MIND MATTERS

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EDITORIAL

ADVERSE CHILDHOOD EXPERIENCES: EACH CHILD DESERVES HOPE

'Every child deserves a childhood filled with safety, love, and dignity. When that foundation is shaken, the consequences may remain invisible but can last a lifetime'.

Each child is born with extraordinary potential- a unique mind ready to learn, love and achieve her/his potential. Whether that potential comes to fruition or not depends upon the earliest experiences in life. Childhood is the foundation on which the adult personality rests.

Home is often described as a child's first school and the safest place to grow. But for many children, the very place that is meant to protect them becomes the source of fear, neglect, or trauma. What they experience is something known as **Classic Adverse Childhood Experiences (ACEs)**, namely abuse, neglect and household dysfunction. Many children experience significant trauma outside the home – in schools, care centers, neighborhood and even online – **Expanded ACEs**.

The emotional and psychological scars often remain unseen, influencing the child's development for years to come. These experiences echo across a lifetime, influencing mental health, physical health, education, relationships, achievement and even longevity.

Research shows that prolonged exposure to adversity can alter brain development and the body's response to stress. Science has also given us the hope that the brain can heal, and can grow into being resilient. A bad childhood is not a life sentence!

The greatest antidote to adversity is human connection. Just **one caring adult** – a parent, grandparent, teacher, relative,community worker or mentor who provides safety, consistency, and unconditional support can do wonders. Small acts of kindness often become turning points that children remember.

As parents, healthcare professionals, educators, community leaders and Rotarians, we should work towards the solution. We should promote emotional being among school children, empathy, compassion and developing inner peace among families, trauma -informed care among healthcare systems and healthier and peaceful communities by protecting children. This is the true measure of a good civilization. Safe homes, safe families, positive parenting, are important areas for investment to change the future.

Let us become the generation that replaces cycles of trauma with circles of compassion and hope. Let us address the invisible wounds that shape lives and communities. Let us nurture our children with love, understanding and wisdom, for we will nurture the future of humanity itself.

-Dr. Aabha Pimprikar
Co-Editor

ROTARY INTERNATIONAL CONVENTION – 13-17 JUNE 2026 TAIPEI,TAIWAN.

The Rotary Action Group on Mental Health Initiatives (RAGMHI, Global) had a Booth No. 352, At the House of Friendship & a HUB of Disease Prevention and Treatment.

The RI Convention in Taipei was a breathtaking celebration of service, friendship and global unity. With 38,000 heartbeats and voices, it radiated energy, inspiration, and joy of the Rotary spirit committed to service above self. Each year RAGMHI puts up its booth at the House of Friendship (HOF) to network and promote the cause of mental health. For three years RAGMHI also maintained a HUB. Both the HOF & the HUB kept buzzing with visitors, lectures, audio-visual presentations, and serious discussions on mental health by various speakers. RAGTime is a get together of all the 25 existing RAG's for networking.

IMPACT OF ADVERSE CHILDHOOD EXPERIENCES

The eccentric leader, Adolf Hitler, apparently had a bad childhood with adverse experiences- he had a strict authoritarian father and he experienced deep trauma after the passing of his father and later his mother due to cancer.

In general clinical practice, we witness a lot of mild to moderate impact of childhood experiences, such as- a child who grows up hearing, "You're never good enough," may become an adult who works endlessly, yet still feels they haven't done enough. Another child who never knew when the next argument would erupt at home may grow into an adult who is always "on alert," even in safe situations. **Childhood experiences don't just become memories- they often become patterns.**

Adverse childhood experiences can look different for every child. For one person, it may be growing up around constant conflict. For another, it could be emotional neglect, bullying, losing a loved one early, living with a parent who struggled with addiction or mental illness, or constantly feeling unseen and unheard.

These experiences don't only affect emotions, they also influence the body. Imagine a child who spends years waiting for the next angry outburst. Their body gradually learns to stay prepared for danger. As an adult, they may struggle to relax, have disturbed sleep, frequent headaches, digestive issues or feel exhausted despite getting enough rest. Their body is responding as if the threat never truly ended.

Psychologically, these experiences often shape the stories people carry about themselves. A child who was repeatedly criticised may become an adult who constantly doubts their abilities. Someone who had to "be the strong one" from a young age may find it difficult to ask for help. A child who was ignored whenever they expressed emotions may grow up believing their feelings don't matter, making it hard to recognise or communicate what they need.

This also affects relationships. Someone who experienced unpredictable caregiving may fear being abandoned and seek constant reassurance. Another person may keep everyone at a distance because trusting others never felt safe. Others may become people-pleasers, avoid conflict at all costs or struggle to set healthy boundaries. The **'Psychological Theory of Attachment'** states the impact of the style of attachment in childhood by the parent impacts their adult personality.

Not everyone who experiences adversity develops these patterns. For example, Oprah Winfrey, the celebrity American talk show host made public her personal story of childhood abuse and made it a social cause for many others. This was perhaps her way of coping with her childhood trauma.

Our early experiences may influence how we think, feel, connect and respond to the world, which shapes your adult personality- either healthy or unhealthy and pathological. It can also lead to clinical symptoms and disorders. At the same time, they need not define the rest of our lives negatively, if handled properly with therapy, supportive relationships, greater awareness and making it a larger cause for people to open up.

-Devika Gokhale
Counselling Psychologist, Nagpur

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CHILDHOOD TRAUMA: BUSTING MYTHS

What 'trauma' means is highly subjective; often determined by the nature of offending experience. It typically threatens our physical/emotional safety and negatively impacts long-term well-being. This article intends to address common misconceptions about childhood trauma.

1.Myth: Trauma means facing extreme physical abuse or major disasters.
Trauma is not necessarily intense; it can result from painful circumstances like witnessing domestic violence, being bullied, losing a loved one, watching them suffer chronically or living in socio-economic uncertainty.

2. **Myth: If it did not happen to you directly, it's not trauma.**
Just like passive smoking, secondary stress comes second-hand, bringing symptoms similar to those seen in direct survivors. Even family members and professionals experience trauma vicariously through caregiving, providing therapy, emergency care or witnessing clips on media.

3. **Myth: Trauma must be followed by PTSD.**
While post-traumatic response is one recognized outcome of trauma, numerous mental health concerns come out of emotional wound – anxiety, depression, dissociation, poor self-esteem, trust/ relationship issues, and emergent personality problems (complex-PTSD). Unhealed trauma creates attachment problems, emotional dysregulation, unremitting somatic symptoms, difficulty saying no, maladaptive coping, people-pleasing, shame and self-criticism.

4. **Myth: Trauma damages you permanently.**
Trauma alters neuronal plasticity, giving us deeply ingrained survival patterns. However, this adaptation does not doom a person irreparably. Consistent, personalized care makes recovery from trauma and a fulfilling life possible. Victims get better – learning adaptive coping, developing new strengths and building meaningful relationships.

5. **Myth: S/he was too young to remember or be affected.**
Early trauma manifests as behavioral problems in later life, even though the complete experience is not encoded as clear memory. Neurochemical impact of trauma (high cortisol) impedes further neuronal growth; hence, earlier the trauma, the more devastating and lasting its impact.

6. **Myth: S/he seems normal to me.**
A traumatized child can seem sweet, polite, even charming. They look 'healthy' on the outside until we observe deeper family dynamics or their behavior around other children. While they function well externally, their inside struggle and complex emotions often go unnoticed. Carrying such high-functioning trauma later reflects as overwork, perfectionism, or a detached demeanor.

7. **Myth: With enough love, they will grow out of it.**
Like children with physical disabilities don't 'grow out' of them and often receive special accommodations, children with traumatic experiences (emotionally disabled) also need help and support. Mere sacrificial love is often inadequate and serves a superficial role in healing their deeper wounds.

8. **Myth: People who have experienced trauma, will know it.**
Not every child who has experienced trauma can comprehend difficulties that stem from it, especially if it wasn't physical. Emotional trauma can be subtle, and symptoms can be normalized for long before connecting them to earlier events.

9. **Myth: Bad parenting causes these children to behave this way.**
Traumatized children tend to be impulsive, less able to self-soothe, less likely to understand emotional cues and oppositional towards parent/authority. Bad parenting can cause these symptoms only as much as it can cause epilepsy. Parents cannot be blamed; in fact, need commendation for dealing with such challenges daily.

10. **Myth: Everyone with trauma should talk about it.**
Revisiting traumatic memory can be extremely destabilizing and temporarily worsen a person's emotional milieu. Avoiding talking about it altogether can also impede healing. Hence, it is essential that the person is emotionally prepared, adequately supported and correctly paced before processing trauma.

-Dr Bhakti Murkey
Associate Professor in Psychiatry,
Geetanjali Medical College and Hospital, Udaipur

WHEN MEMORIES BECOME BIOLOGY: HOW CHILDHOOD SHAPES THE BRAIN, GUT, AND EMOTIONS

Roopa, a woman in her early thirties, sought help because her present is more difficult than those of her childhood days, which she spent with an alcoholic and abusive father. Now every day is a battle. She is constantly worried about something, has generalised anxiety, is messy and chaotic at work. She is over-protective, easily irritated and emotionally exhausted.

Her anxiety was beginning to affect her marriage. Small disputes with her husband led her to imagine fears of catastrophic levels. She was unable to trust, unable to relax and often feared the worst even if there was no real danger. Sleep was fragmented. Nightmares were frequent. She woke up with her heart pounding, soaked in sweat, replaying scenes of hiding herself and sister from her the battles of her parents.

She suffered constantly from bloating, abdominal discomfort, alternating constipation and diarrhoea, frequent headaches and palpitations, muscle tension and fatigue. Medical examinations found nothing serious to be wrong. .

Research on adverse childhood experiences (ACEs) shows that repeated exposure to abuse, neglect, domestic violence and parental substance dependence during childhood is permanently associated with how the brain and body are programmed to respond to stress. **A child's survival system responds to an unsafe environment by being constantly vigilant. Years later, even in objectively safe situations, the nervous system may still feel as if danger is imminent.** Emerging research on patients with eating disorders (Zhang et al., 2026) reinforces that ACE exposure is linked to more severe symptoms, higher psychological distress, and more complex clinical presentations. Early life stress doesn't just "stay in the past"; it can echo through how a person copes, regulates emotion, and uses food to manage pain.

What scientists have learned in the past decade is that this **stress response extends beyond the brain.** The gut microbiome, the huge community of microorganisms that live in our guts, undergoes chronic stress early in life. **These microbes communicate with the brain through gut-brain communication** as well, affecting immunity, inflammation, neurotransmitter production and emotion regulation.

When stress disrupts this microbial ecosystem, the consequences are far more than digestive discomfort. **Dysbiosis has been associated with increased anxiety, impaired emotional regulation, disturbed sleep, chronic low-grade inflammation and functional gastrointestinal problems such as irritable bowel syndrome**. These symptoms are influenced by many factors but early-life adversity is now widely recognised as a major reason.

For Roopa this connection was transformative. **Her symptoms were not "all in her head." They were a part of her nervous system and gut that had adapted to survive childhood but had never been given the chance to feel safe.**

Healing involves trauma-informed psychotherapy, strengthening family relationships, better sleep, mindful stress management and nourishing her gut with a diverse, fibre-rich diet. **Psychobiotics research** has several exciting avenues but it should be seen as an aspect of a whole and not a whole solution.

The conversations between the brain and the gut reinforce that healing is possible. Every loving relationship, every nourishing meal, every restful night and every step towards emotional safety helps to remake a story that was once hard to change.

-Dr Sripriya Shaji PhD
Counselling Psychologist & Nutritionist
Srisha Counselling, Kozhikode.

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THE ECHOES OF CHILDHOOD IN ADULT RELATIONSHIPS

The early life relationships we form frame the foundation of our awareness of ourselves, other people, and the environment. Attachment style, emotional regulation, and interpersonal expectations shape our childhood and continue throughout a lifetime (Bowlby, 1988). While positive experiences foster trust and emotional well-being, negative or inconsistent experiences can result in invisible injuries that affect our adult relationships.

According to attachment theory, children develop cognitive schemas in response to their interactions with caregivers. People with **secure attachment** typically receive consistent emotional support and can thus develop trust, emotional regulation, and stable relationships. **Anxious attachment** is common among individuals whose caregivers provided inconsistent support during childhood; such individuals fear abandonment, seek reassurance, and are highly sensitive to the risk of rejection. People with **avoidant attachment** have learned not to expect their emotional needs to be met and prefer emotional detachment and are uncomfortable with intimacy. Finally, some people have a **fearful-avoidant attachment** because they want closeness but are afraid of it at the same time; these mental processes usually stem from childhood experiences when care and distress occurred simultaneously (Ainsworth et al., 1978).

Sarah is a 32-year-old career-oriented woman who often felt anxious when her partner took a while to respond to her texts. Because of her insecure childhood feelings, she was often in need of reassurance and was frightened of being abandoned, although she was happily married. In therapy, Sarah discovered the connection between how she is responding now and how her inconsistent parents treated her emotionally when she was younger. She always worried about being left without love and care because she did not know when her caregiver would show her love. This example illustrates how early interactions influence adult relationship styles (Mikulincer & Shaver, 2016).

The first stage of healing is recognising the connection between one's past experience and present behaviour. **Through self-reflection, emotional awareness, establishing healthy boundaries, and seeking professional help, one can learn how to have more secure relationships.** One will not remain a hostage of their experience but will be able to make conscious decisions for the sake of their relationships with people.

-Akanshaa Hirraani
Founder and Practising Psychologist
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(https://calmfitcounselliing.com/)

TRAUMA SIGNALS

According to the American Psychological Association, **trauma is any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning.**

It is extremely important to recognise trauma signals in children because they cannot properly articulate their feelings and thoughts. Each individual responds or reacts to trauma differently.

Common signals in children vary according to their ages. In **toddlers**, changes in their sleep and eating patterns can be a sign of trauma. Some toddlers may lose sleep, trying to escape the emotions they feel while some might not be able to sleep because they believe that the incident that has caused trauma will repeat itself while they are sleeping. They might become more fearful and constantly seek support from their parents or caregivers. If they witness a conflict and see someone they know become very aggressive, they will want to feel protected every time they are around that person and might not feel safe around them.

Some toddlers may also regress with respect to the developmental milestones. Meaning a toddler who has stopped thumbsucking, may start doing it again every time they are in distress.

Children from ages **4-6 years** may also show the following signs. Along with that, they might stop enjoying doing the things that they used to love. For example, a child who used to love to paint might stop doing it after experiencing a trauma. Children might stop playing, socialising and making new friends.

Similar patterns may continue in children from **7-12 years.** Along with all this, they might have poor memory and concentration which affects their academics.

In **teens and pre-teens**, excessive and sudden outburst of emotions can be a sign of trauma. If a child suddenly starts shouting over something trivial, or gets extremely upset over something very small, it may indicate that they have no other outlet to express what they have been feeling because of a trauma that they experienced. A teenager can also go through these things because of hormonal and physiological changes. It becomes crucial to identify patterns behind their outbursts or sudden silence. This will help anyone around notice if there is anything specific that is bothering them and if a specific activity or words trigger their trauma response. Trauma can also be manifested as physical pain which has no specific origin.

It is very important that we notice such signs, if any, so that the child can be given appropriate help and support. The sooner there is an intervention, the better it is for the child. The child must be given a safe space where they can open up about the trauma that they have experienced and help should be provided.

-Sara Pimprikar,
Mental Health Ally,
Member DAGMHI 3030

TWO BOOKS ON ACEs

Lost Spring by Anees Jung (Penguin Books India, Year 2005)

An eye-opening tale of the impoverished conditions of marginalized children in India who are denied a normal childhood- who live in poverty, child labor, and social inequality. Their stories remind us that adversity is not always confined to the four walls of a home. Hunger, unsafe living conditions, exploitation, lack of education and the burden of earning a livelihood can be just as damaging to a child's development.

Bitter Chocolate: Child Sexual Abuse in India by Pinki Virani (Penguin Books India, Year 2000)

Through real-life accounts, the book exposes the silence, shame, and betrayal that often surrounds abuse, especially when the perpetrator is someone the child knows and trusts. It compels readers to acknowledge that abuse is not merely an individual tragedy but a societal issue that demands awareness, prevention, and timely intervention.

Although the two books explore different forms of adversity, they share a powerful message: **every child deserves safety, dignity, and the freedom to dream.**

What makes these books particularly relevant today is that they encourage us to look beyond behaviour and ask deeper questions. Instead of asking, *"What is wrong with this child?"* They inspire us to ask, *"What has this child experienced?"* That simple shift in perspective is at the heart of trauma-informed care and compassionate parenting.

Reading these books is not always easy, but they are necessary. They remind us that **childhood is not merely a phase of life; it is the foundation upon which an entire lifetime is built**. The responsibility of protecting that foundation belongs not only to parents but also to educators, healthcare professionals, policymakers, and every member of society.

Sometimes, the first step towards changing a child's future is simply choosing to understand their story.

-Dr. Aabha Pimprikar
Co-Editor

WHEN HOME ISN'T SAFE ANYMORE

Think about the children in your life. Now imagine them waking up every day not knowing if Mum will be sober, if Dad will be shouting, or if the house will feel like a war zone instead of a home. For millions of children, this isn't imagination. It's real life.

When a parent struggles with addiction, the child becomes the silent keeper of secrets. They learn to walk on eggshells, to hide the empty bottles, to make excuses for the bruises, to pretend everything is fine at school. Inside, they are terrified, confused, and alone.

Add constant conflict between parents that lasts for days. The child starts to believe it's their fault. "If I were better behaved, maybe they'd stop fighting." This is a heavy weight for small shoulders.

And when families break apart through separation, divorce, or abandonment, the child doesn't just lose a parent. They lose their sense of the world as a safe place. Routines disappear. Friendships fade. Sometimes even the roof over their head changes. The grief is quiet, but it runs deep.

Children cope in different ways. Some act out, becoming the "problem child". Some become perfectionists, trying to control what they can, grades, room, schedule. Others disappear into themselves, learning that being invisible is the safest. **None of these are wrong, just strategies for surviving a world that feels out of control.**

Healing is not simple, and does not happen overnight. There is no magic fix. But there is something real we can do. It starts with seeing the child, not just their behaviour. **It means schools and communities responding with patience instead of punishment.** It means giving parents struggling with addiction a path to help, not just judgment. And the child needs at least one steady adult who shows up consistently and says, "I see you. You matter." Breaking the cycle takes time, honest conversations- resources we often lack.

Let's commit to being part of the solution, however small, for the children who need it most.

-Anjali Anil Salani, Therapist