

# CHILDREN IN CARE AND COMPLEX TRAUMA

Concepción López-Soler, Isabel Cervera-Pérez, Antonia Martínez-Pérez, Mavi Alcántara-López, Maravillas Castro-Sáez and Visitación Fernández-Fernández  
University of Murcia; Spanish Association for the Development of Mental Health in Childhood and Youth, "I Want to Grow"  
V. Arrixaca University Clinical Hospital (Spain) clopezs@um.es

## ABSTRACT

Among children and adolescents who met criteria the diagnosis of PTSD, according DSM-5 criteria, and Complex PTSD, statistically significant differences were found between the group of children exposed to intrafamilial abuse and the clinical group. Of the children diagnosed with Complex PTSD (14.8% of the total), four children (33.3%) also met PTSD criteria (DSM-5).

## INTRODUCTION AND AIM

When children and adolescents are immersed in a context where trauma occurs repeatedly and cumulatively it is called "Complex Trauma" (Courtois 2004; López-Soler, 2008). It refers to some very complicated forms of trauma and severe psychological consequences (Herman, 1992).

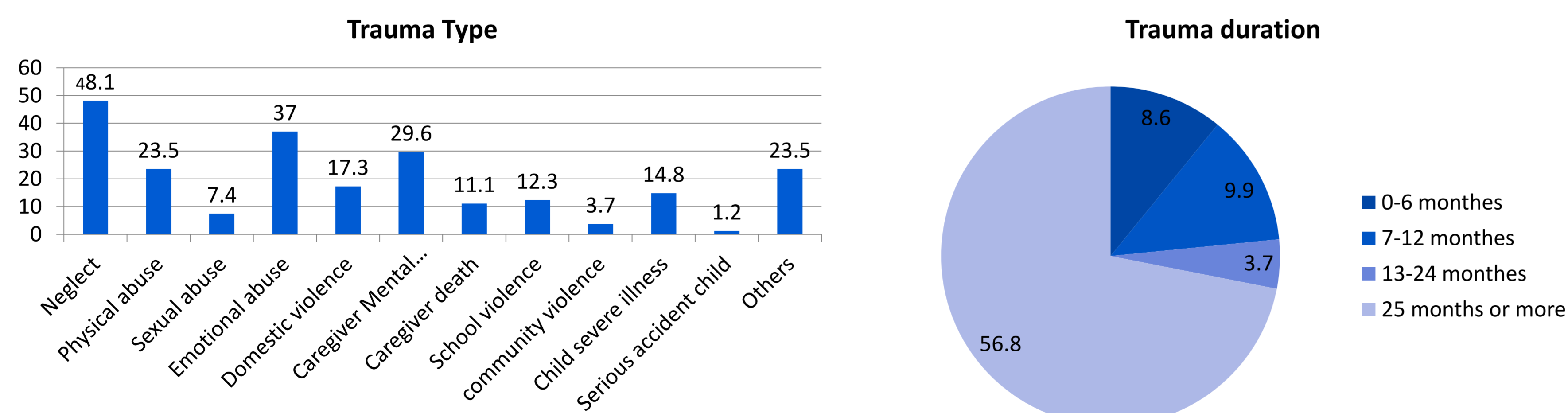
This new construct has not been recognized in the different DSM versions as a disorder other than PTSD. Although it obtained empirical support (Cloitre, Garvert, Brewin, Bryant, & Maercker, 2013; Van der Kolk et al., 2005), it was not included in the latest DSM version (APA, 2013). However, ICD-11 (WHO, 2018) has recognized it as a diagnosis, specifying that it must meet all PTSD requirements, in addition to severe and persistent problems in the regulation of affect; beliefs about oneself of disability and worthlessness, feelings of shame, guilt or failure related to the traumatic event; as well as difficulties in maintaining relationships and feeling close to others.

The objective of this work was to know the characteristics of Complex Trauma in children and adolescents who have suffered intrafamilial abuse in front of a clinical group, in order to analyze the different components of symptomatic groups suggested to establish the diagnosis of Complex Trauma and its relationship with PTSD symptomatology.

## METHOD

### Participants

81 children and adolescents participated, 37 (45.7%) (G1), supervised by the Autonomous Community Region of Murcia, referred to the Psychodiagnostic Evaluation and Treatment Project (PEDIMET); and 44 (54.3%) (G2), referred to Pediatric Psychology Service Virgen de la Arrixaca Hospital. 55.6% were boys and 44.4% girls, ages between 8 and 17 years (M = 11; SD = 3.12). They presented different trauma types (Figure1) and different duration (Figure 2).



### Instruments

The *Child PTSD Symptom Scale* (CPSS) questionnaire was used, which evaluates the presence of PTSD symptoms in children and adolescents aged 8 to 18. Comprises 5 scales (Re-experiencing, Avoidance, Hyperarousal and Total Score, and a functional impairment scale).

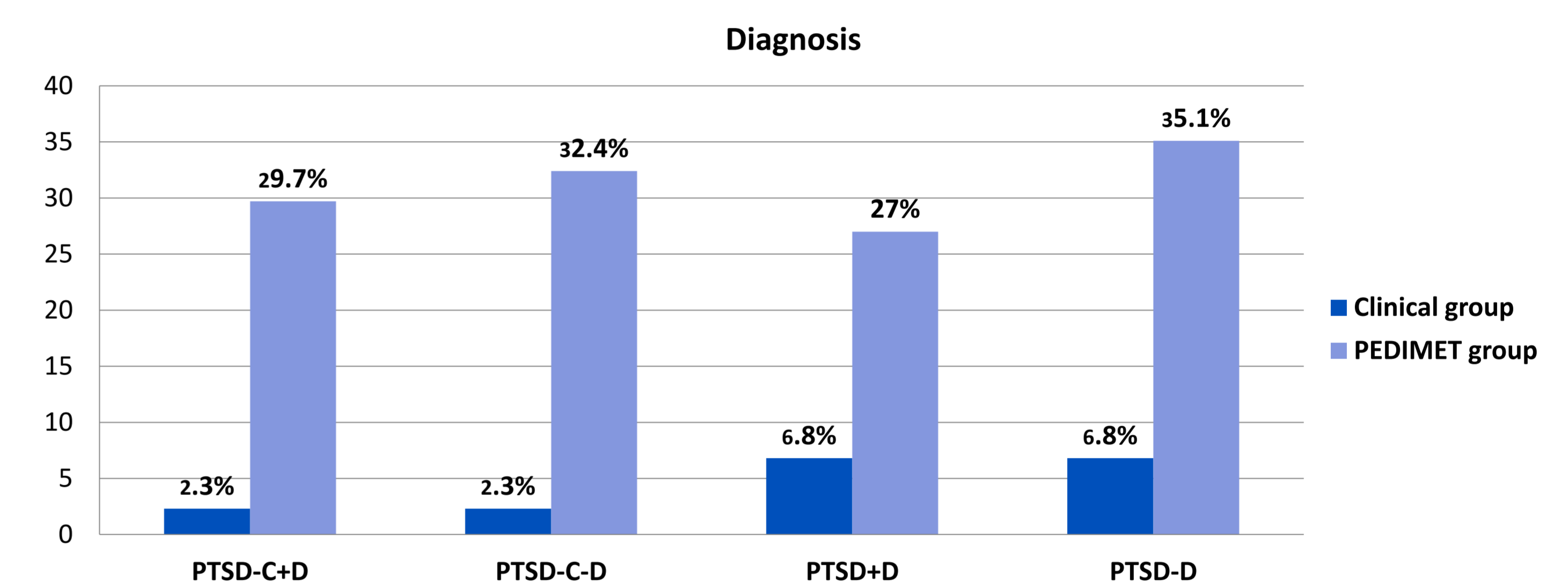
The child's evaluator completed the List of Symptoms of Complex PTSD (GUIIA-PC adaptation, 2016), of the criteria proposed by van der Kolk, 2009). The traumatic type situation suffered was recorded, and the presence of trauma-related symptoms (affective and physiological deregulation, attention and behavioral deregulation, self and relationship deregulation, as well as functional impairment).

## RESULTS

**Complex PTSD Diagnosis** (van der Kolk et al., 2009): requires at least two symptoms in the area of Affective and Physiological Deregulation; three symptoms in the area of Attention Deregulation and Behavior, three symptoms in the area of Self Deregulation and relationships.

**PTSD Diagnosis (DSM-5)**: requires persistent symptomatology of at least 1 symptom Intrusive Thoughts, 1 Avoidance, 2 Negative Alterations in Cognition and Humor and 2 Hyperarousal.

When comparing the data, using the Chi-Square statistical test ( $\chi^2$ ) statistically significant differences were found between the G1 and G2 in the diagnosis of PTSD Complex ( $\chi^2 (1) = 13,569$ ;  $p \leq .000$ ), as well of PTSD ( $\chi^2 (1) = 10,167$ ;  $p \leq .001$ ) (Figure 3).



G1, there were 12 children and adolescents PTSD-C (14.8%), and 4 (33.3%) of additionally PTSD. G2, there were 1 child PTSD-C (2.3%), of additionally PTSD.

## CONCLUSIONS

The results found support the idea of the complexity of the symptoms in children who have been exposed to interpersonal trauma in childhood, as the scientific literature published in recent years has proposed. However, not all met criteria ICD-11, which includes the symptoms proposed by van der Kolk et al. (2009) and PTSD.

Although it is still at an early stage of validation and development of instruments for its evaluation, Complex Trauma is a growing field of interest for researchers and clinicians because of the implications that may arise in the development of more specific treatment protocols for this population.

## REFERENCES

- American Psychiatric Association (2013). *DSM-5. Manual Diagnóstico y Estadístico de los Trastornos Mentales*. Madrid : Editorial Médica Panamericana.
- Castro, M., Alcántara-López, M., Martínez, A., Fernández, V., Sánchez-Meca, J., & López-Soler, C. (2017). Mother's IPV, Child Maltreatment Type and the Presence of PTSD in Children and Adolescents. *International Journal of Environmental Research and Public Health*, 4(1), 1-14. doi: 10.4172/2471-271X.1000154
- Cloitre, M., Garvert, D.W., Brewin, C.R., Bryant, R.A., & Maercker, A. (2013). Evidence for proposed ICD-11 PTSD and complex PTSD: A latent profile analysis. *European Journal of Psychotraumatology*, 4, 1-12. doi: 10.3402/ejpt.v4i0.20706
- Courtois, C.A. (2004). Complex Trauma, Complex Reactions: Assessment and treatment. *Psychotherapy, Theory, Research & Practice*, 41, 412-425. doi: 10.1037/0033-3204.41.4.412
- Espinosa, R., López-Soler, C., Castro, M., Martínez, A., López, J. A., Cervera, I., ... Alcántara, M. (2018). The Child PTSD Symptom Scale in Abused Children: Criteria for Diagnosis. *Journal of Mental Disorders and Treatment*, 4, 81). doi: 10.4172/2471-271X.1000154
- López-Soler, C. (2008). Las reacciones postraumáticas en la infancia y adolescencia maltratada: el trauma complejo. *Revista de Psicopatología y Psicología Clínica*, 13 (3), 159-174. doi: 10.5944/rppc.vol.13.num.3.2008.4057
- Van der Kolk, B.A., Roth, S., Pelcovitz, D., Sunday, S. y Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of complex adaptation to trauma. *Journal of Traumatic Stress*, 18, 389-399. doi: 10.1002/jts.20047
- Van der Kolk, B.A., Pynoos, R.S., Cicchetti, D., Cloitre, M., D'Andrea, W., Ford... Teicher, M. (2009): Proposal to Include Developmental Trauma Disorder Diagnosis for Children and Adolescents in DSM-V. Final version, February 2, 2009. Recuperado de : www.traumacenter.org
- World Health Organization (2018). ICD-11. Recuperado de https://www.who.int/classifications/icd/en/