# Understanding Trauma, Complex Trauma and Childhood Trauma

Blue Knot Foundation fact sheet explaining trauma, complex trauma and childhood trauma.

## 1 Understanding trauma

- The word ‘trauma’ describes events and experiences which are so stressful that they are overwhelming.
- The word ‘trauma’ also describes the impacts of the experience/s. The impacts depend on a number of factors.
- People can experience trauma at any age. Many people experience trauma across different ages.
- Trauma can happen once, or it can be repeated. Experiences of trauma are common and can have many sources.
- Trauma can affect us at the time it occurs as well as later. If we don’t receive the right support, trauma can affect us right through our life.
- We all know someone who has experienced trauma. It can be a friend, a family member, a colleague, or a client… or it can be us.
- It can be hard to recognize that a person has experienced trauma and that it is still affecting them.
- Trauma is often experienced as emotional and physical harm. It can cause fear, hopelessness and helplessness.
- Trauma interrupts the connections (‘integration’) between different aspects of the way we function.

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- Trauma can stop our body systems from working together. This can affect our mental and physical health and wellbeing.

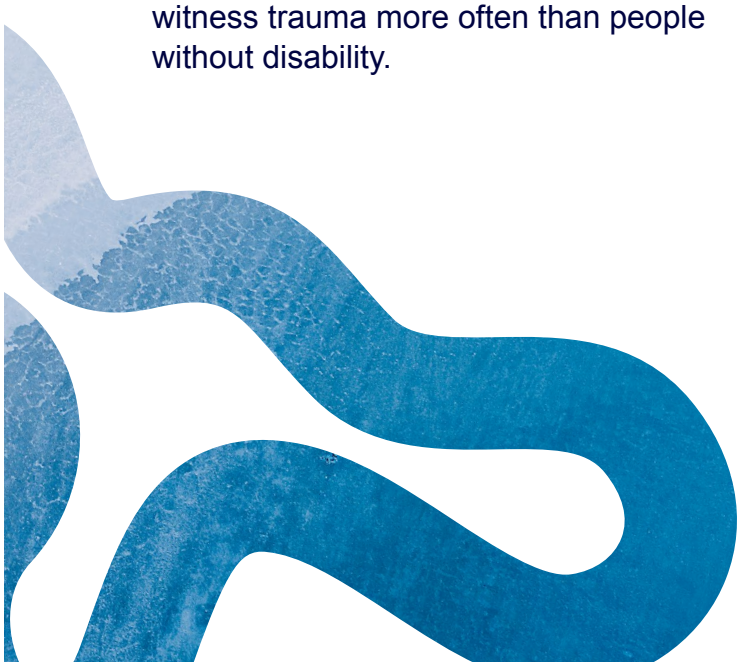
- While people who experience trauma often have similar reactions, each person and their experience is unique.

- Trauma can affect whole communities. It can also occur between and across generations, e.g. the trauma of First Nations people.

- For our First Nations people, colonisation and policies such as the forced removal of children broke important bonds between families and kin and damaged connection to land and place.

- Many different groups of people experience high levels of trauma. This includes refugees and asylum seekers, and women and children in different ways. LGBTQI people also experience high levels of trauma due to discrimination.

- Certain life situations and difference can make trauma more common. People with disability of all ages experience and witness trauma more often than people without disability.



## 2 Understanding childhood trauma

- Negative experiences can overwhelm a child's capacity to cope. Abuse (sexual, physical, emotional and spiritual), violence, neglect and exploitation are negative experiences which are often traumatic.

- Other childhood experiences can be damaging too. A child can experience trauma when the adults caring for them are unable to respond to or meet their emotional or physical needs. This can happen when those adults are still affected by their own trauma experiences.

- Sometimes a parent or caregiver misuses alcohol, drugs or medication, or they may struggle with their mental health. They might not have enough money and be able to provide a safe or stable home. A child can also experience trauma from grief and loss. This can happen if a loved one dies, or if caregivers separate.

- Trauma experienced in childhood is damaging and can mean that the child is less able to explore and learn.

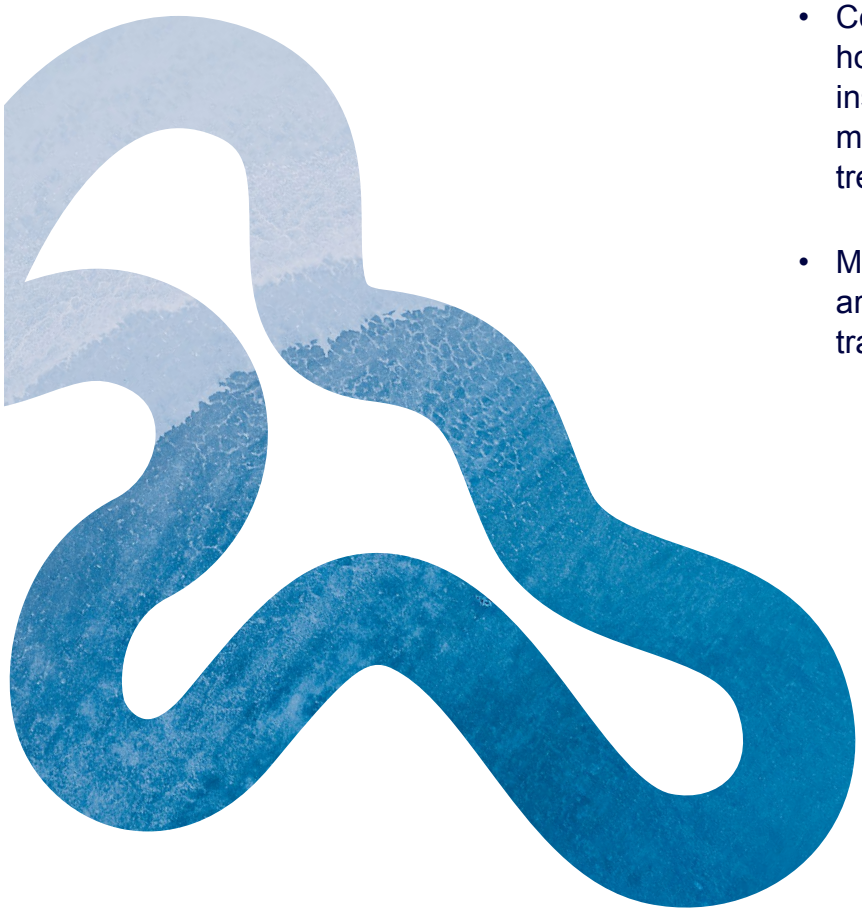
- Trauma can affect a child's development, depending on the age/s at which it is experienced. This can also affect adult health if the person does not recover from it.

- Childhood trauma can affect the way children attach or bond to the adult/s caring for them. Trauma which happens between people is called interpersonal trauma.

- Trauma from childhood is often extreme, ongoing and repeated. This is called complex trauma.

- Complex trauma from childhood events is common. It affects 1 in 4 Australian adults, and sometimes causes impacts into old age.

- People who have experienced trauma as a child can be triggered by anything which reminds them of past experiences. Triggers in the present can bring back challenging memories, thoughts and feelings from the past. Sometimes it can feel as though the trauma is happening in the present. This can be frightening, overwhelming and confusing.



## 3 Understanding complex trauma

- Complex trauma is different to the trauma of a single incident such as an accident, bushfire, flood or one instance of sexual or physical assault.

- Complex trauma has more damaging long-term effects on physical and emotional health and wellbeing than `single incident' PTSD (post-traumatic stress disorder) alone. Examples of complex trauma include domestic and family violence, refugee trauma, and war and community violence.

- Complex trauma can occur from repeated interpersonal trauma as a child, an adult or both.

- Complex trauma can happen at home, in the family, in services or in institutions. People can also experience medical trauma even when the treatment is helpful.

- More than 5 million Australian adults are living with the impacts of complex trauma.

# Impacts

## Blue Knot Foundation fact sheet about trauma and its impacts

1. Trauma can have many different impacts, especially if it occurred in childhood, and was repeated. There is no one size fits all.

2. Trauma can be especially damaging if a child is young, when the brain is growing and developing. Trauma in childhood can affect the way the child develops as well as how they attach or bond.

3. Complex trauma (repeated often extreme interpersonal trauma) stops people from feeling and being safe.

4. Trauma often includes betrayal. This can make it hard for people to trust, or lead people to trust too easily.

5. Trauma can lead people to feel worthless which in turn leads to struggles with their self-esteem and identity.

6. Trauma can cause strong feelings e.g. sadness, anger, fear, distress, and can lead some people to be impulsive.

7. Many people blame themselves for their challenges. Being abused is never a person's fault and is certainly never the fault of a child. Many people also feel deep shame which can stop them reaching out for help.

8. Many people don't ever tell anyone about what happened to them as a child or as an adult. This is for many different reasons including fear of not being believed.

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**9** People with trauma experiences can find it hard to make friends and build solid relationships, including intimate relationships. Trauma can make it harder for us to engage socially. This limits connections and can leave people isolated and alone.

**10** Many survivors experience feelings of anxiety and depression, disconnection, being 'spaced out', confused and other forms of mental distress. Physical health problems are common as well.

**11** When children need to focus on survival they miss out on learning and exploring. This can affect their education and work opportunities later.

**12** Trauma can affect our thinking, concentration and memory.

**13** Trauma can make us less flexible and more rigid. We can be less able to respond to new experiences and more likely to want to control things.

# Healing

## Blue Knot Foundation fact sheet about how the brain heals from complex trauma

1. The good news is that people can and do heal from trauma, including complex childhood trauma.

2. Research shows that the brain can change right through life. We call this neuroplasticity.

3. Experiences change the brain. This applies to both good and bad experiences and includes experiences of support. Just as negative experiences can have damaging impacts so positive experiences can help recovery.

4. Bad experiences can cause harm while good experiences can help build new brain pathways, help the brain to repair (neural reintegration) and people to heal.

5. Research shows that with the right support, people can heal even from severe early trauma and that when parents heal from their own trauma their children do better too.

6. In order to heal, people need good support which includes empathy, understanding and respect.

7. Our everyday interactions (conversations and care) can help people heal from trauma. Healthy relationships of trust and safety can aid recovery, including with friends, family members, counsellors and other services.

8. Recognising that current risky behaviour may be an attempt to solve past unresolved trauma and escape unbearable sensations can be the beginning of recovery.

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**9** Replacing old coping mechanisms with more constructive ones is challenging and needs support. Recovery is not about `will-power' alone. It is a process which can take time, and which should be led as much as possible by the survivor at their own pace.

**10** Best practice therapy for complex trauma follows what is called a phased approach where phase 1 safety and stabilisation is very important.

**11** As complex trauma affects the way the body, mind and feelings work together, approaches which work with the body, brain and emotions are all useful.

**12** Basic knowledge of the brain can assist the recovery process. From `top down', the brain is made up of the cortex (thinking, reflective capacity), limbic system (emotions) and brain stem (arousal states; includes `survival' responses).

**13** Under stress, the lower' (brain stem) responses take over (flow `bottom up') and limit the person's ability to be calm, to reflect, and to respond flexibly (i.e. 'higher brain' – cortex functioning).

**14** Survivors are easily triggered from lower brain stem responses. This is not a sign of `personal weakness' but how the brain functions. Soothing strategies help calm these responses.

**15** Everyone is unique and what works for one person to support their recovery may not help someone else.

**16** Psychotherapy, body-based approaches, EMDR which is attuned to dissociation, mindfulness, breathing and grounding strategies, yoga, art and music therapy are some of many strategies and approaches which can be useful.

**17** A big part of healing is beginning to recognise your own strengths. Survivors are often very good at caring for others but can struggle in caring for themselves. Learning to care for oneself can be an important step along the way to healing too.

# Memory: Classification

## Blue Knot Foundation summary fact sheet about the types of memory

1 Research shows that there is more than one type of memory.

2 Different types of memory are stored in different parts of the brain.

3 There are two main types of memory:

- Explicit memory is conscious and can be spoken in words.
- Implicit memory is largely unconscious and not expressed in spoken words.

4 There are two main categories of explicit memory:

- Declarative (or `semantic') memory can be deliberately called up. It helps us share information and can be described as 'cold' for this reason (Levine, 2015).
- Episodic (or `autobiographical' or `narrative') memory is the interface between'rational' declarative memory and implicit memory. Somewhat spontaneous, vibrant and emotive, it is described as 'warm' and textured (Levine, ibid) e.g. 'I recall the first time I met her…'

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**5** There are two main categories of implicit memory:

- Emotional memory is experienced in our body as physical sensations; it helps us connect with our feelings, and signal them and our needs, and is often triggered by a cue which is either:
  - environmental - smell, sight or sound or
  - situational - anniversary, birthday or developmental milestone
- Procedural memories are the impulses, movements and bodily sensations which guide our actions and skills to carry out tasks automatically - 'how to'.

**6** In speaking about memory, the general public, health and legal professionals as well as psychology textbooks (Brand and McEwen, 2014) generally refer only to conscious, explicit memory. Because conscious memory, conscious thought and verbalisation are often more highly valued than implicit memory (Levine, 2015) the vital importance and categories of implicit memory are ignored.

**This fact sheet draws on the work of Peter Levine: Levine, P. (2015) Trauma and Memory: Brain and Body in a Search for the Living Past. Berkeley, CA: North Atlantic Books.**

**Further reading on memory is available with the following fact sheets:**

- The Truth of Memory and the Memory of Truth (including references)
- Memory Classification
- Understanding Traumatic Memory
- Recovered Memory

# Understanding Traumatic Memory

## Blue Knot Foundation fact sheet to foster understanding about traumatic memory

### What are Traumatic Memories?

- When people talk about *traumatic memories* they usually mean *implicit* (non-conscious) body memories.
- *Traumatic memories* often intrude on the present as though the threat is current (van der Kolk, 2015).
- Traumatic memories often return as fragments of intense feelings, sensations, emotions, thoughts and sensory experiences; e.g. images, sounds, smells.

### What happens in the brain?

- Trauma blocks *explicit* processing and heightens *implicit* processing (Siegel, 2012). This means that conscious recall is inhibited while sensory recall is heightened.
- Trauma limits the function of the hippocampus (due to increased cortisol), disrupts the consolidation of explicit memory and activates the amygdala (leading to release of adrenaline which intensifies implicit memory).
- Blocked explicit -alongside enhanced implicit - processing (Siegel, 2012) helps to explain the sudden intrusive body sensations, emotions, sensory experiences from the past.
- Research confirms that while traumatised people often can't talk about their experiences they are often compelled to re-enact them (van der Kolk, 2015) without understanding the meaning behind the behaviour.
- Trauma is largely remembered as physical sensations, automatic responses and involuntary movements (Ogden et al, 2006) as well as unconscious `acting out' behaviours (Levine, 2015).
- The need to resolve traumatic experience can fuel repetitive compulsive actions and behaviours until the trauma can be processed (van der Hart et al, 2006).
- Recognising the relationship between repetitive, problematic behaviour and unresolved trauma can enhance the support trauma survivors need to recover.

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## How is betrayal relevant?

- Sometimes 'forgetting' is adaptive and aids survival (Freyd & Birrell, 2013; Silberg, 2013) e.g. when duty of care is violated and trauma and caregiving come from the same source (Silberg, 2013).

- The concept of `betrayal trauma' (or betrayal of trust) helps explain the `forgetting' of early life abuse because *children need to preserve the attachment bond to caregivers* (Freyd, 1991).

- `Betrayal blindness' (not seeing when someone betrays our trust) or 'unawareness' and 'forgetting' is a survival strategy which occurs in diverse relationships in which dependency trumps the need for protective action (Freyd & Birrell, 2013).

- Adults as well as children, can also `not see', `not know' and `not remember' traumatic experience.

- While `forgetting' the trauma of betrayal can aid survival it can also threaten health.

## Issues around disclosure

- Disclosing or not disclosing (i.e. when trauma can be spoken about) depends enormously on other people's reactions (Freyd & Birrell, 2013).

- The majority of people who have been sexually abused as children do not disclose until they are adults and some never tell at all (Freyd & Birrell, 2013).

- Disclosure is a process (rather than an event) affected by *social context, issues of safety and the potential for adverse repercussions.*

- Not disclosing, delayed disclosure, and/or retraction are common *when the perpetrator is close to the victim* (Freyd & Birrell, 2013, p.123).

## Social context

- Both remembering and `forgetting' (i.e. explicit and conscious) can be healing and/or destructive.

- Social contexts and power disparities, as well as neurological factors, affect the encoding, retrieval, and reliability of memory (Barlow et al, 2017).

- Social power disparities can influence what it is appropriate to remember (Barlow et al, 2017).

- Internal and external processes not only affect what we disclose but what we allow ourselves to know (Freyd & Birrell, 2013).

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# Trauma and Body Memories

## Blue Knot Foundation fact sheet about trauma and how memories are stored in the body

Memory is a psychological process. Our understanding of memory has changed considerably in the last 100 years. We now think that memory works in the following way:

### 1 Observation
We engage with the world with our senses of sight, hearing, taste, smell, and touch.

### 2 Encoding
We register parts of what we see, hear, taste, smell, and touch in our brains. We may also register our associated thoughts and feelings.

### 3 Storage
This content is encoded. The encoded content may then be stored in our short-term memory and (later) our long-term memory.

### 4 Retrieval
We retrieve memories both actively and passively, consciously and subconsciously.

### 5 Reaction
When memories are retrieved, we can experience physiological, cognitive (thinking), and/or emotional reactions. Again, these processes can be conscious or subconscious.

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**There is more than one type of memory. In fact, there are two main types. Different kinds of memory are stored in different parts of the brain.**

## Explicit Memories

- What people normally mean when referring to memory.
- Are conscious – we know about something and we can talk about it.
- We are using explicit memory when we recount a story, or when we relay knowledge and facts.

## Implicit Memories

- Are mainly unconscious and can't be put into words.
- Implicit memory helps us ride a bike or drive a car, without actively thinking about what we need to do.
- Are often experienced in the body, and triggered by something, such as a smell, sight or sound, or an anniversary date.

Current neuroscientific research confirms `the century old finding' that trauma is experienced in the body and is often remembered by *behavioural re-enactment*. (van der Kolk, 2015; xiii)

Traumatic events are often stored as implicit memories. They are stored differently in our brain to memories that we can recall at will. In fact, the brain often does not encode traumatic memories in a narrative fashion (we cannot recount them) and may not encode them at all. Traumatised people are often unable to put their experiences into words. Rather they are *'compelled to re-enact them, often remaining unaware of what their behaviour is saying'* (Howell, 2005: 56-57). This is because the content is too traumatic and would cause considerable distress. Instead, the brain may encode sensory "warning signs' of the memory which are associated with the perceived threat.

When these "warning signs' are activated, we may experience flashbacks. This can result in memories coming back from the past which are intrusive and unexpected. It can often feel as though the experience is being 'relived'. These memories can come back with strong emotions such as fear, pain and distress. This can also reactivate a biological fight-flight-or-freeze reaction (a normal physiological response) with the flashback to the perceived threat. It can feel as though the traumatic event is happening in the present even though it is a reactivation of past events.

Remembering *'in the form of physical sensations, automatic responses, and involuntary movements'* (Ogden et al, 2006: 165) is characteristic of trauma.