. These childhood experiences can begin as early as when the child is in the mother's womb. This invisible association acts as a ‘**seat**’ of learning for almost all virtuous and non-virtuous understandings. [9]

There is no doubt genetics and nature do play a major role in the developmental behaviour of a human being. But at the same time, the influence of nurturing in the family is pivotal to bringing out healthy and normal behaviours in adults. So, it is essential to recognize that a healthy environment in the family is the single most important influence in a child's life and is responsible for all the behavioural activities good or bad. George Bernard Shaw rightly said, “A happy family is but an earlier heaven”. Unfortunately, psychological abuse in families is present since ages due to patriarchy and feudalism that is still deeply embedded in the society. Consequently, when children experience such an unhealthy childhood, they grow up to be individuals with a disordered or pathological behaviour. The cause of most dysfunctional or pathological behaviour in adults can be traced back to childhood abuse and trauma. This abuse can be extrapolated to global trauma in the form of racial discrimination, power and control wars, and structural inequality. There must be an understanding that family dynamics, especially psychological abuse, ultimately influence the way young people view themselves, others, and the world. It will also impact their relationships, behaviours, and future wellbeing. Because vital parts of their childhood are missing, the resulting harmful effects extend to their adult lives. Victimized and traumatised adults practice more destructive behaviours, such as increased use of alcohol, drug abuse, or repeating the mistreatment that was done to them. With counselling and family therapy in the backdrop of this review and rising levels of fragmentation in the family system, it is evident that trauma in family relationships has emerged as one of the leading causes of aberrant mental health.

### **1.5 Trauma in history:**

The study of psychological trauma has its roots in the later part of the nineteenth century. The word “trauma” is derived from the Greek word for “wound,” and accounts of interpersonal trauma date back to antiquity. Judith Herman, in her seminal work, “Trauma and Recovery,” provides historical context leading up to the publication of the 5th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V). In the late nineteenth century, Pierre Janet and Sigmund Freud provided the first accounts characterising traumatic events and their clinical implications. Freud's work on the aetiology of hysteria in the twentieth century—notably experiences of psychological and sexual trauma—was met with such a degree of contention and censoring at that time that contemporary trauma theories and definitions were largely derived from studies of male soldiers' experiences of war. After World War I, studies of traumatic stress and interventions emerged and then waned to some degree until the advent of the Vietnam War. A shift occurred when society's attention was

drawn to the consequences of sexual and domestic violence because of the women's movement of the 1970s. It was then recognised that the most common posttraumatic disorders are not those of war but "of women in civilian life." Herman describes the history of psychological trauma as "one of episodic amnesia." This examination of violence and trauma on both the war-related and domestic/interpersonal fronts led to the groundbreaking inclusion of posttraumatic stress disorder (PTSD) in the DSM III in 1980. Prior to that, the DSM had characterised reactions to stressful experiences as "transient situational disturbances" that would wane over time.

History has seen the disastrous effects of an abusive childhood in a dysfunctional family during the tyranny of Hitler and Stalin. And these are only two names among the many more we know. Present-day society, too, is struggling with the aftermath of the dark leadership practices of dysfunctional adults. In fact, we live in an era of trauma.

### **1.6 Reversal of trauma**

It has been seen that the psychological, neurological, and biochemical impacts of trauma can be entirely reversed. So far, we have been insensitive to the importance of good nurturing and a healthy environment in the family. There has been a deterioration of basic human values. With awareness and understanding of psychological trauma occurring within important relationships in the family, therapists can focus on prevention and early intervention within a 'trauma-focused' practice or trauma-informed care (TIC). In other words, we need to build a *trauma-informed society* that recognises the prevalence of such trauma. [10]

### **2.0 Rationale for review of Trauma in families**

Human beings are inherently social creatures. Familial relationships set a foundation and provide a context for emotional, social, and cognitive achievements. Parents, siblings, friends, in-laws, stepparents or children, and other social partners influence each other's well-being and development. Besides, there is a process of socialization, and its by-product is the personality of an individual which is largely shaped by the strong traditions, values and environment within the family. Unfortunately, the importance and impact of these relationships have not been formally or professionally addressed in Indian society. While personal and family relationships were dealt with by our social institutions in the past, the post-industrialization and urbanization period has created question marks on the efficacy of the functioning of these institutions. Fragmentation of the family system has set in and trauma in family relationships has emerged.

Trauma prevails among us, and we can notice and feel the symptoms arising from trauma. That is, everyone experiences some form of trauma in their life. It affects our behaviour and impacts our relationships. Trauma, sadly, is all too common. In fact, today, we live in an *era* of trauma. Traumas have caused traumatic stress responses in family members with consequences that have crippled family relationships and impeded optimal family

functioning. Traumatic experiences often involve a threat to life or safety, but any situation that leaves one feeling overwhelmed and isolated can result in trauma, even if it doesn't involve physical harm [11]. 'Psychological trauma and that arising from psychological abuse' deserves special mention, especially when it occurs in familial relationships because this form of abuse is spread throughout our everyday interactions' [12]. Also, the impact of psychological abuse in familial relationships on mental health is the most neglected area of public health in our country, even though mental illness is widespread and impacts all aspects of our lives. Most of such illnesses arise at home out of unhappy relationships, resulting in the emergence of traumatised individuals who exhibit pathological behaviour. Unlike physical abuse, there are often no isolated incidents or clear physical evidence to reference. According to Isobel (2011), psychological trauma results from an event, series of events, or set of circumstances that are experienced by an individual as physically or emotionally harmful or life-threatening and that have long-lasting adverse effects on the individual's functioning and mental, social, emotional, or spiritual wellbeing [13].

Psychological abuse leading to psychological trauma is a term often used interchangeably with emotional abuse [14]. There is no clear agreement among experts in the field about whether there is a meaningful difference between emotional and psychological abuse. There is some research that suggests that there are slight differences between the two [15]. Emotional abuse is believed to be broader, and so psychological abuse is often considered to be one form of emotional abuse. 'Emotional abuse or nonphysical abuse is defined as a pattern of behaviour in which one person deliberately and repeatedly subjects another to nonphysical acts that are detrimental to behavioural and affective functioning and overall mental well-being [16]. To bring about a significant shift towards strengthening the family is an uphill task, especially if cultural change must be affected, and this can never be achieved by one person alone. There needs to be a greater understanding of psychological trauma in family relationships, along with an awareness of the fact that psychological abuse in the family is more common than is known to the public. It is no surprise that the study of dynamics in a dysfunctional family is an important topic in the field of sociology. However, there is little training in family therapy, and there is a dearth of family counsellors or individuals who can identify the psychological abuse in families. Therapists must identify trauma and abuse, and counselling and family therapy play a vital role in accomplishing this goal.

### **3.0 Objective of the review**

The main purpose of the review revolves around the concept of psychological trauma and familial relationships, especially in middle-class families (a major chunk of our country's population) in India. This review will pursue the following objectives:

1. Understanding emotional, psychological abuse and trauma
2. Emotional abuse and neglect linked to childhood trauma.
3. Dark Leadership's practices and trauma
4. Patriarchy and its relationship to trauma in families

5. Familial Relationships in Social Development
6. Impact of psychological trauma on familial relationships

### **3.1 Understanding emotional, psychological abuse and trauma.**

Psychological, or emotional trauma, is damage or injury to the psyche after living through an extremely frightening or distressing event and may result in challenges in functioning or coping normally after the event. The ability to recognise psychological and emotional trauma has undergone a revolution throughout the years. Psychological abuse, also known as verbal, mental, or emotional abuse, typically refers to derogatory statements that cause harm to or interfere with the psychological adjustment of the victim. This is also called emotional abuse. Perpetrators of emotional abuse use very subtle tactics to gain control and power in a relationship, which is a very common form of psychological trauma in families and interpersonal relationships [17]. This abuse goes unnoticed in familial relationships because it does not have visible wounds, and the deleterious effects on the family (mainly women and children) lead to trauma occurring repeatedly with no respite for the victims. Often, the more terror and helplessness one feels, the more likely it is that an individual is hugely traumatized. This psychological trauma is one of the leading causes of childhood trauma, intergenerational trauma, and, not surprisingly, the commonest form of domestic violence. The underlying goal of emotional abuse is to control the victim by discrediting, isolating, and silencing them. These emotionally and psychologically abusive behaviours do not leave physical marks, but they do hurt, disempower, and traumatise the partner who is experiencing the abuse. “Emotional abuse and neglect are often hidden from our view,” says Lane Strathearn, “but may result in the most severe and debilitating long-term outcomes” [18].

“It is subtle, and often the effects last longer and cut deeper than a physically abusive relationship,” says LeNaya Smith Crawford, a licenced marriage and family therapist and owner of Kaleidoscope Family Therapy [19]. Emotional abuse can be harder to spot because it doesn't leave a bruise. This has meant that it's not as well recognised by society. “Emotional abuse is one of the hardest forms of abuse to recognise,” says Crawford. “It can be subtle, covert, and manipulative. It chips away at the victim’s self-esteem, and they begin to doubt their perceptions and reality. It is a vicious cycle that many, unfortunately, never escape” [20].

### **3.2 Emotional abuse and neglect linked to childhood trauma.**

Emotional abuse is linked to the thinning of certain areas of the brain that help one manages emotions and be self-aware—especially the prefrontal cortex and temporal lobe. Research from 2018 [21] has connected childhood abuse to epigenetic brain changes that may cause depression. Epigenetic refers to how your environment and behaviours affect your genes. In particular, the study found changes to certain genes in the hypothalamic-pituitary-adrenal (HPA) axis, which is an area of the brain that’s involved in stress responses.

It shows that emotional abuse and neglect are linked to a wide range of negative outcomes in adolescence and adulthood, leading to anxiety, depression, and post-traumatic stress disorder (PTSD). The importance of a child's close relationship with a carer cannot be overestimated. Through relationships with important attachment figures, children learn to trust others, regulate their emotions, and interact with the world; they develop a sense of the world as safe or unsafe and come to understand their own value as individuals. When those relationships are unstable or unpredictable, children learn that they cannot rely on others to help them. When primary carers exploit and abuse a child, the child learns that he or she is bad, and that the world is a terrible place. Traumatic experiences leave a legacy of reminders that may persist for years. These reminders are linked to aspects of the traumatic experience, its circumstances, and its aftermath [22].

Many challenges in adult society have their roots in the early years of life, including major public health problems such as obesity, heart disease, and mental health problems. Experiences in early childhood are also related to criminality, problems in literacy and numeracy, and economic participation. The impact of early experiences covers all aspects of development and functioning, including physical health and wellbeing, mental health, social functioning, and cognitive development.

### **3.3 Impact of trauma**

The impact trauma can have on a child doesn't only start after they are born; it can start before they are still inside their mother's body. Therefore, if the mother's needs are not met, there is a profound influence on the child in the form of developmental trauma. Developmental trauma occurs between the moment of conception and before the onset of conscious verbal thought at age two or three. That's actually a very long time for a foetus and an infant. And it's pre-cognitive, pre-verbal, and can't be recalled. Yet it floods the in-utero brain and body with stress chemicals, and at birth, stress on the baby and mother makes attachment difficult or impossible [23]. Traumatic dysregulation of cells harms the development of the brain, nervous system, and body itself—from scratch. The biological processes and environmental characteristics that shape development during the first 1000 days impact the individual over their life span. Dr. Allan Schore calls it "trauma in the first 1000 days," from conception to age two [24]. Most C-PTSD begins in utero, or before the age of two, as a part of developmental trauma. C-PTSD (complex CPSD) can result if a person experiences prolonged or repeated trauma over months or years. This emotional abuse and neglect are linked to a wide range of negative outcomes that continue into adolescence and adulthood, leading to anxiety, depression, and post-traumatic stress disorder (PTSD) [25].

The earlier in life we experience trauma, the more it has an impact on how we respond to it. Interestingly, most often, a cruel childhood filled with pain, or past horrific experiences turns a damaged mind into a ruthless killing machine, hell bent on achieving absolute power so that they never feel vulnerable again. They are small, they are confused, and they often have no big person who can guide, protect, or comfort them. Results suggest more frequent maltreating experiences predict more dysfunctional self-capacities, which increases the



probability of displaying various forms of aggression. Regularly found among them are poor self-esteem, a sense of hopelessness, shame, a need for revenge, and a sense of vulnerability. The link between early traumatic experiences of abuse or neglect and criminal behaviour has been widely demonstrated. Due to these adverse childhood experiences (ACES), there is the emergence of traumatised individuals who exhibit pathological behaviours [26]. However, abuse follows a pattern of abuse and manipulation, often involving a phase of ‘grooming’.

**3.4 Adverse childhood experiences (ACE):** The ACE study initially took place in California in 1995 and 1997. The ACE study was one of the largest studies done on the connection between childhood experiences and adult physical and emotional issues. The survey results clearly showed a direct link between trauma before the age of 18 and adult chronic disease, mental illness, and social issues. Furthermore, it became clear that one kind of trauma often doesn’t happen in isolation. And that there was a correlation between the number of different traumatic experiences in childhood and the level of risk of chronic disease and mental illness in adulthood [27].

### **3.5 Dark Leadership Practices and Trauma in families**

Abusive behaviour is interspersed with warmth and kindness, slowly de-sensitising the victim’s behaviour. This abuse follows a pattern of abuse and manipulation, often called the phase of ‘grooming’ [28]. When some members of a society are more at risk than others, it contributes to inequality in that society. Undoubtedly, women and children are most affected. Because violence and trauma are so pervasive, all women are affected by them, either directly or indirectly. Even women who don’t personally experience violence or trauma live in a society where it is too common and where women are at greater risk than men. This creates a perpetual loop: gender puts them at risk of being victimised and traumatised, while at the same time, victimisation and trauma reinforce unequal social status [29]. This is mainly due to the patriarchal social structure, gender inequality, equal power relationships, misogyny with condescending attitudes, a hierarchical society, and other similar inadequacies in this long process of socialisation.

With this widespread ruling mindset, society today is rife with ‘dark leadership’ practices seen in the form of narcissism, psychopathy, Machiavelli’s, and sadism, all grouped under personality disorders known as the Dark Triad-tetrad [30]. Within this realm of trauma, disruptive relationships, and chaos, there is the disintegration of the family. The psychological abuse within the family relationship creates an abuser-victim scenario. Without a doubt, mental illness, along with abandonment and homelessness in women, trafficking, and runaway delinquent children, is the result.

This brings to light the importance of a healthy family environment as well as the work place. In fact, problems with interpersonal relationships within the family play the most significant role in mediating the relationship between child maltreatment and aggression. The institution of the family, therefore, is important to perform vital functions for mental growth, well-being, and stability in a social sense, meaning that families are the basic units that teach important

lessons about relationships. They lay the foundation of strong relationships based on trust and mutual respect.

With major flaws in parenting and rising levels of fragmentation in the family system, trauma in family relationships has emerged as one of the leading causes of aberrant mental health. Families living in unsafe or *traumatic* circumstances often experience multiple traumas and have fewer resources needed for stability and recovery (NCSTN, 2011).

The children were repeatedly exposed to experiences that, given their age and developmental stage, would have been felt as relentlessly overwhelming to them. Exposures that occur before the infant develops a coherent sense of self, where there is insufficient external support to process the overwhelming experience, lead to children developing a response to the world that might become entrenched, asocial, and seemingly disconnected from the drive to form and sustain relationships with others in the absence of reliance and protective factors. Formal diagnosis for trauma and stress-related disorders in the *Diagnostic and Statistical Manual of Mental Disorders: DSM-5* (American Psychiatric Association 2013) acknowledges that social neglect in the early stages of infancy is significant in the formation of diagnosable disorders [31]. The World Health Organisation (2018) indicates that the diagnosis of “complex post-traumatic stress disorder” develops from the impact of prolonged, inescapable trauma that is likely to be interpersonal in nature. The impact of everyday relationships being both the source of threat and the route of processing, the impact of trauma presents challenges in society [32]. This complex relational trauma is the repeated mistreatment that an individual suffers at the hands of someone else. It has a deep impact on how the victim develops relationships and on their emotional, psychological, behavioural, and even physical health.

The saddest part of psychological trauma is that the abuse is insidious and almost completely protected by shame, taboo, stigma, and secrecy, by families, and by individuals in society who continue to perpetrate the abuse. In our society, so much of what should be openly considered abuse is normalized. So, when people say that they have been abused, their experiences are not recognised as traumatic. The vicious cycle of trauma goes on and culminates into intergenerational trauma or transgenerational trauma, a term used to describe a “passing down” of traumatic impact and emotional fallout. Moreover, generational trauma typically results from both a lack of awareness and/or the stigma of the trauma. Unfortunately, the stigma of seeking mental health treatment is enough to keep difficult and disturbing things undiscussed and unaddressed [33].

### **3.6 Patriarchy and its relationship to trauma in families**

Patriarchy is a system of relationships, beliefs, and values embedded in political, social, and economic systems that structure gender inequality between men and women. Attributes seen as “feminine” or pertaining to women are undervalued, while attributes regarded as “masculine” or pertaining to men are privileged. Emotional abuse related to patriarchal upbringing contributes to the genesis of gender inequality and unresolved trauma in children

[34]. Familial trauma may be best understood as a psychosocial phenomenon composed of interactions between risk and protective factors at personal, relationship, community, and societal levels of ecology (35).

On patriarchy and domestic violence, AbiRached M., Hankir A., and Zaman R. Patriarchal, 2021, have a series of studies. Violence Against Women and Girls (VAWG) (physical, sexual, and psychological/emotional) is a type of structural discrimination that violates the basic human rights of females on a global scale. Cultural norms that glorify male dominance, power imbalances, and abuse of authority are the most common reasons for VAWG. Emotional abuse, which can start in childhood, is widely recognised as the most prevalent form of VAWG. However, although victims of emotional abuse usually suffer terribly, perpetrators often evade accountability. Emotional abuse is underestimated in part because it is normalised by victims, who are mostly women and girls. The normalisation of VAWG is contributing to the propagation and perpetuation of biased perceptions of sexism. The intergenerational transmission of parenting styles, which is an important contributory factor for child development, often includes gender-stereotyping norms, or patriarchy. Hitherto, limited focus has been directed towards the consequences that emotional abuse related to patriarchal upbringing has on children. Public awareness and advocacy are ways that we can collectively combat VAWG, promote gender equality, and improve mental health outcomes [36]. However, this shift has not brought about any change in the status of women. Harmful and traditional cultural practices contribute to women's suffering and often result in violence, especially psychological abuse in the patriarchal context. Trying to end patriarchy does not mean being against men or seeing women as dominant; it simply means wanting to see men and women represented equally in society. Many women say that they think psychological abuse is worse than physical abuse because it makes them feel humiliated and they lose their self-confidence. It can be difficult to explain psychological abuse to other people because there are no physical signs of it, and the impact of it can last long after the abuse has ended.

### 3.7 Familial Relationships in Social Development

One can imagine the crucial role of familial relationships in social development and how the family bears the primary responsibility of instilling values of citizenship and belonging in society in the children. Family dynamics will ultimately influence the way young people view themselves, others, and the world. It will also impact their relationships and behaviours and their future wellbeing. Conversely, in a dysfunctional family with psychological abuse-related trauma, problems tend to be long-lasting because children do not get their previous needs; therefore, the negative, pathological parental behaviour tends to be dominant even in their adult's lives, a cascading effect of trauma. This leads us to believe that psychological trauma in interpersonal relationships in the family is at the root of all dysfunctional behaviour in an individual.

The family ethos is the single most important determinant in the complete development of humans. The family is the nidus for the socio-emotional development and behaviour of an individual and is the basic unit that teaches important lessons about relationships. The role of

healthy and unhealthy familial relationships in human development and behaviour has been overlooked. There is a prevalence of psychological trauma among all of us. We see the real person underneath these behaviours, and the traumatised individual may have had a background of a dysfunctional environment of psychological abuse within the family due to repeated exposure to potentially traumatic events, either directly or indirectly. In other words, as victims of the vicious trauma cycle of trans-generational trauma, unhealthy or dysfunctional relationships can create terrible problems that may persist within families from one generation to the next. Women and children are most affected. There is a plethora of psychological abuse of women in patriarchal families living in a feudalistic society indoctrinated by gender inequality and misogynistic attitudes.

### **3.8 Impact of psychological trauma on familial relationships**

This is to understand trauma considering the changing nature of the family in an urban setting, especially in the context of middle-class families, and the reasons why family is chosen as the cornerstone of trauma therapy. Usually, the family environment plays a large role in shaping the identity of children as they grow into adolescence and become adults. Children develop their sense of self in the environment in which they grow up. The way family members relate to one another and operate together as a social group can shape a child's self-esteem, socialisation, and cultural identity.

The family is thus responsible for shaping a child and influencing their values, skills, socialisation, and security [37]. However, if neglect and abuse are experienced by them at home, this toxic and unhealthy family environment becomes the source of trauma for them. And psychological trauma due to emotional abuse is a major part of domestic violence globally. The victims of emotional abuse usually suffer terribly, and perpetrators often evade accountability. Men are and can be targets of domestic violence, but gender inequity has serious and long-lasting consequences for women and other marginalised genders. Without a doubt, the most significant influence on gender role development occurs within the family setting, with parents modelling and passing on to their children their own beliefs about gender.

One institution in which gender inequality remains resistant to change is the family, whether it is a nuclear family or a joint family. Nuclear families have become more common in urban areas than in rural ones because our country's social fabric has changed. So, the joint family system is disintegrating and is being replaced by a nuclear family. The acquisition of status symbols, which characterise the nuclear family, leads to artificial values with a strong emphasis on class consciousness. This family tends to aspire in a competitive manner towards material well-being and status for itself.

Gender inequity has serious and long-lasting consequences for women and other marginalised genders [38]. Given that parental styles are transmitted from one generation to the next, continued exposure to narcissistic parenting, violence, objectification, discrimination, and socioeconomic inequality has led to anxiety, depression, low self-esteem,

and PTSD. This produces tensions and leads to marriage breakdown, runaway children, juvenile delinquency, and other juvenile problems in the children, who become prey to all kinds of dependencies and oedipal neuroses.

### **3.9 Redressing Trauma: Processes and Tools**

Victimised children growing up in a dysfunctional family are innocent and have absolutely no control over their toxic life environment; they grew up with multiple emotional scars caused by repeated trauma and pain from their parents' actions, words, and attitudes. Ultimately, they will have a different growth and nurture of their individual selves. The influenced individuals will resume various parenting roles rather than enjoying their childhood; vital parts of their childhood are missing, which will eventually have a harmful effect that extends to their adult life. Victimised adults tend to attempt to escape their past pain and trauma by practicing more destructive behaviours, such as increased alcohol and drug abuse, or by being forced to repeat the mistreatment that was done to them [39]. Family dynamics may present a barrier to progress, be it an extended or joint family or a nuclear one. There is a general social disorganization. Under such conditions, people's chances of solving the conflicts in the family are slim. It is thus essential that any process towards trauma recovery begin with the family. The aim is to create strong families. In this context, it is important to address trauma early in a child's life because: Patterns of trauma aren't as established. Besides "It is easier to build strong children than to repair broken men." This is a quote from Frederick Douglas, the famous abolitionist and orator in and about the mid-1800s. Undeniably, the mid-1800s made it easier to address and mitigate challenging behaviours in children that resulted from the trauma. Also, establishing positive coping mechanisms early in a child's development helps him deal with stress in a healthy way throughout the rest of his life. By acting, positive societal results can be monumental, with the most important success coming from the healthy development of children. Positive patterns will begin to emerge. We will begin to see an increase in children who are secure, confident, social, good citizens, and problem solvers. Simply put, children will develop the right foundation to succeed. Valuing the importance of healthy family units as a significant piece of community success is lacking, and we cannot overlook this concern in our country today. More specifically, making awareness of trauma a part of extensive family education, increasing family support initiatives, and simply giving social value to the family unit would all produce dramatic positive changes in many communities.

There is increased awareness and concern about trauma among the public, yet most professionals, including even mental health clinicians, do not receive systematic training about trauma in their training. "Trauma has been ignored or relegated to specialised courses outside of the main (professional) curriculum, taught by faculty members with a special interest or expertise." Providing accurate information about trauma to students throughout their education, beginning in middle school through professional training, will result in a better-informed public and professional. Better education about trauma could assist in the prevention, early intervention, and treatment of trauma [40].

### 3.10 Identifying trauma in family dynamics.

Once the trauma is addressed, the family dynamics change from unhealthy to healthy styles, and society undergoes a transformation towards progressive thoughts leading to healthy action and behaviour, a ripple effect of healing from trauma. The Substance Abuse and Mental Health Administration (SAMHSA) has developed the “Three E’s of Trauma: the event, the experience, and the effect.

1. Event: The “event” refers to the threat or actual experience of harm that may occur once or multiple times to a child. Some events may include abuse, neglect, the death of a loved one, or bullying. This can be interpreted as adult healing. Identifying the trauma is a very important first step.
2. Experience: “Experience” refers to a unique perception of the event. Not everyone processes the trauma in the same way.
3. Effect: “Effect” refers to the impact the event or experience has on an individual. The impact can be short-term or long-term, and it may come on immediately or show up later.

In the context of psychological abuse in the family, the ‘Event’ can be a part of domestic violence, and ‘gaslighting’ is an important component. There is disrespect, name-calling, put-downs, and threats of suicide. The abuse is calculated, systematic, and repetitive. Sometimes domestic violence begins and increase during pregnancy. Domestic violence puts the health of the mother and the baby at risk. The individual ‘experiences feelings of confusion, anxiety, overcompliance, powerlessness, and isolation. There ‘may *be*’ no physical scars, but the ‘Effect’ is a long-lasting trauma resulting in several physical and mental health problems such as depression, anxiety, substance abuse, chronic pain, and fibromyalgia. In children, it can lead to adverse childhood experiences. These change the neurobiology—the layout of the brain. Children who grow up in abusive homes are more likely to be abused and have behavioural problems than are other children. As adults, they’re more likely to become abusers or think abuse is a normal part of relationships. They may even experience a lifetime of poor health and well-being. The effect of domestic violence on children has a cascading effect, leading to other forms of trauma such as collective trauma and even inter-generational transmission of violence.

### 4.0 Family counselling and therapy

***“There are far too many silent sufferers. Not because they don’t yearn to reach out, but because they’ve tried and found no one who cares.” Richelle E. Goodrich***

Recognising trauma is the first step for any counsellor. The therapists need to understand that trauma in the family is the least understood and acknowledged form of violence, even though trauma in the family blights the lives of more people than all genetic disorders put together. Almost all traumas can be traced back to family ethos. Besides, the roots of all aberrant behaviour can be found at ‘home’, where the family environment is deeply entrenched in

family traditions of patriarchy and structural inequality handed down from ages. Psychological trauma in the family must be addressed not only as an intricate part of poor or narcissistic parenting, homelessness, personality disorders, war, terrorism, and substance abuse but also as a part of the opportunity for restoration to happen. Family therapy can help non-offending family members repair or strengthen their bonds. These modalities are often useful in cases where the offender is a family member. Family therapy can help non-offending family members repair or strengthen their bonds [41]. Fortunately, the psychological, neurological, and biochemical impact of trauma can be reversed entirely, allowing counsellors to heal and thrive in ways people believed were never possible. Peter Levine writes: “Trauma is a fact of life. It does not, however, must be a life sentence. Not only can trauma be healed, but with appropriate guidance and support, it can be transformative” [42].

Once society is trauma-informed, therapists too can have a trauma-informed approach to dealing with trauma victims. Without doubt, family counselling and therapy therefore become the focal point and are an engrossing study wherein trauma can be unravelled. A trauma-informed therapist is aware of the complex impact of trauma (or any perceived trauma) on a person's suffering and how it shapes a person's efforts to cope. A trauma-informed approach integrates a thorough knowledge of this impact into every aspect of treatment through the lens of awareness about trauma and abuse. This can lead to a trauma-informed society that recognises abuse, acknowledges it, accepts it, and then addresses it.

Dr.Maté gives us a new vision: a trauma-informed society in which parents, teachers, physicians, policymakers, and legal personnel are not concerned with fixing behaviours, making diagnoses, suppressing symptoms, and judging but seek instead to understand the sources from which troubling behaviours and diseases spring in the wounded human soul. He points us to the path of individual and collective healing. In other words, as trauma-informed therapists, we choose to focus *not only* on the behaviour someone is trying to change but also on the underlying reasons for the behaviour and the relief it provides currently.

#### 4.1 Awareness of PTSD

The diagnosis now known as PTSD was first defined by the American Psychiatric Association in 1980 to better understand and treat veterans who had endured severe stress during combat. Post-traumatic stress disorder was a major military problem during World War I, though it was known at the time as “shell shock.” During the war, the concept of shell shock was ill-defined. Cases of “shell shock” could be interpreted as either a physical or psychological injury, or simply as a lack of moral fibre [43]. The term *shell shock* is still used by the United States’ The study of trauma has become the soul of psychiatry. The development of posttraumatic stress disorder (PTSD) as a diagnosis has created an organised framework for understanding how people’s biology, conceptions of the world, and personalities are inextricably intertwined and shaped by experience. The PTSD diagnosis has reintroduced the notion that many “neurotic” symptoms are not the results of some

mysterious, well-nigh inexplicable, genetically based irrationality, but of people's inability to come to terms with real experiences that have overwhelmed their capacity to cope."

It is important to bring awareness to PTSD and traumatic stress because of their prevalence and impact on individuals and communities. Exposure to traumatic experiences affects the way people think, feel, and relate to others. PTSD is certainly one manifestation of the effects of trauma, but many individuals also feel the effects of trauma in broader and sometimes more subtle ways. For example, trauma can impact the way individuals build trust, the level of intimacy or connection people feel towards others, one's self-esteem in terms of perceptions of worth, and so forth. These effects of trauma are present on an individual and community level; awareness of them is essential to changing them. "Between 25% and 43% of children are exposed to sexual abuse, and between 39% and 85% of children witness community violence (Presidential Task Force on PTSD and Trauma in Children and Adolescents, 2008) [44].

We know about the "fight, flight, or freeze" response with events and individuals, but trauma theory is far more nuanced. Trauma Theory describes a scientifically informed understanding of what happens to people who are living under conditions of toxic stress, including living in unsafe communities, experiencing financial insecurity, or trying to work within the criminal justice system. People who are impacted by trauma understandably feel unsafe, helpless, hopeless, overwhelmed, confused, and depressed, and have survival skills that may not be life-affirming. Trauma Theory also describes organisations and systems that are trying to provide services under conditions of overwhelming or toxic stress, whose staff may understandably feel helpless, hopeless, and overwhelmed, and whose capacity to provide helpful services is seriously compromised.

## 5 Conclusion

The epidemiology of trauma reveals that traumatic events are common. For at least a third of sufferers, PTSD is a persistent condition lasting many years. Over 80% of people with PTSD suffer from other psychiatric disorders. There is evidence that many people experience health, marital, occupational, and financial problems. The consequences of exposure to trauma are enormously costly, not only to the victims but also to our health care system and to society. The trauma, as we have learned, happens to everybody. However, trauma experienced in interpersonal relationships in families is most disturbing and deserves special mention due to the impact it has on the children and the cascading effect that follows it as multi-generational trauma. The consequences of trauma in the family are a major source of distress in society. Trauma, today, is a major concern from a public health perspective. In fact, if psychological trauma were to be taken as a disease, it would be no less than a pandemic. The significance of this study is to understand that identifying trauma is only the first step. Unfortunately, trauma victims are reluctant to seek mental health treatment, especially if it occurs in the family. This is particularly seen in patriarchal families, which are so prevalent in Indian society. This means we need to build a trauma-informed society wherein we search for the sources of



dysfunctional behaviours in children and adults and bring about awareness about trauma-related abuse, especially among women in families.

To end the cycle of trauma, it must be accepted, and understanding the impact of psychological trauma is critical for counselling and family therapy as patients are treated with psychologically traumatic backgrounds. The study will help to develop an effective understanding of changing family structure, different forms of psychological trauma, and its three E's events, experiences, and effects; prepare effectively; and treat families suffering from traumatic experiences. It is necessary to understand the life situations that may be contributing to the victim's current physical status. It is a monumental act of trust by victims to disclose their traumatic backgrounds. The sharing of such privileged information is to be honoured with an informed and supportive response. The study may be able to suggest the role of counselling, family therapy, and educating families through the lens of awareness about trauma and abuse. Emotional abuse related to patriarchal upbringing contributes to the genesis of gender inequality and unresolved trauma in children. Given that parental styles are transmitted from one generation to the next, to reduce sexism and improve mental health outcomes, the patriarchal parental cycle must be broken.

Currently, there is the fragmentation of “islands of researchers who may not collaborate or integrate with each other” in the field of trauma [45], a situation potentially amplified by compartmentalization of the concept. There is, however, acknowledgement of significant overlap in interpersonal trauma occurring within familial and attachment relationships. Attachment trauma, relational trauma, betrayal trauma, cumulative trauma, complex trauma, developmental trauma, and inter-generational trauma are interactions of conceptualizations of psychological traumas. **Birrell and Freyd (2006)** refer to “betrayal/relational traumas” [46]; **Cloitre et al. (2009)** refer to cumulative trauma as a form of complex trauma based on developmental knowledge [47]; **Cohen, Hien, and Batchelder (2008)** describe cumulative trauma as consistent with complex trauma [48]; and **Becker-Weidman (2009)** uses the terms complex trauma and developmental trauma interchangeably [49]. **Schimmenti (2012)** identifies that all constructs of childhood trauma highlight the accumulation of difficulties that derive from external pressures upon a child to maintain defences against overwhelming anxiety, which itself becomes traumatic [50], and **Schore (2002)** describes in detail how a traumatised early relationship may override any genetic, constitutional, social, or psychological resilience factors and that the ensuing adverse effects on brain development and alterations in the biological stress systems may be regarded as “an environmentally induced complex developmental disorder” [51]. Nearly all discussions of the effects of intrafamilial trauma across the life span refer to the critical role of attachment in buffering, protecting from, not protecting from, repairing, causing vulnerability to, directly causing, or contributing to trauma [52]. A public mental health perspective will help to develop preventive approaches to trauma and extend the impact of various forms of intervention. It will also be clear that trauma care will have to consider the community and society at large. The cascade of traumas is, by its nature, overwhelming to individuals, health systems, and society at large. Just making sure that everyone who needs psychological first aid can access it is a huge project, given the siloed nature of health care globally [53]. How can we triage

mental health needs while simultaneously solving other structural problems—racism, violence, economic inequality, political upheaval? It seems more than daunting.

Gabor Maté, a world-renowned physician, has dedicated his life to understanding the connection between illness, addiction, trauma, and society. His definition of trauma deserves mention here, as this article is meant for the benefit of society at large and deals with human development and behaviour with special reference to human relationships within the family. He said, “Trauma is the invisible force that shapes our lives. It shapes the way we live, the way we love, and the way we make sense of the world. It is the root of our deepest wounds. Dr. Maté gives us a new vision: a trauma-informed society in which parents, teachers, physicians, policymakers, and legal personnel are not concerned with fixing behaviours, making diagnoses, suppressing symptoms, and judging but seek instead to understand the sources from which troubling behaviours and diseases spring in the wounded human soul. He points us to the path of individual and collective healing” [54].

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