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Is there Complex Trauma Experience typology for Australian's experiencing extreme social disadvantage and low housing stability?

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ABSTRACT

Traumatic childhood experiences predict many adverse outcomes in adulthood including Complex-PTSD. Understanding complex trauma within socially disadvantaged populations has important implications for policy development and intervention implementation. This paper examined the nature of complex trauma experienced by disadvantaged individuals using a latent class analysis (LCA) approach. Data were collected through the large-scale Journeys Home Study ($N = 1682$), utilising a representative sample of individuals experiencing low housing stability. Data on adverse childhood experiences, adulthood interpersonal trauma and relevant covariates were collected through interviews at baseline (Wave 1). Latent class analysis (LCA) was conducted to identify distinct classes of childhood trauma history, which included physical assault, neglect, and sexual abuse. Multinomial logistic regression investigated childhood relevant factors associated with class membership such as biological relationship of primary carer at age 14 years and number of times in foster care. Of the total sample ($N = 1682$), 99% reported traumatic adverse childhood experiences. The most common included witnessing of violence, threat/experience of physical abuse, and sexual assault. LCA identified six distinct childhood trauma history classes including high violence and multiple traumas. Significant covariate differences between classes included: gender, biological relationship of primary carer at age 14 years, and time in foster care. Identification of six distinct childhood trauma history profiles suggests there might be unique treatment implications for individuals living in extreme social disadvantage. Further research is required to examine the relationship between these classes of experience, consequent impact on adulthood engagement, and future transitions though homelessness.

1. Introduction

Individuals facing extreme social disadvantage have a high prevalence of exposure to early life abuse (Kim, Ford, Howard, & Bradford, 2010) and are at increased risk for ongoing interpersonal traumatic experiences (Buhrich, Hodder, & Teeson,

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2000). Biopsychosocial factors increasing trauma vulnerability in the socially disadvantaged include: a lack of stable and safe housing; limited financial resources; difficulty accessing appropriate support services; poor physical and/or mental health difficulties; and vulnerability to maladaptive coping behaviour such as use of alcohol and other drugs (Anderson, 2003). Traumatic stress coping responses are often concomitant with considerable personal and societal cost in highly vulnerable individuals (DeForge, Belcher, O'Rourke, & Lindsey, 2008). This has important implications for policy development and strategic planning, which target successful exiting from the perpetuating cycle of social disadvantage and housing instability.

An identified challenge to successful intervention implementation is breakdown in initial engagement with offered support structures (Hopper, Bassuk, & Olivet, 2010). Research seeking to understand individual differences in traumatic experiences is important in developing strategies to engage with at risk individuals and facilitate better access to support structures. Unfortunately, very little is known about the nature of individual differences in complex trauma experiences. This paper aims to address this gap in the literature by adopting a person-centred approach to investigate the nature of interpersonal trauma experiences in individuals experiencing extreme social disadvantage.

1.1. Complex trauma

Traumatic stress experiences are conceptualised as occurring along a continuum of experiences, which vary considerably, from single-incident events that are often somewhat accidental in nature, through to multiple, repeated, and intentional traumatic events (Breslau & Kessler, 2001). Complex Trauma refers specifically to exposure to those traumatic stressors of an intentional and *interpersonal* nature (e.g. physical, emotional, and sexual abuse) (Kessler, 2000). It is widely recognised that interpersonal trauma is highly likely to be experienced repeatedly across prolonged periods of time (Kira, 2001; Kira, Lewandowski, Templin et al., 2008); however, any history of interpersonal trauma exposure, even single event exposure (e.g. a sexual assault), has the potential for long term psychological distress (Weaver & Clum, 1995). Detrimental outcomes such as loss of self-worth, frequent re-victimisation, loss of a coherent sense of 'self' and profound difficulties with trust and interpersonal interactions, are life-functioning impairments common in population sub-groups experiencing interpersonal trauma (Courtois & Ford, 2012; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005).

Complex trauma is often conceptualised and examined in relation to interpersonal trauma experiences during early childhood or adolescence (Cloitre et al., 2009). These experiences are relatively common with many people growing up with at least four adverse experiences during childhood (Anda et al., 2006). Interpersonal traumatic incidents are most often perpetrated by the child's primary caregiver, and/or experienced within the child's predominant primary care system by adults who would typically be expected to provide stability and safety (Lawson & Quinn, 2013). Common trauma experiences during childhood include: emotional, physical and sexual abuse; neglect; witnessing of violence; an unstable parent presence; and living with primary carers who have mental health issues and/or problematic drug and alcohol use and/or who have spent time in jail (Courtois & Ford, 2009).

Complex trauma extends beyond childhood adversity to encompass adulthood interpersonal trauma experiences (Herman, 1992; Terr, 1991). Adult trauma can arise from being: a soldier or civilian involved in armed combat and civil unrest; a refugee or asylum seeker; an abusive domestic situation; and/or exposure to daily poverty (e.g. Briere & Spinazzola, 2009; Ford & Courtois, 2009). Similar to childhood trauma, the interpersonal aspects of such adulthood traumatic experiences contribute to increased likelihood of pervasive and enduring psychic distress (Scaer, 2005, 2014). The present paper therefore views complex trauma within the context of *interpersonal* traumatic experiences occurring across the lifespan.

1.1.1. Limitations of existing approaches to examining complex trauma. Complex trauma experiences can be very difficult to quantify due to a range of factors. These include: differences in how individuals perceive of and experience direct and/or indirect interpersonal trauma experiences; the evaluation of environmental and contextual risk vulnerability; individually weighted assessment of traumatic stress impact; and pervasive and enduring difficulties resulting from chronic interpersonal trauma; and must all be accounted for when examining the nature and impact of complex trauma.

Currently, there are three main approaches used to assess complex trauma. First, many studies have focused on the lifetime impact of childhood adversity, informed largely by findings from The Adverse Childhood Experiences (ACE) Study (Felitti, Anda, Nordenberg et al., 1998). The ACE study defines childhood adversity broadly and examines eleven distinct types, which include household and primary carer dysfunction in addition to direct and indirect maltreatment exposure (Brown, Anda, Felitti et al., 2010). Second, other studies have addressed the issue of high prevalence and subsequent impact of poly-victimisation (e.g. Finkelhor, Ormrod, Turner, & Hamby, 2005); these studies indicate that poly-victimisation is a stronger predictor of future psychic distress compared with measures of specific victimisation types (e.g. sexual assault) (Finkelhor, Ormrod, & Turner, 2009). Third, studies have focused on cumulative traumatic stress experiences across an individual's lifespan and the impact of this on consequent life-functioning. A substantial body of research provides strong evidence for direct associations between multiple childhood and/or adulthood interpersonal traumatic experiences and subsequent symptomatic dysfunction across a broad range of biopsychosocial functioning (e.g. Briere, Kaltman, & Green, 2008; Cloitre et al., 2009; Ford et al., 2005). Importantly, experiences of cumulative exposure to interpersonal traumatic stressors have been associated with elevated symptom severity, independent of consideration for impact of trauma type (Briere et al., 2008).

These three approaches have substantially improved current understanding of the nature of complex trauma experiences across the lifespan. Particular strengths include adoption of broadened contextual complex trauma definition and