An initiative of the

Canadian Consortium on Child & Youth Trauma

## NEWLY EMERGING RESEARCH

on child & youth trauma
and trauma-informed care

# MONTHLY JOURNAL WATCH

Translating and disseminating research-based knowledge
to practice & policy settings.

# RESEARCH TO PRACTICE & POLICY KNOWLEDGE BULLETIN

**FEBRUARY 2025**
**MONTHLY SUMMARY**

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**Summarised articles:**

- *Beyond Bullying: The Unique Impact of Trauma on Autistic Children*
- *Echoes of Trauma: How Holocaust Survivor Parenting Styles Shape Mental Health Across Generations.*
- *Through Their Eyes: Youth Perspectives on Anger and Aggression*

# Beyond Bullying: The Unique Impact of Trauma on Autistic Children

Di Marco, A., et al. (2025). "A Scoping Review of Autistic Children's Neurological, Cognitive, and Psychological Responses to Trauma." Topics in Language Disorders 45(1): 60 76. http://dx.doi.org.proxy3.library.mcgill.ca/10.1097/TLD.0000000000000350

## Background

Research indicates that **autistic children** are more likely than their neurotypical peers to experience potentially **traumatic events**. However, there is limited literature on how autistic children respond to trauma, and few **assessment tools** exist to evaluate their specific trauma exposure and reactions.

### OBJECTIVES

This study aimed to address the following research question: **"What are autistic children's neurological, cognitive, and psychological responses to trauma?"**

### METHODS

A **scoping review methodology** was employed, examining four databases (CINAHL, MEDLINE, Emcare, and PsycINFO) using keywords related to the research question. The studies included in the review had to present primary or secondary data, focus on children aged 0–18 years with a diagnosis of autism spectrum disorder (ASD) who had potential trauma exposure, or autistic adults who experienced potential trauma during childhood, and mention a response to trauma. Thirty-one peer-reviewed studies were included in the final analysis. Both **quantitative and qualitative analyses** were conducted, along with a **frequency analysis** to **categorize and describe the findings.**

### RESULTS

The review identified **five key types of trauma** frequently experienced by autistic children:

- **Bullying**
- **Adverse Childhood Experiences (ACEs)**
- **Applied Behavior Analysis (ABA)**
- **Family-level Stressors**
- **Natural Disasters**

**With bullying being the most common.**

These traumatic experiences were associated with various **negative neurological**, **cognitive**, and **psychological outcomes**. **Autism** was found to **moderate the relationship between trauma and its consequences**, as autistic children's unique **sensory** and **communication needs** intensified their responses.

The research found several key differences in how autistic children respond to trauma compared to their neurotypical peers. Autistic children who experience trauma often develop **structural brain differences**, including **abnormal white matter** in the **frontal lobe** and **reduced gray matter** in the **right prefrontal cortex**. These regions are critical for **cognitive processing** and **emotional regulation**, and changes in these areas have been linked to symptoms such as **intrusive thoughts** and **executive functioning difficulties**.

Following trauma, autistic children are more likely to exhibit **externalizing symptoms**, such as heightened **anger**, **social difficulties**, and **school refusal**. Additionally, autistic children who experience **adverse childhood experiences** tend to have higher levels of **depression** and more pronounced **executive functioning challenges** than their neurotypical peers. Importantly, autistic children may express **anxiety and depression differently**, meaning standard **diagnostic tools** may not always accurately capture their distress.

### IMPLICATIONS

This study underscores the critical need for expanded research on autistic children's **trauma experiences** and responses. A greater focus on **diverse populations**, **tailored interventions**, and **language sensitivity** is essential to improving **trauma-informed care** and providing more effective support for autistic individuals.

### TAKEAWAY QUESTIONS

- *How can trauma-informed care be adapted to better accommodate autistic children's unique sensory, cognitive, and emotional responses to trauma?*
- *How do factors like gender, race, and late diagnosis shape the trauma experiences of autistic individuals?*

# Echoes of Trauma: How Holocaust Survivor Parenting Styles Shape Mental Health Across Generations.

Békés, V. and C. J. Starrs (2025). "Transgenerational Trauma: Perceived Parental Style, Children's Adaptational Efforts, and Mental Health Outcomes in Second Generation and Third Generation Holocaust Offspring in Hungary." American Journal of Orthopsychiatry 95(1): 12-22. https://doi.org/10.1037/ort0000758

Past research has explored how trauma is passed down in families of Holocaust survivors (HS), but the exact mechanisms remain unclear. **This study focused on Hungarian HS families and the impact of trauma on second generation (G2) and third generation holocaust survivors (G3).** The study aimed to understand how parental trauma affects offspring mental health by examining parental styles, adaptation strategies, and mental health symptoms like PTSD, anxiety, and depression. It used a cross-sectional online survey based on Danieli et al.'s (2015) paradigm to assess Holocaust survivor (HS) parental styles, as reported by their offspring, along with participants' adaptational impact and mental health symptoms, including PTSD, C-PTSD, anxiety, and depression. Danieli identified three HS parental styles: victim style (marked by emotional volatility, overprotection, and control), numb style (characterized by emotional detachment and silence about trauma), and fighter style (focused on achievement, mastery, and preserving Jewish identity).

Although the difference was small, parental styles varied by generation, with G2 displaying more fighter styles and G3 exhibiting more numb styles. Interestingly, G3 reported higher—not lower—levels of both adaptational impact and mental health symptoms compared to G2. Additionally, a higher mean parental style was associated with greater adaptational impact in both generations. More intense parental styles and greater adaptational impact were linked to higher rates of PTSD, C-PTSD, anxiety, and depression in both G2 and G3. Overall, parental style and adaptational impact accounted for 20%–34% of the variance in descendant mental health symptoms, highlighting their significant role.

The findings emphasize the lasting effects of the Holocaust on the third generation HS and the need to increase awareness of collective trauma through education, improve culturally sensitive and trauma-informed mental health services across generations, and promote tolerance and diversity in public policy.

# Through Their Eyes: Youth Perspectives on Anger and Aggression

Farley, T. M. and L. M. McWey (2025). "Triggers and Regulation: Qualitative Experiences of Anger and Aggression Among Youth." Family Journal 33(1): 73-81. https://doi-org.proxy3.library.mcgill.ca/10.1177/10664807241257492
nk: Dissociation, complex trauma exposure and decreased startle reactivity. Journal of Trauma & Dissociation, 26(1), 128–147. https://doi.org/10.1080/15299732.2024.2429445

**Anger and aggression** are common clinical symptoms in individuals with complex trauma histories, yet research has struggled to define these emotions, identify their triggers, and understand how they are regulated, particularly from youths' perspectives. This study aimed to **explore how youth experience anger and aggression and examine differences between those with higher and lower risk of trauma exposure.**

Participants first completed the Adverse Childhood Experiences (ACE) Checklist to **measure trauma history and risk exposure**, allowing them to be categorized into high- and low-risk groups. They then took part in **semi-structured interviews**, where they described their experiences with anger and aggression, explored triggers and regulation strategies, and defined these emotions in their own words.

The results revealed both **similarities and differences between groups**. Youth in both groups saw **anger as purposeful** and viewed **aggression as useful for self-defense**. However, **triggers varied**—lower-risk youth cited external stressors like video games, school, and a lack of control, while higher-risk youth reported interpersonal and environmental triggers such as physical harm, oppression, disrespect, and emotional overwhelm. **Regulation strategies also differed**; lower-risk youth tended to walk away, use deep breathing, attend therapy, or talk to someone, whereas higher-risk youth were more likely to rely on physical outlets like hitting.

**These findings have important clinical implications. Higher-risk youth may need alternative, non-violent ways to express emotions and feel heard. Tailoring interventions to different risk levels can help address specific needs, ensuring more effective and meaningful support.**

# AN OCCASION TO EXCHANGE

# *JOURNAL WATCH GROUP*

**Once a month, we gather a group of researchers, practitioners, policy-makers, and students to read and discuss newly emerging research publications on child and youth trauma, and trauma-informed care.**

**Meetings take place online in a friendly and casual atmosphere; all are welcome.**

**Our students pull highlights from these publications and discussions to create Research to Practice & Policy Knowledge Bulletins. We share these research-based knowledge bulletins with practice and policy settings who are actively working to improve the lives of children and youth across Canada.**