



Complex Trauma and Sexual Violence

Samaritans Ealing Branch

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Aims and Objectives

- To enhance awareness of complex trauma
- To understand how Adverse Childhood Experiences and traumatic experiences impact on survivors
- To enhance awareness of how to engage with callers
- To understand how working with trauma impacts listeners



Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



People with 6+ ACEs can die

20 yrs

earlier than those who have none



1/8 of the population have more than 4 ACEs

4 or more ACEs

3x the levels of lung disease and adult smoking



11x the level of intravenous drug abuse



14x the number of suicide attempts



4x as likely to have begun intercourse by age 15

4.5x more likely to develop depression



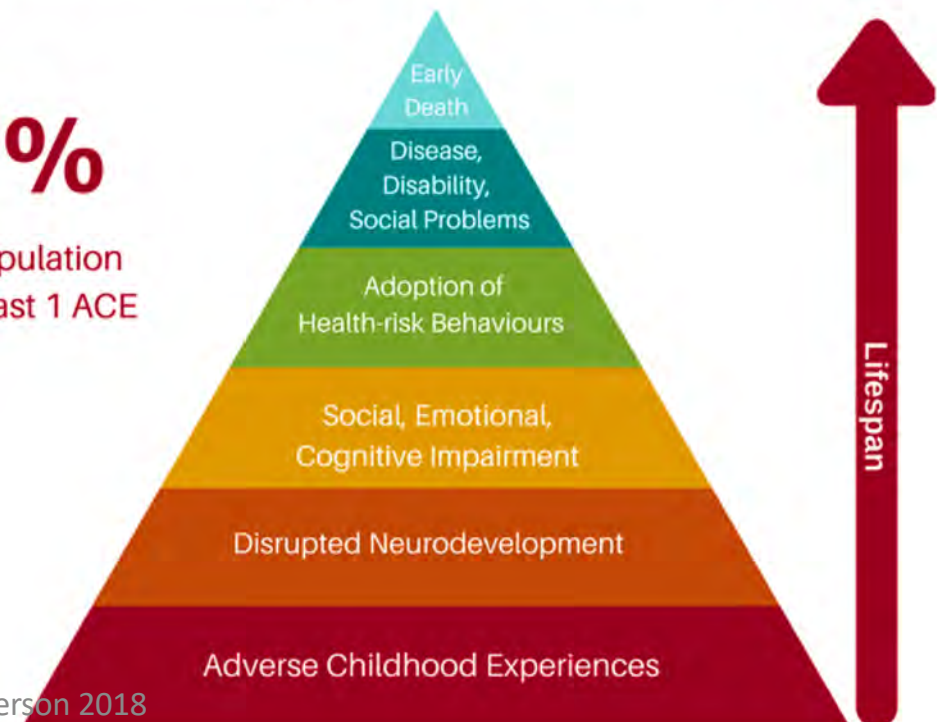
2x the level of liver disease



“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”

Dr. Robert Block, the former President of the American Academy of Pediatrics

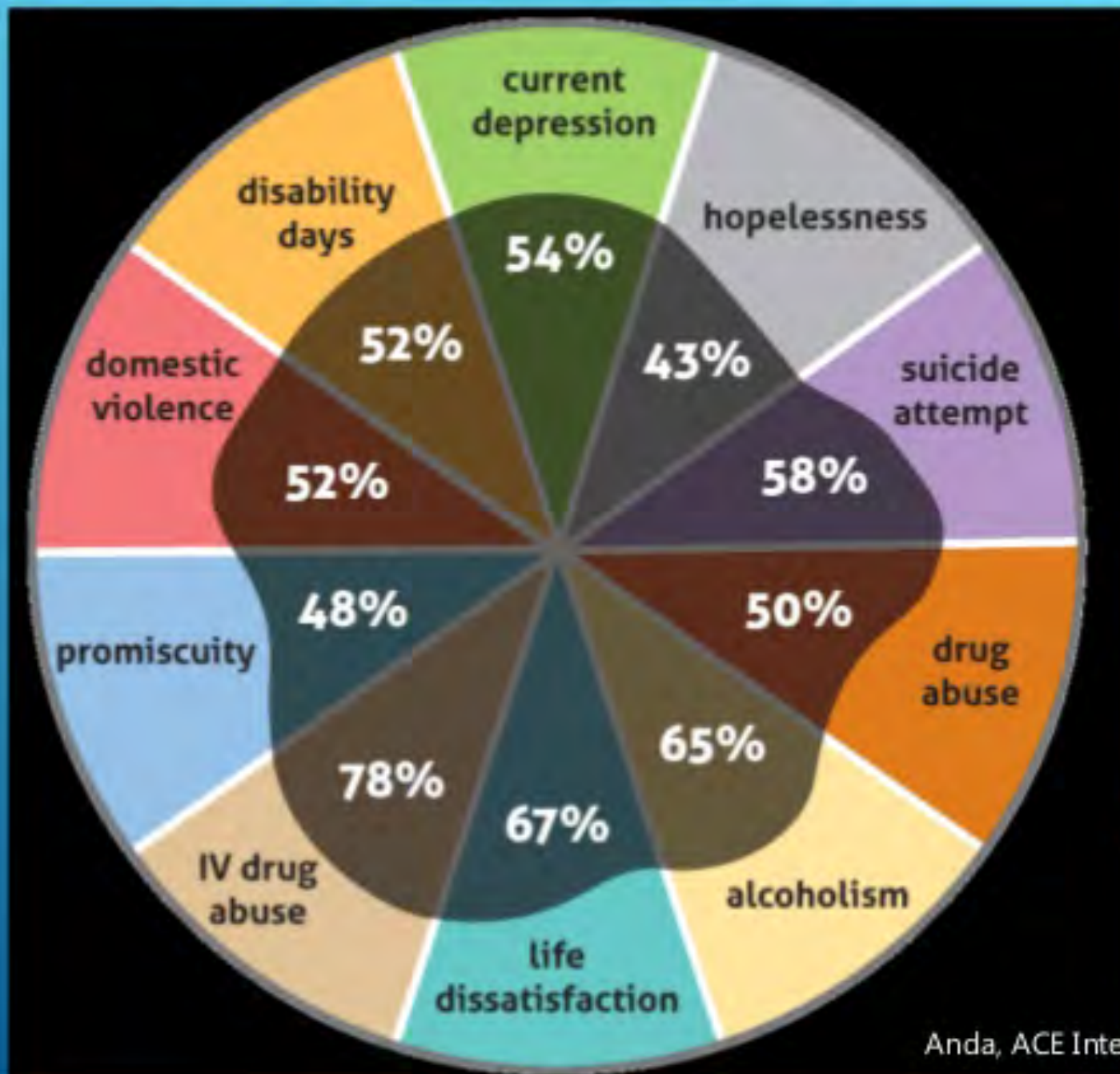
67%
of the population have at least 1 ACE



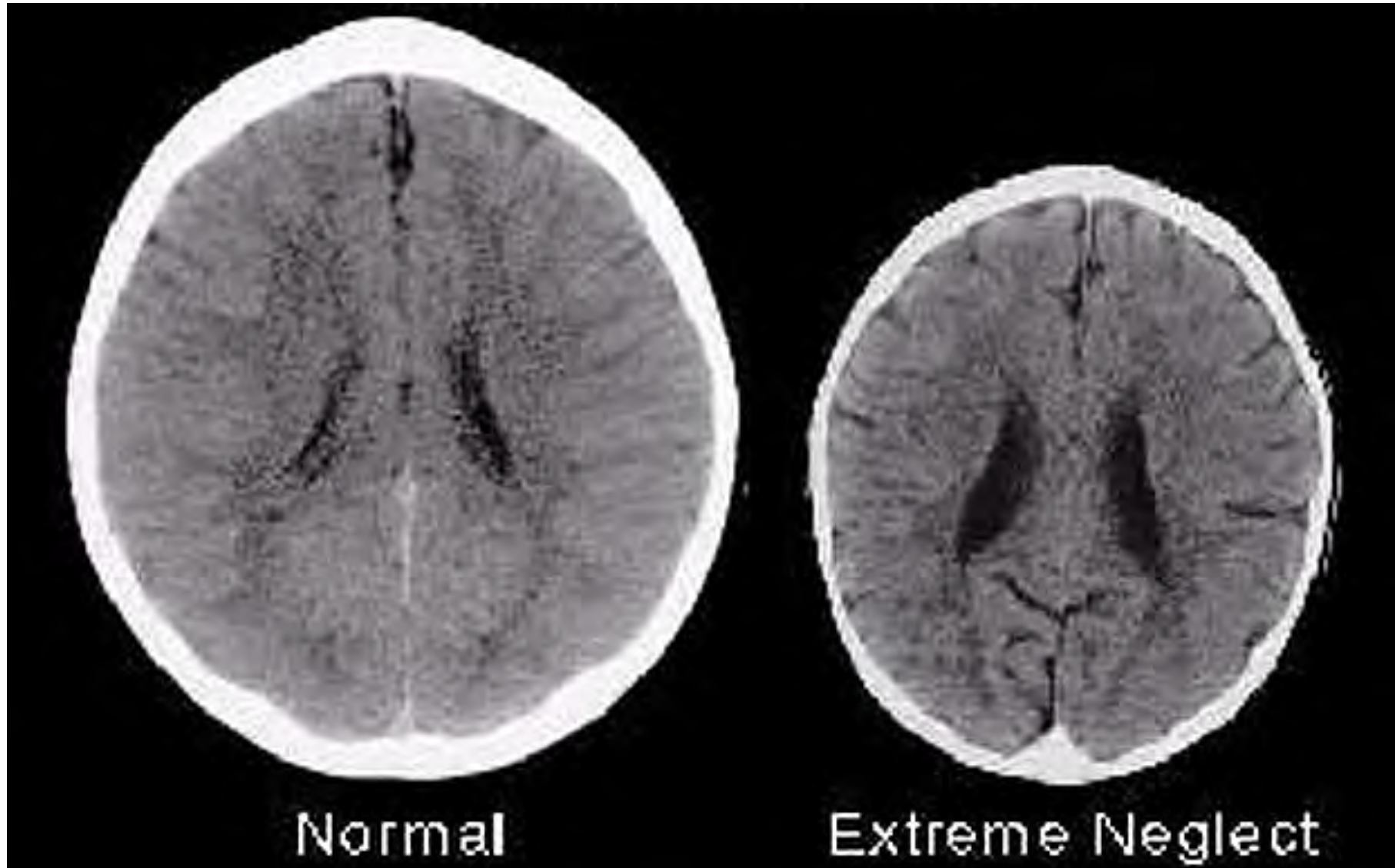
www.70-30.org.uk
@7030Campaign

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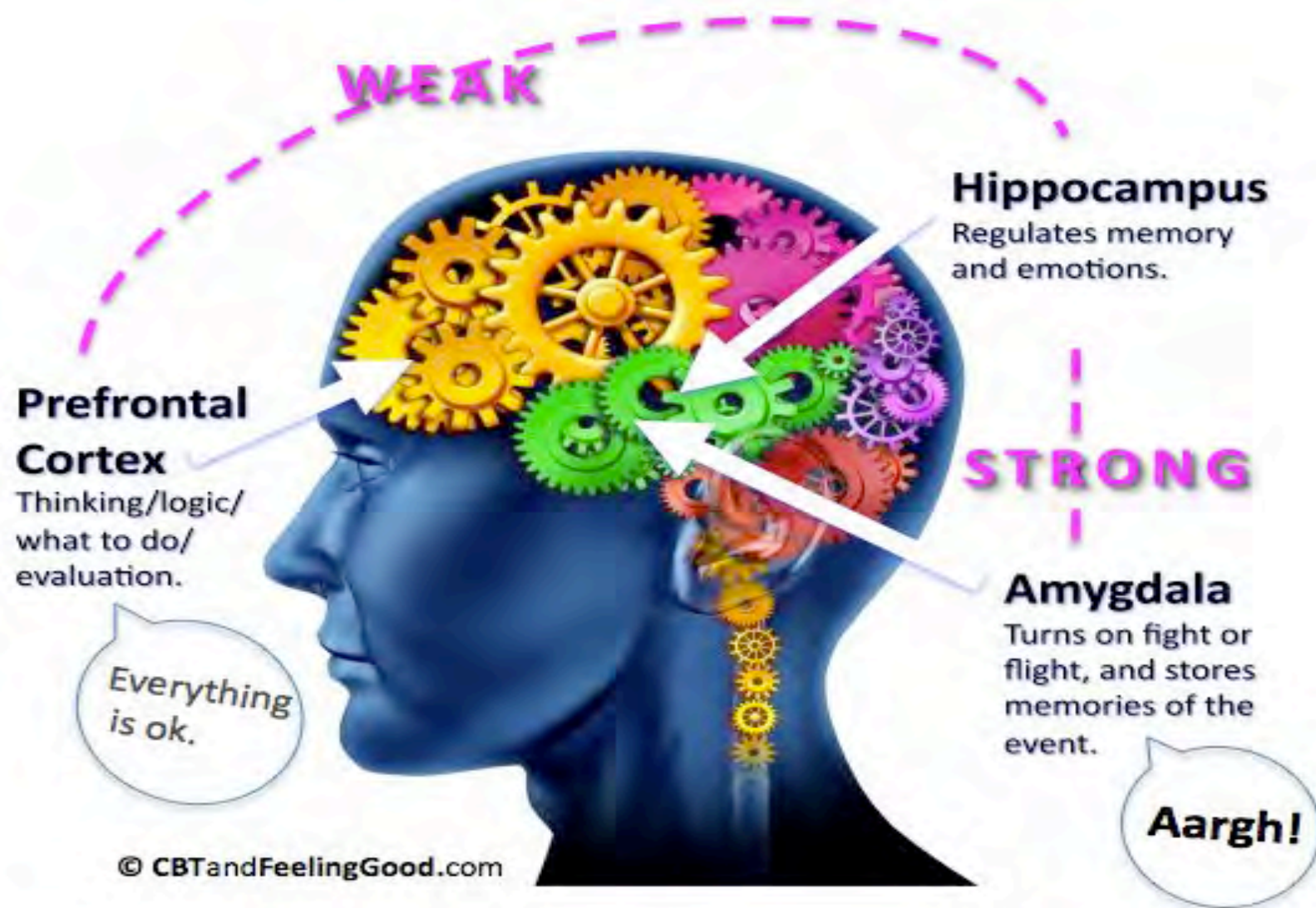
ACES AND POPULATION ATTRIBUTABLE RISKS



Brain Development



The Physiology of Fear



Defense reaction

Type1:
'uproar'
sympathetic
activation

3. Fight

2. Flight

1. Freeze

tonic immobility
(unresponsive immobility)

4. Fright

onset of reduced pain perception
and sensory shut-down

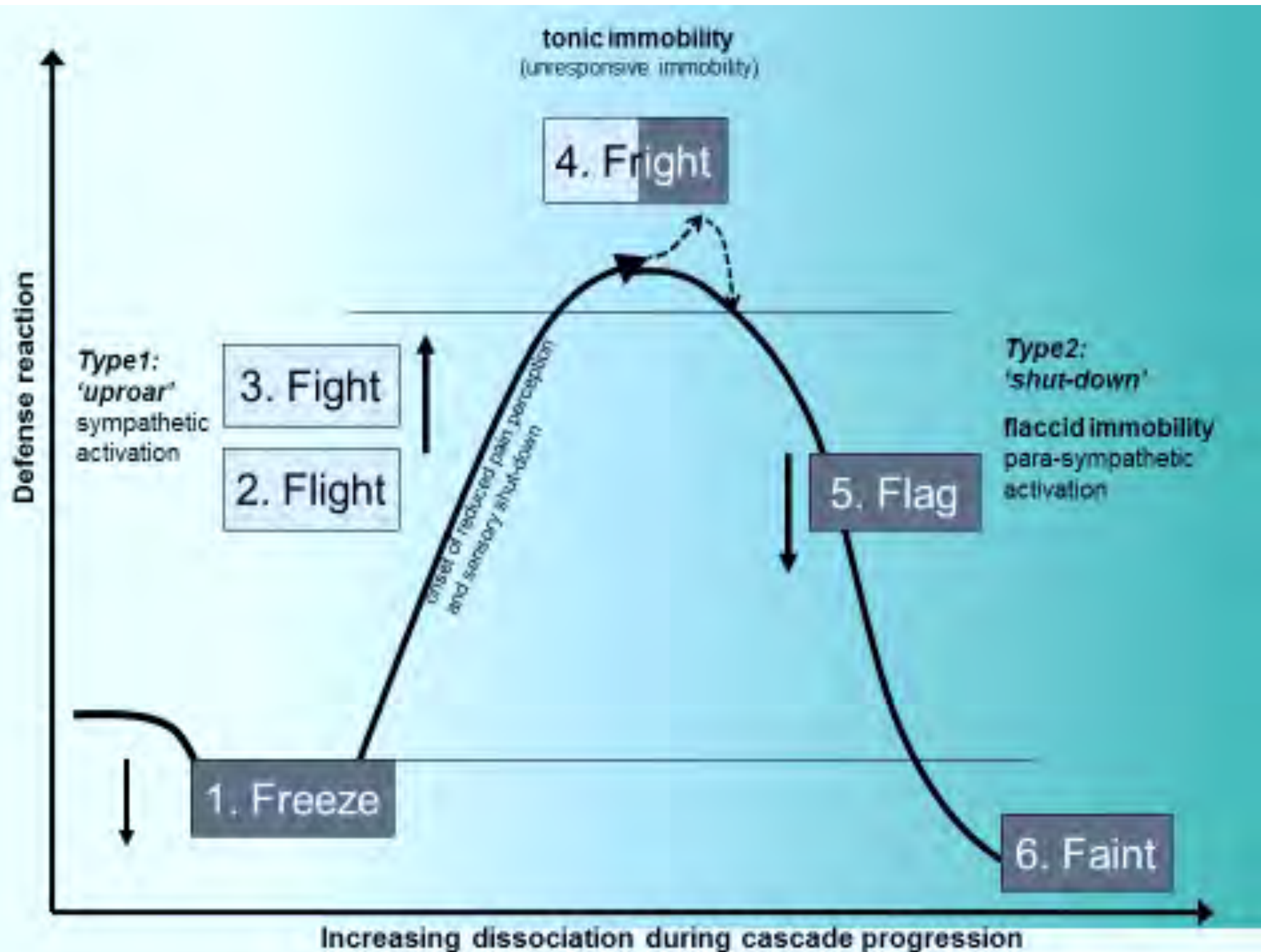
Type2:
'shut-down'

flaccid immobility
para-sympathetic
activation

5. Flag

6. Faint

Increasing dissociation during cascade progression



The Five Trauma Responses

Instinctive, involuntary, survival reactions outside of conscious control

Friend

Alert others - cry, plead, scream for help, social engagement

Prolonged trauma leads to trauma bond

Sympathetic Nervous System

Hyperarousal, alarmed, startled

Accelerator, increased heart rate, blood pressure, breathing

Parasympathetic Nervous System

Hypoarousal, dissociation

Brake, rest and digest, metabolic shutdown, numbing, hiding behaviours

Fight

Physical aggression, attack

Verbal aggression – saying 'no'

Freeze

Tonic immobility, shutdown, play dead, conserve energy

Dissociate, pretend to be asleep

Flight

Running away, hiding

Flop

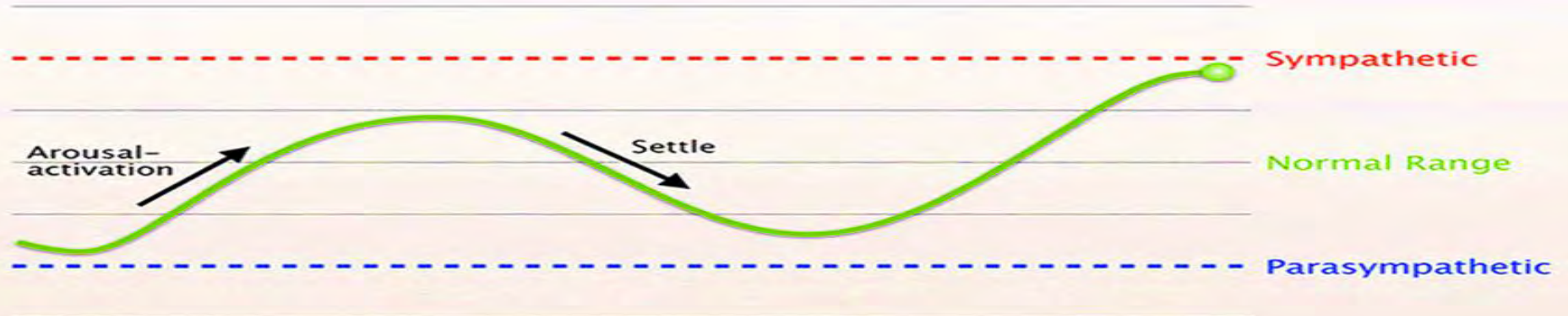
Collapse, pervasive dissociation. malleable

Repeated Exposure to Trauma

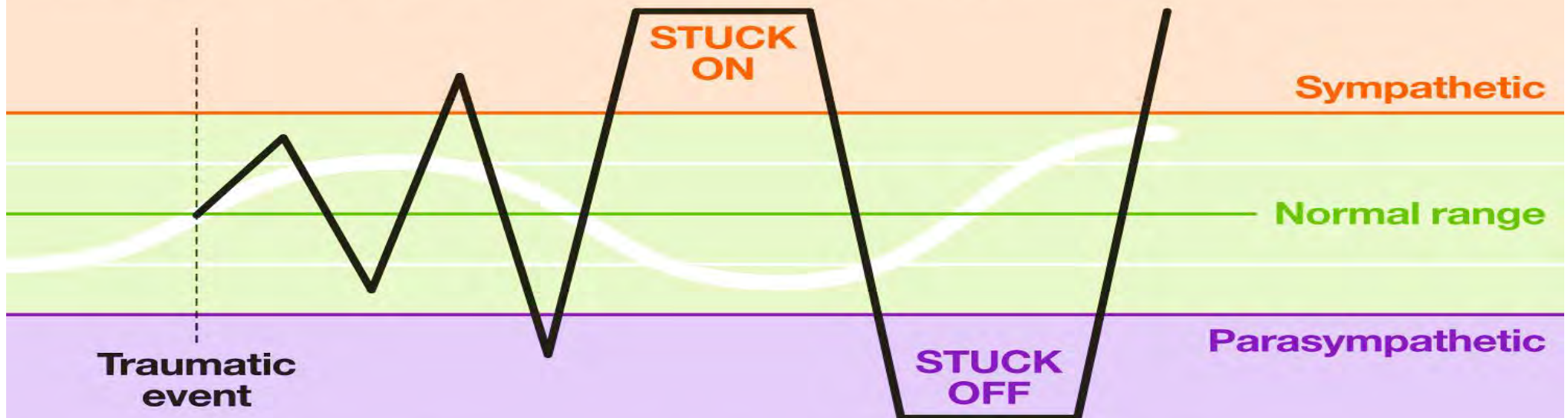
- **Trauma remains on line** - continued circulation, damage to HPA Axis - Hypothalamus, Pituitary, Adrenal glands
- **Resets the alarm system** – easily tripped externally or internally , new default setting
- **Fear network** – persistent fear state, others seen as dangerous, unsafe
- **The brain, mind and body become disconnected** , emotions, cognitions, relationships, spirituality, memory
- **Impact on somatosensory and self-awareness systems**
- **Mental defeat** - increased tolerance for abuse
- **Somatic markers** - the body keeps the score



A Healthy Nervous System

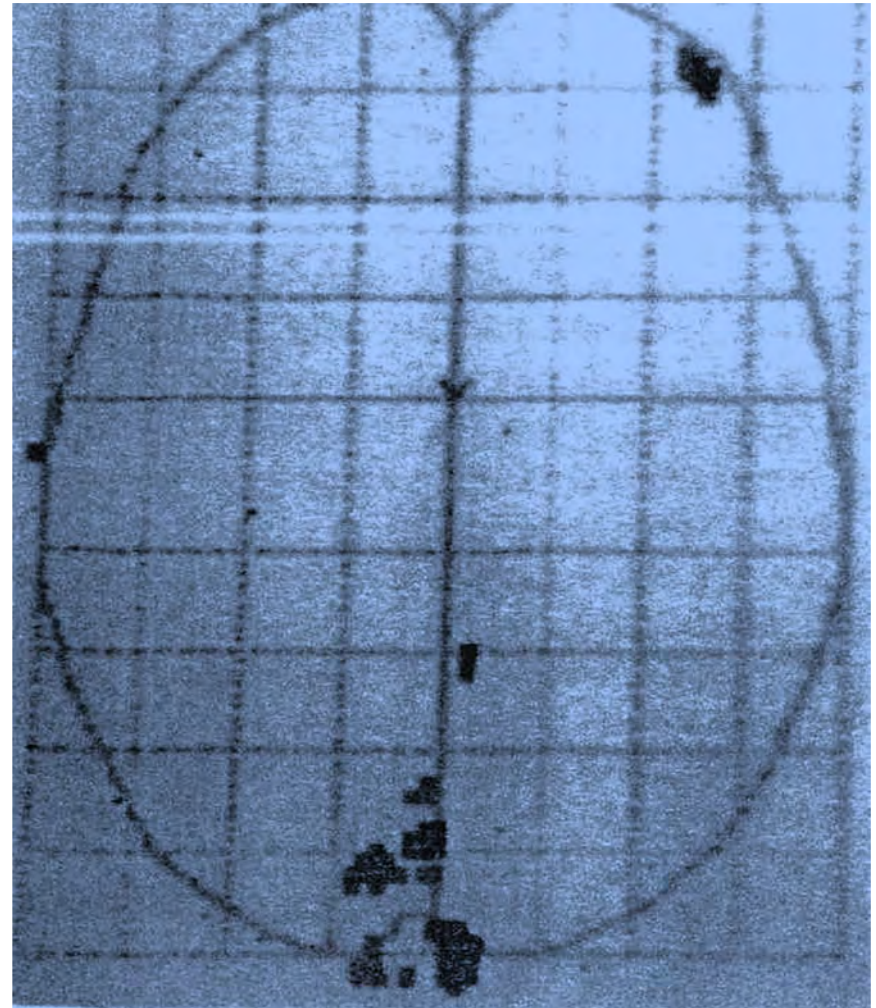
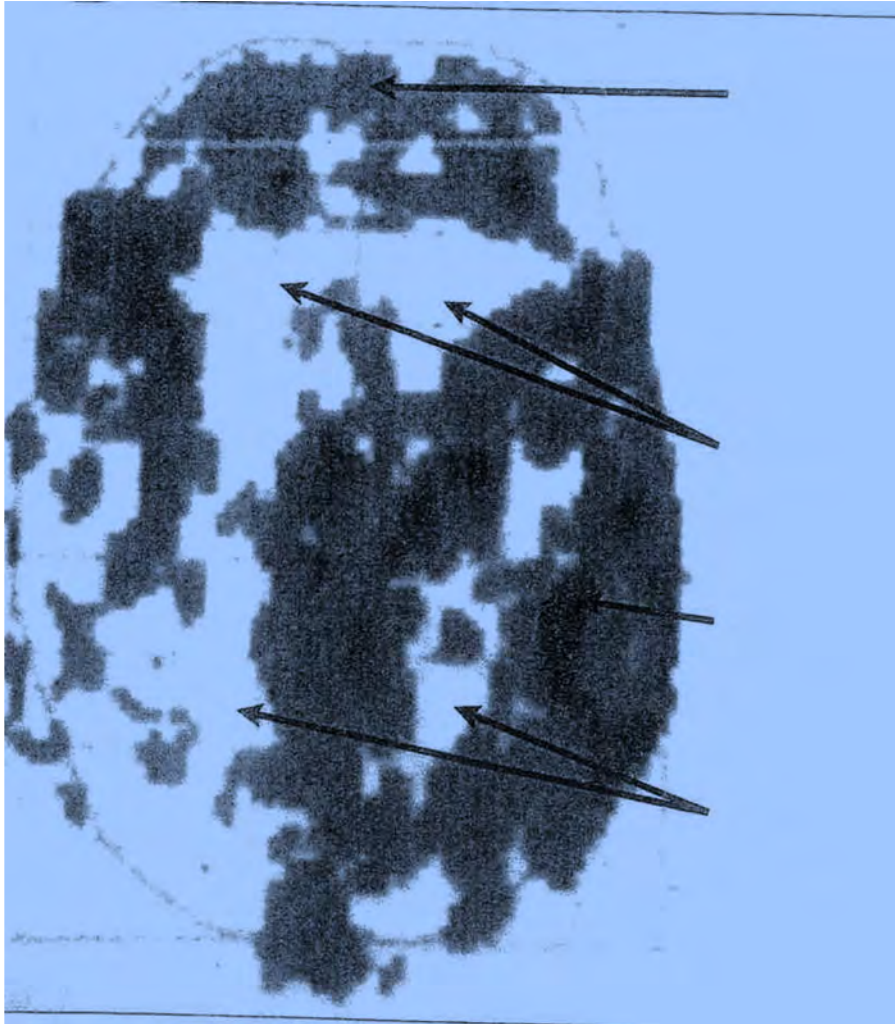


Symptoms include anxiety, chronic pain, digestive problems, emotional flooding, exaggerated startle, hostility, hyper-activity, hyper-vigilance, inability to relax, panic, rage, restlessness and sleeplessness

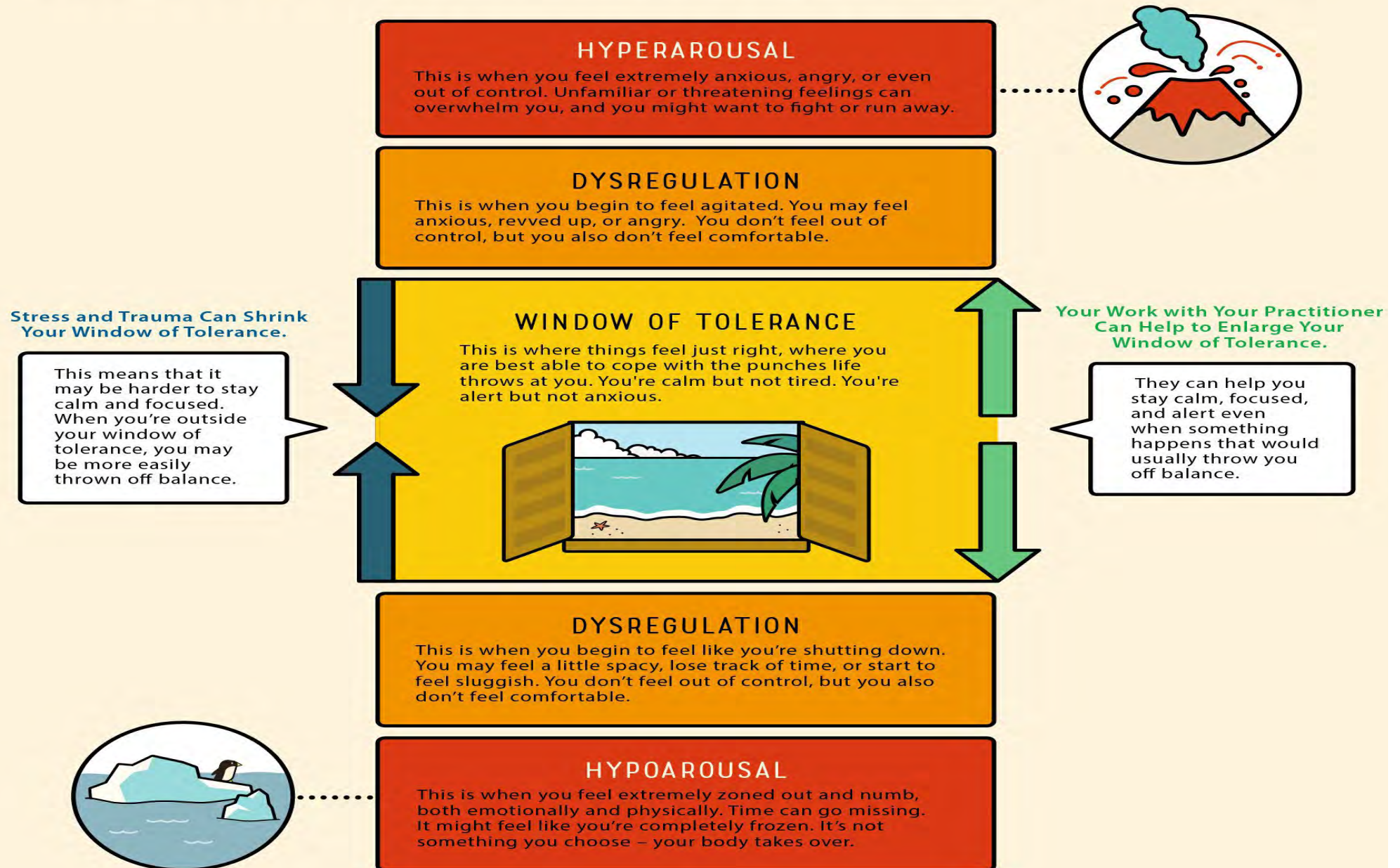


Symptoms include chronic fatigue, complex symptoms, deadness, depression, disorientation, disconnection, dissociation, exhaustion, flat affect, low blood pressure, lethargy, pain, poor digestion

Hyper-Arousal and Hypo-Arousal



How Trauma Can Affect Your Window of Tolerance



Impact of Complex PTSD

- Dissociative symptoms
- Somatic complaints
- Self destructive behaviour, trauma re-enactment
- Social withdrawal and distrust of others
- Impaired relationships and traumatic loneliness
- Foreshortened sense of future – suicidal ideation
- Shame
- Borderline Personality Disorder and Antisocial Personality Disorder
- Depression
- Anxiety Disorders
- Eating Disorders
- Substance Dependency and addictions – ‘chemically induced dissociation’
- Schizophrenia



Understanding Traumatized Callers

- **Dissociated self states** – hurt child, angry child, punitive parent, detached protector
- **Affect dysregulation** – hyper-arousal, hypo-arousal, impulsivity
- **Relational Difficulties** - highly sensitive, oscillate between trusting and avoidance
- **Can appear charming**, high functioning, seeking approval
- **Cognitive-perceptual disturbance**
- **Heightened sensitivity** to NVC cues especially facial expressions/tone of voice
- **Hostility towards others**
- **Emptiness/vacuum**



Importance of Listeners Right Brain Involvement

- **Traumatisation involves the right hemisphere - feelings, memories, attachment**
- **Empathy – affective vs. cognitive**
- **Humanness**
- **Compassion**
- **Non judgemental**
- **Managing ruptures – trauma re-enactment, hostility**
- **Do not personalise!**
- **Repairing ruptures - saying sorry!**



Challenges for Practitioners

- **Disbelief**
- **Uncertainty**
- **Contamination**
- **Dissociation**
- **Own Shame**
- **Own experiences**
- **(Dis)courtesy
stigmatisation**
- **Impact of work on
organisation, professional
and personal functioning**



Conclusion

- **Post traumatic growth** - reconnection to self, others, world
- **Supported by empathic and compassionate listening**
- **Non judgemental**
- **Renewed purpose, meaning and spirituality**
- **Transformative for both caller and listener**
- **Facilitates a deeper understanding of resilience and the human spirit**



