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The Impact of Traumatic Experiences (Trauma) on the Psychosocial Functioning of Children – A Literature Review

Abstract: Traumatic and injury-related experiences are events that can affect the psychosocial functioning of a child. A broad spectrum of traumatic experiences concerns not only phenomena related to disasters, accidents, and sudden events in which children may be involved. As many authors also indicate, phenomena such as emotional abandonment, neglect, rejection, physical, sexual, and emotional abuse, as well as rape, are also traumatizing experiences for a child. A range of symptoms – not only related to PTSD or DESNOS but also to mental and emotional disorders including depression, neuroses, anxiety disorders, nightmares, and others in children – is clearly associated with their traumatic experiences. Research shows that experiencing traumatic events in childhood also has consequences in adult life, as is the case with the long-term effects of CSA (Childhood Sexual Abuse).

Keywords: traumatic experiences, injury-related experiences, interpersonal trauma, emotional rejection, neglect, damage, physical abuse, psychological abuse, sexual abuse, relationships with parents, child's psychological and social development, stress, stress response, PTSD, DESNOS, CSA, mental disorders in children, impact of traumatic experiences.

Introduction

The aim of this paper is to review research on the impact of traumatic experiences on the psychosocial functioning of children. A review was conducted of the following journals: "Przegląd Psychologiczny," "Alkoholizm i Narkomania," "Dziecko

Krzywdzone,” and “Psychoterapia,” published after the year 2000. A review of literature in the field of educational psychology was also carried out.

Traumatic phenomena or traumatic experiences have been widely discussed in the literature. However, there is still no clear and precise definition that adequately describes the phenomenon of trauma. It is generally accepted that traumatic events are extremely stressful occurrences related to death or a threat to life, serious injury, or a threat to one’s own or another person’s physical integrity. An important aspect of traumatic events is the presence of emotional components such as experiencing intense fear, terror, helplessness, or powerlessness (Dragan, Gulcz, Wójtowicz, 2005, p. 418; Widera-Wysoczańska, 2001, p. 296; Syrek, 2003, p. 31). However, researchers point to a broader spectrum in defining the issue of traumatic experiences, also referred to in the literature as experiencing trauma or simply trauma. Events in the context of parenting – such as parental abandonment, emotional neglect, psychological, sexual, or physical abuse, as well as a child’s witnessing of violence – are considered traumatic experiences (Syrek, 2003, p. 31; Widera-Wysoczańska, 2005, p. 296). Experiencing critical life events in the early stages of human development has also been given specific designations in the literature, such as developmental trauma (Klecka, Palicka, 2018, p. 28). This means that in the case of negative behaviors and destructive conduct by parents or caregivers, the trauma results from a sequence of events rather than a single, sudden traumatizing situation. Moreover, studies indicate that chronic traumatizing situations in early childhood have a far greater impact on later psychosocial functioning than a one-time experience of a crisis situation (Tyra, 2000, p. 323). M. Rzeszutek and K. Schier also point out that early childhood characteristics of a child’s relationship with a parent or caregiver – such as emotional unavailability, selectivity and inconsistency in interactions, or the child’s emotional entanglement – can also be traumatizing (Rzeszutek, Schier, 2008, p. 6). A distinctive feature of such situations is not only their chronic nature but also their fundamental importance in meeting the child’s developmental needs in areas such as emotional development, understanding emotions, emotional regulation, emotional bonds with significant figures such as parents, the adequacy of those emotions, and the ability to establish and maintain contact and relationships. According to E. Jarosz (2003, p. 28), epidemiological data show that one cannot treat only isolated events – such as a disaster, accident, or the sudden death of a loved one – as the sole form of traumatic experience. The concept of trauma should be extended to include the phenomenon of child maltreatment in its many forms, such as physical, emotional, sexual, and psychological abuse, as well as neglect, and witnessing violence between parents (Jarosz, 2003, p. 27). There are still relatively few publications in the psychological literature that address the issue of a child’s impaired functioning after trauma. As M. Perkowska notes, epidemiologically, the experience of trauma affects 80% of the global population (Perkowska, 2020). However, as M. Popielarska (2000)

observes, there is a growing number of studies addressing issues such as child abuse, which the researcher attributes to the increasing interest of scholars in family-related problems. Nevertheless, in psychological research on trauma and the resulting stress, there is still a predominance of studies focusing on chronic stress rather than acute stress (Koniarek, Dudek, Szymczak, 2000, p. 206).

Traumatizing experiences in childhood are now recognized as a significant issue, as the WHO has identified violence as one of the major current global public health problems (Jarosz, 2003, p. 27). The need to broaden the concept of “trauma” is also emphasized by W. Koziół, who notes that it can involve both one-time and recurring terrifying experiences such as pain, violence, humiliation, or sexual abuse (Koziół, 2003, p. 127).

An important and distinct development in research on the impact of trauma on the psychosocial functioning of children and adolescents is the increasing focus on existing post-traumatic syndromes such as PTSD or CSA. According to B. Błaż-Kapusta, research on post-traumatic stress has shown that the diagnostic criteria contained in current classifications are insufficient to describe the full spectrum of psychological problems experienced by individuals and children who have endured repeated and prolonged trauma (Błaż-Kapusta, 2007, p. 43). Therefore, the researcher argues for the introduction of the concept of DESNOS, which describes the criteria for complex post-traumatic stress disorder. In the context of child sexual abuse and sexual violence, scholars also propose a broader analysis of the impact of undesirable sexual behaviors (CSA – Child Sexual Abuse) and recommend distinguishing between sexual violence perpetrated by adults and incest. Expanding the research scope to include incestuous behaviors may explain many dysfunctional behaviors in children resulting from such experiences (Widera-Wysoczańska, 2005, p. 230). According to H. Sęk, the consequences of trauma are greater: a) the more damaging the experience is, b) the more areas of life it affects, and c) the more it restricts the individual’s ability to act, creating experiences of helplessness and powerlessness (Sęk, 2001, p. 253).

In the field of educational psychology, as in other areas of psychological research, the fundamental importance of the family for a child’s development is emphasized. According to T.L. Tyra (2000), parents and family are the first and most significant figures in a child’s life. They shape the areas in which identity is formed, the world is explored, and self-knowledge is developed. In the realms of cognitive and intellectual development, parents also serve as the first and most influential frame of reference for judgments, opinions, and conclusions about the surrounding world. As the most important figures, parents are also objects of imitation and identification (Tyra, 2000, p. 323). According to M. Porębska (1991), not only identification and imitation but also the sphere of emotional development and the development of the child’s personality are areas in which parents play a decisive role. Referring to the role of parents and family in the emotional development of the child, the researcher notes that the presence or

absence of adequate satisfaction of the child's needs is visible very early in the form of the child's behavior. Research indicates that proper or improper care of a child is reflected in the formation of patterns in the child's behavior. As early as in six-month-old children raised in a home, family environment, motor activity is goal-directed – for example, reaching for objects and manipulating them. In contrast, non-purposeful activities account for 26.1% of the child's total activity. The reverse proportions can be observed in children in institutional care. In six-month-old children in institutional care, non-purposeful activity – such as stereotypical movements of the hands and legs, body or head movements, or passively observing their hands – accounts for 64.4% of all activity, while only 23.5% of activity is goal-directed (Przetacznikowa, 1976). All fundamental areas of child development have their origin in the family – both in the aforementioned perspective of emotional and motor development and in all biological, psychological, and social needs (Przetacznik-Gierowska, Makiełło-Jarża, 1992; Bryant, Coleman, 1997; Birch, Malim, 1998). Therefore, when the functioning of the family is disrupted in various aspects (divorce, death of a family member, illness, domestic violence, dysfunctional parenting style, etc.), children are particularly vulnerable to experiencing difficulties (Greenstone, Leviton, 2004, p. 105). According to researchers, families in which traumatic events such as sexual violence occur show marked dysfunctions in the form of social isolation of the parents or the child, absence of one parent, neglect of the child, parentification, helplessness of one parent, emotional distance between mother and child, somatic or psychosomatic illnesses, or lack of emotional bonds (Widera-Wysoczańska, 2005, p. 295). Research on the significance of difficult situations and their impact on cognitive and decision-making functioning has also shown an increase in the number of errors made by children while performing tasks (Jankowska, 1992, p. 133).

Traumatic Experiences in the Light of Literature Review

According to E. Galińska (2003), traumatic experiences, particularly those occurring during childhood, are of significant importance for the child's further development. They inhibit emotional experiences, generally due to helplessness and powerlessness when confronted with the perpetrator of the trauma. Spontaneity of response, which according to Moreno is a condition for mental health and individual creativity, becomes suppressed. Research on violent behaviors that are traumatizing indicates that as many as 31% of students have recently experienced violence from peers or at school. Already in 2010, 96% of boys and 97% of girls used the Internet, on average 2.5 hours per day, and approximately 20% of them had been victims of cyberbullying (Bassam, 2010, p. 34). This expansion of areas in which violence and traumatic experiences may occur shows that contemporary research must encompass increasingly new spheres of the functioning of children

and adolescents. Violent behaviors toward women, which have been the subject of research in many countries, also indicate that between 10% and 50% of women have been victims of violence. Violent behaviors are also included in the range of traumatic experiences in children (Galińska, 2003). An equally interesting research area is the impact of trauma and traumatic experiences on defense mechanisms occurring during the testimony and explanations provided by minors. Research findings indicate the presence of defense mechanisms in approximately 80% of the studied children – victims of sexual violence, that is, children experiencing trauma (Buczyńska, 2010, p. 10). These studies require expansion and further clarification regarding the impact of trauma on the child's functioning in psychosocial aspects such as minors' testimony.

Of course, there are protective factors concerning the perception of traumatic experiences. However, as R.K. James and B.E. Gilliland (2006, p. 184) indicate, residual effects of traumatic events may occur even in the most well-integrated individuals with excellent coping skills, rational and cognitive behavior patterns, and a positive social support system. This means that even children who function daily within healthy educational and family relationships, possess stable emotional attitudes, and have support from parents or caregivers may experience various dysfunctions as a result of traumatic events. According to A. Popiel, this is of great importance, since studies by B. Zawadzki show that about 10% of individuals affected by a traumatic event exhibit specific psychological disorders. However, these data concern traumatic events such as traffic accidents or natural disasters. The rate is much higher in cases of interpersonal trauma, affecting 50–60% of those who have experienced it (Popiel, 2015; Popiel, Zawadzki, 2021, p. 46). These data are highly significant because children and adolescents are particularly exposed to interpersonal traumatic experiences, such as physical, sexual, or psychological violence, emotional rejection, or abandonment. M. Lis-Turlejska (2020) also points out that interpersonal traumatic experiences carry the greatest consequences for the human psyche. Therefore, as R. Tomalski notes, traumatic interpersonal experiences in the form of childhood sexual abuse (CSA) carry a high risk of mental disorders, including eating disorders. A review of studies shows varied results depending on the applied criteria. Depending on the type of criteria applied – narrow or broad – research data indicate that the prevalence of CSA among patients with bulimia ranges from 7% up to as much as 69% (Tomalski, 2007, p. 17). Despite such wide discrepancies in research findings and their considerable criticism, attention has been drawn to the significance of trauma, its types, and its varied effects. The diversity of experienced trauma is evident in the research by R.D. Grave, who indicated the presence of eating disorders and their correlation with specific forms of trauma. Research by C.M. Grilo and R.M. Masheb also showed that among 145 patients with binge eating disorder, childhood trauma was present. According to the researchers, in individuals with such mental disorders, the impact of trauma was clearly significant

regarding the occurrence of coexisting conditions such as depressive symptoms, anxiety disorders, lower self-esteem, and dissatisfaction with one's body (Tomalski, 2007, p. 19). The authors of this study further noted correlations of trauma not only with eating disorders but also with personality disorders occurring in adulthood. According to R. Tomalski (2007, p. 28), there is little doubt about the link between past trauma, traumatic experiences in childhood, and eating disorders. However, this correlation and its nature require further in-depth research to clarify the specificity and type of influence that different forms of trauma exert on the development of varied eating disorders. At the same time, trauma is not a phenomenon that causes only the development of the disorders mentioned above. As emphasized by D. Łada and M. Gulcz, research conducted by Krakow et al. on the occurrence of nightmares also indicates a significant role of trauma in their emergence. Among the respondents who reported experiencing nightmares, 68% had undergone a traumatic experience, 80% of them had previously received psychiatric or psychological treatment, and 40% experienced molestation in childhood (Łada, Gulcz, 2003, p. 57). This indicates that the role of trauma and traumatic experiences is not linear and may be one component in a set of causes influencing the development of various psychological disorders or dysfunctions. Of course, the occurrence of trauma or other difficult experiences is not the sole cause influencing the development of disorders. The psychological characteristics of the individual and their developmental level also have significant importance regarding the emergence of mental disorders or dysfunctional behavior (Hajdo, 2007, p. 79). This is crucial in building resilience to stress and difficult, traumatic experiences, as E. Syrek states that mental health is developmentally conditioned and constitutes the process of building an integrated personality capable in the future of undertaking tasks, goals, problem-solving, coping with stress, and deriving satisfaction from life (Syrek, 2004, p. 31). This has significance in the implementation of appropriate styles of upbringing, care, and socialization, which if dysfunctional, may cause developmental abnormalities affecting the individual's functioning in adulthood. Therefore, many authors emphasize the importance of trauma and its experience in early childhood concerning the development of somatic diseases, such as cancer (Syrek, 2004, p. 34). However, traumatic experiences do not exist in a vacuum, as noted by A. Widera-Wysoczańska. Families where sexual violence and traumatic events occur are characterized by social isolation of the parents or the child, absence of one parent, neglect of the child, or other dysfunctional relationships (Widera-Wysoczańska, 2005, p. 295). Moreover, as indicated by L.L. Greenstone and S.C. Leviton (2004), children aged from one to five years are particularly vulnerable to developmental disorders due to traumatic experiences because they do not yet have verbal or conceptual abilities that would allow them to cope with stress or difficult situations. This developmental period, which is susceptible to the influence of trauma, is also confirmed by M. Klecka and I. Pawlicka (2018, p. 28). Therefore, the convergence

of various factors related to child development, the family situation, and its functioning's specifics, as well as its influence on individual members, should be considered holistically regarding the impact of traumatic experiences on the child.

The impact of traumatic experiences on a child's functioning manifests through a wide range of symptoms. According to M. Perkowska, it can also cause disturbances related to the child's independence, quality of social relationships, and coping with emotions. Children experiencing trauma may develop improper attachment patterns and inadequate forms of response to difficult situations (Perkowska, 2025). The influence of trauma in such cases becomes apparent in the way children react to challenging situations and in their stress response strategies. Moreover, as M. Perkowska emphasizes, traumatic experiences occurring in childhood can negatively affect health status in the future, during adulthood. Research on the effects of trauma and the duration of its experience, conducted on children who survived various catastrophic events, indicates a clear persistence of symptoms following the trauma. Studies cited by J. Mesterhaza show that children who experienced traumatic events such as a bus hijacking exhibited trauma symptoms for up to four years. Fifty percent of child refugees from Cambodia also showed psychological trauma symptoms for four years. Additionally, 26% of children who experienced the nuclear accident at Three Mile Island showed personality changes one and a half years later, and psychological stress symptoms persisted for five years (Mesterhaza, 2002, p. 22). Research on children who were witnesses to or directly involved in disasters also points to issues regarding the effectiveness and specificity of measuring the effects and impact of trauma on their psychosocial functioning. Not only methodological problems pose obstacles here, as there is no ideal measurement tool that would precisely examine these variables. Developmental stages of children, the dynamics of psychological changes during different growth periods, as well as specific disorders such as ADHD, are also conditions that may hinder precise research. The issue of the specificity of trauma's impact on a child's functioning has been addressed by several researchers. L. Terr points to specific characteristics of trauma's influence on a child's behavior. These include, among others: very vivid and repetitive memories, recurring behaviors, trauma-specific anxieties, altered attitudes towards life, people, and the future (Mesterhaza, 2002, p. 23). Children who were victims of flood disasters in the Kłodzko Valley exhibited trauma symptoms for an extended period. It is also important that these symptoms were specific, meaning dependent on the type of trauma experienced – in this case, the flood. Over 60% of disaster participants showed specific symptoms of traumatic experiences. These included: photographic memory of experiences, sleep disturbances (nightmares, insomnia, falling asleep as if drowning), hypersensitivity and heightened reaction to stimuli reminding them of the trauma events (fear of rain, wind, lightning, puddles, river), feelings of isolation, loneliness, otherness, astonishment, loss of understanding of events, disorientation, decline in school

activity and worsening academic performance, difficulties concentrating attention, irritability, increased levels of aggression, anxiety, psychomotor hyperactivity, fear for loved ones, fear of separation from parents, fear of leaving home, avoidance of usual routes, avoiding the river, amnesia regarding traumatic events, pessimism about the future (Mesterhaza, 2002, p. 26). The symptomatology displays a significant specificity indicating the character of the trauma experienced by the children. Research conducted by P. Jaworska-Andryszewska, M. Abramowicz, A. Kosmala, K. Klementowski, and J. Rybakowski indicated another aspect of the impact of traumatic childhood experiences on the functioning of adults diagnosed with bipolar disorder (ChAD). The study used the Polish version of the Childhood Trauma Questionnaire (CTQ) and a proprietary Negative Childhood Experiences Questionnaire. The participants included 52 patients hospitalized at the Adult Psychiatry Clinic of the Medical University of Poznań, the Neuropsychiatric Hospital in Kościan, and the Milicz Medical Center, while the control group consisted of 52 individuals. The study results indicated significantly higher rates of traumatic situations and events in childhood among individuals diagnosed with bipolar disorder (ChAD) compared to healthy individuals. According to the researchers, this may be significant not only for understanding the pathogenesis of the disorder but also for planning therapeutic strategies (Jaworska-Andryszewska et al., 2016, p. 45). The studied individuals more frequently experienced physical and sexual abuse, neglect, and were also witnesses to such family events as alcoholism, abandonment, violence, the death of a parent, and suicides.

Research on the impact of traumatic situations on brain development shows that experiencing trauma at a very young age, due to the effect of cortisol on the brain of premature infants, disrupts the normal development of processes related to cognitive functions. Additionally, studies referenced by E. Gil show weaker development of brain structures, especially the left hemisphere, the left part of the hippocampus, weaker integration between the right and left hemispheres, as well as a reduction in the size of the corpus callosum. The neurochemical impact of traumatic experiences on the brain also indicates the occurrence of multiple disruptions in its functioning, which manifest as abnormal EEG recordings (Sikorska, 2014, p. 61). Generally, it can be noted that experiencing chronic stress and its increased intensity causes dysfunction of body systems and organs, whose prior activation allowed for adaptive possibilities. It is clearly noticeable that concentration, logical thinking, and the ability to anticipate the consequences of one's actions are impaired (Kuś, 2003, p. 122).

The impact of traumatic experiences is also evident in the battered child syndrome. This term is ambiguous, as many factors and events have been considered that could lead to diverse physical and psychological damage to the child. However, the construct of this term most often referred to the physical acts towards the child, such as beating, abuse, and other forms of physical violence. Psychological and emotional aspects of damage to the child's functioning and

development have been given very little attention. Research conducted among maltreated children indicates that 30% of them exhibit impaired development of cognitive functions. Based on many years of observation, it can be stated that all physically and psychologically maltreated children exhibit emotional disturbances. The type of these disturbances and their severity depend on the family situation, the child's nervous system type, their resilience, and innate psychological traits (Popielarska, 2000, p. 233). Equally significant for resilience to traumatic situations and coping strategies is the possession of flexible and realistic cognitive schemas, such as beliefs that the world is safe but dangerous situations can occur, or that every person has strengths and weaknesses (Dragan, Gulcz, Wójtowicz, 2005, p. 419; Kubacka-Jasiecka, 2016, p. 61). Studies on coping with difficult situations also showed a dependence of strategy use on the age of the children studied. E. Pisula and R. Sikora, citing the research of Williams and McGillicuddy-De Lis as well as Donalds, state that younger children more frequently adopt a strategy of detachment from the problem, whereas older adolescents (15–17 years old) more often engage in cognitive processing of the event or problem (Pisula, Sikora, 2008, p. 406). Researchers also emphasize that not only psychological traits and resilience to difficult situations influence the choice of coping strategies or the intensity of trauma's impact on a person. The nature of trauma also plays a significant role in this case. B. Zawadzki states that the frequency of PTSD symptoms is higher in traumatic events related to interpersonal violence (e.g., in victims of rape) or terrorist attacks than in victims of natural disasters (Zawadzki, 2006, p. 229). An important factor influencing the effectiveness of coping with difficult situations in children is also emotional intelligence (Ogińska-Bulik, 2008, p. 71). Among maltreated individuals, learned helplessness, guilt, low self-esteem, anxiety, depressed mood, and social isolation are also observed (Terelak, Kluczyńska, 2007, p. 48).

According to researchers, among physically and psychologically maltreated children, one can find children who are anxious, shy, sad, distrustful, overly sensitive, excessively submissive, passive, and isolating themselves from peers. Somatovegetative disorders (vomiting, loss of appetite, sleep disturbances) and somatomotor disorders (tics, stuttering, nocturnal and diurnal enuresis, involuntary fecal incontinence) may also occur. The profile of the maltreated child is also well known to surgeons in hospitals. Surgeons suggest that currently 10% of injuries in children up to 7 years old are caused by physical abuse or intentional neglect of child care. 30% of the victims are infants, 35% are children aged 2 to 3 years, and 35% are children over 3 years old (Popielarska, 2000).

Traumatic experiences in early childhood may cause symptoms such as a blurred body image, lack of boundaries between the self and the environment, a feeling of one's own asexuality, various psychological problems, and a notable sensation that one has "never truly inhabited their own body" (Rzeszutek, Schier, 2007, p. 7).

Experiencing traumatic events in the form of physical violence during upbringing has also been the subject of research regarding its impact on the psychosocial functioning of the child. According to K. Halemba and A. Izdebska, children who experience physical punishment in relationships with their parents exhibit specific psychological characteristics and particular cognitive-social functioning. The researchers indicate that these children show poorer mental condition, erosion of relationships with their parents, limited internalization of moral norms, and a higher level of aggression and antisocial behaviors (Halemba, Izdebska, 2009, p. 30).

Regarding the influence of traumatic experiences on the cognitive functioning of the child, studies point to the occurrence of structural changes. Research on the functioning of the limbic system indicates the previously mentioned EEG disturbances, mainly in the left hemisphere of the brain in children who were sexually abused. In children who were victims of violence, weaker development of the left hemisphere was found. Meanwhile, the activation dominance of the right hemisphere is associated with more intense, frequent, and prolonged experiences of negative emotions (Gawinecka, Łucka, Cebella, 2008, p. 67).

Summary and Discussion

A review of studies presented in journals and literature has demonstrated the magnitude and significance of traumatic experiences for child development. According to many researchers, traumatic experiences, especially in early childhood, influence the development of dysfunctional behaviors and mental disorders such as depression, neuroses, anxiety disorders, sleep disturbances, nightmares, behavioral disorders, and others. Furthermore, as research has shown, traumatic experiences may directly affect abnormal development of the brain and its specific structures such as the hippocampus, limbic system, prefrontal cortex, and others. The complexity of the child's psychological and social development makes it difficult to find precise research tools that would examine only the influence of traumatic experiences on the above-mentioned developmental aspects, as well as on the overall development. Researchers point to protective factors that allow for the reduction or mitigation of the impact of traumatic experiences on the child's development and their later functioning in adult life. However, studies that would define not only the effects of traumatic experiences but also consider the child's capacities and resources in terms of protection and coping with traumatic experiences are required. This necessitates the creation and development of precise research instruments that identify and examine specific forms of trauma and their correlations with psychosocial dysfunctions occurring in children after experiencing trauma.

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