

Identity and Belonging

Complex trauma in childhood often occurs as a result of repeated abuse, violence or neglect which continues over a long period of time.

The victim is often young and dependent on their caregivers for safety, nurture and protection. When children are not safe or protected their development can be severely affected. They can be so focussed on survival they may not be able to explore and learn (Perry, 2009).

Depending on the ages and stages at which this occurs, the child, adolescent and the adult they become may struggle to function day to day. Their sense of themselves, and their capacity to regulate their levels of arousal, emotions and behaviour can also be significantly affected (Howell & Itzkowitz 2016). It is important to understand this when engaging with a person who has experienced trauma in their childhood. In the context of childhood trauma their challenges make sense.

Identity

We have grappled with philosophical questions about identity for thousands of years. It is more than how we look and sound. Identity dictates how we navigate the world. Although the nature versus nurture debate implies that both influence the outcome, our biological constitution partially informs a second process, as well. This second process of socialisation is how the world responds to us and we respond to it. It is a major component of how we develop and grow.

As we grow up we are exposed to events which influence our core beliefs. We develop and then hold these core beliefs about:



Ourselves



Other people



The world

Core beliefs then become a framework by which we process our thoughts, feelings, emotions, and behaviours. They are the lens through which we interpret our world. We often hold on tightly to our core beliefs, even if they distress us or seem counter-productive.

Once we have our core beliefs, new events can influence them. They might reinforce them, or they might cause us to question them.

Identity

Developing a sense of self and the capacity for healthy relationships



From birth, experience actively shapes and formulates a child's developing self. This involves complex interactions between the child and their family within their home, community, culture and society. A child's interactions with their caregivers, particularly emotional interactions, however play a significant role



It is important for the child's caregivers to be attuned to the child and to mirror or model a reflection of healthy relating. This forms a model for positive relationships for the child with themselves and others. This occurs within the broader social context with outcomes for a child depending on individual, family and social factors (Toth & Cicchetti, 2010).



High levels of risk exposure at the child, family, or household level often reflect broader socio-political influences. Differences in socioeconomic, political and cultural context mean that power, financial resources and standing in the community are unequally distributed (VicHealth, 2013), which, in turn, also impact a developing child.



Healthy child development is promoted by emotional and physical security, consistent affection, validation, support and guidance to enable a sense of autonomy (Cozolino, 2012; Shonkoff, 2012).



When a caregiver has their own experiences of trauma and victimisation (Bromfield et al., 2010), they may face challenges in their own lives, and in meeting their child's needs, particularly their emotional needs. This means that they might not connect securely with their infants, and child, of different ages. This in turn can affect the way a child attaches to their caregiver and to others over time. This can also mean that the child can find it harder to manage stress over their lives.

Identity

Developing a sense of self and the capacity for healthy relationships



Caregiving which is generally responsive to a child's feelings and needs better equips the child to cope with life's challenges. Other factors such as poverty, social isolation and unstable housing (Bromfield et al., 2010) can further compound life's challenges for caregiver and child. This can especially occur within families where parents are grappling with their own experiences of trauma and victimization (Bromfield *et al.*, 2010).

Consideration should also be given to migrants, refugees and asylum seekers for whom intercultural and intergenerational challenges due to migration and acculturative stresses can also impact specifically on children and young people. (Poojar Sawrikar, 2011).



This can mean that the child might not develop the capacity to self-soothe and self-regulate.



Unlike single incident trauma, complex trauma disrupts a person's identity – their relationship to themselves and others as well as their self-integrity i.e. the state of being whole.



With complex trauma the person can experience low self-esteem and intensely negative self-attitudes, one of the most pervasive of which is self blame (Schimmenti, 2012).



People with complex trauma can have a sense of losing their self in contrast to single incident trauma in which people can perceive losing their mind. (Herman, 1992, 1997)



People who have experienced single-incident trauma often say they want to get back to the way [they were] before (i.e. with the sense of safety and wellbeing the trauma has eroded). This is very different from survivors of childhood trauma, who often have no sense of having ever functioned well and cannot recall ever having felt healthy or happy.

Belonging

Human beings are social creatures. In fact, we need one another to survive. Our greatest achievements as a species are a direct result of our ability to organise ourselves into groups, build attachments, work with each other, and care for each other.

Social belonging is so critical to our survival that we, as infants, spend an extraordinary amount of time being entirely dependent on our caregivers. This is so we can learn important lessons about other people: how they work, how they think, what they like, what makes them like us, and what makes them care for us.

Evidence now suggests that children are sponges for these social lessons and will actively seek them out. We do this so we can survive as the social creatures we are.

Belonging

Some children have caregivers who are absent, inconsistent, or harmful. This is not to say these impacts always occur or are set in stone. Developing positive, safe, and caring relationships in later life can lead to shifts in core beliefs, and to the development or strengthening of other relational models (e.g., good enough people, safe people). Having absent, inconsistent, or harmful caregivers can have many impacts, including:



Core belief impacts: A child who is being abused and/or neglected may develop core beliefs that others are unsafe, untrustworthy, looking out only for themselves, and will harm them if given the chance.



Embodiment of perpetrator scripts: A child may also embody adult (perpetrator) scripts about themselves. This may result in core beliefs that they (the survivor) are unlovable, unworthy, or defective (although none of this is true).



Development of relational models: A relational model is a short-cut by which we interpret complex information about relationships. Under these models, a child might have learnt that some people are abusive and/or neglectful. This means the child may come to believe that people are dangerous and not to be trusted.

There might only be a sense that some people are “good enough” if this modelling was present at some point.



Implementation of these relational models: These relational models may then become the structure by which other people become assessed. This allows the child (now adult) to approach people who are perceived to be safe and avoid people who are perceived to be harmful.



Relationship hypervigilance: This might also result in hypervigilance around relationships. People who are safe may be idealized. If that person provides some evidence that suggests they are unsafe, they may be devalued, rejected, dismissed, or even harmed.