The Lion Theory Research paper

Author: J. C. Atkins. (2019)

What i found interesting was how all of us had mimicking ADHD led Autism behavioural pathways. I needed to know how this was affecting the behaviour, brain development and the sensory system. In stress response due to childhood trauma, we will foam adhd led autism. We are seeing the same brain and gut inflammation. The same sensory issues and in autism we are seeing mimicking or coping in the learning, ie they learn through mimicking in autism. In the ADHD led autism, we see the watered-down version of both autism and adhd together, which is often misdiagnosed as bipolar in past times and changes to speech and langue development, attachment, social interaction, no filter of what they say. Struggles with emotions and understanding them. Delays in thought process, unable to process emotions, mixing up of facial recognitions. Broken sleep patterns and many more features that one could put under the umbrella of autism or adhd. Dyslexia also being seen in high levels in autism, adhd and childhood trauma. Struggling with social cues and responses. Fast talking, struggling to fit in, delay in processing our thoughts, actions and emotions, poor education attachment, dyslexia. Being a visual thinker, all effecting the speech and langue. Having no sense of fear and danger, making impulsive choices and chasing the extreme thrills, whether as a hobby. Some chasing danger for the need to feel, often feeling misunderstood and unable to fit into what society deems correct. Chasing the sugar rush is a clear indication of a blunt dopamine system.

What you find with people that chase the danger (due to blunt dopamine) is the crash they will have after into a depression. Some will lay in bed for days, in a feeling of doom and then do it all again. The cortisol imbalance due to the stress response causing up and down moods when Adrenaline is added and creating a negative pattern of behaviour. Large amounts of stress creating hyper, inattention, emotion defunction and cognitive defaults, gut inflammation, neuroinflammation, Due to the cortisol being in high levels. The levels of cortisol and adrenaline due to the stress response creating a yo yo in mood swings, with the dips and peaks of the stress hormones being triggered constantly. The younger the trauma the more profound the mimicking of the adhd led autism. Impulsive and delayed thought process, not thinking about their actions or decisions, just doing and thinking afterwards why things went so wrong for them.
One can see the start of manic in the pacing and extreme levels of adrenaline, in puberty during excessive over pruning one will see the opening of bipolar. Manic behaviour, mood swings, etc. One can see why so many of us earn the bipolar stamp with just our extreme behaviour and moods. When we feel untouchable and the best thing since sliced bread. In manic we talk fast, like we are a big ball of energy and then when the episode has ended. We drop into the pits of hell and a depression like no other. Many who have suffered sexual abuse will suffer with paranoid thoughts in a fear state, which is understandable given the trauma they have been through to developing in late teens or adulthood paranoid schizophrenia.
The need to control our environment to feel safe, then creating a bubble around us. Cortisol hormone that plays a role in aggression, especially during stress, where it prepares the body for "fight or flight" responses. In males add in the

Testosterone and males have a higher aggression than women, although women can just be as an aggressive, due to the progesterone hormones.
Our front hides the lack of self-esteem created through our trauma, we never feel good enough and always are looking to be accepted and to win approval. We strive for perfection, a target we can never reach, it's never good enough, we can do better not far from our thoughts. We see negative comments, no matter if it's in our interest as a disrespect, unable to accept when we are wrong, down to our walls that keep us safe.

When must remember ADHD and Autism are the same pathway, as i prove in the science work the foundations of autism (2026). Meaning they are the same disorder. In trauma ADHD, the autism will be ADHD led due to the stress response created in critical stages of cognitive milestones of development.

Speech and langue having the most profound delays in childhood trauma under the age of 5 years during critical period as communication tries to foam, but when the child has poor attachment, delays will occur in speech. Often seen in adults, when asked to say words that are unfamiliar to them. One will also see strong pattern recognition in stress response in childhood trauma due to the child looking for safety in the caregivers' responses and the ability to be visual thinkers. Meaning they learn better at doing and getting involved by visual thinking, rather than classic learning styles. Seeing the problems and visualizing how they can solve the problem.

One must remember that puberty with the hormones can produce a hormone imbalance and a gateway for other disorders to occur within the time frame. Mimicking ADHD led Autism pathways being created throughout the childhood development stages. All disorders bipolar, schizophrenia following the dual pathways in the foundation of childhood before opening in puberty.

Addiction pathways can foam easier in adults, due to need for escapism, hyper focus, escapism and the dopamine blunt and cortisol roller coaster and the way that the brain is programmed to follow a pattern regardless of if the pattern is positive or negative.

Medication turns the hormones imbalance into a chemical imbalance and when the medication is not taken, withdrawal beginnings and the mind start to race, pacing, as the sensory and nervous system tries to find a path forward due to the change in chemicals added. Medication when taken over a long period of time, changing chemicals in the brain. The brain struggles without the chemicals and try's to adapt the brain.

ADHD----------^----------Autism

Male Hormones tipping the scale to Higher levels of ADHD

Female Hormones tipping the scales to higher levels of Autism.

We also will find that the higher the levels of trauma= dyslexia and creativity pathways to open up

The Lion Theory

ReSearch Paper.

Introduction.

When I first started researching this area, I never imagined the journey i would go on. To find a solution to the negative effects of trauma on both the cognitive and behavioral pathways and to build a framework that had impact. To do this I would need to go on my own emotional roller coaster, to find the answers hidden in the academic world.

For me the most profound academic research work, came in the form of three men; David Farrington, David Finkelhor and Tim Chapman.

The moment I came across his work in the Cambridge Study, I was hooked on David Farrington's work. A leading Professor in Psychological Criminology from Cambridge University, he knew our world like the back of his hand. His work had all the hall marks of a Cambridge professor, his personality shines through his work. When I read his work and close my eyes, I can almost feel what it would have been like to be in one of his lectures at Cambridge University.

David Finkelhor the leading American Sociologist, his work at the Crimes against Children Research Centre was outstanding. He is the Steve Hawkins of Sociology; he has a gifted analytical mind.

Tim chapman and his work with The Butterfly Theory was amazing, I could not put his book down. What I found somewhat funny with Tim Chapman is when you type his name into Wikipedia. It comes up with dog the bounty hunters' brother, which I found rather funny. Although I must admit I have a tattoo of his butterfly theory on my hand. With the butterfly coming out of the chrysalis and flying away from the trauma.

I hope you enjoy my unique viewpoint and writing style!!

Trauma a Gateway; Or Myth.

The jigsaw started with its first piece, what causes children like I was to offend so young.

The answers came in the form of the Cambridge study into Delinquent development. Here the study had categorized the six areas which would lead a child to offend (Farrington, 1981). When I looked at the six areas and broke them down again. I was taken aback that 3 of the areas defined; were the causes of trauma and the other three were symptoms of trauma. Which made me start to question was trauma a gateway into offending, substance abuse and mental health? Did trauma create its own pathways, and how did the trauma affect the cognitive, behavioral pathway and brain? I slowly began to see trauma as an entity with its own unique features and creating its own pathways of destruction within the lives of the young people it affects.

Resilience Vs Vulnerability.

I then wanted to look at what made some children more resilient than others and how did this enable them to cope with trauma far better than other children. To do this, I looked at work in this area. It seemed that it was:

“A combination of biological and social factors that is most successful in differentiating children according to vulnerability.” (Werner and Smith 1977.)

I then looked at work in child abuse and neglect and how this factor affected the child s resilience levels. In (Rutter, 1989) quest for the answer to his question: “What makes for a vulnerable child? Or What makes for a resilient child?” He looked at the question at every angle, and he managed to narrow it down in his quest for his answer as the following:

“There are, on the one hand, biological and psychosocial factors that make some individuals particularly susceptible; on the other hand, there are protective influences that serve different functions. They may be inside the child (easy or difficult temperament, easy or difficult birth, good or poor health, and so forth.) or outside the child (e.g. Cohesive or dysfunctional family, secure or insecure upbringing).”

The findings stated that the level of resilience in a child cannot be pinpointed to one direct factor but instead, to a whole range of biological and social factors.

When looking at soldiers with cptsd, one sees the one who has been through more diversity in childhood, will have more resilience and cope better with trauma. We see this a lot in childhood trauma. Adults have more resilience.

Removing the Labels.

When looking at the how we form judgement through cognition processes: it also made me look at the negative effects labelling can have. Labelling on young people can have a negative effect on how they engage with their social environment. Looking at Farrington's research with youth offenders and labelling (Farrington 1978). It made me see what negative effects labeling can have on a young person's behavior and how they view them in society. Children who have had trauma, have spent their childhood being told they are not good enough and have no voice. Due to the poor attachment they struggle to understand themselves and how to regulate their emotions.

Child trauma and puberty

They found that violent or traumatic experiences led to **accelerations in pubertal development, brain development, and cellular aging**, while neglect and chronic poverty did not, though they could affect physical and cognitive development in other ways. We see the effects of hormones in stress response in childhood developmental stages in the science paper and know the link is strong between hormones and see enhancement of adhd and autism in key growth hormones peaks and declines of hormones. Ie menopause, puberty

On reflection made me think i needed to cross exam the link between hormones, brain and cognitive development.

Trauma as an Entity.

The word Entity means something that is independent with its own unique features. As I began looking at the effects trauma has on people's lives. I began to see trauma in a whole new light, was trauma creating its own pathways?

I saw trauma as you would a snake bite, in the aspect that it travelled around the body and affected the pathways and brain of the people it encountered. It caused misery in the lives it affected and the communities they lived in. It was a dark and cold entity that held no regards for its victims. I needed to look at how trauma directly affected the brain and its pathways.

For this aspect I looked at the work of a leading developmental neuropsychiatrist

Martin H. Teicher reveals, "scientists are discovering some startling connections between abuse of all kinds and permanent debilitating changes in the brain and psychiatric problems ranging from panic attacks to post traumatic stress disorder. In these surprising physical consequences of

psychological trauma, Teicher sees not only a wake-up call for our society but hope for new treatments." (Tiecher 2000.)

In his work within the effects of child abuse on the brain, he states:

"Specific kinds of brain abnormalities occurred within psychiatric patients who were abused as children."

Trauma was having a negative effect on the brain development.

When I was breaking down Farrington's six catalogues of causes of youth offending. I noted three of them were symptoms of trauma. Which may have seemed strange at the time, as one of them was ADHD and one would not class ADHD as a symptom of abuse or trauma. Again, in Tiecher's work, like many others have stated. He stated that early abuse may produce brain changes that mimic key aspects of ADHD. He stated the following regarding this in his paper:

"We have also found that 30 percent of children with a history of severe abuse meet the diagnostic criteria for attention-deficit/hyperactivity disorder (ADHD), although they are less hyperactive than children with classic ADHD. Very early childhood abuse appears particularly likely to be associated with emergence of ADHD-like behavior problems. Interestingly, one of the most reliable neuroanatomical findings in ADHD is the reduced size of the cerebellar vermis. Some studies have also found an association between reduced size of the mid portions of the corpus callosum and emergence of ADHD-like symptoms of impulsivity.
Hence, early abuse may produce brain changes that mimic key aspects of ADHD."

It was clearly causing an impact on the cognitive, behavioral pathways and the brain. In the summary of his report (Tiecher 2000) stated the following:

"Childhood abuse is linked with excess neuronal irritability, EEG abnormalities, and symptoms suggestive of temporal lobe epilepsy. It is also associated with diminished development of the left cortex and left hippocampus, reduced size of the corpus callosum, and attenuated activity in the cerebellar vermis. We see a close fit between the effects of early stress on the brain's transmitters—our discoveries about the negative effects of early maltreatment on brain development— and the array of psychiatric symptoms that we observe in abused patients."

The Gateway Disorders.

Attachment: You have no self-worth and it's the loneliest feeling in the world. You struggle with any form of relationship and have no trust. You build walls so tall no one can ever get in. You must learn to trust and remove your wall and that's the hardest thing to do. To do this, you must learn to love yourself first. **(Attachment disorder has a different effect on child abuse and neglect than it does in autism pathways.)** poor emotions regulation and stress responses being foamed due to poor attachment. Effecting not only identity but how we see ourselves.

Personality disorder: long lasting patterns of thinking, behavior, and emotional responses that significantly impair an individual's ability to function in daily life. Created during childhood as our personality develops. You struggle to manger your racing thoughts, manage your behaviors, and are impulsive. Struggle with how we react to other people and ourselves. Due to dissociation and problems with attachment and at times over use of safe place in our heads. The foundations of personality foaming of what will be the base at the age of 7 years of age. Any abuse before will have a high risk of personality defaults. Sexual abuse has the highest effects on the foaming of the personality under the age of 7, due to poor attachment and the child looking for safety within their own heads and levels of dissociation.

We know healthy development in personality needs a safe environment, good attachment, healthy emotional responses, and regulation. Under the age of 7, this is critical to healthy personality development. In childhood trauma under the age of 7, when a stress response has been prolonged, we see the child using primary coping skills, going into themselves and dissociation from reality; we will see the start of borderline personality foaming. Add into the child's temperament, which relies on not only genetic factors but also environmental factors.

Conduct Disorder: Which I call the defiant disorder, it's the anti-social behavior disorder. Because you are so angry at the world for all you have been through, you just want to rebel. You struggle with authorism; you always must do the opposite of what you're told, your brain can't help it. It causes problems with aggression, as you have so much rage deep down in your soul, and the trauma has no outlet. Like PTSD it makes you anger at the world you live in. Conduct disorder never leaves you, even years later you can still see the traces of it in my behavior sometimes. **(Conduct disorder has a different effect in child abuse and neglect than it does in autism pathways.)**

PTSD: This disorder can break even the strongest of people. It creates the need for escapism, a break from the disorder. It can completely wreck your life; it holds no barriers to social class and does not hold any mercy to the ones it affects. The replaying of memory, anything can bring a flash back to the surface. A song, smell, the feel of something you touch or even a taste can leave you a complete wreck. At night it affects your sleep pattern; you spend hours awake locked in your own thoughts. Anyone who's had PTSD will know the feeling of; waking up at 4am covered in sweat with your heart doing ten to a dozen or the feeling of suffocating when you're trying to get your breath.

Disorder pathway during trauma dual adhd and autism pathways made up of:

Attachment, conduct, impulsive thoughts, actions, anger and emotions, antisocial behavior, opposition defiant disorder. PTSD, authorism leading on pruning stage depending on levels of dissociation created within the child to dissociate the trauma, opening doorway to other pathways of disorders in late teens and early adulthood.

One must remember that sexual abuse has the highest rates of dissociation to reality due to needing to find safe space inside their mind. Closely followed by children who are extremely neglected and violently abused. Unable to process the emotions, fear, etc. Shutting down and

then going into another place. In extreme cases shutting down, avoidance is the only tool the child has. Paranoid traits and distance from reality within the child in RAD. Where anger and emotions cannot be processed, and the child is in a constant terror stage.

A high level is dyslexia, due to the changes in the brain (see science work). Unable to express thoughts correctly and see themselves in a very negative viewpoint and struggle with their identity. The need for control, as the child feels powerless often seen in adults who have suffered abuse.

Opening of Paranoid schizophrenia pathways in late teens onwards during pruning. in sexual abuse due to high levels of paranoid fear and threats the child is under. Most having high levels of ADHD on build up in males 1 in 7 chances of opening. **Childhood trauma can profoundly reshape the nervous system, altering brain structure, stress responses, and long-term emotional regulation.**

Also, in RAD later in life... child if personality splits, will see herself and the other as her protector. Who is brave and isn't abused? If that fails and offers protection, another can open and create mutli personalities, depending on the child's resilience levels and genetics. And the level of abuse. Non possession opening in later stages of childhood and possession more in extreme young children. Also, broadline personality is also developed at times but often overlooked. As the child in later life struggles with anger and processing of thoughts and emotions but also how they see themselves and will yo yo moods as they try to deal in adulthood. Bipolar can often be mistake for the dual pathways of adhd and autism, which is why it is so important one does not label with disorder till

Established depression and manic are pinpointed; puberty and punning should be completed before bipolar is labelled to the teenager. Far too many disorders are not being correctly diagnosed, instead of jumping the gun in some cases. Women's hormones create moods to be unbalanced at times.

One must remember the learnt behavior we have learnt from our caregivers and our environment; our beliefs start to foam in our childhood normally focused on our care givers at the beginning. It's how we learn to interact, express our emotions, and our stress response. Many of us struggle to foam in our teenager years a sense of who we are and what we stand for. Our identity wrapped up in our pain, after having to fight in our childhood to stay safe.

Behaviors include, social anxiety, flashbacks, dissociation, control, relationships faults (women tend to pick men they can fix), no filter, say the wrong thing at wrong time, never thinking we are good enough, inner rage, daydreaming, mind wandering, hate being told what to do, plays the system and people in it, authorism, feel they are being talked down to, mood swings, loss of memory, changes to the sensory system, hate change, racing thoughts and actions, impulsive, trouble with sleeping, 3am waking up with night terrors. Hyper, when stressed, can't say words that are unfamiliar. Pacing, survival mode, paranoid. Can't give eye contact, unless they need to put someone in their places. Have temporary obsessions, body issues of how they see themselves and negative viewpoints of their bodies. (body obsessions) very creative or excellent problem solvers. Avoidance and shutdown in pressure cooker mode. Extreme aggression when flipping, loss of control of temper till black out mode. Sexual abuse normal starting puberty early.

3am night terrors, as one is busy throughout the day. Night everything comes back. In sexual abuse, this is heightened.

ADHD the stress response, main traits.: No fear of danger, impulsive decision making, hyper, poor sleep. Thought switching, limited attention when board but hyperfocus.

Learning style: visual thinking. Autism, dyslexia and ADHD

Visual thinking is often associated with dyslexia, as many individuals with dyslexia conceptualize ideas as images rather than words. Visual thinking differs from verbal thinking, which relies on words and inner speech for linear processing. Both visual and verbal modes exist, and people may use one more dominantly based on neurotype. Visual thinking in ADHD and often involves fast-moving sequences that support creativity and quick idea connections.

Many people with dyslexia are **visual thinkers**, meaning they process and organize information primarily through images rather than verbal or sequential reasoning. This trait is linked to **big picture thinking**, where dyslexic individuals naturally see multiple interconnected ideas simultaneously, which can make linear sequencing of thoughts challenging and sometimes overwhelming when trying to communicate verbally or in writing.

Relationship between modelling behavior and attachment: One must remember that the child will model their responses off the parent, regardless of whether it is positive or negative. Examples of this if brought up violent. One will increase the risk of struggling with outbursts of violence in adulthood or be accepting it in relationships. Women can be violent when pushed to their limits. Becoming emotional numb and unable to regulate their responses due to the trauma. Women will go into relationships with others that are broken in attempt to fix them (classic befriend and tend response) due to them understanding their thought process and then the cycles of abuse in adulthood in toxic relationships will create another generation of broken children. When we are not told our worth, and told we are worthless, we begin to believe it. One also must look at the use of drugs or alcohol to escape the pain of their past and by working on themselves in adulthood can they beginning to lead a normal life. Many children will grow up without accessing therapy as a child, as their past was never noticed or access was not accessible for them. Which has a knock-on effect on adulthood. After all our primary responses come from our first contact with the world around us and our caregivers. Regardless of how negative it is.

Memory gaps in memory and being unable to remember due to gaps in our memory as our brains way of protecting us. Uncontrollable rage when we feel we are backed into a corner. And being hyper when talking when we struggle to express our views without losing our temper in arguments or disagreements.

New York University (2017) carried out a study on teens with PTSD and Conduct Disorder with how they understand facial expressions; Which I must say was somewhat interesting. The study involved 371 teens, ages

ranging from 13 to 19. The researchers examined the effects of PTSD and conduct disorder symptoms on how youth with emotional and behavior problems process facial expressions. In their findings the researchers found:

“Adolescents with PTSD symptoms are more likely to misidentify sad and angry faces as fearful, while teens with symptoms of conduct disorder tend to interpret sad faces as angry.”

PTSD and Conduct disorder seemed to be playing havoc with the cognitive thought process. It made me think of Tiecher’s (2000) summary in his findings on ADHD and how early abuse may mimic keys aspects of ADHD. If you look at the behavioral traits of a child that has suffered child abuse and neglect, you could very easily put them somewhere on the autism scale, if you were unaware of the history of the child. (one must remember PTSD layers up over time and becomes CPTSD as more trauma is added in extreme abuse) What also interests me is how we struggle recognizing new people we have only met once or twice before.

Self-harm and scars left behind my trauma

We find dual eating disorders and self-harm linked due to when one is self-harming, one is focused completely on that... and eating disorder will go on back burner, so to speak. And if eating disorder is the focus, the self-harm again will go on back burner.

One must teach the child whilst in pressure cooker mode, one uses the tools given during the program. Self-harm triggering the reward pathway in the hormones. Creating an imbalance of hormones. To understand self harm one must understand the relationship with the stress hormones and reward system.... and the blunt dopamine pathways. One must remember the need for relief and the pressure of not understanding your own emotions and why you feel and act the way you do.

Speech and language.

Relays on attachment to our caregiver in the critical period. As we learn to communicate with the world around us. As we learn to communicate, we also learn how it makes us feel. Our brain soaking in the learning like a sponge, when trauma is present and there is limited attachment or none, then this time frame will see delays.

Pressure cooker mode pattern

Crisis-recall, intensive emotions and anger build to a pressure point, relief required, flip or inner head, shutdown and then avoidance. During the shutdown stage and inner head, the self-harm risk increases due to the need for relief.

Creating a pattern of behaviour.

Scaring left behind through the same harm, must always be seen as part of their battle scars and to see themselves as warriors of trauma.

I would need to tackle these feelings in my framework.

“Self-harming causes hormones that are released in the brain which can become addictive very fast.

The person may feel an instant relief of pressure and bad feelings. This is short lived and often replaced by feelings of guilty and immediate pressure, this is how the cycle of behaviour starts.

I needed to teach young people how to live with the physical and mental scars left behind by trauma. I needed to teach them to become lions and see scars in a positive light.

I have always used cognitive tools (CBT) that focus around sensory and pressure point effects created by not being able to process the emotions or anger the trauma has created. Learning triggers and how to deal with builds of emotions and anger.

Understanding.

Young people who have had a traumatic past struggle to understand why they act and feel the way they do. If they self-harm for example, they seem to struggle to understand why they do it. Which in turn leads to a buildup of frustration, anger and feeling isolated. I need to address this within my framework and teach them how to reflect on their behaviour and learn from it. I also need to make them aware of their own mental health and why it is important to look after your mental health like any other part of your body.

Dialectical Behaviour Therapy (DBT) was created by psychologist Marasha M Linehan in the late 1980s. Dialectical Behavior Therapy (DBT) is an evidence-based psychotherapy originally developed to treat chronic suicidality and later expanded to borderline personality disorder and other conditions.

Linehan created DBT after finding that traditional cognitive-behavioral therapy alone was ineffective for many chronically suicidal patients. Her breakthrough was integrating acceptance-based strategies (influenced by Zen practice) with change-focused behavioral techniques, forming the “dialectical” balance central to DBT.

DBT emphasizes the **balance between acceptance and change**. The term "dialectical" refers to the idea of integrating opposites, such as accepting oneself while also striving for personal growth. This approach helps individuals recognize and validate their feelings while also encouraging them to make positive changes in their live.

Key Components of DBT

DBT consists of several key components, including:

1. **Mindfulness**: Teaching individuals to be present in the moment and observe their thoughts and feelings without judgment.
2. **Emotion Regulation**: Helping individuals understand and manage their emotions effectively.
3. **Distress Tolerance**: Providing skills to cope with difficult situations without resorting to harmful behaviors.
4. **Interpersonal Effectiveness**: Enhancing communication skills and improving relationships with others

The reason her work in DBT is so important is she changed the way we work we childhood trauma and showed us what lived experience could bring to the field, opening the door to more of us to study and build work.

Marsha Linehan changed the world when she created Dialectical Behavior Therapy (DBT). You've probably heard of DBT—maybe you've trained in it as a clinician, or perhaps you've experienced it firsthand as a patient. But what you might not know is that DBT was born from Marsha's own lived experience of mental illness.

In the 1960s, long before DBT became a widely recognized and respected form of therapy, Marsha was a young woman battling severe mental illness. She struggled with self-harm and suicidality from a young age and spent years in psychiatric hospitals, where she endured intense treatments like electroconvulsive therapy, heavy medication, and even seclusion. At 17, she says she was one of the most disturbed patients at the hospital.

Cognitive Behavioural Therapy.

Cognitive Behavioral Therapy really is an amazing tool, and it has come so far in such a small space of time.

CBT is based on the idea that how we think (**cognition**), how we feel (**emotion**) and how we act (**behavior**) all interact together. Specifically, our thoughts determine our feelings and our behavior.

Makes you wonder; what Albert and Aaron would have thought of the modern concept of CBT. In the 1950s Albert Ellis developed the concept of Rational Emotive Behavior Therapy (REBT), the earliest form of CBT. In the 1960s Aaron T Becks developed Cognitive Therapy.

I would add CBT into my framework through the concept of resilience.

Victor: The Golden Quest.

Victor of Aveyron (French: *Victor de l'Aveyron*; c. 1788 – 1828)

Victor of Aveyron:

Born: 1788

Aveyron, Rouergue, France.

Parents: Alcoholics.

Deveolpment stage at Birth: Normal child.

Social interaction:

Birth till 4: Human; with aggressive and neglected parenting **4 till 12:** Wild animals and environment. No human contact. **Environmental interaction:**

Birth till 4: Abused and neglected from parents; hostile and aggressive unstable environment. Lack of food and need to be safe.... violent alcoholic parent.

4 till 12: Woods alone, no human contact, had to find food, tend his own wounds, find shelter, interact with wild animals. cold winters.

Victor whilst during major key development stages in childhood would have been in survival mode: **Alert, exhausted and tense.**

The Doctor failed to see that Victor was a visual thinker.

Changes in this part continue into early adulthood. Because the prefrontal cortex is still developing, teenagers might rely on a part of the brain called the amygdala to make decisions and solve problems more than adults do. The amygdala is associated with emotions, impulses, aggression, and **instinctive behavior**: Victor would have been in survival mode, exhausted, alert, and tense. Isolated from people which would have created anxiety and social anxiety around new people, crowds, or new places.

In child abuse and neglect the problem-solving side of the brain is enhanced, as the child must tackle how to keep safe, eat and judge their parents' or care givers moods. They must feel the tension in the air at home to see if danger is about to occur. They develop this learnt behavior from early responses with their parents or care givers. Problem solving and creativity pathways created by the dyslexia pathways. Common factors in AudHD, Autism, or ADHD.

The instinctive side of the brain enhances as the child's basic instinct to survive in their environment takes over.

Since childhood abuse (as we found) is associated with diminished right-left hemisphere integration, we wanted to know whether there was some deficiency in the primary pathway connecting the two hemispheres, the corpus collosum. We found boys who had been abused or neglected that the middle portions of the corpus collosum were significantly smaller than

in the control groups. Furthermore, in boys, neglect exerted a far greater effect than any other type of maltreatment; physical and sexual abuse exerted relatively minimal effects. In girls, however, sexual abuse was a more powerful factor, associated with a major reduction in the size of the middle portions of the corpus collosum. These results were independently replicated by Michael De Bellis at the University of Pittsburgh, and the effects of early experience on the development of the corpus collosum have been confirmed by research in primates.

Fifty years ago, Seymour Levine and Victor Denenberg showed that small alterations in their environment led to lasting changes in rats' development, behaviour, and response to stress:

We can see in their findings how small changes can cause lasting effects. In child abuse and neglect, the child alters their development, behavior and responses to their environment and social interaction with the world around them.

During the years of rapid language acquisition **(approximately 2-10 years of age)**, the left brain develops more rapidly than the right, making it more vulnerable to the effects of early maltreatment:

Victor: he spent the 0 to 4 with abusive parents: the impact of the abuse and neglect would have affected his language development. Would have seen delay or struggle with talking due to the trauma and brain and cognitive peak at 2 years of age. If attachment is poor and the child has suffered trauma very young, and has not got the social interaction of the caregiver, then delays in speech is present. Add in the neuron inflammation and the struggle to sound out words.

Then he was in woods social isolated till he was 12; his only social interaction would have been from his environment and wild animals; no social interaction with humans or civil society.

Hence, early abuse may produce brain changes that mimic key aspects of ADHD:

We have seen the effects child abuse is having on brain changes in regards with ADHD: Autism is in the same family pool as classic ADHD. Child abuse and neglect behavioral traits; If the abused child's history is not known; you can easily find a place for abused or neglected child on the autism scale framework through behavioral traits alone. Is the brain mimicking key aspects of autism too, one would ask?

Theory that early problems of mother-child interaction undercut the integration of right and left hemispheric function. Very inconsistent behavior of a parent (for example, sometimes loving, sometimes abusing) might generate an irreconcilable mental image in a young child. Instead of reaching an integrated view, the child would form two diametrically opposite views—storing the positive view in the left hemisphere, the negative view in the right. These mental images, and their associated positive and negative world views, may remain unintegrated, and the hemispheres remain autonomous, as the child grows up:

Victor was the child of alcoholic parents. He would have had poor attachment to his mother. As he was an abused child, he had scars to prove it.

Piaget's cognitive developmental theory, Vygotsky's sociocultural theory, and information-processing theory. Piaget's theory states that children construct their understanding of the world and go through four stages of cognitive development:

Victor did construct his understanding of the world from his social interaction and the environment; at each stage of development.

Piaget believed that newborn babies have a small number of innate schemas - even before they had many opportunities to experience the world. These neonatal schemas are the cognitive structures underlying innate reflexes. These reflexes are genetically programmed into us.

Equilibration

– This is the force which moves development along. Piaget believed that cognitive development did not progress at a steady rate, but rather in leaps and bounds: Victor would have gone through huge leaps and bounds of development.

1. **Sensorimotor stage (birth to age 2)**: Victor was living with his parents.

2. **Pre-operational stage (from age 2 to age 7):** Victor would have been living with his parents (as an abused and neglected child), then his environment would have changed and his social interaction status; woods and no human contact.

3. **Concrete operational stage (from age 7 to age 11):** No human contact; social interaction wild animals; woods.

Sensorimotor Stage (Birth-2 yrs)

The main achievement during this stage is Object Permanence - knowing that an object still exists, even if it is hidden.

It requires the ability to form a mental representation (i.e., a schema) of the object: **Victor** developed within an unstable violent environment; with poor attachment to his mother through her use of drink and his drunken dad's aggressive temper.

Preoperational Stage (2-7 years)

During this stage, young children can think about things symbolically. This is the ability to make one thing - a word or an object - stand for something other than itself.

Thinking is still egocentric, and the infant has difficulty taking the viewpoint of others; **Victor** was with his parents till 4/5years; he was then presumed abandoned in the woods.
Concrete Operational Stage (7-11 years)

Piaget considered the concrete stage a major turning point in the child's cognitive development because it marks the beginning of logical or operational thought; **Victor** was in the wood's social

isolated from the civil world; only social interaction was with wild animals. He developed within this context.

a contemporary of Piaget, argued that social interaction is crucial for cognitive development. According to Vygotsky the child's learning always occurs in a social context in co-operation with someone more skillful (MKO). This social interaction provides language opportunities and language is the foundation of thought: Victor developed to his social and environmental factors.

If Victor would have been raised in civil society, would he have developed within normal time frames: If Victor had not been neglected by his parents and then abandoned in some wood, then yes, he would have developed within the normal time frame of a child.

He was impulsive and skimmed, traits of ADHD and autism. He struggled to foam friendships and hated being in public or packed areas. He had a lot of anxiety around this. As we can see in his behavior during his time before he went to stay with the housekeeper full time.

Learning through classical /respondent conditioning: Abused and neglected children learn through the responses of their abusive care giver; To achieve food, shelter, safety and comfort.

Learning styles for this we will look at the work of Dr Temple Grandin in her work was autism.

Dr. **Temple Grandin** identifies three main types of **specialized thinking** in individuals with autism:

Visual Thinking: This involves thinking in pictures, allowing individuals to process information through visual imagery rather than words.

1

Music and Math Thinking: This type of thinking is characterized by a strong associative ability, where individuals excel in patterns and relationships, often with strong mathematical skills.

1

Verbal Logic Thinking: This involves logical reasoning and verbal communication, which can be a challenge for some individuals on the spectrum.

1

Parenting style: Neglectful Parenting (Uninvolved) Victors parents were alcoholics and abandoned him in the woods.

Crucial development stages with this time frame: Victor spent an abusive and neglected home with parents that drank; and then socially isolated in the woods with only animals as friends.

Would he learn at a normal rate if he was in a normal civil society environment and had normal social interaction with peers; If he lived in a happy stable home and had a healthy attachment with his parents or care giver.

Everything is on high speed in the developmental stages

Cognitive development: developing at high speeds through childhood.

Brain development: developing at high speed through childhood.

Key language development areas: developing through rapid rates during childhood.

Bowlby suggests that attachment takes place during a critical period. It is suggested that if a child does not form an

attachment before the critical period (2.5years) attachment will not occur. (Bowlby later proposed a sensitive period of up to 5years, providing a template for future attachment: Victor had an insecure attachment to his mother, as mother was alcoholic.

Attachment is a basic human need for close and intimate relationships between infants and their caregivers.... in contrast, those who do not experience a secure attachment with their care givers have difficulty getting along with others and be unable to develop a sense of confidence or trust in others: **Victor** had no trust, he did manage to build a relationship with the house keeper and was settled so much in her company, that he lived with the house keeper till his death at 40 years old. Which makes me think he had such a kind of bond with his mother, no doubt when his dad was not about or when she was not drunk. These spells would probably have been short lived. Also, might I add; although the attachment may seem poor. The child will have known no difference and form an attachment to the parent or care giver without questioning it. Children are desensitized to neglect and abuse remarkable faster than one would expect. It is a well stated fact; the child will always protect the parent or care giver at all costs; in the hope one day the child will win the parents' approval and be loved.

One always has to consider each child's temperament. A child's temperament is their innate emotional and behavioral style, influencing how they respond to the world, regulate emotions, and adapt to new situations. Temperament refers to biologically **based tendencies** in how children react to their environment, including their emotional intensity, activity level, and adaptability. It is largely innate, observable from birth, and forms the foundation for later personality traits, though it can be shaped to some extent by experiences, parenting, and environment Unlike personality, which develops over time through learning and socialization, temperament is **genetic and consistent**, providing a baseline for behavior

Children with poor attachments tend to display poor socioemotional affects, such as poor social, coping, and problem-solving skills, tantrums, clingy, withdrawn, or aggressive behavior, etc. These negative effects; often impacts the child throughout their development years: all abused children have strong problem-solving skills to survive in the world around them. **Victor** was prone to tantrums; no doubt due to not understanding the social world around him and pent-up anger at the way human beings had treated him in the past. Children who are abused or neglected are remarkable good at solving problems and having to find a solution within seconds; in an often hostile and aggressive environment with the threat of violence looping over the child. As the child withdraws from the world around them
(disassociation) and build their walls to protect themselves; then school in our modern times creates a problem within itself. As the child will struggle forming education attachments and will come across as often one would say; low intelligence. The child will have no trust in the world around them and will already be finding ways within their behavior to release the built-up tension already building up in the child; from constantly being on eggshells around the parent and living in a hostile environment.

Bowlby's evolutionary theory of attachment suggests that children come into this world biologically preprogrammed to form attachments with others, because this will help them to

survive. Bowlby was very much influenced by ethological theory in general, but especially by Lorenz's.

Ainsworth (1970) identified three main attachment styles, secure (type
B), insecure avoidant (type A) and insecure ambivalent/ resistant (type C). She concluded that these attachment styles were the early interactions with the mother: **Which section would Victor come under one might ask.**

There are four basic characteristics that give us a clear view of what the attachment really is. They are safe in heaven, a secure base, proximity maintenance, and separation of distress. These four attributes are very evident in the relationship between a child and his caregiver.

Attachment theory plays a very important role in parenting, especially Attachment Parenting... Thanks to Bowlby's theory we know that secure attachment causes the part of your baby's brain responsible for social and emotional development, communication, and relationships to grow and develop in the best way possible.

It seems intuitive that a secure child parent bond is important for survival and development.... They learn through their parents caring behaviours to have a sense of worth, and to empathize and cooperate with others. These social skills help them to form strong relationships with peers in the future.

Personality is what makes a person a unique person, and it is recognizable soon after birth. A child's personality has several components: **temperament, environmental, and character, Most psychologist agree that these two factors: temperament** and **environment**; influences

the development of a person's personality the most: Again, social and environmental factors play a part in healthy development. Personality disorders would have opened in the teenage years as he struggled to find his identity in the world around him. Due to being unable to regulate his emotions and anger. He would of struggle to understand not only his own emotions but other people. Personality disorders pathways starting in childhood trauma as the childs personality is developing and the child is seeking safety in their own mind, due to being too young to have coping skills and the brain being too young. Keeping secrets within themselves, too young and with no understanding of why this is happening to them. Why do other children have happy families.

Many people know that a person's characters and personality are largely established by the time they are very young. The traits that will define that individual throughout his or her life can be clearly identified when he or she is as little as 7 years old. Trauma before this time frame can affect the personality and create a yo yo affect with detachment and dissociation in the personality. He would have lived inside his own head for comfort and safety. Creating the pathways of broadline personality disorder. Switching between emotions he cannot process, and his thought process would have been delayed.

Erikson's eight stages of psychosocial development include trust vs. Mistrust, initiative vs. guilt, industry vs. Inferiority, identity vs. Role confusion, intimacy vs. Isolation, generativity vs stagnation, and integrity vs despair**: How would this effect Victor; in his development?**

In psychology, there has always been a long-standing debate as to how our personality develops: do humans act, behave and interact in the way we do because of nature, such as our genes inherited from our parents, or nurture, such as environment, culture, religion or childhood interactions.

Moral reasoning is a thinking process with the objective of determining whether an idea is right or wrong. To know whether something is right or not... one must first know what that something is intended to accomplish: Victor did not know right from wrong. His social and environmental factors have affected his development.

Moral development is the process in which children develop proper attitudes and behaviors towards other people in society, based on social and cultural noms, rules, and laws.

Was he modeling learning through his environment?

Birth till 4; With alcoholic parents in unstable environment with limited social interaction? It's a well-researched fact that abusive and parents that neglect their children, limit the child's social interaction and socially isolate the child.

4 till 12; In the woods, social isolated with only wild animals as company.

We learn from the social and Environmental factors.

Puberty speeds up brain and cognitive development.

Didn't speak: Most abused children who are abused or neglected at a young age have issues with talking due to the trauma aspect of the abuse; Victor would have had issues with speech and language before he entered the woods. He would of struggled with sounding out words, due to the trauma and not having social interaction with people would of reduce his speech development. Many children in abuse go into themselves and do not speak. He did have anger outbursts and could not process his thoughts or emotions.

Behaved like an animal: Learnt through his social interaction; with wild animals and his environment; to survive in the woods alone. Walked on all fours, which means he must have been in the woods younger than what is thought of the development of been animal like. It is seen mostly in children under 5. Or been that abused he was kept away from people. He is mimicking his environment he is in order to survive.

Enhanced smell: Victor's smell had been enhanced and developed to his social and environmental factors; he had no doubt had to search for food from a very young age. He had Hyperosmia; an increased olfactory acuity (heightened sense of smell) usually caused by a lower threshold for odor. His senses would of enhanced in areas due to his environment.

He ate rotten food with pleasure: Victor would of no doubt eaten rotten food from a very young age to survive in his environment. This would have affected his taste and how it developed. Certain food would of gave him comfort. Also linked to senses and how they developed in the environment.

Did learn some menial tasks, such as setting a table: Victor learnt through modelling. At 12 when he was found; he was going through another rapid brain development stage as he entered puberty.

Didn't know hot from cold: Hein A.M. Dannen and Wouter D Van Larken Lictenbelt (2016) Did research into human body cold adaptation: Victors body had adapted to his environments; His sense of hot and cold ability would have been affected within this frame.

We see changes to his sensory, which is connected to the gut and nerve system. Taste, smell, feel, hear. He didn't like loud noises. He didn't like change and preferred routine when he was staying with the housekeeper. He became very attached to her, very fast in a sense of emotion. Often seen in adults with childhood trauma as they struggle to foam attachment in relationships and overdo the attachment.

Two words he only learnt: lait **(Milk)** and oh dieu **(Oh God):** How did he learn the two words; was he able to learn these two words due to the fact his brain was going into a rapid development stage: Puberty.

Lait; He must have been breast fed by his mother to have develop his love of milk;

By 9 weeks of pregnancy, his mouth and tongue have formed along with the first tiny **taste** buds. ... He can recognize sweet and sour **tastes but** prefers sweets. This is one reason he loves the **taste** of your breast **milk**. The senses of **taste** and smell are linked, and your baby has a well-

developed sense of smell at birth too. One must remember that anything sweet will trigger the reward of hormones.

Oh Dieu; which means oh god; when asked to carry out tasks by the Doc; Victor would always ask for milk and say **oh god;** which is typical teenage behavior when asked to do something that they don't want to. God was a huge part of the social influences at the time; which tells me the doc would have been frustrated with Victor; to have constantly repeated the words **Oh God** to Victor; to the point Victor modelled the words and repeated them too. He struggles to sound out words, which would have enhanced his autism traits due to lack of human contact. He had no trust in humans, which means he had been mistreated by adults.

Victor showed high levels of authorism and hated being told what to do; he was forever doing the complete opposite, which to the frustration of the doctor. We know he struggled to process emotions and would often shut down in crisis. He also tended to isolate himself during crisis and sensory overload. He was anger at times, unable to process his trauma. He struggled building relationships and didn't like new people, and he hated change. He struggled with his speech and language and could not understand other people's facial expressions or their emotions. Which means that dyslexia would have been present, due to the changes that had occurred in his brain. He didn't like to be seen as weak and was very independent and liked to have his own way, by controlling his social micro world around him. We know he did this as he survived in the wild alone, and this need to feel control would have been a living hell for him, when control was taken off him by the doctor, and he was locked inside, to prevent him from escaping. To survive so long he had to of been solving problems, how was he going to eat, sleep, tend to his wounds, etc. He did self-harm and would often hit himself in the head to stop the racing thoughts and anger. He liked to control what food he ate and would refuse to eat things he didn't like.

Running; fight or flight: Basic human survival skill; to run from danger; he was used to running from his alcoholic dad from a young age to seek safety. Makes we wonder if he lived near the woods and had used the woods for safety before he was abandoned.... or had he run to the woods for safety and not been abandoned. Victor was known for running away, which shows a pattern of coping from a young age was to run to the safety of the woods.

Victor was impulsive, and it was hard to settle him in crowded areas. He liked order and routine which one can see he was dual autism and adhd pathways with adhd being lead disorder due to male growth hormones. He didn't like people and hated social interaction and would have regular meltdowns. He had the classic ADHD trauma rocking and hated sitting still and would often rock if he had to be sat still.

Could not know right from wrong: Victor had undeveloped moral reasoning due to his social and environmental influences. Moral compass was not established within his behaviour due to the need to survive, eat, find a place to sleep.

His sense of touch seemed to be far more important than his sense of sight; **The primary sensory skills** would have been enhanced by social and environmental influences in which Victor lived.

Primary sensory; touch, feel, smell and hear: All enhanced for survival in Victors social and environmental surroundings.

Indifferent to sex; environmental and social influences**;** his development changes to the above factors.

Responded to simple commands: With the rapid devolvement in his brain and pathways within this time frame; puberty; he had learnt through modeling learning. **Victor liked clear and simple commands; anything else would send him into a mental down. As he struggled with racing thoughts at time due to not understanding the society or the people in it. He also learns things very fast if he wanted to, which showed he was using shut down and detach in his behavior as a coping skill.**

The brain depends heavily on environmental input to keep growing and developing

Dr. Jean Marc Gaspard Itard. Brillant scientist: As he was male; and it had been his dad who had psychical and mental abused him; this would have caused an instant barrier, and he would have had to build trust with the DR. Also, the doctor would have become frustrated that Victor was not making the progress he wanted. Which in turn would have frustrated Victor. Also, children who suffer from any form of neglect or abuse become disassociated with the world around them.

The housekeeper: Victor must have had attachment to his mother although it would have been affected by her drink usage and her ability to keep the victor safe. Children are desensitized very quickly from abuse, neglect, and violence. Victor seemed to settle for the housekeeper. He lived with her until he died aged 40. Even when she was elderly, he still lived with her; Which means he must have adapted to living in a house and in society again, for the housekeeper to be able to carry on looking after him into her old age. He must have built up trust in the housekeeper and felt safe within her company to never run away or hurt her. Plus, one has to remember that the housekeeper would have had a clear routine and patients with Victor. Also, victor could be prone to impulsive behavior and did not act well in his social cues. He was hyper at times but like routine; one would say he had the foundations of dual ADHD and autism in his behavior.

Abandoned in woods at around: 4/5 years of age; Makes you wonder if he'd known those woods before he entered them; was it through abandonment or did something bad happen; that made him run to the woods for safety and never look back. Was he running from danger?

Victor must have been a smart kid, because he kept himself alive for all those years living in the woods. He was only a small child when he entered the woods. Victor could show bear grills a thing or two, I think even bear would struggle to stay alive in some wood for even a month; never mind years. Victor was able to adapt to his social and environmental factors with ease to a certain respect. My teenage son cannot manage a weekend left alone without a parent to guide him. Victor must have had high intelligence levels from the start to enable him to survive.

Covered in scars: 26 scars on his body; Victor knew how to tend to his wounds; not once had the wounds got infected and killed him. It could have only been learnt how to tend to his wounds

from humans, any animal with that number of wounds would have died. The infection risk would have been huge to any open wound in an isolated woodland environment. He must have been taught off a human how to tend to his wounds; **it's a human learnt behavior. The wounds were made by physical abuse rather than wildlife. (Which was stated as a fact)**

The relationship he had with the housekeeper; tells me it would have had to be his mother who would have tended to his wounds before he came to the woods. Victor's father would have had the final say in his house and judging by how he interacted with the Dr and other males. I would say it was his dad that physically abused him and gave him some of the scars when he was drunk. Makes you wonder what happen the night he went into the woods; was victor running for safety or abandoned; and what happened to Victors mother that night; had his dad attacked his mother drunk and had Victor ran to the woods for safety or had his dad dumped Victor in the woods? Victor's mother had showed him compassion and taught him how to tend to his wounds after his dads' violent outbursts; he grew close to the housekeeper and preferred female company. Victor must have had some form of early attachment with his mother; to enable him to form later attachment with the housekeeper

Close to animal state: From a young age till he was 12, Victors only social interaction would have been with the animals and the woods. He would have learned their behavior to survive.

Eventually wore clothes: He learnt by modeling and imitation; his brain was in a rapid growth stage that would allow for a learning timeframe opening. Victor would wear clothes before he entered the woods and was living with his family. The clothes would of cause him discomfort due to him being hyper sensory.

Lack of emotional response: Undeveloped moral reasoning and lack of attachment. He would of be dissociated with the world around him and desensitized. Which is common in childhood trauma, struggling to understand emotions and process them.

Rocking back and forth: Often found in severe trauma, abuse, and neglect. Seen in rocking foot in ADHD and autism.

Children's Brains have a massive growth spurt when they are very young.... This brain remodeling happens intensively during adolescence, continuing into your child's mid 20s. Some brain changes happen before puberty, and some continue long after. Brain changes depend on age, experience and hormonal changes.

An innate ability is a trait or characteristic that is present in an organism at birth. It is always present in the organism and was not a learnt behaviour. For example, humans have the innate ability for language: it occurs in all humans naturally.

The first signs of communication; occur when an infant learns that a cry will bring food, comfort and companionship. Newborns also begin to recognize important sounds in the environment such as the voice of their mother and caregiver. As they grow, babies begin to sort out the speech sounds that compose the words of their language. By 6 months of age, most babies recognize the basic sounds of their native language.

Summary:
The brain when developing in childhood is interacting with the **social** and **environmental** factors; that it is developing alongside. It adapts to the environment around it and the social interaction it has with the world. It's a rather smart kit. We have already seen what is happening to brain development in early child abuse; it may be mincing ADHD pathways. It's changing the world around it and its social interaction with the world. In child soldiers we have seen brain structure changes; and changes to the cognitive pathways and behavioral. The way the brain deals with PTSD and the changes that occur. The brain blocks the memory and protects the child from its effects. Every part of health development needs a stable environment which flourishes and healthy attachment and social interaction. It develops its environment and social connection to it. Every part of development needs both these key factors, in child abuse and trauma it changes the brain structure and pathways within all developmental stages; if the environment is hostile or aggressive. These changes begin early on from the day we are born.

Summary References:

Bannaschewski, T., Fregert, M., Freyberger, J., Hauth, I. (2018): Transition from Adolescence to Adulthood: The Challenges to Establish “Transition Psychiatry”: European Society for Child and Adolescent Psychiatry.

Benzaquen, A.S. (2006): Encounters with Wild Children: Temptation and Disappointment in the Study of Human Nature: Montreal: Mc Gill Queens University Press.

Bremner, D.J. (2006): Traumatic Stress: Effects on the Brain: Department of Psychiatry and Behavioral Sciences and Radiology, and the Emory Centre for Positron Emission Tomography: Emory University School of Medicine, Atlanta.

Brodie, S., Lyttle, S. (2019): Child abuse and its Relationship with Conduct Disorder, Priory Lodge Education Ltd.

Chapman, T. (2000): Time to Grow: A Comprehensive Programma for People Working with Young Offenders and Young People at Risk: Russell House Publishing Ltd.

Chung, K., Denney, C., Hustace, K., Rapport, M. (2001): internalizing behavior Problems and Scholastic Achievements in Children: Journal of Clinical Child Psychology, 2001, Vol 30, No 4, 536 to 551.

Cheely, C.A., Carpentar, L.A., Letourneau, E.J., Nicholas, J.S., Charles, J., King, L.B. (2012): The Prevalence of Youth with Autism Spectrum Disorder in the Criminal Justice System: Journal of Autism and Deveolpment Disorders: Vol. 42 (9), pp 1856 to 1862.

Clifton, S. (2018): The History of The Salvation Army: Salvation Books.

Corby, B. (2000): Child Abuse, Towards a Knowledge base: Open University Press.

Farrington, D.P. (1978): The family backgrounds of aggressive youths. In Hersov, L., Berger, M. and Shaffer, D. (Eds): Aggression and Antisocial Behavior in Childhood and Adolescence. Oxford: Pergamon (pp. 73–93)

Farrington, D.P., Loeber, R. and van Kammen, W.B. (1989): Long-term criminal outcomes of hyperactivity-impulsivity-attention deficit and conduct problems in childhood. In: Robins, L.N. and Rutter, M. (Eds): Straight and Devious Pathways from Childhood to Adulthood. Cambridge: Cambridge University Press, in press

Farrington, D.P., Osborn, S.G. and West, D.J. (1978): The persistence of labelling effects. British Journal of Criminology 18, pp. 277–284

Farrington, D.P. and West, D.J. (1971): A comparison between early delinquents and young aggressive. British Journal of Criminology 11, pp. 341–358

Farrington, D.P. and West, D.J. (1981): The Cambridge study in delinquent development. In Mednick, S.A. and Baert, A.E. (Eds): Prospective Longitudinal Research: An Empirical Basis for the Primary Prevention of Psychosocial Disorders. Oxford: Oxford University Press (pp. 137–145)

Farrington, D.P., Biron, L. and LeBlanc, M. (1982): Personality and delinquency in London and Montreal. In: Gunn, J. and Farrington, D.P. (Eds): Abnormal Offenders. Delinquency, and the Criminal Justice System. Chichester: Wiley (pp. 153–201)

Finkelhor, D. (1983): The Dark Side of Families, Current Family Violence Research: Saga Publication.

Hammond, Dr., Jhangiani, Dr. (2019): Affect, Behavior and Cognition: Principles of Social Psychology: First International Edition.

Herbert, M. (1991): Clinical Psychology, Social Learning: Development and Behavior: Wiley Publications.

Hills, M., Lockyer, A., Stone, F. (2007): Youth Justice and Child Protection: Jessica Kingsley Publications.

Hotalina, T.G., Finkelhor, D., Kirkpatrick, T.J., Straw, A.M. (1988): Family Abuse and its Consequences: New Direction in Research: Sage Publication.

Howell, C.J. (1997): Juvenile Justice and Youth Violence: Sage Publication.

Ljendoorn, M., Ruiter, C. (2019): Attachment and Cognition: A review of the literature: Department of Clinical Psychology, University of Amsterdam.

Javdani, S., Sadeh, N. (2017): Teens with PTSD, conduct disorder have difficulty recognizing facial expressions: New York University, Science Daily.com

Kassem, D., Murphy, L., Taylor, E. (2010): Key issues in Childhood and Youth Studies: Routledge Publication.

Kohlberg, L. (1973). Implications of development psychology for education: Examples from moral development. Educational Psychologist, 10, 2 to 14.

MacDonald, G. (2001): Effective Intervention for Child Abuse and Neglect, An Evidence Based Approach to Planning and Evaluating: University of Bristol: Wiley & Sons ltd.

Rogers, S.W., Hevg, D., Ash, E. (1996): Child Abuse and Neglect Facing the Challenge: Sage Publications.

Stormzy. (2017): Blinded by your grace, pt. 2 ft. Mnek: www.Youtube.com.

Sutton, C. (2000): Child and Adolescent Behavior Problems: A Multi-Disciplinary Approach to Assessment and Interventions: BPS Blackwell.

Tiecher, M. (2000): Wounds That Time Won't Heal; The Neurobiology of Child Abuse: Dana Foundation.

Turner, H., Finkelhor, D., Ormrod, R. (2010): Child Mental Health Problems as Risk Factors for Victimization: Child Maltreatment, Vol. 15 (2), pp 132 to 143.

Wards, K.S., Finkelhor, D. (2000): Program Evaluation and Family Violence, Research 2: Rotledge Publication.

Werner, E.E., Smith, R.S. (1977): Kauai’s children come of age. Honolulu: University Press of Hawaii.

Wiehe, R.V. (1996): Working with Child Abuse and Neglect, A Primer: Saga publications.

Violence and trauma in childhood accelerate puberty

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news.harvard.edu/gazette/story/2020/08/violence-and-trauma-in-childhood-acce

Zwozdiak Myers, P. (2007): Childhood and Youth Studies: Saga publications.