International Society for the Study of Trauma and Dissociation

Trauma and Complex Trauma: An Overview

What is Trauma?

Trauma literally means "wound, injury, or shock." A traumatic event is one that a person finds overwhelming. People differ in what they find traumatic. However, some events are so stressful that most people would find them traumatic.

In the past many people believed that only physical harm or danger caused trauma. We now know that emotionally stressful events can also cause trauma, particularly in the absence of caring supports.

Traumatic events can include:

- Natural disasters such as earthquakes and floods;
- War and conflict;
- Being a victim of a crime (e.g. being raped, assaulted, held up or car-jacked);
- Being involved in, or witnessing, a serious accident;
- Being exposed to death, injury or violence through work or volunteer roles;
- Being exposed to an unexpected tragic or stressful event (e.g. unexpected or violent death of a loved one; complicated or violent childbirth; enduring painful or degrading medical procedures);
- Interpersonal violence or abuse; and
- Serious lack of care, emotional connection, or neglect, particularly when a baby or young child, including prolonged separation from caregivers.

What is Complex Trauma?

'Complex Trauma' describes a particular type of trauma that goes beyond a one-time incident.

Complex Trauma tends to:

- be repeated or ongoing;
- be difficult or impossible to escape from;
- occur within a personal relationship;
- begin in childhood, so that it affects a child's development; and
- be covered up, kept secret or denied.

Common causes of Complex Trauma are child abuse and domestic violence. However, Complex Trauma is also seen among people who have survived imprisonment, torture or sex trafficking. Being a refugee or being exposed to long term conflict can also cause Complex Trauma.

The Differing Effects of Single Incident Trauma and Complex Trauma

Single incident and complex trauma may be similar in many ways, but there are some important differences. Complex Trauma has more wide-reaching effects. This is not just because people with Complex Trauma have had more episodes of trauma. There are a number of additional reasons why Complex Trauma results in more significant problems.

Firstly, single incident trauma such as accidents or natural disasters are more likely to be public events. Other people know about or share the trauma so there is more community acceptance. This can provide validation and reduces secrecy and shame.

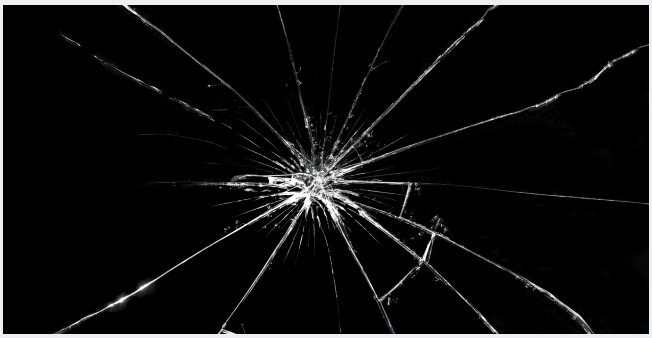
Single incident events usually have a clear beginning and end. Once the event is over,
survivors can reach a place of safety and may be able to seek help and recover.
However, Complex Trauma is ongoing, or repeated frequently, so there is little time to recover. Complex Trauma often occurs in secrecy, so the person is unable, or afraid to talk about it and get help.

Also, in most cases, Complex Trauma begins in childhood or adolescence. Because the brain is still growing, ongoing trauma can cause changes in brain structure and functioning that can affect future development. Because survivors have had their development affected, they find it more challenging to cope with everyday life and relationships. Problems with healthy development leads to chronic difficulties with emotions, concentration and memory, and challenges in having stable and safe relationships.

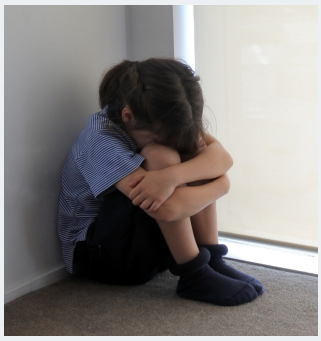
In cases of Complex Trauma people are often harmed by someone in a position of power over them. Survivors usually feel that they have been unable to escape. This leads to chronic feelings of helplessness.

Complex Trauma often occurs within a relationship that is meant to be safe. This leaves the survivor feeling very confused. All humans have an innate need to attach to their caregivers and loved ones. When a caregiver is not safe this causes a big conflict between needing to connect and needing to be safe. This conflict is not something that people, particularly children, can solve by themselves. It can result in survivors doubting themselves and feeling unsafe when they grow close to people.

Secrecy and shame are common in child abuse, sexual assault and domestic violence. Survivors often blame themselves. They may doubt their reality and feel alone, as if they are the only person this has happened to. They may feel others can never understand them.



When abuse is long-term it can affect the survivor's sense of self and identity. This means that Complex Trauma changes the way people think, feel and behave towards themselves. They sometimes believe that they are 'bad', 'worthless' or 'broken'. These beliefs interfere with self-confidence and with relationships.



People who have had prolonged trauma, and could not escape physically, learn to use mental strategies to escape. As a result, people with Complex Trauma may experience problems with thinking and concentration, difficulties feeling 'present' as they go about life, lack of attention, dissociation; and problems with memory.

Trauma and Your Health

Ongoing trauma, or unresolved symptoms related to trauma, can affect your mental and physical health. The major symptoms of single incident trauma include flashbacks, avoiding thinking about the trauma, avoiding reminders of the trauma, physical and emotional numbness, and constantly looking out for danger. Survivors may also have significant depression, anxiety or sleep problems. They may cope by using drugs or alcohol. Both the trauma symptoms and the attempts to cope with them can cause further physical and mental problems.

The symptoms of Complex Trauma include all of the above symptoms. Despite this overlap people with Complex Trauma tend to have broader problems, or experience more severe problems than those with single-incident trauma.

For example, research shows that people who have experienced Complex Trauma are more likely to have a range of physical and mental health problems such as:

- Depression and anxiety;
- Sleep problems;
- Feeling suicidal and/or using self-harm to cope;
- Unexplained body aches and pains, including migraines, stomach and digestion troubles and arthritis;
- Type 2 Diabetes;
- Sexual difficulties;
- Low energy and fatigue;
- Problems with relationships such as not wanting to be around others, difficulty trusting others;
- Problems protecting oneself in an unhealthy or abusive relationship; and
- Using drugs, tobacco, alcohol, or over and under-eating to cope with feelings. This also causes additional health problems.

In addition, because people with Complex Trauma have often had their development interrupted, they may have lost opportunities. They tend to have lower incomes, less education and more housing problems. This in turn negatively affects their health.

The good news is that a reduction in PSTD Symptoms also leads to reduced physical and mental health problems including better moods, better sleep, reduced risk of Type 2 diabetes, healthier blood pressure and fewer aches and pains.

Getting Therapy for Trauma

If you have experienced a trauma and do not feel the symptoms have reduced over several months, it is important to seek support. Trauma can be treated so you get relief from distressing symptoms.

- For more information on different diagnoses, see Fact Sheet II: Post Traumatic Stress Disorders
- For more information on therapy and finding a therapist see Fact Sheet V: Getting Treatment

For references visit https://www.isst-d.org/public-resources-home/fact-sheet-i-trauma-and-complex-trauma-an-overview/

International Society for the Study of Trauma and Dissociation

Post-Traumatic Stress Disorders

What is a Post-Traumatic Stress Disorder?

Traumatic events are quite common. Some people who experience very stressful events do not develop a disorder. However, when people do develop a trauma-related disorder, they can experience a range of distressing symptoms.

Mental health professionals use diagnoses to help them understand and communicate about mental health symptoms. While diagnoses are helpful, they also have limitations. Our current way of diagnosing trauma-related disorders has some problems. These disorders do not fully describe all aspects of traumatic experience such as emotional trauma, neglect and abandonment. Diagnoses can also overlook the inter-personal and identity problems that many survivors have.

Despite these problems, it can be helpful for a trauma survivor to understand the current commonly used diagnoses. These are outlined below.

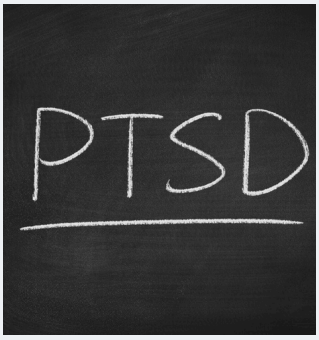
Post-Traumatic Stress Disorder (PTSD)

Post Traumatic Stress Disorder (PTSD) is a diagnosis given to people who have experienced, or witnessed others being exposed to actual or threatened death, serious injury or sexual violence.

Survivors with PTSD often feel afraid that the event is going to happen again. They may not fully realize that the traumatic event is over. As a result of trying to cope with the trauma various parts of their life are affected.

PTSD changes the way memory works. Essentially, the brain of a survivor is trying to do two things at once. It is trying to avoid the traumatic memory, as it is so upsetting. At the same time, it is also trying to process and make meaning of the trauma.

As a result, a person with PTSD switches between having 'too much memory' and 'too little memory' of the trauma. For example, they may find it hard to remember important parts of the trauma, but they can also have detailed nightmares. They may spend much of the time 'forgetting' the trauma, then suddenly relive the event so intensely that it feels like it is happening all over again. This is called a "flashback".



As part of the avoidance, survivors also try to avoid things that remind them of the trauma (these can be called 'triggers'). This can lead them to withdraw more and more from daily life. Sometimes trauma survivors begin to drink, use drugs or work too much to avoid feelings and memories.

PTSD causes people to switch between 'feeling too much' and 'feeling too little'. Someone with PTSD may feel intense fear, anger, shame or guilt. They may feel jittery or irritable and find it hard to concentrate. Getting to sleep can become more difficult and sleep can be interrupted.

However, survivors may also feel flat, depressed, numb or 'shut down'. Sometimes survivors find they don't get enjoyment out of the things they used to enjoy. They may have less interest in activities and other people. As people attempt to cope with these symptoms, they may have headaches, body pain or digestion troubles. They may also experience relationship difficulties.

For a diagnosis to be made, the person must have had certain symptoms for more than one month.

Complex PTSD

This diagnosis is now an officially recognized diagnosis by the World Health Organization.

Complex PTSD is a diagnosis used when people have experienced repeated and prolonged traumatic events, from which escape is difficult or impossible. (This could include torture, slavery, genocide campaigns, prolonged domestic violence, or repeated child abuse).

People with this disorder experience the same symptoms as PTSD. In addition, they have significant and long-term problems with regulating or managing their moods, often having strong emotions which feel uncontrollable.

Survivors of Complex Trauma have learned that close relationships are not safe. They may not trust people. Close contact with others can feel threatening. For example, if you have Complex PTSD you may find that you vary between seeking closeness in relationships and then needing to push others away.

People with Complex PTSD often see themselves in a negative way. They may feel 'broken', defeated or worthless. It is also common to have strong feelings of shame, guilt or failure related to the traumatic event.

Acute Stress Disorder

People with Acute Stress Disorder experience the same symptoms of PTSD, but Acute Stress Disorder is used when the symptoms have been present from between three days and one month after the trauma.

People with Acute Stress Disorder will typically experience recurring intrusive thoughts, memories or dreams about the event, will try to avoid reminders of the event and may also have dissociative symptoms such as depersonalization and derealization (For more information on dissociative symptoms, see Fact Sheet III: Trauma Related Dissociation: An Introduction)

If the symptoms continue past a month then a diagnosis of PTSD is made instead.

Not all people with Acute Stress Disorder will go on to have PTSD. Symptoms often reduce in that first month.

Dissociative Disorders

Trauma, particularly Complex Trauma, has also been strongly related to having a Dissociative Disorder. These disorders are outlined in Fact Sheet IV: What are the Dissociative Disorders?

Trauma and Other Diagnoses

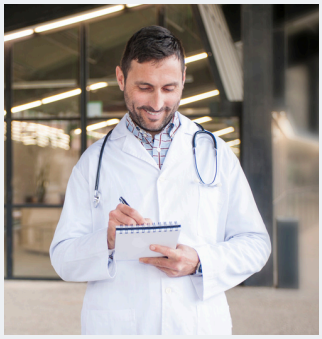
Experiencing a trauma, particularly Complex Trauma can increase your chance of being diagnosed with another mental health condition. This includes depression, anxiety, substance abuse, eating disorders and personality disorders.

Coping with a Trauma-Related Diagnosis

If you have been diagnosed with one of these disorders you may feel relieved or validated – at last you have a label to describe your experience!

On the other hand, you may feel scared or ashamed. If this is the case, it is important to realize that a diagnosis of a trauma-related disorder means that something overwhelming happened to you, not that you have somehow failed to cope well. In fact, most symptoms of these disorders result from your brain attempting to process and make meaning of a terrible experience.

Sometimes trauma survivors are given a lot of different diagnoses, or have diagnoses regularly changed by different professionals. This can feel overwhelming and frightening. You may feel negative about yourself, or fear being seen as 'crazy', 'mad' or 'broken'.



In fact, many disorders have overlapping symptoms. Being diagnosed with multiple disorders, or finding that therapists do not agree on a diagnosis, is quite common. It can be helpful to remind yourself that despite the different 'labels' used, these symptoms stem from a common cause: trauma. Diagnostic labels do not really describe 'you' as a whole person. Remembering this may help you deal with the problems from a trauma-informed perspective, rather than blame yourself or lose hope.

It is also important to realise that all these disorders can be improved or even resolved with effective treatments. For more information See Fact Sheet V: Getting Treatment for Complex Trauma and Dissociation.

For references visit https://www.isst-d.org/public-resources-home/fact-sheet-ii-post-traumatic-stress-disorders/

