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Broken Cells, Broken Souls: Childhood Trauma, Mutations of the Mind, and the Making of Criminality

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It will not be a new kind of shock to realise the fact that many teenagers have their past embedded with childhood trauma. Assaults, violence and other such harsh stories in an individual's life can impact one's future and safety. The interesting fact is that such experiences can indirectly hinder others' safety in the long-term future as well. No one can fully understand the whole set of changes that the individual can expect in their future. A few scholars say that child sex abuse victims are often more likely to commit crimes than non-abused people. This can also fit the aspect of same-sex relations. The objective of this article is to discover the impact of same-sex related childhood trauma, like sexual assault, violence, inappropriate touching, etc., on adolescence and adulthood. Additionally, it aims to find out the relation between past experiences and the current shaping of the mind and thoughts. The article will also focus on the question of will and consent to the long-term impact that an individual will eventually face due to the trauma. Certain Integral research questions are whether such experiences derive a new type of criminality, what kind and which scale of mutations are born into the individual's thinking process, whether biological mutations are also possible due to such incidents, and what can be the intensity of impact on one's personality and criminal behaviour. While it is not true that same sex relations are a crime, it is true that same-sex relations with children come under the ambit of POCSO and are considered a crime. If such a crime is shaping one's mind and personality, likes and dislikes, can it make another criminal in the future?

Keywords: *childhood trauma, victims, criminal, same-sex, impact, consent.*

INTRODUCTION

This article covers substantial discussion on the concept of same-sex childhood trauma with examples, and the impact and implications of genetic or biological mutations. It will try to prove a hypothesis that such experiences have the potential to change not only one's mind and personality, but also sexuality, and such a change might lead to the creation of another criminal who might try similar kinds of crimes on other children or go against their own will.

The problem is not limited to adolescents but also adults. It might extend to the whole of their future. The fact that the perpetrator will be temporarily present in the child's life, but his or her actions will lead to mutations in the whole long-term life of the child, needs to be proved significantly to conclude that adulthood criminality, or behavioural change against one's own will, is a result of experience and not necessarily by standing changes.

THE REAL CHALLENGE: UNDERSTANDING THE EXACT IMPACT

Early experiences of same-sex trauma, such as sexual assault, violence, or inappropriate touching, can have a profound and lasting impact on a person's personality, behaviour, and future decisions. The challenge is to understand how this kind of trauma impacts adolescence and adulthood, potentially altering sexuality, consent, cognitive processes, and even making people more likely to engage in criminal behaviour, while also extending its effects far beyond the immediate victim into their subsequent life trajectory.

Early same-sex trauma exposure is thought to trigger latent criminal tendencies and alter a person's personality, sexuality, and cognitive functioning. These effects could last into adulthood after immediate adolescence, suggesting that the trauma may cause continual behavioural, psychological, and potentially biological alterations that affect later life stages. Such trauma might influence neurodevelopment, stress-response systems, and hormonal regulation, potentially embedding lasting changes at a cellular or genetic expression level.

Throughout adolescence and adulthood, how do early experiences of same-sex trauma, such as sexual assault, violence, or inappropriate contact, influence a person's personality, thought processes, decision-making, and capacity for consent? What long-term biological and psychological changes might be induced by childhood trauma that affects hormone regulation, neurodevelopment, sexuality, stress-response systems, or even gene expression?

Does an endless cycle where victims may unintentionally carry out harmful behaviours into adulthood result from early exposure to same-sex trauma, and does it increase the risk of criminal tendencies? These questions still do not have answers. It is integral to find answers to the questions subject to interpretation, to find out the relation between same-sex trauma and criminality.

IMPACT OF EARLY SAME-SEX TRAUMA ON PERSONALITY, COGNITION, AND DECISION-MAKING

Early same-sex trauma, whether from sexual assault, violence, or inappropriate contact, often silently moulds a person's personality and thought processes. Children who are subjected to such abuses don't simply 'move past' them; instead, their entire way of thinking about safety, other people, and themselves is rewired, with effects that persist into adolescence and adulthood.¹

According to developmental criminology research, survivors of childhood sexual abuse are more likely to experience emotional instability, increased impulsivity, and difficulties building trust. These traits are not inherent 'flaws,' but rather adaptive strategies. A child who is exposed to disrespectful boundaries at a young age may grow up to be emotionally distant or overly reactive to perceived threats. It has a profound effect on cognition as well. According to neuroscientific research, traumatic childhood experiences alter the brain's stress-response systems, particularly the hippocampus and prefrontal cortex, which are crucial for memory, reasoning, and executive function.² Survivors frequently complain of difficulty processing complex information, memory fragmentation, and concentration problems.³

Trauma can teach a child that their consent is not important, which can later affect their ability to weigh options, set boundaries, or trust their own judgment. In her groundbreaking

¹ Bessel van der Kolk, *THE BODY KEEPS THE SCORE: Brain, mind, and body in the healing of trauma* (Penguin 2015)

² Jane Ellen Stevens, 'The Adverse Childhood Experiences Study: the largest, most important public health study you never heard of – began in an obesity clinic' (*ACEs Too High*, 03 October 2012) <<https://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study-the-largest-most-important-public-health-study-you-never-heard-of-began-in-an-obesity-clinic/>> accessed 02 November 2025

³ Bessel A van der Kolk and Rita Fisler, 'Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study' (1995) 8(4) *Journal of Traumatic Stress* <<https://onlinelibrary.wiley.com/doi/10.1002/jts.2490080402>> accessed 02 November 2025

book *Trauma and Recovery* (1992), Judith Herman explains how abuse victims often have what she calls a 'damaged sense of agency,' where decisions are made less voluntarily and more out of fear, avoidance, or an attempt to regain control.⁴ In the real world, this can mean that a teen is acting recklessly because they are unwittingly repeating past behaviours where they were denied options. Relationship perceptions among survivors are also impacted. Intimacy, trust, and even the capacity to say 'yes' or 'no' are all filtered by the previous boundary violation. The main issue is that early trauma has hindered the normal development of decision-making and consent.

PSYCHOLOGICAL AND BEHAVIOURAL CONSEQUENCES OF CHILDHOOD TRAUMA

The impact can last for years and subtly shape thoughts, feelings, and behaviour. It is both deeply personal and broadly cultural. Numerous criminology and psychology studies have demonstrated that early-life trauma does more than simply leave a mark on memory; it also changes the brain and behaviour.⁵ The brain areas responsible for impulse control, emotion regulation, and self-awareness can be permanently altered by emotional abuse and neglect, according to imaging research affiliated with Harvard. Children who are physically abused often have higher levels of aggression, anxiety, PTSD symptoms, social disengagement, and even cognitive impairments as adolescents, even after controlling for other factors.⁶ In essence, they lose control over their emotions, and their behaviour begins to reflect a disordered inner life.

According to population-based research, childhood trauma exposure significantly raises the risk of anxiety, depression, suicidal thoughts and behaviours, and other general mental illnesses, even in young adulthood.⁷ Behaviour is also not spared. In an attempt to regain control over an entirely chaotic environment, survivors often turn to violence, reckless behaviour, or drug abuse – not as acts of rebellion, but as automatic reactions.⁸ Because they

⁴ Judith L Herman, *TRAUMA and Recovery: The aftermath of violence – from domestic abuse to political terror* (Basic Books 1997)

⁵ Kolk (n 1)

⁶ Cathy Spatz Widom, 'The Cycle of Violence' (*National Institute of Justice*, 1992)
<<https://www.ojp.gov/pdffiles1/nij/136607.pdf>> accessed 02 November 2025

⁷ Katie M McLaughlin et al., 'Childhood adversities and first onset of psychiatric disorders in a national sample of adolescents' (2012) 69(11) *JAMA Psychiatry*
<<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1389368>> accessed 02 November 2025

⁸ Kolk (n 1)

believe the environment is dangerous, they may instinctively repeat protective behaviours, even if those behaviours hurt them or others. On a societal level, it is well known that children who have experienced trauma are more likely to engage in criminal activity and be delinquent.⁹ These effects are so tragic because of the profound impact they have on day-to-day life, including missed school days, strained relationships, unstable emotions, and self-doubt.

BIOLOGICAL AND NEURODEVELOPMENTAL IMPLICATIONS OF EARLY TRAUMA

Early trauma changes not only what the person remembers but also the body that remembers. Repeated or severe childhood stress, such as sexual abuse or violence, alters the very process of brain development. The prefrontal cortex, hippocampus, and amygdala, regions that regulate emotion, memory, and self-control, mature differently, leaving survivors with enduring differences in how they feel, think, and respond to the world.¹⁰

The stress response system also comes into play. The hypothalamic-pituitary-adrenal (HPA) axis, our biological alarm system, either becomes overactive or muted following early trauma.¹¹ This suggests that survivors could switch between hypervigilant states (high anxiety, rapidly aroused) and flattened stress responses, both of which hinder daily functioning and the ability to make measured decisions.¹² These dysregulated cortisol levels are seen in children who were abused as teenagers and adults.

Trauma also impacts our biology through the immune system and inflammation. Studies have connected childhood adversity to long-term changes in inflammatory markers, like C-reactive protein, which are connected to higher rates of heart disease, depression, and even cognitive ageing.¹³ In addition to hormones and inflammation, early stress can change the way genes are read rather than rewrite DNA, leaving biochemical traces on the genome.

⁹ Widom (n 6)

¹⁰ Kolk (n 1)

¹¹ Stevens (n 2)

¹² Martin H Teicher and Jacqueline A Samson, 'Enduring Neurobiological Effects of Childhood Abuse and Neglect' (2016) 57(3) *Journal of Child Psychology and Psychiatry* <<https://pubmed.ncbi.nlm.nih.gov/26831814/>> accessed 02 November 2025

¹³ Andrea Danese et al., 'Childhood maltreatment predicts adult inflammation in a life-course study' (2007) 104(4) *Proceedings of the National Academy of Sciences of the United States of America* <<https://pubmed.ncbi.nlm.nih.gov/17229839/>> accessed 02 November 2025

Changes may enable stress systems to react to future threats more strongly or persistently. Learning, relationships, and decision-making are all impacted when a teen's HPA axis is dysregulated.¹⁴ They may have trouble coping with everyday stress, sleep badly, or experience unexpected outbursts.

INFLUENCE ON SEXUALITY AND SEXUAL BEHAVIOUR IN LATER LIFE

One of the most disastrous results is referred to as 'traumatic sexualization' by Finkelhor and Browne. This has to do with how survivors might develop distorted sexual scripts, like early sexual acting out, an inappropriate fixation on sexual behaviours, or a failure to comprehend the true meaning of intimacy.¹⁵ Children may mimic what they have seen because that is how boundaries and affection were first demonstrated to them. This distorted learning may lead to dangerous behaviours that last into adulthood. Many survivors have negative associations between sex and affection, control, or self-worth. Studies on the topic show that teenage boys are statistically more likely to have multiple partners, have unprotected sex, or become unintentionally pregnant than their peers without abuse histories. Drug and alcohol abuse, which is often a coping strategy, can erode boundaries even more and make risky behaviour more likely.

Although it is not deterministic, there is evidence that abuse may have an impact on a person's sexual orientation or partner choices.¹⁶ Specifically, same-sex attraction or relationships may become more common as a result of emotional numbness, a desire for novelty, or transactional interactions (e.g., sex for housing or narcotics), regardless of whether they stem from a position of coping or disinhibition rather than orientation.

It's also critical to keep in mind that these patterns are not always evident. An understanding of these trajectories can facilitate compassionate intervention, including therapy that rewrites sexual self-concepts, healing that helps differentiate fear from attachment, and support that

¹⁴ Bruce S McEwen, 'Stress, adaptation, and disease. allostasis and allostatic load' (1998) 840(1) *Annals of the New York Academy of Sciences* <<https://doi.org/10.1111/j.1749-6632.1998.tb09546.x>> accessed 02 November 2025

¹⁵ David Finkelhor and Angela Browne, 'The traumatic impact of child sexual abuse: a conceptualization' (1985) 55(4) *American Journal of Orthopsychiatry* <<https://doi.org/10.1111/j.1939-0025.1985.tb02703.x>> accessed 02 November 2025

¹⁶ Charlotte J Patterson, 'Children of Lesbian and Gay Parents' (1992) 63(5) *Child Development* <<https://www.jstor.org/stable/1131517?origin=crossref>> accessed 02 November 2025

promotes boundaries without shame. Trauma often has subtle but profound effects on sexuality.

TRAUMA, CRIMINAL TENDENCIES, AND THE ROLE OF FAMILY AND SOCIAL CONTEXT

Early trauma can increase the likelihood of subsequent offences, but it does not result in a clear-cut, inevitable chain of cause and effect. Children who are abused or neglected are more likely than their matched peers to grow up to be delinquent and commit crimes.¹⁷ This pattern is commonly known as a ‘cycle of violence.’ The majority of victims, according to the same studies, do not go on to commit crimes, suggesting that the pathway is intricate, probabilistic, and impacted by several mediating factors.¹⁸

Through this paper, let us try to understand the mechanisms of how trauma can elevate risk. First, trauma shapes inner worlds. Because of weakened moral reasoning, elevated reactivity, and impaired emotional regulation, a young person may be more likely to react violently or impulsively when under stress. Second, trauma often leads to secondary problems like substance abuse, school dropout, and criminal peer groups, which offer opportunities and excuses for criminal behaviour. Third, children who witness violence may internalise false narratives about authority, control, and intimacy that later show up as negative behaviour, which is why social learning is crucial. These pathways, which are apparent in criminology and psychiatry literature, help explain how trauma might increase risk without implying determinism, that risk can be raised or lowered by family and the broader social environment.

ANALYSIS AND FINDINGS

The article's findings suggest that our theory is partially validated, yet not fully proven. Early same-sex trauma can alter a person's personality, behaviour, and thought processes and raise their risk of criminal tendencies, as research repeatedly shows. Research also highlights neurodevelopmental abnormalities and hormonal imbalance. However, these findings are not always true; many victims never commit crimes, and protective factors like counselling, loving families, and healthy social relationships significantly alter trajectories. Therefore,

¹⁷ Widom (n 6)

¹⁸ *Ibid*

even though the concept covers the potential pathways that connect trauma to later behavioural, sexual, and personality issues, it cannot be applied consistently.

These relationships are not deterministic or uniform, though. The vast majority of survivors do not exhibit criminal activity or negative behavioural outcomes. The significance of protective and resilience-building elements, such as prompt therapeutic intervention, robust family support, secure social contexts, and positive role modelling, is highlighted by this heterogeneity. Socio-legal circumstances, personal agency, and cultural narratives also have a vital role in influencing long-term results, demonstrating that trauma interacts with numerous environmental and individual-level effects. Thus, while the theory describes alternative developmental trajectories, it oversimplifies the intricacies of human action when applied rigorously or universally.

Instead of a straight causal chain, the data generally points to a multifactorial link. Vulnerability may be exacerbated by trauma, but its consequences are still dependent on a wide range of biological, psychological, and cultural factors. As a result, without more interdisciplinary involvement and longitudinal evaluation, the hypothesis is still only partially supported.

SUGGESTIONS

Extend Multidisciplinary Approaches: To create more thorough and contextualised models, future research must integrate concepts from psychology, psychiatry, neuroscience, criminology, and social sciences.

Emphasise the Value of Long-Term Studies: It would be easier to understand how trauma outcomes change over time and which therapies have the greatest preventative impact if survivors were tracked across developmental stages.

Pay Attention to Resilience and Protective Factors: Finding the mechanisms through which counselling, family support, community inclusion, and trauma-informed education reduce harmful behavioural trajectories should be the top priority for research.

Avoid Stigmatising Causal Claims: Academics and policy frameworks must emphasise that trauma does not predispose criminal behaviour, dispelling unfavourable stereotypes and offering supportive strategies.

Create Trauma-Informed Criminal Justice Policies: Intervention models in the legal, rehabilitation, and correctional systems should include therapeutic access, psychological evaluation, and specialised care for people who have experienced trauma.

Cultural Sensitivity in Research and Intervention: Context-specific knowledge is necessary for accurate representation and moral behaviour, particularly when it comes to sexual violence taboos and reporting customs.

CONCLUSION

This experiment demonstrates the substantial effects of early same-sex trauma on behavioural, psychological, and even biological development, with effects that persist long into adulthood. Although the analysis highlights that such effects are not unavoidable, it does uncover correlations to altered sexuality, personality, cognition, and, in certain circumstances, criminal tendencies. To stop possible cycles of harm, family support, the social environment, and therapeutic interventions are essential. This research calls for a more humane, multidisciplinary approach to prevention, healing, and long-term assistance for survivors, spanning beyond criminology into psychology, neurology, and social policy.

This article has explored how early experiences of same-sex trauma, like sexual abuse or violence, affect the personality, cognition, consent, and decision-making of adolescents and adults and examined, while accounting for the influence of cultural, societal, and familial responses, the potential relationship between a child's exposure to same-sex trauma and their likelihood of engaging in criminal activity. Ultimately, it has identified potential coping mechanisms or treatments that can improve outcomes for adults and adolescents and mitigate the detrimental long-term effects of early trauma.