What Is Trauma, Really?

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Trauma is a response to a physical or emotional shock — after a stressful event, a physical injury, or a difficult diagnosis.

According to the U.S. Department of Health and Human Services' Office on Women's Health, an estimated 85–95% of women in the public mental health system have histories of physical or sexual abuse, most of it in childhood. That figure comes from older federal materials — it was cited in a 2011 federal report on women and trauma — and no longer appears on the Office's current website, but it remains widely referenced by trauma-informed care providers.

The Adverse Childhood Experiences (ACE) study, conducted by the CDC and Kaiser Permanente, mapped the links between childhood trauma and later-life health. Adults with higher ACE scores showed graded, dose-response increases in liver disease, chronic lung disease, ischemic heart disease, depressed affect, alcoholism, drug abuse, risky sexual behavior, and smoking. Follow-up research tied high ACE scores to a roughly 31-fold increase in lifetime suicide-attempt risk, a five-fold increase in reported hallucinations, roughly triple the risk of lung cancer, and significantly higher rates of autoimmune-disease hospitalization — the last one hitting women hardest. Childhood abuse survivors also face substantially higher vulnerability to being victimized again as adults.

Two caveats worth carrying: the original ACE cohort was mostly white, middle-class, and insured, and these are associations — strong, graded, and replicated across later studies, but observational. Much (not all) of the physical-disease effect runs through health behaviors like smoking.

And while a child is living through those events, they are also forming beliefs about themselves — beliefs that later shape how they respond to

shocks in adulthood. Adult children of abusive upbringings don't all respond the same way: one may struggle with depression, another with anger, another with autoimmune disease or chronic illness.

Why the same event breaks one person and not another

Not all trauma leads to PTSD, depression, anxiety, or chronic illness. It varies from person to person — and I believe a great deal of that variation comes down to belief system and past experience. A healthy childhood is the best defense in life: live long enough and you will face traumatic events, and how you respond is built on what you believe.

Two people can live through the exact same event. One feels relieved it's over. The other is still in shock weeks or months later. Some people hear a stage 4 cancer diagnosis and are completely traumatized; another feels confident they'll beat it, or is at peace with the idea of dying. The event is the same. The beliefs are different.

The symptoms

The most common emotional symptoms — sadness, excessive anger, denial, fear, and shame — can lead to nightmares, insomnia, difficulty with relationships, and emotional outbursts.

The most common physical symptoms are nausea, dizziness, altered sleep, appetite changes, headaches, and gastrointestinal problems. (A child who constantly complains of headaches and stomachaches may be living with anxiety rooted in trauma.)

Repeated or prolonged trauma — domestic violence, or a series of different traumatic experiences — can develop into depression, anxiety, dissociative disorders, PTSD, and substance abuse.

The takeaway

If a child believes they are unloved — carrying parental rejection or emotional abandonment — being cheated on or divorced can be genuinely traumatizing. Someone with a different foundation can bounce back from the same event relatively quickly. Trauma isn't just about what happened. It's about the beliefs you carried into it — and beliefs can be rebuilt.

Sources: U.S. DHHS Office on Women's Health, Abuse, trauma, and mental health; Federal Partners Committee on Women and Trauma, Women and Trauma report (2011); CDC, About the CDC-Kaiser ACE Study; Felitti et al. (1998), Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults, Am J Prev Med; Hughes et al. (2017), The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis30118-4/fulltext), Lancet Public Health; Dube et al. (2001), Childhood abuse, household dysfunction, and the risk of attempted suicide, JAMA; Whitfield et al. (2005), Hallucinations, Child Abuse & Neglect; Brown et al. (2010), Adverse childhood experiences and the risk of lung cancer, BMC Public Health; revictimization systematic review; CDC, Coping with stress after a traumatic event.