

Recognizing the Effects of Complex Trauma

People with complex trauma have experienced a world that is consistently threatening, where they have little value and where other people cannot be trusted. Their focus on survival may negatively impact all areas of development. The effects of complex trauma reach far beyond what can be captured by a single diagnosis, such as PTSD. Without an understanding of trauma and its impact, trauma-related survival responses are easily misunderstood, mislabeled, and even misdiagnosed as other issues such as ADHD, bipolar disorder, oppositional-defiant disorder, and reactive-attachment disorder.

Being able to recognize the signs of complex trauma allows program staff to adjust their responses and ways of thinking about survivors and to connect children and adults with complex trauma to needed services. Key areas affected by complex trauma include: attachments and relationships, physical health, emotional responses, behavior, cognition, dissociation, and self-concept and future orientation. Because trauma and its effects on a survivor are cumulative and individualized, the following adverse impacts may manifest in different degrees and in different ways. Generally speaking, however, youth and adults with complex trauma will evidence many of these signs and symptoms. Let's review the common effects of complex trauma across the key areas outlined here.

- **Attachments and Relationships:** Our earliest relationships with caregivers provide a template for future relationships. Children and youth who experience trauma at the hands of their primary caregivers, are prevented from forming secure early attachments. As a result, youth and adults with complex trauma have difficulty trusting others and establishing and sustaining relationships. People who have been victimized repeatedly may assume that people will hurt or betray them, and respond accordingly. A person's sense of what is and is not threatening may also be altered. For example, a person may misunderstand neutral behaviors as threatening and fail to see danger where it does exist. Together, these reactions can increase risk a person's for being victimized and/or victimizing others.
- **Physical Health:** People with complex trauma are exposed to profound levels of stress that can alter how the brain and body function. They may have increasingly extreme physiological responses, such as rapid breathing or heart pounding to even seemingly small stressors. People with histories of complex trauma may also struggle with chronic physical complaints and conditions associated with an altered stress response. They may be overly sensitive to environmental stimuli such as sounds, smells, touch, or light, or in some cases, people may be less aware of external pain or touch, or internal physical sensations.

- **Emotional Responses:** Youth and adults with complex trauma often have difficulty identifying, expressing and managing feelings. When faced with trauma reminders, their responses are extreme and range from anxiety to numbness and shutting down. People with histories of complex trauma may become easily frustrated, give up quickly, or escalate over a relatively small issue. Although adolescents, for example, may experience heightened emotions, the patterns exhibited by youth with complex trauma will likely be more extreme. People with histories of complex trauma are at increased risk for development more significant mental health disorders related to these emotional responses, such as anxiety and depression.
- **Behavior:** Youth and adults with complex trauma frequently struggle to regulate their behavior. They may appear aggressive, defensive, or disconnected in response to trauma triggers, and engage in risky behaviors such as self-harm, substance abuse, unsafe sex, and involvement in other types of violence or illegal behaviors. These behaviors are understood as coping mechanisms for managing traumatic experiences and related physiological dysregulation. Although many adolescents engage in risky behaviors, the patterns exhibited by youth with complex trauma will likely be more extreme.
- **Cognition:** Youth and adults with complex trauma may struggle with impairment in cognitive functioning. When children move through their development operating mainly in a survival state, higher level regions of the brain needed for thinking and problem-solve are often offline and/or underdeveloped. Cognitive difficulties may manifest as trouble paying attention to present tasks, and ongoing challenges with concentration, learning, memory, problem-solving, and reasoning. These challenges can negatively impact success in school and at work.
- **Dissociation:** Youth and adults with complex trauma may struggle with dissociation, meaning that they disconnect from the present moment to manage overwhelming internal states. This may look like a lack of emotion or daydreaming. The constant use of dissociation to cope with trauma can lead to difficulties engaging in learning tasks and relationship-building in the present. Disconnecting from all feelings means that youth also block out positive emotions.
- **Self-concept and future orientation:** Youth and adults with complex trauma often struggle with low self-esteem, and a lack of agency. Their view of themselves as “bad” or “damaged” and their experiences of hopelessness and lack of control, leads to a lack of motivation and capacity to plan for the future and set goals. Although adolescents are often highly self-conscious and sometimes negative about themselves and appear disinclined to plan for the future, the patterns of negative thinking and lack of future orientation exhibited by youth with complex trauma will likely be more extreme.

Activity: Recognizing the Effects of Complex Trauma

Youth and adults with histories of chronic exposure to trauma—particularly abuse, neglect, or exploitation by parents, caregivers, or other responsible adults who would have been expected to protect them—develop survival strategies to manage traumatic experiences. Their brains and bodies adapt based on these experiences in ways that may be misinterpreted by providers and lay people who are unfamiliar with complex trauma and its manifestations.

Trauma-related behaviors can be frustrating for others, especially when they jeopardize a person's health, well-being, and success. However, these behaviors often make sense in the context of a person's experiences. When we put on our "trauma glasses" and consider the role trauma may be playing in how someone is behaving, we start to think and talk about behaviors differently.

Instructions: Fill in the right column of your handout with alternative explanations or adjectives you would use to describe a particular behavior when you have your "trauma glasses" on. At the end of this activity, we provide examples if needed to support group discussion.

Trauma glasses off	Trauma glasses on
Manipulative	
Lazy	
Resistant	
Unmotivated	
Disrespectful	
Attention-Seeking	

Examples:

Trauma glasses off	Trauma glasses on
Manipulative	<i>Getting needs met in ways that have worked in the past. Doing whatever is necessary to survive.</i>
Lazy	<i>Overwhelmed. Lacking the skills to make decisions about what to do first or to organize.</i>

Resistant	<i>Mistrustful of others due to history of being hurt by others. Scared to make progress and then lose everything.</i>
Unmotivated	<i>Depressed. Fearful. Overwhelmed. "Frozen."</i>
Disrespectful	<i>Feeling threatened, unsafe, out of control.</i>
Attention-Seeking	<i>Feeling disconnected, alone, or unheard by others. Looking for connection.</i>

Discussion Questions: Recognizing the Effects of Complex Trauma

1. What are your thoughts after completing this activity?
2. Were there particular people that came to mind as you completed this activity? (Be sure to protect confidentiality when considering your response to the group.)
3. How does operating with your trauma glasses on change how you view the survivors you serve?
4. How does operating with your trauma glasses on change how you talk about the survivors you serve?
5. Do you see program staff currently operating more with their trauma glasses off or with their trauma glasses on? How about other providers you work with?
6. What is easier and more challenging about operating with your trauma glasses on? What are the implications for your work?