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Trauma, memory and human dignity

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The International Society for the Study of Trauma and Dissociation (ISSTD) is the oldest organization supporting and educating therapists, researchers, and other professionals in dealing with complex psychological trauma in the world. Over the last century, the subject of psychological trauma, especially in the form of child abuse and neglect, and the sequelae on its victims, has been controversial. Yet, in the last 25 years there has been an increased research and medical evidence base on how such trauma has significant and sometimes catastrophic impacts on the physical, emotional and psychological health of its victims.

The Adverse Childhood Experience (ACE) studies which examined over 17,000 participants has documented the extraordinary physical and psychological impacts that childhood trauma and neglect have. These results include increased heart disease, cancer, depression and substance abuse. Subsequent research replicates these findings. Multiple studies have shown heightened dissociative symptoms and disorders in those exposed to childhood abuse and neglect.

The Treatment of Patients with Dissociative Disorders (TOP DD) studies, conducted with the cooperation of hundreds of therapists and patients from all over the world, have demonstrated that improvements can be made in a large range of symptoms via treatments that follow the guidelines for complex trauma disorders set out by the ISSTD, the International Society for Traumatic Stress Studies (ISTSS), and the Blue Knot Foundation. These guidelines provide the most cutting-edge methods for the treatment of complex trauma. The ISSTD is proud to be a supporter of international efforts to better understand and successfully treat complex trauma presentations.

Several studies indicate that traumatic events, especially early in life, have a significant impact on the size and function of parts of the brain, including the amygdala, hippocampus, and prefrontal cortex. All of these brain structures impact memory, emotional regulation and perception of social interactions. A study published in 2015 by Northwestern University's School of Medicine indicated the way in which the brain suppresses traumatic memory as a means of coping, essentially causing such memories to be stored along a different neural pathway that may not be accessed unless something cues it to be triggered.

Whilst memory functioning associated with trauma has been the focus of controversy, scientific evidence has accrued to the point where conclusions can be drawn. Memories for childhood abuse can be remembered continually, forgotten partially, and sometime forgotten fully to be recalled at a later date. The earlier the abuse, the more frequent or repetitive the exposure, and the more closely associated the perpetrator was to the victim (e.g., a caregiver, a family member); the more likely memory retrieval is impacted for a period of time. Amnesia of variable durations has been unequivocally documented with a large range of traumas, including war, natural disasters, serious assaults, "crimes of passion" etc., along with a range of childhood traumas. Amnesia for trauma has remained long-term as one of the diagnostic criteria for Posttraumatic Stress Disorder. Whether always remembered or recalled again after a period of being forgotten, trauma memories are not immune from the normal processes of all memory, so may be accurate and also colored to some degree by distortion and inaccuracies. To reject or deny a person's account of childhood abuse simply because the memory for such abuse was not remembered continually is factually erroneous and a terrible disservice to all victims of trauma.



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Because of the robust number of studies exploring the connection between trauma and various forms of physical and psychological problems (e.g., alcohol and drug addiction, eating disorders, dissociative disorders, suicide, in-patient psychiatric problems/illnesses/disorders/issues, legal problems, intimate partner violence), it is clear that expertise in treating trauma goes far beyond just a narrow field of endeavor. In order to truly understand what might be the underlying cause of any one of a number of psychiatric conditions, and then to provide effective treatment, it is very clear that an understanding of the person's experiences of trauma is vital.

The existence and pervasive extent of child physical, sexual, and emotional abuse is a well-documented phenomenon. This abuse occurs in the home, in child-care facilities, in global sex trafficking, and in major respected institutions, including, but unfortunately not limited to scouting groups, major religious organizations, institutions of higher education, and other assemblies. The victims of these kinds of trauma who wish to remain private have the right to do so. Just as importantly, those who wish to go public have the right to have their grievances heard wherever they may be and whenever they are ready to do so. Implicit in our efforts to promote a greater understanding of the nature and impact of childhood abuse on memory and dissociative disorders is the human value that we place on supporting the dignity and respect of those who have been victimized.