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COMPLEX TRAUMA IN ADOLESCENTS: A GRAPHIC NOVEL

by

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### **Abstract**

The purpose of this project was to develop a graphic novel geared towards the adolescent population. The first part of this project includes a literature review that explores key concepts that include complex trauma and brain development and the negative impact complex trauma has on learning. In reviewing the quality of the project, two groups participated in the review process; a group of educators and a group of adolescents. The first group was asked to review the project and provide feedback that would assist in strengthening the content. The second group participated in a discussion that revolved around complex trauma and the importance of addressing such a sensitive topic among adolescents. Topics addressed include addictions issues, verbal and sexual abuse, and complex trauma. The guiding ideology of the project is that adolescents will be equipped with the tools necessary to recognize complex trauma and what supports are available for survivors of complex trauma.

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**COMPLEX TRAUMA****Dedication**

I dedicate my work to my family who supported me throughout my educational journey. They displayed patience and understanding and always showered me with unconditional love. I love you more than there are stars in the sky.



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A special thank you and heartfelt gratitude to my supervisor, Dr. Andrew Kitchenham, for his countless hours of reviewing, responding, encouraging, and patience throughout the entire process. I would like to thank my committee members Dr. Linda O'Neill and Mr. Dennis Darling who provided their expertise and took time out of their busy schedules to support me on my educational journey.

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## Chapter 1: Introduction

Educators are often puzzled and feel overwhelmed with the diverse learning needs of students and they attempt to determine why students struggle with learning, present with behaviour problems, and demonstrate flight-or-fight responses to situations a student perceives as threatening. Victims of complex trauma also struggle to make sense of themselves and their lives, often hampered by the learning and emotional disorders which may result from the trauma.

Complex trauma is a relatively new topic that has gained the interest of researchers in the last 60 years (Perry, 2002). Courtois and Ford (2009) indicated that it occurs as the result of an individual being exposed to severe stressors that may be repetitive or prolonged, that may include abandonment by a primary caregiver, and may occur at developmentally-vulnerable times in a child's or adolescent's life. Traumatic events include any or all of the following: physical or sexual abuse, emotional abuse, exposure to violence, terrorism, or exposure to natural disasters (van der Kolk, 2005). According to Heide and Solomon (2006), individuals who experienced traumatic incidences as children were at an increased risk of committing violent crimes as preteens and adults and were at an increased risk of further victimization. It is a serious problem, made worse by lack of knowledge about it and limited tools to assist victims to heal.

Traumatized children are known to have trauma-connected learning disorders resulting in below-expected performance in academic areas, ultimately interfering with academic achievement. Deficits in speech and language skills have been reported among traumatized children who live in homes where violence was prevalent in which there is a lack of communication about emotions (Tishelman, Haney, Greenwald O'Brien, & Blaustein,

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2010). Perry, Pollard, Blakley, Baker, and Vigilante (1995) suggested that trauma is an experience that can drastically transform a child's existence and can have detrimental effects into adulthood.

Trauma can block or interrupt the normal progression of psychological development during crucial periods of growth and development. Traumatic interruptions interfere with attention to learning, working memory, declarative memory, narrative memory, emotional regulation, personality formation and integration, and the formation of positive relationships (Courtois & Ford, 2009). Complex trauma may leave an individual unable to self-regulate, unable to achieve a sense of self-integrity, unable to experience nurturing relationships, and access reliable resources that support self-regulation and self-integrity. Children exposed to trauma may also display a range of post-traumatic stress symptoms, behavior disorders, anxieties, phobias, and depressive disorders (Perry, et al., 1995).

Complex trauma often occurs at developmentally-vulnerable times in a child's or adolescent's life and can create developmental shifts in cognitive and learning functions (van der Kolk, 2003). According to Heide and Solomon (2006), childhood trauma has negative effects that directly impact normal brain development. Individual traumatic experiences interfere with the normal death of neurons, growth of neural pathways, and synaptic pruning. Right-brain development may be compromised when a child has experienced sexual abuse, child abuse and/or neglect (Heide & Solomon, 2006). Repeated exposure to trauma has been linked to chemical changes in the brain, which can leave an individual in a constant state of fight, flight, or freeze (Margolin & Vickeman, 2007). Although, according to Ogden and Minton (2000), when an individual encounters a traumatic event or feels threatened

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psychological and physical defences are called upon and a fight-or-flee response may be accomplished, but for the majority of traumatized clients such a reaction may not occur.

Perry et al. (1995) argued that trauma is condition that can drastically transform a child's existence and have detrimental effects into adulthood. Children who are traumatized often have trauma-connected learning disorders that interfere with academic achievement, generally through consistently performing below expected outcomes. Deficits of speech and language skills have been reported among traumatized children living in homes where violence was prevalent (Tishelman, et al., 2010). Complex trauma can leave a person without the ability to self-regulate, to feel worthy, and to form trusting relationships with individuals in their lives (Perry, 2002).

In this study, I reviewed the professional literature surrounding the topic of complex trauma and the negative impact complex trauma has on children and adolescents. In particular, I reviewed the physical, emotional, and cognitive development of children and adolescents impacted by traumatic incidences. Additionally, I discussed the necessity for resources that are geared towards the adolescent population that focus on the topic of complex trauma. Finally, I created a graphic novel depicting a child who has experienced complex trauma.

### **Significance of the Research**

In this research project, I set out to inform and educate the adolescent population about complex trauma and the negative impact complex trauma can have on behaviour and brain development; more specifically, on learning and achievement. I believe that I was successful at accomplishing this goal. The project, a graphic novel, delivered in a vibrant and

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engaging manner was designed to entice adolescent readers of varying reading abilities. The key message is that complex trauma is real and that survivors of complex trauma do not need to feel alone or ashamed as they work at understanding their reactions and emotions. The graphic novel assisted individuals to be aware of supports and resources available to them when living with the effects of complex trauma, and will also serve as a valuable resource for parents, teachers, leaders, and support personnel.

The adolescent population can be a difficult group with which to make positive connections because adolescents typically form attachments with their peers and are less likely to trust the adults in their lives (Neufeld & Maté, 2004). Some youth are more vulnerable during this period in their lives because they want to fit in with their peers and often feel pressured to make decisions that can have negative consequences on their lives (Neufeld & Maté, 2004). Adolescents are also experiencing many changes about their feelings. Information sharing about complex trauma among adolescents is important because, without proper supports, it can have detrimental effects on individuals. Individuals impacted by complex trauma deal with a variety of issues which may include psychiatric symptoms, depression, amnesia, anorexia, promiscuity, sexual dysfunction, addictions issues, and the inability to have a healthy intimate relationship (Herman, 1997).

There is a dearth of children's and adolescents' literature available for the adolescent population that discusses complex trauma while accommodating the varying reading abilities among youth. The related goal of the project was to address that gap by telling a story of the impact of complex trauma from a First Nations perspective.

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A secondary purpose of the project was to inform and educate teachers about complex trauma and the negative impact trauma can have on development and learning. Complex trauma is not well understood in the educational community and many educators struggle to assist their students who are themselves struggling with the learning disorders that arise because of the trauma. Teachers often serve as guides and resources to their students, and so having a tool in the hands of teachers that can aid adolescents will assist with spreading information to those who need it most.

### **Background of Study**

The project was geared towards the adolescent population. As stated earlier, the project could be a valuable resource for parents, teachers, elders, and support personnel. In the Yukon, information sharing about complex trauma is important because adolescents are faced with peer pressure as well as pressures in society. The pace of society has quickened and there is an increasing number of adolescents that are in crisis as they deal with everyday issues in the home and with their peers that can negatively impact their lives. In today's society, more and more children are being raised in single parent homes which often leads to more responsibility being placed on children and adolescents to assist with household and parenting tasks. Latchkey children and adolescents are not as closely monitored or supervised by their parent(s) and/or guardian(s) because they are not home and are not always available to the children and adolescents which puts them at a higher risk of being victimized (Neufeld & Maté, 2004).

A personal goal of mine with the project was to provide adolescents with the security of knowing that they are not alone when battling the effects of complex trauma, people do

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deeply care about them, and there are supports available to them. Often times, adolescents are confused and unsure of how to deal with traumatic incidences that have negatively impacted their lives. Adolescents experience numerous feelings that are confusing and they are unsure of how to interpret them. In today's society, adolescents have to grow up quickly and are often required to take on large amounts of responsibility. There are also a number of pressures (negative and positive) with which adolescents are confronted as they struggle to fit in with peers. Adolescents also need to be aware that they are not at fault for traumatic incidences that have been inflicted on them.

The topic of complex trauma is near and dear to my heart because I am a survivor of trauma. As an adult, I reflect on my childhood and adolescent years and am now able to connect my past experiences to the social, emotional, behavioural, and academic challenges I faced during my childhood and youth. As a First Nations person, the topic of abuse was never discussed in the home which made it difficult to understand what was happening to me. I assumed that all the other children around me were being abused as well and the feelings of anger, isolation, and confusion I had were normal. As I look back on my childhood, I realize there are many gaps where I do not recall important events or information. In some instances, I vaguely recall incidences of abuse or other important events occurring around the same time. In other instances, I recall events of abuse being as clear as if the incident had occurred yesterday, but once again I only recall the incident and not the other events that occurred during that time. It appears the events I can recall in my life revolve around traumatic experiences, but I know there were several moments of happiness in my life during those dark periods. Memories from early and middle school have nearly diminished. Throughout my schooling, I struggled with academics; I was the student who usually sat at



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the back of the classroom working with an educational assistant. The academic challenges were a constant battle as I struggled to complete high school. I felt stupid and did not understand why I struggled so much with remembering information.

As an adult, I continue working towards personal healing. This project has helped me on my healing journey and I am thankful to have had the opportunity to further explore and understand the topic of complex trauma. I know I have come a long way and I have learned to use my past experiences as a tool to empower myself because I know my past experiences have shaped me to be who I am today. I need to be the change for my children because they need me to be healthy in the mind, body, soul and spirit. My goal is to help others who feel that they have no hope and struggle to address adverse experiences that have negatively impacted their lives.

### **Project Overview**

The purpose of the project was to inform and educate individuals about complex trauma and the negative impact trauma can have on development and learning. In Chapter 2, I review literature surrounding the topic of complex trauma and the negative impact complex trauma has on the physical, emotional, and cognitive development of children and adolescents. I also identify the need for resources geared towards the adolescent population that focus on the topic of complex trauma.

In response to this need, and based on the research, the goal of the proposed project was to develop a graphic novel appropriate for adolescents, using a First Nations perspective, that shares a story of overcoming complex trauma and is described in Chapter 3. Graphic novels are highly accessible from a literacy perspective, which is important for reaching the



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individuals who have learning disorders due to complex trauma, and for other reasons as well. They also have a certain “cool” factor. This novel appears as Chapter 4 of this project. Lastly, I learned a great deal in conducting this research and composing the graphic novel and those thoughts are recorded in Chapter 5 of the project.

## **Chapter 2: Literature Review**

The study of complex trauma is becoming more prominent and there is more literature available that provides important information on the impact complex trauma has on individuals. The research supports that complex trauma impacts negatively development, specifically brain development and learning and some effects can be irreversible (Perry, 2002). Researchers have provided on-line training sessions on the topic of complex trauma which have provided individuals from all over the world the opportunity to better understand complex trauma. The impact trauma has on an individual depends on the extent of the traumatic experience and the duration of time the trauma has occurred. Traumatic experiences affect everyone differently because individuals have varying reactions to trauma. There are a variety of recommendations made when working with or assessing traumatized children that are geared towards safe recovery of individuals impacted by trauma.

Much of the research has described the effects complex trauma has on development, specifically brain development and the negative impacts it has on learning. The purpose of this literature review is to describe and define complex trauma, review the neurodevelopmental impact complex trauma has on individuals and learning, and review the recommended intervention strategies that have been effective for complex trauma survivors.

### **Complex Trauma**

Complex trauma has been described as a silent epidemic because it is hard to see and children and adolescents are often resistant in sharing their experiences with others (D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012). Children who are victimized within the family unit often do not report the incidences because they experience a crisis of loyalty and they organize their behaviours to survive within the family (van der Kolk, 2005).

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The term “complex trauma” has been adopted by the traumatic stress field to describe adverse traumatic experiences and has been defined as repeated exposure to traumatic stressors that include child abuse, sexual abuse, war, terrorism, and community violence that are interpersonal in nature, repetitive or prolonged, often involving harm or abandonment by a primary caregiver, and often occurring at developmentally vulnerable times in a child or adolescent’s life (Courtois & Ford, 2009, Margolin & Vickerman, 2007; van der Kolk, 2005). Courtois and Ford (2009) further stated that trauma exposure has a profound impact on emotional, behavioural, cognitive, social, and physical functioning of children and adolescents. Children and adolescents who have been exposed to traumatic incidences struggle with organizing and processing information. This processing deficit often results in difficulties with learning and academic achievement (van der Kolk, 2003). A child’s brain is structured to develop through creative exploration and learning. When a child has been negatively impacted by trauma, there is a disturbance and the brain changes its focus to promote survival which can result in diminished brain functioning (Courtois & Ford, 2009). Adverse experiences of trauma can change a child’s brain and can cause long-term and sometimes permanent emotional, behavioural, cognitive, social, and physical difficulties (Perry, 2006).

D’Andrea, Ford, Stolbach, Spinazzola, & van der Kolk (2012) conducted a study on over 700 maltreated children two or three decades after being removed from the home. The families of these now adult children were at an increased risk of being arrested as adults. The risk factors that contributed to the outcomes in adulthood included home placements when the individuals were children and the amount and frequency of attachment disruptions. In

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most instances, the children did not form positive relationships with the caregivers with whom they were placed (D'Andrea et al., 2012).

Worldwide estimations have indicated that approximately one-third of children have experienced physical abuse and one in four girls and one in five boys have experienced sexual abuse (D'Andrea et al., 2012). Individuals negatively impacted by trauma tend to feel shame and guilt; they demonstrate decreased self-worth, which can result in poor peer relationships and poor mental health (Cook et al., 2005). It is common for individuals negatively impacted by trauma to present with paranoia and misperception (van der Kolk, 2003).

There are instances where traumatic memories resurface through sensations, images, sounds, and situations. These triggers often remind individuals of a past incident and can be followed by violent reactions because they feel like they are being re-victimized (Matsakis, 1996; van der Kolk, 2005). According to Heide and Solomon (2006), the recall of traumatic memories is known as a flashback. Flashbacks are coordinated by the amygdala, which is programmed to remember smells, sounds, and sensations. Once a flashback is triggered, the body is in a prepare-for-danger mode (Heide & Solomon, 2006). Victims of abuse are often overwhelmed with experiences and are motivated to avoid thoughts, feelings, and memories of what has happened to them (Briere, 2012).

### Synaptic Strings

A synapse is an electrical impulse that creates neurons by crossing between connecting neurons, creating neuropathways (Malchiodi, 2008). It is during this time that the signal or information is passed from one cell to another (Rothschild, 2000). The more neural systems are activated, the more permanent they become, and if neural systems are not

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activated they wither and die (Malchiodi, 2008). Throughout child development, there are crucial windows of opportunity for development of the brain. When brain development is not activated synapses will wither (Malchiodi, 2008). The saying "use it or lose it" relates to the shaping and pruning of synaptic strings. The neurotransmitters epinephrine and norepinephrine are secreted in response to traumatic stress and the secretion often triggers the fight-flight-freeze response. Neurotransmitters are negatively affected by trauma (Heide & Solomon, 2006). Studies conducted on children who endured abuse over a long period of time indicate that those children had higher concentrations of norepinephrine, epinephrine, and dopamine (Heide & Solomon, 2006). Synaptic strings permit memories and experiences to be remembered by an individual; if disuse of the synaptic strings occurs, it often results in memories and experiences being forgotten (Rothschild, 2000). Synaptic pruning is the core of neurodevelopment and is the basis of learning and memory (Perry, 2002). Some studies have also indicated that alterations in neurotransmitters due to trauma may alter the brain structure in individuals (e.g., Neigh, Gillespie, & Nemeroff, 2009).

According to Rothschild (2000), each synaptic string produces a single result that includes blinking, recalling an image and one heartbeat; a combination of synaptic strings produce more complicated results that include solving a math problem, walking and running. An individual's experiences are then encoded, recorded, and recalled through synapses and all body processes are regulated by the brain through synapsis (Rothschild, 2000). Synapses can be changed or influenced and it is through learning that new synapses are created or adaptations are made to existing ones (Rothschild, 2000).

## Attachment

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Research findings emphasize the importance of children forming positive attachments with good role models in their lives (Perry, 2002). Attachment allows an infant to feel safe and to know that he or she will be supported and taken care of when the child ventures outside of his or her comfort zone (Rothschild, 2000). The negative effects disorganized attachment can have on children, as well as long-term effects into adulthood can be detrimental and can have a direct impact on all aspects of life (Heide & Solomon, 2006). The importance of developing healthy, healing relationships and empowering victims is to promote new attachments that support safety and security (Perry, 2009). To recover from a traumatic incident, the victim must feel safe (Herman, 1997). Individuals impacted by trauma may also experience difficulty controlling anger and can demonstrate self-destructive behaviours, aggression, substance abuse, develop self-concept issues that include guilt or shame, and struggle with interpersonal relationships because of issues with trust and/or intimacy (Margolin & Vickerman, 2007). The goal of healing is to work beyond destructive behaviours in order to build good relationships (Herman, 1997).

### **Resiliency**

Malchiodi (2008) defined resiliency as an individual's ability to "bounce back" from an incident (p. 123). Resilience in children is said to occur through normal adaptive processes that include cognitive development, behaviour regulation, and interaction with caregivers and the environment (Armstrong, Birnie-Lefcovitch, & Ungar, 2005). There are numerous factors that are associated with resiliency and they typically include a consistent family environment, ability to communicate, ability to self-regulate, positive beliefs about self and the future, positive school experiences, and a stable nurturing parent or caregiver (Malchiodi, 2008). Resilient children have the ability to problem solve and to seek assistance when

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confronted with a difficult situation (Malchiodi, 2008). Individuals who have experienced prolonged trauma typically struggle with resiliency and do not have the skills to “bounce back” from an incident (Rothschild, 2000). In building resiliency, individuals need to acquire healthy relationships when dealing with stress, distress, and trauma (Perry, 2009). According to Courtois and Ford (2009) resiliency is one of the best predictors of a child’s recovery from traumatic stress disorders.

The study of resilience emerged when researchers observed the risk factors in epidemiology and developmental psychopathology (Armstrong et al., 2005). Risk factors increased the likelihood that a child would experience negative outcomes and problematic behaviours in their lives; risk factors can be found in the child, the family, the neighbourhood, and social settings (Armstrong et al., 2005). In a study where data were derived from the Ontario Child Health Study, the risk factor with the highest relative odds for the presence of child psychiatric disorders was family problems (Armstrong et al., 2005). Boys are most vulnerable to life stressors in the first decade of life and girls are most vulnerable to risks in the second decade of life (Armstrong et al., 2005). The risk factors identified were the lack of parental engagement, inconsistent discipline, and invalidation (Armstrong et al., 2005).

### **Impact on Learning**

The chemical changes that occur in the brain of a child who has experienced prolonged trauma have been connected to individuals struggling with information processing; difficulties with concentration, learning difficulties, and attention (Margolin & Vickerman, 2007). Traumatized children have lower achievement rates and higher behaviour issues and social problems as compared to their peers. School is also a place where students are able to

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cope and heal from the trauma that has impacted their lives because that is where they often feel safe (Tishelman et al., 2010). Researchers have concluded that complex trauma negatively impacts an individual's ability to focus attention and learn; working, declarative, and narrative memory, emotional regulation, and relationships. Individuals who have been affected by complex trauma tend to have difficulties with learning and/or behaviour and are often diagnosed with varying learning and/or behavioural disabilities. There is extensive information that supports the impact trauma can have on brain development and on numerous aspects of an individual's life (Courtois & Ford, 2009).

### **Behaviour**

Traumatic experiences may have a significant impact on children in a school setting with regard to learning, behaviour, and social skills (O'Neill, Guenette, & Kitchenham, 2010). According to Levine (2008), each individual's response to trauma varies in range where an individual may be overwhelmed by a traumatic incident while another is not negatively impacted. Children who are impacted by trauma have been reported as demonstrating a variety of behaviours that include crying, clinging, physical complaints (ailments), sleep disturbances, as well as fighting, hitting, talking back, and/or non-compliance (Adams, 2006). Other noted behaviours have included excessive worry, fear, anxiety, anger, low self-esteem and depression (Malchiodi, 2008). Trauma-impacted children lack conflict resolution skills, are withdrawn, and struggle with peer relationships; they are also more watchful of others and their actions and struggle with attachments (Malchiodi, 2008). When traumatized children are confronted by trauma-related memories, the typical reaction is to engage in externalization or other tension reduction behaviours that are often unacceptable or inappropriate (Courtois & Ford, 2009).



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Individuals negatively impacted by traumatic incidences may have difficulties evaluating the emotional significance of sensory experiences. These difficulties make it difficult for individuals to learn from behaviours that may be unacceptable or harmful to others (Heide & Solomon, 2006). Individuals may display symptoms of affective and behavioural dysregulation that can result in inappropriate emotional responses to various situations (D'Andrea et al., 2012). When the abuse of children occurs in the home, children experience a crisis of loyalty and are not permitted to share observations and experiences with others (van der Kolk, 2005). Children learn to organize behaviours that focus on keeping a secret regarding incidences of abuse, dealing with helplessness and compliance or defiance (van der Kolk, 2005). Other behaviours children exhibit includes issues with attachment, sleep and eating disorders, bedwetting, somatic symptoms or regressive behaviours (Malchiodi, 2008).

Neurotransmitters are located in the brain and the function of neurotransmitters is to communicate information throughout the brain and the body. Norepinephrine, dopamine, serotonin, glutamate, and gamma-amino butyric acid (GABA) are neurotransmitters found in the brain (Courtois & Ford, 2009). Disruptions of serotonin function in early childhood due to exposure to traumatic incidences affect emotional behaviour into adulthood (Courtois & Ford, 2009). Serotonin and norepinephrine are important for encoding emotional memories, and can trigger a variety of behavioural and emotional responses (Heide & Solomon, 2006).

### **Education System**

Schools play a significant role in supporting traumatized children (Tishelman et al., 2010). There are many factors to consider when addressing traumatized children that include: confidentiality of information, school safety, addressing and working towards

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meeting student needs, and being cognizant of the different forms of trauma that impact children (Tishelman et al., 2010). Traumatic experiences and disorganized attachments have a negative impact on academics and can create behavioural challenges in the classroom (O'Neill et al., 2010). The challenges abused with which children are confronted in school can be overwhelming. It is important that teachers work on making positive connections with children (O'Neill et al., 2010). Children impacted by trauma typically perform poorly with school work, they have lower cognitive functioning, they struggle with problem solving, and they may demonstrate difficulties with concentration and comprehension (Malchiodi, 2008). Children who have been impacted negatively by trauma often exhibit negative behaviours at school because that is where they feel safe in releasing the “baggage” they are carrying around; the behaviours can have a negative impact on the student’s relationships with classmates (Perry, 2002). Based on studies of traumatized children, anxiety, depression, disengagement, anger and/or aggression are typical behaviours that are observed (Briere & Spinazzola, 2005).

### **Impact on Health**

Maltreated children have difficulties regulating behaviour and controlling emotional responses (D’Andrea et al., 2012). In adolescents, aggression, self-injury, substance abuse, sexual risk-taking and oppositional defiant behaviours have been observed (D’Andrea et al., 2012). Childhood abuse can have long-term effects on adult health that include somatic symptoms, psychological problems, cardiovascular health, obesity, systemic inflammation, and substance abuse issues. Women who have experienced abuse may display depressive behaviours earlier in life and often engage in harmful coping strategies. Individuals who have experienced stress early on in life are more vulnerable to stress later on in life and they are at

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risk of developing physical and mental disorders because of the changes that have occurred to the central nervous system (Neigh, Gillespie, & Nemeroff, 2009).

According to van der Kolk (2003), studies on animals have indicated that maternal deprivation has led to decreased cortisol levels in the hippocampus, hypothalamus, and frontal cortex. When alterations occur in the hippocampus, hypothalamus, and frontal cortex, there is an increased risk of an excessive stress hormone response to adversities. As corticosteroid metabolism is altered, the immune and inflammatory system is affected and neuronal irritability and the susceptibility to seizures are enhanced.

### **Roadblocks**

There are numerous roadblocks that hamper the assessment of traumatized children. As stated earlier, trauma cannot be seen which creates challenges in studying the impact of complex trauma, especially when cases are not being reported (D'Andrea et al., 2012). Determining how and under what circumstances children present trauma-related difficulties and how to identify core psychological and /or behavioural issues is important, but can be challenging (Tishelman et al., 2010). Traditional therapies are not effective because they do not address the physiological issues that contribute to maladaptive behaviours (Heide & Solomon, 2006). The key in finding effective interventions for each individual is to find an intervention strategy that effectively meets the needs of that individual, because one intervention strategy does not work for everyone (Malchiodi, 2008).

### **Complex Trauma and the Negative Impact on Brain Development and Learning**

The study of complex trauma is recent (within the last 60 years). Numerous researchers have been studying complex trauma; Bessel van der Kolk, John Briere, and Bruce Perry are renowned researchers who are internationally recognized for their work on

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complex trauma and brain development and the impact trauma has on learning. A surge of interest has occurred regarding the study of complex trauma due to the increased recognition of traumatized children around the world (Tishelman et al., 2010). In the last 30 years, based on key findings, clinicians from various backgrounds have also been influenced to further study development neurobiology (Perry, 2009).

According to Courtois and Ford (2009), developmental traumatic events that can occur in early childhood include: sexual, physical, and emotional abuse, abandonment by caregiver(s), chronic and severe neglect, domestic violence, death or injury as a result of community violence, terrorism, or war. Heide and Solomon (2006) stated that traumatic stress caused by childhood abuse and/or neglect can affect long-term physiological, emotional, cognitive, and social function, it can also interfere with an individual's ability to regulate, affect, relate to others, and to develop empathy. Rothschild (2000) further stated that even when a traumatic event has not caused direct bodily harm it is still a psychophysical experience. Individuals impacted by long-term abuse learn to be in a constant state of alertness and they have extraordinary abilities to scan for warning signs of attack; when individuals sense signs of danger, they attempt to protect themselves and get away from the danger (Herman, 1997).

Based on a series of studies conducted on the relationship between dissociation and cognition on children in foster care, D'Andrea et al.'s (2012) findings indicated that maltreated children demonstrated poor executive functioning skills compared to non-maltreated children, which could be attributed to increased aggression in children. Disturbances in auditory attention, response set, and visual motor integration were also noted among maltreated children. Maltreated children also struggled with problem solving

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activities and had diminished cognitive capacities compared to non-maltreated children (D'Andrea et al., 2012). The studies indicated that child maltreatment can have a negative impact on brain development and learning.

Individuals impacted by trauma have typically been diagnosed with post-traumatic stress disorder (PTSD) which was listed in the diagnostic manual for practitioners in 1980; during that time the American Psychological Association described traumatic events as being incidences that occur outside the usual range of human experiences, which was proven to be an inaccurate definition and has been changed (Herman, 1997). According to van der Kolk (2005), a PTSD diagnosis does not recognize developmental sensitivity in children and adolescents and it does not adequately describe the effects of childhood trauma on a developing child. Unfortunately, there is no current diagnostic criterion that recognizes abused children (van der Kolk, 2005).

Complex trauma is real and individuals impacted by trauma may exhibit a variety of behaviours that are out of context and have a negative impact on an individual's life. There are millions of children who experience trauma each year in the United States and these children do not have the skills to self-regulate, relate, communicate, and think (Perry, 2009). Childhood abuse is associated with adult health problems that include somatic symptoms, psychological problems, systemic inflammation, obesity, cardiovascular disease, cerebrovascular disease, cancer, and autoimmune disorders (Neigh et al., 2009). Individuals impacted by complex trauma deal with a range of effects and are typically unable to move ahead in life. The difficulty with complex trauma is that it is often not visible and is difficult to detect. In numerous instances, individuals impacted negatively by trauma are diagnosed with a stress disorder and can suffer lasting personality disorders (Rothschild, 2000).

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According to Adams (2006), research studies on animals exposed to repeated abuse or trauma have exhibited behaviours including anxiety, hyper-arousal, and hyper-vigilance which matched symptoms associated with PTSD. Adams (2006) further stated that a study of children who were exposed to prolonged traumatic incidences resulted in the parasympathetic nervous system (PNS) controlling the internalization and externalization of behaviour. As a result, the functioning of the PNS has been connected to an increase in physiological arousal, which has resulted in disturbed sleeping patterns, social withdrawal, and somatic complaints, which often resulted in temper tantrums, aggression and animal cruelty. Health problems have also been noted among children exposed to trauma; the health problems included eczema, asthma, eating difficulties, stomach pains and difficulties with sleep. Children have also been noted as having delayed cognitive functioning and academic performance when compared with those children who had not experienced trauma.

Salzman, Holden, and Holahan (2005) conducted a study to determine the effects on behaviour, health, and academic achievement of children between the ages of five and 13 who were exposed to family violence. Two groups were created where one group was exposed to violence and the other group was not. The group that was exposed to incidences of family violence presented with significant trauma symptoms, which included increased heart rate and increased cortisol levels. Children exposed to family violence were also more prevalent to being diagnosed with PTSD later in life. The group of children who were not exposed to family violence did not show changes in health and were not diagnosed with depressive disorders.

Courtois and Ford (2009) discussed the many forms complex trauma takes that can lead to long-term adverse effects on development. "Type I" trauma is when an individual

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experiences a single-incidence (time limited) trauma such as witnessing an incident of violence, a terrorist attack, or a single episode of abuse or assault. "Type II" trauma is when interpersonal traumatic experiences are repeated and often involves betrayal of trust in close relationships, because the perpetrator is typically known to the victim. Type II trauma is associated with victims of complex trauma being at a higher risk of alterations in neurodevelopment and emotional development (Courtois & Ford, 2009). Type III trauma is defined as prolonged repeated exposure to trauma that interferes with normal brain development (Heide & Solomon, 2006). Type III trauma has been noted as interfering with normal brain development and can lead to neurophysiological changes of the brain and endocrine system (Heide & Solomon, 2006).

The developing brain of a child typically occurs in a sequential manner from the brainstem to the cortex. Children between the ages of zero to nine months of age are typically developing arousal, sleep, and fear states; during these developmental periods, the brainstem is the most sensitive part of the brain. Children between six months to two years of age are organizing fine motor control, and are integrating a multiple amount of sensory inputs. During this time, the diencephalon is the most sensitive part of the brain. Children between one year and four years of age are developing social language, learning to interpret nonverbal information, and learning to regulate emotional states; the limbic system is the most sensitive part of the brain during this time in development. Children between three years and six years of age are developing abstract and cognitive functioning, and social-emotional integration; the cortex is the most sensitive part of the brain during development (Perry, 2006). Interruptions during these crucial times of development can have negative consequences on the development of proper brain structures (Perry, 2006)

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As children develop, they create a cataloguing system in their brains that recognizes safe and familiar attributes of people in their environment, which causes the stress response system to be calm. In instances when a child is exposed to strangers, the stress response system is activated and the child is on alert (Perry, 2009). Tishelman et al. (2010) further stated that children impacted by complex trauma display trust and safety issues, isolate themselves from others and struggle with building bonds with classmates and teachers. Individuals also experience dissociation from body and mind, which can contribute to a diminished awareness of the body's needs and can contribute to a variety of physical symptoms that include poor coordination, poor hygiene, eating dysfunctions, and/or accidental injury. Victims of complex trauma often hold stress in their bodies. This stress can be manifested through muscular, chemical, and immune system modifications. At school, individuals may complain of headaches, stomach-aches, and/or nausea. Individuals may struggle with boundaries and physical contact by invading the personal space of others, or avoiding touching others. Inappropriate closeness and/or affection, sexualized behaviour that may be risky, self-harming, substance abuse, and delinquency are a few behaviours that can manifest.

Perry (2002) stated that the brain is the most sensitive and responsive organ to the environment. The human brain is in constant motion and is sensing, processing, storing, perceiving and acting in response to information taken in from both the internal and external environment (Szalavitz & Perry, 2010). At birth, the brain is the most immature organ of the body. In most instances, the brain is malleable and reprogrammable and is highly responsive to outside influences. The cerebral cortex (responsible for higher mental functions) is most complex and the brainstem (reptilian brain) is least complex and least malleable. The



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organization of a baby's brain is dependent on experiences with the environment. Brain growth, development, and reorganization highly depend on a child's experiences in life (Rothschild, 2000). Early life nurturing is critical in the development of social-emotional functioning. During infancy and childhood, social, emotional, cognitive, and physical experiences shape neural systems that influence functioning for a lifetime (Perry, 2002). The brain is not completely developed until an individual is in his or her early to mid-20s; the prefrontal cortex which is responsible for executive functions (controlling impulses, reasoning, and making decisions) is the last section of the brain to mature (Heide & Solomon, 2000).

Perry (2002) further stated that the brain develops in sequenced order from least complex (brainstem) to the most complex (limbic, cortical areas). The brainstem and the diencephalon regulate respiration, heart rate, blood pressure, and body temperature. Language and abstract thinking are mediated by the more complex cortical structures of the brain. The brain is continually acting in response to the internal and external environments through continually sensing, processing, storing, and perceiving information (Perry, 2006). Each brain section has its own developmental timetable and disruptions in development can lead to profound dysfunctions. The dysfunction depends on the time the disruption occurred (what part of development was impacted?), the nature of the abuse (is there a lack of sensory stimulation from neglect or an abnormal persisting activation of the stress response to trauma?) and the pattern of the abuse (was the abuse a single incidence or multiple episodes?).

The amygdala is mature at birth and the hippocampus matures in a child's second or third year of life. The amygdala plays a role in processing highly emotional memories; it

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becomes highly active during and while remembering traumatic incidences. The hippocampus places memories in their proper perspective and place on each individual's time line of life (beginning, middle, and end). Images have shown that hippocampus activity is suppressed during traumatic threat. The typical role the hippocampus plays in processing and storing information is not available when a child is subjected to traumatic incidences. In situations where the hippocampus is suppressed, the traumatic event is prevented from positioning itself in the past and continues to invade the present. In order to process life's events, especially stressful ones, the amygdala and hippocampus need to be mature and function adequately; this may not be possible when a traumatic event occurs. It is important to understand how the brain and body process, remember, and perpetuate traumatic events because they are key to finding appropriate treatments to the traumatized mind and body (Rothschild, 2000).

To promote normal maturation of the brain and nervous system, it is important that an infant has a healthy nurturing relationship with a primary caregiver (Rothschild, 2000). In order for children to develop a healthy self-concept, they require a relationship with their primary caregiver (Heide & Solomon, 2000). Rothschild (2000) goes on further to state that babies who are raised by caregivers who are unable to meet significant portions of their needs are at a higher risk of lacking resilience and being unable to adapt to life's ebbs and flows when they reach adulthood. Individuals have difficulty making sense of life's events; particularly when confronted with a stressful situation, they are more vulnerable to psychological disturbances and disorders, depression may set in and they also may develop addiction issues. Traumatic experiences are developmentally adverse. If experiences interfere or block the normal progression of psychological development in periods when the

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child is acquiring the foundations necessary for development: attention to learning, working (short-term) memory, declarative (verbal), and narrative (autobiographical) memory, emotional regulation, personality formation and integration, and relationships (attachment) the results can be detrimental to development (Courtois & Ford, 2009).

According to Courtois and Ford (2009), the brain is organized into two sections: the learning brain and the survival brain. The learning brain engages in exploration; as the brain develops in early childhood there is constant shaping and pruning of neurons and pathways. A child's personality forms through genetically-based characteristics and formative experiences that combine to shape neural networks of the brain. The survival brain seeks to protect and prevent against damage caused by actual dangers. The survival brain also works at conserving bodily resources in order to maintain the body's functions. Although the learning brain and survival brain are the same brain, their orientations to the environment differ significantly.

The survival brain relies on the rapid automatic processes that involve basic parts of the brain that include the brainstem, midbrain, and parts of the limbic system (amygdala). The survival brain bypasses areas of the brain that are involved in more complex adaptations to the environment that include learning and other parts of the limbic system (hippocampus), prefrontal cortex, insula, and the anterior cingulate (Courtois & Ford, 2009). Margolin and Vickerman (2007) stated that the consequences of an individual being in a constant state of alertness and fear include cognitive symptoms which result in slower processing of incoming information. As a result, individuals have difficulty concentrating and making decisions and can lead to an adolescent's inability to function in school. A child who is over stimulated,

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anxious and dysregulated will have difficulty benefiting from interventions that target social skills, self-esteem, and reading interventions (Perry, 2009).

Heide and Solomon (2006) argued that during traumatic events, the central nervous system becomes overstimulated which can cause long-term and in some instances permanent changes in brain structure and function. The changes can directly impact learning, memory, ability to self-regulate, and social development. Brain scans have shown that children exposed to trauma for long periods of time have smaller brains. Perry (2009) stated that when observing the brain of a traumatized and maltreated child, the speech, motor, social, emotional, and behavioural functioning components of the brain were at an increased risk of dysfunction. Szalavitz and Perry (2010) further discussed how chronic and/or traumatic stress alters neural networks. As a result, a cascade of brain areas and the functions these brain areas manage are altered.

Courtois and Ford (2009) further pointed out that the survival brain attempts to protect against damage caused by potential or actual harm inflicted on an individual. The stress response system involves areas of the brain that have been noted earlier and is recognized for the organization of the brain-body system and preparing the brain for survival response, as well as operating automatically to maintain inner balance of body systems by adjusting these systems' activities in accordance with what events are taking place. The immune system is directly influenced by the stress response system when the body and/or mind are under threat. The immune system's level of activity is reduced which compromises its ability to detect and fight off pathogens and promote tissue and organ healing. There is an increase autoimmune response that can damage bodily integrity. The stress response system also reduces the functionality of brain systems that are necessary for

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learning. Neigh et al. (2009) stated that if the stress response system is continually activated due to a response to repeated stressors, it results in an increased level of stress hormones which can result in stress related diseases.

Perry (2009) further stated that the stress response system is rapidly organizing at birth and the role of the stress response system is to sense distress and act to address the distress. The primary caregiver plays an important role in the development of the stress response system because the caregiver responds and provides positive stimulation and responses to the child's needs, as well as building a healthy attachment. In an environment where a child does not experience conversation, they will develop language more slowly, which will have a direct impact on a child's developing brain (Malchiodi, 2008). In instances where the primary caregiver is unable to provide the necessary responses to a child, the child becomes more vulnerable to future stressors and is less capable of benefiting from a healthy nurturing relationship. As a result, the stress response and relational networks develop abnormally (Perry, 2009).

Reduced brain functionality also has a negative impact on the neurotransmitters dopamine and serotonin, as well as on an individual's ability to make conscious judgements and plans. As the survival brain works hard at defending against external threats, it diverts crucial resources from brain-body systems essential in preventing the body from succumbing to exhaustion, injury, and/or illness and to promote learning (Courtois & Ford, 2009).

Margolin and Vickerman (2007) stated that prolonged exposure to traumatic incidences can alter the amount of neurotransmitters the body releases. Prolonged exposure to stress has been linked to chemical changes in norepinephrine, dopamine, epinephrine, and cortisol. As a result of chemical changes in the brain, damage to the hippocampus occurs, which can



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negatively affect memory (Margolin & Vickerman, 2007). Traumatic experiences interfere with neurodevelopment and can create extreme patterns of neural and neurohormonal activity (Perry, 2009).

Individuals who experience repeated exposure to fear and chaos have the stress response system in their brains repeatedly activated. Epinephrine, norepinephrine, dopamine, and serotonin make up the neurotransmitter networks, which are involved in the major patterns of stress responses which originate in the lower parts of the brain (brainstem and diencephalon). As a result, these systems become sensitized, overactive, and dysfunctional. When chronic stress activates the neural networks, brain areas and functions of these brain areas are altered as well (Perry, 2006).

Some studies have indicated that traumatized children frequently experience academic delays that are often the result of chronic extreme levels of threat, fear, and stress (Tishelman et al., 2010). Children impacted by trauma tend to perform poorly in school, academic functioning is compromised, there are issues with cognitive functioning and children struggle with problem-solving tasks. Difficulties with concentration and comprehension have also been noted among trauma survivors (Malchiodi, 2008). Deficits in information processing and language development include difficulty with following directions, poor production of work, poor reading skills that include difficulties with comprehension, misunderstanding of information, poor organizational skills and study skills, and difficulties with auditory processing (Tishelman et al., 2010).

Academic, therapeutic, and social-emotional learning opportunities are undermined when extreme anxiety and hyper vigilance are activated (Szalavitz & Perry, 2010). O'Neill

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et al. (2010) stated that cognitive development is highly impacted by sensory and emotional deprivation contributing to less creativity and flexibility in problem solving, delays in receptive and expressive language and lower IQ scores among traumatized children.

Tishelman et al. (2010) stated that adolescents who have been sexually abused rate lower in the areas of academics and higher with behaviour issues and social skills deficiencies than their peers. Trauma also negatively impacts attention, abstract reasoning, and executive functioning skills. Traumatized adolescents often have lower grades, higher rates of academic failure, lower scores on standardized tests, are frequently referred for special education services, and have higher incidences of suspensions, grade retention, and drop-out rates.

As the education system works towards understanding the challenges students face with academics, behaviour, and social skills it is important that teachers learn and understand about complex trauma because traumatized students often present behaviour issues at school. School is also a place where some students find comfort and are able to work towards healing and coping (Tishelman et al., 2010). Teachers often react negatively to student behaviour, which often leads to a student being punished by being given detentions, suspended for a period of time, and in serious incidences, expelled. Tishelman et al. (2010) stated there are critical considerations that need to be made in order for a school to recognize and accommodate individuals affected by complex trauma. These include awareness of trauma-related information, the complexity of student needs, information flow within the school and ensuring information is being handled with utmost confidentiality, as well as school safety. Schools need to ensure that there are positive, safe student and professional relationships.

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The brain is an amazing organ that is involved in numerous roles for day-to-day functioning. Matsakis (1996) stated that trauma subjects an individual to a process of depersonalization. Depersonalization is the process in which a person is stripped of their individuality, humanity, and personhood. Individuals no longer feel like they have power or control of their own lives, they do not feel valued with the rights to safety, health and happiness. When an individual has been victimized by an individual they know or trust, the impact can have detrimental effects on building future relationships. Prolonged exposure to trauma has a profound impact on emotional, behavioural, cognitive, social, and physical functioning (Perry et al., 1995). Tishelman et al., (2010) further stated that individuals affected by complex trauma have difficulty identifying their own internal emotional states, as well as recognizing the emotional states of their peers. In a school setting, this may include an individual having difficulty with transitioning, interpersonal conflicts with peers, and heightened reactions to perceived criticism, rejection, threat, or failure. Individuals impacted by complex trauma can have difficulty describing internal emotional experiences, as well as recognizing emotions of others and selecting a proper response to the emotions. Traumatized individuals are vulnerable to extreme mood states which can interfere with completing tasks because of motivation, frustration, withdrawal, and emotional reactions. Dissociation is a key coping mechanism for trauma impacted individuals and can lead to inconsistent performance, inability to focus attention in class, and being disengaged from school.

Up until 40 years ago, the brain was thought of as one organ; either individuals remembered information or individuals did not remember information (Rothschild, 2000). As the years progressed, researchers have determined that memory has to do with recording, storage, and recall of information that is perceived from the internal and external



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environments. When stored information is recalled, it is referred to as a memory. For information to become a memory, it needs to follow three major steps: encoding, storage, and retrieval of incoming information. There are various types of information that are more likely to be stored than other pieces of information. Information that is of great emotional significance is more likely to be stored. The higher the emotional charge - either positive or negative the more likely the information will be stored. The amygdala and hippocampus are central to memory storage (Rothschild, 2000).

Perry (1995) stated that the most common reactions to threat include “fight or flight” reactions. When an individual begins to feel threat, there are changes in the systemic nervous system that result in increased heart rate, blood pressure, respiration, muscle tone, hyper vigilance and the tuning out of information that is being delivered. All of the above noted actions prepare the body for defence (Perry, 1995). Rothschild (2000) further stated that in addition to “fight and flight”, “freeze” is also a common reaction to threat and the only defence for small children. During stressful situations, the adrenal gland is activated and in turn releases epinephrine and norepinephrine in order to mobilize the body for fight, flight, or freeze. The Broca’s area is responsible for speech production; this area may become suppressed during traumatic incidences. When speech production is suppressed, it is referred to as “speechless terrors”. During stressful situations, the ability to communicate becomes more difficult and at times impossible.

Individuals who have been impacted by complex trauma can be further impacted by triggers. Triggers are when traumatic memories arise, reminding an individual about a past event, and cause the individual to experience feelings associated with the past event.

Triggers can be precipitated by a certain smell, calendar date, object, people, emotional

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situation, and/or place. The adrenal gland responds often causing fight-or-flight or freeze reactions to a situation (Matsakis, 1996).

The study of neurodevelopment is a fairly new concept (Perry, 2009). Until recently, neglect-related problems in children were missed, ignored, and/or lumped together and labeled as “complex” trauma or bipolar disorder, and intervention strategies did not effectively meet the psychological needs of children (Perry, 2009). A variety of intervention strategies are available for individuals impacted by trauma, the key is ensuring the strategy selected is suitable for the individual and effective for healing and moving ahead. The healing process begins with establishing a relationship through building trust; this process takes time and patience. Individuals need to be equipped with the necessary tools to move ahead in life and to know that they are not alone and supports are always available to them. Recovery is based on empowerment of the trauma survivor and the ability for trauma survivors to work towards creating new connections (Herman, 1997). Matsakis (1996) further stated that empowerment begins with feeling safe and taking care of an individual’s physical and emotional state. Herman (1997) also stated that recovery cannot occur in isolation, it requires relationships.

There is extensive information available regarding neurodevelopment and how various developmental problems occur when there are abnormalities in the brain as a result of trauma (Perry, 2002). Child maltreatment disrupts proper brain development. There is evidence that during development, the neural system is more sensitive to traumatic experiences than others (Perry, 2009). When an individual has been exposed to traumatic incidences over long periods of time, chemical changes occur in the brain (Margolin & Vickerman, 2007). The long-term traumatic exposure negatively impacts proper brain

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development and maturation, which can lead to the diagnosis of stress disorders (Heide & Solomon, 2006).

Different brain functions are more sensitive to memory recall than others. Recalling traumatic memories increases amygdala activity and decreases activity in the Broca's area which is required for language processing and higher cognitive functioning (O'Neill et al., 2010). Hippocampal activation is also impacted when a child is affected by abuse which then leads to deficits in verbal declarative memory (O'Neill et al., 2010). Other developmental problems that can occur include fine and large motor delays, impulsivity, attention deficits and hyperactivity (Perry, 2002). In instances where a child is under stress, the stress response system is activated and an individual goes into a state of fight, flight or freeze (Perry, 2009). The stress response system is set up to sense distress and then act to address the challenge and promote survival (Perry, 2009). Disruptions in early childhood development may lead to major abnormalities or deficits in neurodevelopment that can lead to compromised functioning throughout life (Perry, 2002). Perry (2009) stated that impairment of neurotransmitters can cause dysfunction to the lower regions of the brain and then move up to the higher regions of the brain which can cause disruptions to normal development. The storage of traumatic events occurs in the right limbic system. Therefore, traumatic stress caused by child abuse and neglect negatively impacts right brain development which results in damage of neurons (Heide & Solomon, 2000).

The challenges with the study of neuroscience and neurodevelopment is the lack of knowledge parents, teachers, therapists, judges, or physicians have about the impact trauma has on child development, more specifically, brain development (Perry, 2009). The brain plays an important role in regulating other parts of the body through neurons and complex

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cortical structures (Perry, 2006). Changes in the chemical reactions in the brain occur as trauma survivors deal with threat and stress in their lives (Perry et al., 1995). Child abuse has a negative impact on development of the nervous system and brain (O'Neill et al., 2010). Experiences shape the brain, but in early childhood neural networks can be significantly altered by trauma (Courtois & Ford, 2009). The brain of an infant or young child is very sensitive and is more vulnerable to experiences (Perry et al., 1995). As cited in O'Neill et al., (2010) neurobiological changes in children impacted by trauma can have different effects on brain structures during different stages of development and the changes may attribute to psychiatric disorders later in life. Interruptions of critical neurodevelopment cues are often the result of the lack of sensory experiences during delicate periods of development (Perry, 2002). Exposure to stress during developmentally vulnerable times also increases hyperactivity to physiological responses to stress, which often leads to stress-related diseases (Neigh et al., 2009).

Courtois and Ford (2009) shared information regarding a case where a child who was known as X was exposed to adverse childhood experiences for a prolonged period of time and was assessed for a complex trauma-related disorder. X had an abusive father and an alcoholic mother and at the age of five X was sent to an orphanage where he was subjected to physical and sexual abuse by staff members and other boys who were at the orphanage. At the age 12, X left the orphanage and went to live with his father; X began drinking, doing drugs, stealing and living on the streets and was eventually sentenced to a juvenile detention centre. When X was in his early 20s, he became a father, but continued to struggle with drug and alcohol addiction. X eventually "straightened up" when he had another encounter with authorities.

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Once X “straightened up”, psychological testing was conducted to determine the impact X’s adverse childhood experiences had on brain development and structures. The results indicated that X suffered from psychological damages that stemmed from adverse childhood experiences which included disorganized/insecure attachment and issues with memory particularly when X was subjected to physical and sexual abuse. Based on interviews with X and self-reported behaviours, X was negatively impacted by obsessive-compulsive, passive-aggressive, paranoid, narcissistic, and borderline personality disorders. X also met diagnostic criteria for panic attacks and anxiety and on one assessment met criteria for Type I Bipolar Disorder.

### **Intervention Strategies**

It has been recommended that therapists be cautious when working with victims of trauma; exploring repressed memories in depth can cause more symptoms to resurface. The author wrote not about re-living the trauma but rather about how important it is for the victim to reconnect to the outside world and to develop healthy new relationships (Herman, 1997). Treating victims of violence can be difficult and it is important to establish safety and competence, deal effectively with traumatic re-enactments, and ensure integration and mastery of new skills (van der Kolk, 2005). The neurosequential model of therapeutics (NMT) and how the NMT is not a specific therapeutic technique or intervention, but an approach when working with traumatized children, has been successful in working with individuals impacted by trauma. The NMT looks at a child’s developmental history and reviews the timing, nature, and severity of developmental challenges a child has experienced, as well as reviewing relationships the child has had. Reviewing the child’s current level of functioning is important as well because it gives clinicians an idea as to which neural systems

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and brain areas have been affected by traumatic incidences. Clinicians look at brain scans to determine what neural networks have been impacted by the insult of traumatic incidences and from there clinicians determine what interventions would be most effective. As intervention strategies are recommended, the goal is to move from building the most undeveloped part of an individual's brain and then move up as progress is seen (Perry, 2009). There are numerous recommended intervention strategies available; it is finding the intervention strategy that sufficiently meets the client's needs that are important. Creative interventions also assist in building resiliency in children by helping to build parent-child relationships, building self-esteem, encouraging the child to feel capable and to experience and recall positive memories (Malchiodi, 2008).

Intervention strategies need to encourage and support an individual in building self-awareness, recognition of emotions, communication skills, and self-regulation skills (Malchiodi, 2008). According to the research of Heide and Solomon (2006), traditional treatments for trauma survivors have not been effective because the therapy format did not address the physiological issues that drive maladaptive behaviours. Biologically-informed psychotherapy has been effective in assisting trauma survivors in reconnecting with their bodies and feelings. The treatment sessions assist the trauma survivor in dealing with intense feelings associated with traumatic incidences and to appropriately release emotions. The Eye Movement Desensitization and Reprocessing (EMDR) treatment approach has been most studied and widely used. This approach focuses on a combination of body-focused and cognitive-behavioural treatment and has been effective.

According to Levine (2008), somatic therapy incorporates the body in a therapeutic process. Somatic therapy clients are encouraged to focus attention on the current moment by



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focusing on breathing and body sensations. Somatic exercises teach clients how to identify the emotional distress their bodies have or are experiencing. Creativity, meditation, movement, and attention are incorporated into somatic exercises in order to achieve a positive mind, body, and spirit. The main difference between somatic therapies and EMDR is that traditional somatic therapies incorporate the whole body in order to create awareness and insight.

### Summary

The study of complex trauma and the impact it has on brain development and learning is a fascinating topic and individuals who work with children or adolescents should be required to learn about the topic in order to understand the complexities children and adolescents deal with on a daily basis. Based on research findings, it is evident that childhood maltreatment and exposure to traumatic incidences negatively impact proper brain development, behaviour, and/or learning. Traumatized children are also more susceptible to developing health issues into adulthood which can be irreversible. Individuals struggle with self-regulation and resilience and have difficulty coping in various situations and reading the cues of others. As a result, individuals can be diagnosed with behaviour and psychiatric disorders and are at a higher risk of being involved in the judicial system. Numerous studies have been conducted to determine the impact complex trauma has on individuals and the findings have indicated that trauma negatively impacts many aspects of an individual's life.

It is apparent that more individuals need to be made aware of complex trauma and the impact trauma has on individuals because complex trauma affects numerous people from all walks of life. Complex trauma can be found in classrooms, workplaces, on the streets and in



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our homes. It is imperative that individuals negatively impacted by trauma receive appropriate care that supports safe recovery. Researchers have recommended intervention strategies that have been widely used and have proven to be effective when working with individuals impacted by traumatic incidences. Individuals need to be properly trained and cautious about the intervention strategy that will be used with a client because the goal is for the client to have a safe recovery when dealing with traumatic memories. The research that is available to readers is current and provides individuals with valuable information that can be used to assist others in understanding complex trauma and the impact trauma exposure has on an individual's life. The research also provides educators with valuable tools that can be implemented in the classroom when working with traumatized children.

### **Chapter 3: Methodology**

There is abundant information available regarding the impact traumatic incidences have on brain development and learning among trauma survivors, primarily aimed at the adult population. As stated in the previous chapter, there is a higher likelihood that individuals will be impacted negatively by trauma in childhood or during adolescence. Educating children and adolescents about complex trauma will give individuals a better understanding of complex trauma and provide them with support and a voice which they never knew they had. The topic of complex trauma is very sensitive, but very important, so the information provided to the students in this study needed to be provided in a non-intrusive and age-appropriate manner. This chapter outlines the benefits of graphic novels as a way of defending my choice to write a graphic novel dealing with complex trauma and aimed at adolescent readers.

#### **Graphic Novels**

A graphic novel is a book that is written in a comic format that contains sequential art that forms a narrative about various topics (Smetana, Odelson, Burns, & Grisham, 2009). Graphic novels appeal to readers of all ages with the eye-catching illustrations that are contained in the novels and they engage reluctant readers with various reading abilities (Heaney, 2007). Based on the benefits of graphic novels and the powerful educational tool they are in the classroom, teachers are using graphic novels in the classroom to teach a variety of themes and topics (Yang, 2008). Teachers also use graphic novels in the classroom to support student learning and to scaffold reading. The implementation of

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graphic novels in the classroom stimulates critical thinking and provides readers with alternative views of various topics (Smetana et al., 2009).

Boatright (2010) stated that graphic novels provide opportunities to engage readers of various reading levels on topics that may otherwise be sensitive to discuss, including immigration, social, historical, and cultural issues. Graphic novels convey meaning through both illustrations and words and attract readers from varying literacy levels. The increased popularity of graphic novels has piqued the interest of educators and because of the engaging literacy format, the books have been introduced to classrooms to assist reluctant readers in building literacy skills. The visual nature of graphic novels provides the reader with a context-rich, high-interest environment which supports readers in acquiring new vocabulary and developing higher order thinking. Reading graphic novels requires a high level of engagement in order to gain meaning from the combination of text and images (Boatright, 2010).

Graphic novels support the reader in word decoding, as well as recognizing expression and symbolic meanings of literary text. Individuals are required to use a range of literary devices when processing text that include recognizing points of view, metaphors, symbolism, puns, and alliterations. In order to capture the target audience, graphic novels need to be interesting, imaginative, and easy to follow, consist of good illustrations, and have an engaging story line. A benefit of graphic novels is that they provide the reader with alternate views of culture, history, and human life that engage the student (Smetana et al., 2009).

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According to Gertler and Leiber (2009), graphic novels are books that visually tell a story and put forth a personal vision that engages a large number of individuals. Graphic novels are also a creative way to convey a message and address uncomfortable topics that individuals may find difficult to discuss. Graphic novels do not have to be novels or books, but a compilation of short stories that consist of a variety of topics (Gertler & Leiber, 2009). Graphic novels are becoming increasingly popular and are an engaging resource for reluctant readers because the content connects to readers who are at multiple reading levels and at the same time the novels address social, cultural, and historical issues (Boatright, 2010).

In the 21<sup>st</sup> century, classrooms are being challenged by new technologies and are working to accommodate student needs and interests. For instance, readers are provided with more opportunity to communicate with authors through the use of blogs, which provide writers with valuable input from the reader (Carter, 2011). Graphic novels are engaging to individuals and, particularly to reluctant readers and they are also eye catching (Heaney, 2007). Graphic novels are not limited to topics of interest for adolescents and young adults (Smetana, et al., 2009). The novels can be very powerful tools when implemented correctly in the classroom. Students enjoy the visual media of graphic novels and teachers have had great success in using them in the classroom with struggling readers and students with other varying learning needs. When students are provided with an opportunity to use graphic novels in the classroom, they are able to fast forward or rewind lessons when searching for information (Yang, 2008).

Societal issues continuously arise giving high school teachers the opportunity to open up the curriculum and incorporate various themes into the classroom which may include a variety of topics (Boatright, 2010). Incorporating graphic novels allows the reader to see a

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combination of images and words as the reader's experiences are represented. In order to connect to the reader, various forms of graphic novels are portrayed that include detailed pictures, simple pictures, patterns, text styles, writing styles, and cartooning. Graphic novels can help the reader and writer develop new understandings of a topic when words are not available (Boatright, 2010).

Graphic novels are effective books to introduce to adolescents and young adults because the images can attract readers, particularly struggling readers (Boatright, 2010). Individuals learn important concepts about how to start a graphic novel, what writing style a writer may want to use or is using, how to design characters, polish the pages, and prepare the novel for the reader (Gertler & Leiber, 2009). Incorporating graphic novels in the school library has also demonstrated increased student involvement in various reading clubs, the books energize library collections, students want to read them, and they offer an alternative to traditional novels. Graphic novels capture the attention of young readers and provide readers with visual stories at a rapid pace. Ensuring that teachers are clear on the intended use of graphic novels in the classroom provides students with clear direction (Heaney, 2007).

Graphic novels provide readers with a context-rich, high-interest environment that supports acquiring new vocabulary. Individuals are required to use higher-order thinking to analyze and interpret graphic novels. The visual context of graphic novels forces the reader to create unwritten dialogue. Graphic novels appeal to Deaf people whose communication system is mainly visual, although graphic novels are great for everyone. Readers learn to decode words, as well as learn to read facial and body expressions in pictures. Graphic novels provide the reader with interesting combinations of graphics and texts (Smetana et al., 2009). Individuals are also provided with opportunities to think critically about topics and

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images portrayed in graphic novels (Smetana et al., 2009). Graphic novels are becoming increasingly popular in classrooms around the world and the availability of texts is extensive (Yang, 2008).

### **The Graphic Novel**

In my opinion, there needs to be effective engaging dialogue geared towards the adolescent population that discusses complex trauma. I created a graphic novel that shared a story about complex trauma because there was little information available to adolescents that touched on such a sensitive topic. I believe that it provided readers with important information that was interesting, informative, and non-intrusive.

Based on the aforementioned research, it is possible that a graphic novel geared towards adolescents that shared a story of the impact trauma had on development would be beneficial. To wit, sharing a story to which adolescents could relate was effective; it provided them with the security of knowing that they or someone they knew were not alone as they dealt with traumatic events in their lives, and the associated feelings that accompanied the traumatic events. Adolescents were empowered to take control of their lives and make the right decisions in living a healthy lifestyle. The storyline also created interesting discussions among peers, parents, teachers, and counsellors.

Readers were presented with an inspiring but believable story of survival: a high-school student dealt with complex issues that impacted her life, including how she implemented various interventions while travelling the path to healing and recovery. Readers were presented with valuable resources that included a list of community support groups, crisis line phone numbers, and website addresses if they suspected an individual had been or was being negatively impacted by complex trauma.



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This project took the format of a graphic novel that was aimed at the adolescent population, but could attract the interest of adult readers as well. The graphic novel was approximately 39 pages in length, but when the dialogue is in graphic novel format the novel will be over 50 pages and consist of approximately 10 characters. The majority of the characters were of First Nations descent. The setting was primarily at a school but also took place at the main character's homes, a downtown location and at a friend's home. Most of the characters were teenagers who were friends; there were also a few teachers, parents, and other adults who took part in the story.

Once the dialogue was complete, I contacted six colleagues and proposed my project to them; I then provided them with a copy of the dialogue and encouraged them to provide feedback that would assist in strengthening the graphic novel. My colleagues and I exchanged emails and phone calls to address questions that arose or we set up meetings to discuss content that was not clear or to review recommendations. Once all parties were finished reviewing the project, I received detailed recommendations and comments through email, mail, fax, and/or phone conversations. In analyzing the comments, I created a chart and noted the comments made and in sections where similar comments were made, I placed a checkmark beside the comment and the individual's name.

Upon receiving feedback from colleagues, I attended a high school class that consisted of nine students and proposed my project to them. Initially, I went to the classroom and did a brief presentation on the topic of complex trauma; all nine students were engaged and actively participated in discussions that arose from the topic. The discussion revolved around the definition of "trauma" and the negative impact complex trauma had on individuals and families and how difficult it was for individuals to talk about such a sensitive



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topic. There was also discussion regarding the lack of information that was available for teenagers that related to the topic of complex trauma. Students also shared the fact that all of the students had never heard of the term “complex trauma” until it was presented to them. The students also stressed the importance of outlining all services available to youth in the Yukon and how to access each service.

I discussed the content of the graphic novel with the nine adolescent students and provided them with a short anonymous questionnaire that asked whether such a topic was important to share. Seven students completed the questionnaire. One student did not participate because he did not know what answers to record and another student did not participate because she struggled with recording written work. I provided the students with two days of wait time before collecting the feedback from the classroom teacher. I followed the same review process with the student answers as I did with my colleagues’ comments. The student group was small and it made the analyzing process straightforward.

The questionnaire consisted of a definition of complex trauma and some of the effects individuals with complex trauma could experience and two questions for them to answer. The questions were: Do you think complex trauma is an important topic to learn about in high school? and Do you think a graphic novel about complex trauma geared towards youth would be a valuable resource? Why? (See Appendix A to view the questionnaire).

I contacted an artistic colleague and asked her if she was interested in assisting me with my project by illustrating two pages of the dialogue; she immediately jumped on board and we met at least once a week to discuss the setting and the characters. The illustrator did a few sketches and we discussed them and then she would take the sketches back to make the

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recommended changes. The process took approximately five months. The illustrations in the graphic novel began as black-and-white sketches and as the main character worked towards a safe recovery from complex trauma, colour was gradually added. The idea of the colour scheme was to depict the character dealing with despair early in the graphic novel and her moving ahead with healing as she reached out for help. With the assistance of an artistic colleague, I included a blocked-out section of the graphic novel. The blocked-out section is included early on in the dialogue and is in black and white.

The story depicts the life of an adolescent First Nations girl who is raised in a single-parent home with her brother; the main character is subjected to years of emotional abuse by her alcoholic mother. Her mother lives with a man who also struggles with addictions and is verbally and physically abusive. At a young age, the main character gives in to peer pressure and experiments with drinking; as a result, her life quickly spirals out of control. One evening, while she was drinking with friends, she is raped by an individual she knew and felt she could trust. The incident completely transforms her life and she quickly isolates herself from her friends and some of her family. She deals with a variety of issues and has numerous flashbacks about sexual abuse she endured in her childhood as she struggled to understand the feelings she was going through. She also has difficulties in learning, self-esteem, and social issues. Her teachers are concerned about her well-being, notice her sudden withdrawal from her peer group, and try to intervene. One teacher, in particular, makes numerous attempts to connect with the main character; eventually the teacher is successful. The main character unravels her protective layer and shares horrific stories of abuse she endured as a child and now as an adolescent. At that moment, the main character begins her journey to healing and overcomes numerous challenges.

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The feelings with which the main character was confronted included shame, guilt, difficulties with learning, isolation, depression, low self-esteem, and the inability to trust. As the story progressed, the main character formed a connection with a teacher and shared her story of abuse. The teacher encouraged and assisted her in reaching out for necessary services. The main character learned to use traumatic experiences as a tool for empowerment and made significant improvements in her life.

### Quality Testing of the Novel

In testing the quality of the graphic novel, I consulted with my committee supervisor through email and phone conversations. I approached six colleagues about the proposed project and provided them with a copy of the dialogue and encouraged them to provide feedback, as their feedback would be valuable to the process. The teachers who participated in the review process ranged in teaching experiences that included a Kindergarten teacher, principal, special education teacher, high school teacher, and a middle years teacher. All of the teachers who participated in the review process had taught or are currently teaching in a rural community and are experienced in teaching multi-grade classrooms. Those teachers who are not teaching in a rural community currently teach in Whitehorse.

I also obtained feedback from a group of students in the Yukon at the Grade 7/8/9 level through a questionnaire. I selected the specific student group because they were the target audience and their feedback would also be valuable. Ultimately, the graphic novel was geared towards the adolescent population and I felt that it was important to get the students' thoughts and insight on the topic of complex trauma and how they viewed information on such sensitive topics. The students who participated in the questionnaire came from a variety

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of family units that included a home where both parents were present, single-parent homes, and homes where addiction issues were present.

Consultation at regular intervals with colleagues and students also ensured improved quality and consistency of the project. The feedback obtained from each group was valuable and provided great insight on the importance of the topic of complex trauma. Ultimately, the goal was to capture the attention of the adolescent population and to make a connection with them during a crucial time in their development. The feedback obtained by the adolescent population has shown that such a project would be an asset. As stated earlier, the goal of the graphic novel was to empower the adolescent population to take control of their lives and be upstanding citizens in society. The dialogue provided students with strategies on how to accomplish those two goals. The graphic novel also provided adolescents with insight on how trauma could be overcome with effective interventions and how traumatic incidences could be used as a tool for empowerment.

### **Summary**

Based on the extant literature, a graphic novel is a good tool in attracting and engaging adolescent readers. A graphic novel is effective in delivering a message about sensitive topics to the adolescent population in a non-intrusive manner. The character provided readers with realistic stories of turmoil, survival, and personal empowerment with which the reader might connect. The reading audience learned about the negative impact adverse experiences have on life and learning and how such experiences could be dealt with in a safe and healthy manner. The story provided hope for trauma survivors who felt that nobody understood what they were going through.

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I consulted at regular intervals to ensure quality and consistency of the project. Ultimately the goal is to capture the attention of the adolescent population and to make a connection with them during a crucial time in their development. As stated earlier, the adolescent population was empowered to take control of their lives and to be upstanding citizens in society. The graphic novel provided adolescents with insight on how trauma can be overcome with effective interventions and how traumatic incidences could be used as a tool for personal empowerment as well as a teaching tool for others who struggle with adverse experiences in their lives.

### Chapter 4: Results/Graphic Novel

I proposed the development of a graphic novel that shared a story of a First Nations girl who was negatively impacted by complex trauma because I felt such a topic geared towards the adolescent population was important; the goal was to develop a dialogue-based novel that was approximately 50 pages in length. Once the dialogue was completed, I provided colleagues with a draft copy of the book and encouraged them to provide feedback that would assist me in making the graphic novel more relevant and effective. I discussed the content of the graphic novel with a group of Yukon adolescents and provided them with a short anonymous questionnaire. I then asked whether such a sensitive topic was important and appropriate to share with the adolescent population. Based on the constructive feedback obtained from colleagues and students, I reviewed the dialogue of the graphic novel and made the recommended changes.

A graphic novel approach was selected for the project because graphic novels are useful, practical, and appropriate for readers of all abilities and they have an educational purpose (Heaney, 2007). Graphic novels are eye-catching with detailed images; publishers use graphic novels to target the adolescent population in hopes that adolescents will be enthused and hooked on a path of lifelong reading (Heaney, 2007). The use of graphic novels also support struggling readers become more confident as they build literacy skills (Heaney, 2007 & Smetana et al, 2009). Graphic novels can appear in many genres that can be geared towards a target audience (Smetana et al., 2009).

The feedback gathered was inspiring and encouraged me to revise sections of the dialogue. The feedback I received from five colleagues focused on corrections to grammar

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and sentence structure. Three colleagues addressed rephrasing some of the terminology so the phrasing was appropriate for the adolescent population. I took the feedback and made grammatical changes and rephrased some of the content. I did not make all of the recommended changes because I felt some of the recommended changes did not fit the dialogue and was veering the story in another direction. One colleague also recommended that I have some adolescents read the novel in order to address some of the phrasing issues. The adolescent who read the graphic novel dialogue did not provide any corrections to phrasing, but stated that the graphic novel was really good. The feedback from three colleagues also addressed the appropriateness of the title and the importance of addressing such a sensitive topic. Another colleague wanted clarification regarding the target group; it was stated that they were not sure what “adolescent” age group the graphic novel was geared towards. I had a discussion with the individual and stated that the age group that I wanted to interest were adolescents between the ages of 11 and 18.

I approached six colleagues to assist in revising the graphic novel dialogue. All six individuals agreed that the topic of complex trauma was important and the content was highly appropriate for the adolescent population. Four of the six individuals who participated in reviewing the dialogue commented on how descriptive the dialogue was and how they were able to envision everything that was going on in the story. Two individuals commented on how the formatting was easy to read and how adolescents would enjoy the ease of following the text.

I spent a portion of the day in the Grade 7/8/9 classroom where there were only nine students present at the time I proposed the graphic novel and presented the topic of complex trauma. I gathered feedback from seven students which accounted for 78% of the class at the



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high school level and they provided valuable information that would assist in improving the dialogue. Initially, I went to the classroom and did a brief presentation on the topic of complex trauma; the students were engaged and actively participated in discussions that arose. The discussion revolved around the negative impact complex trauma has on individuals and families and how difficult it is for individuals to talk about such a sensitive topic. There was also discussion regarding the lack of information that was available for teenagers that revolved around the topic of complex trauma. The students also discussed the importance of outlining all services available to youth in the Yukon and how to access each service.

Once the discussions were complete, I provided the students with a questionnaire that consisted of a definition of complex trauma and some of the effects individuals with complex trauma could experience and two questions for them to answer (see Appendix A). The questions were:

Do you think complex trauma is an important topic to learn about in high school?

Do you think a graphic novel about complex trauma geared towards youth would be a valuable resource, why?

All of the students agreed the topic of complex trauma was important and would be an asset to schools all over Canada. The answers related to the importance of learning about the topic of complex trauma because the information could assist and encourage students who are dealing with such issues and are not sure where to go or what to do. Some of the students shared information about how they could support their friends through such a traumatic event. There were also two students who believed they had been negatively

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impacted by complex trauma because of incidences with which they had dealt in their lives. Another student commented on some bullying behaviours that were present in the school which may have been precipitated by a student dealing with traumatic incidences in their lives.

All of the students agreed that a graphic novel about complex trauma geared towards the adolescent population would be valuable because it could assist individuals impacted by complex trauma with coping with incidences in their lives. Some students stated that graphic novels were better to read because of the eye-catching illustrations and the content was easy to follow. There were also comments about the content interesting adults and how adults could better understand the topic of complex trauma. Some students commented on how adults could use the graphic novel as a tool to better support adolescents who are dealing with traumatic issues in their lives.

The project takes the format of a graphic novel that is geared towards the adolescent population, but could attract the interest of adult readers as well. The dialogue of the graphic novel is 45 pages in length, but will be over 50 pages in length once illustrations are added and will consist of 12 characters. As stated earlier, the majority of the characters will be of First Nations descent and the setting will mainly occur at the local community school, the main characters' homes; a downtown location and at a friend's home. The characters mostly consist of teenagers who are friends; high school teachers, parents, and siblings.

The graphic novel dialogue with a list of services available in the Yukon is included in the next portion of this chapter. I included a list of services because individuals often struggle with located services available in the communities. Individuals in small

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communities also feel that there is a lack of services available, so the list provides them with contacts that can be reached through phone, text, email and fax. The first six pages of the graphic novel consist of blocked out sections of the novel. I wanted to provide a snapshot of what the graphic novel would look like. I decided that the first section of the novel would be black and white because the main character's life was in turmoil and the black and white would represent the darkness the character was feeling at the time. I really wanted to connect with the audience and cater the content to them. With the support of a creative and artistic colleague, the blocked out section was made possible.

The project in its entirety took approximately one year to complete. I found that I really needed to be in the "zone" in order to move ahead with the project because of the sensitivity of the topic. I took on the role of each character as I worked through the dialogue; I found that to be a challenge because I had a personal connection to the topic. Throughout the writing process I experienced many emotions that included fear, anxiety, anger, shame, happiness, and relief, there were also instances where I had to take a break and go for a walk or I would take the opportunity to sit with my children and hold them. There were instances where I would be on a roll and I would write into the wee hours of the morning and there were other instances where I could only write for a few minutes at a time because sections of the dialogue were too tough for me to work through. I rewrote the dialogue three times because the first two times the dialogue did not feel right to me and it did not impact me the way I felt it should impact readers. Overall, I found the writing process to be a wonderful experience because I was able to share important information with readers in an illustrative manner.

# **Silent Epidemic**

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## Characters:

Tashena (main character)

Kiesha (Tashena's best friend)

Kiera (Tashena's friend)

Jericho (Tashena's brother)

Mrs. Brady (School counsellor)

Mrs. Spence (English teacher)

Mom (Joyce)

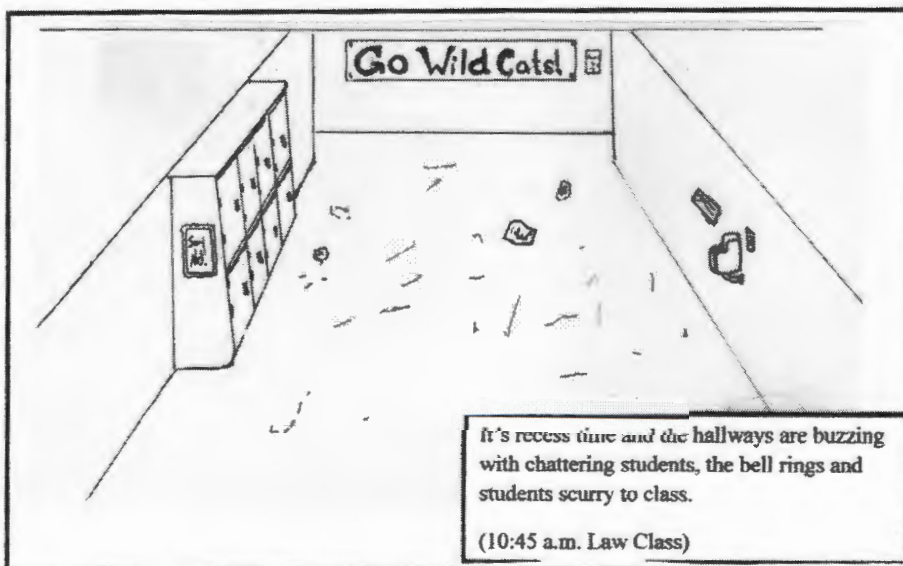
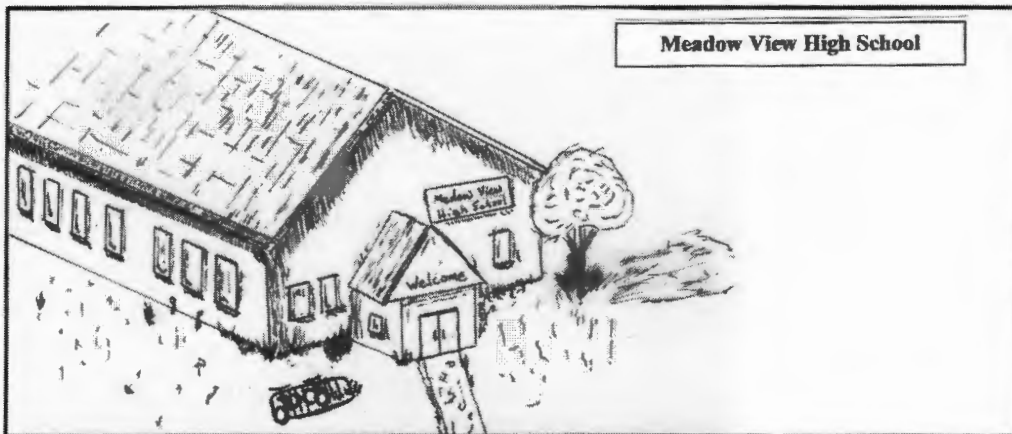
Josh (Kiesha's brother)

Kyya (Kiesha's cousin)

Meadow (Jericho's friend)

Ms. Jacobson (Law teacher)

James: (Mom's boyfriend)



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Ms. Jacobson is doing a unit review with the class for an upcoming test. Tashena is trying to keep up, but gets caught up daydreaming.



Tashena ....

Tashena ....

Tashena ....



Huh! Yes, Ms. Jacobson?



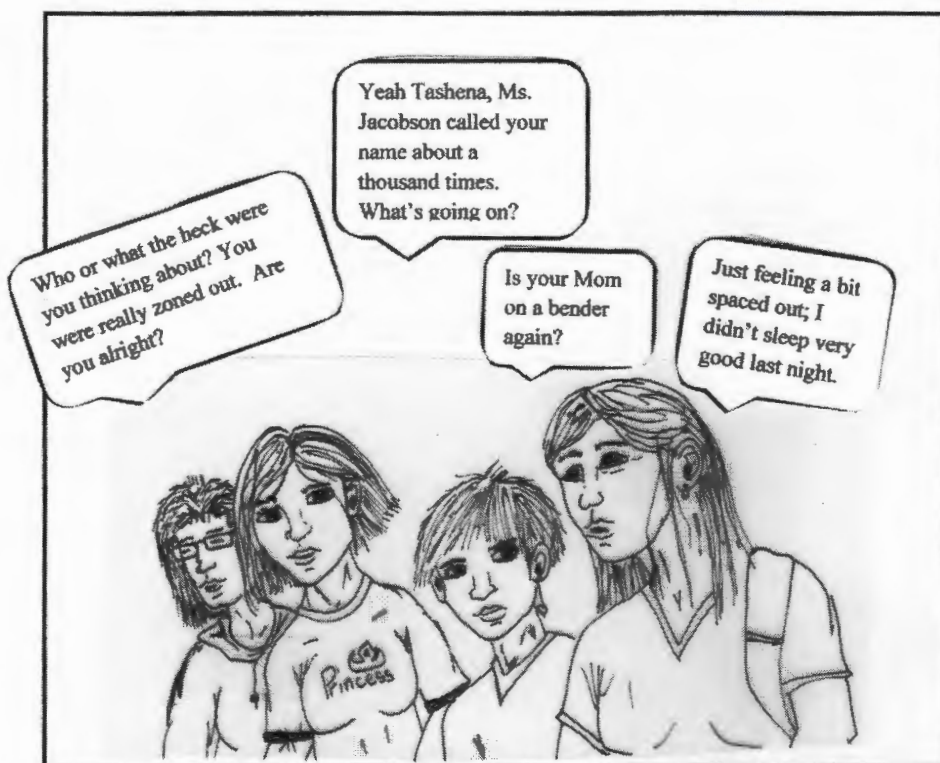
Tashena you really need to start paying attention in class because you are falling behind.

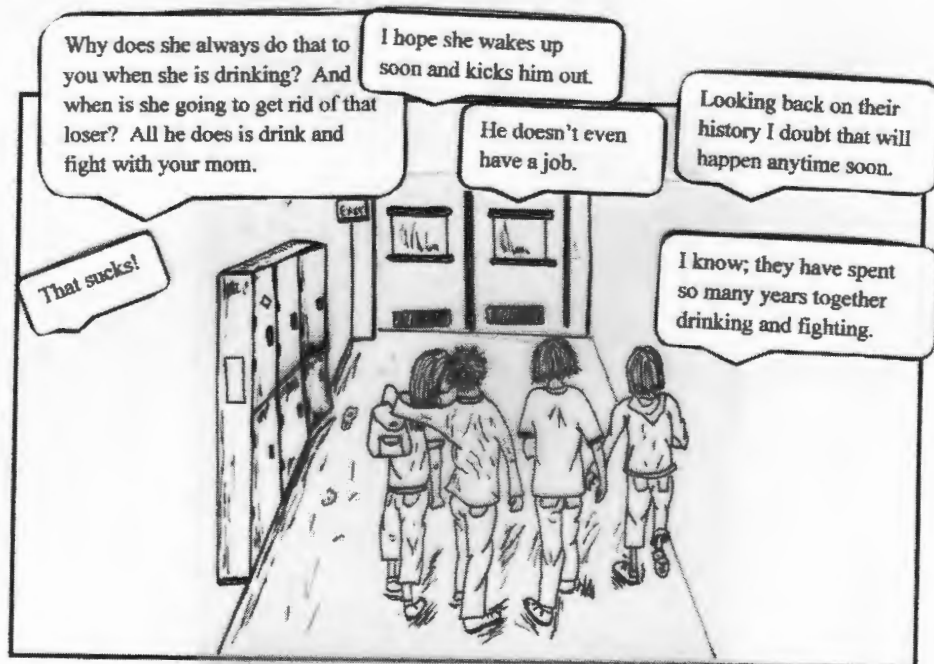
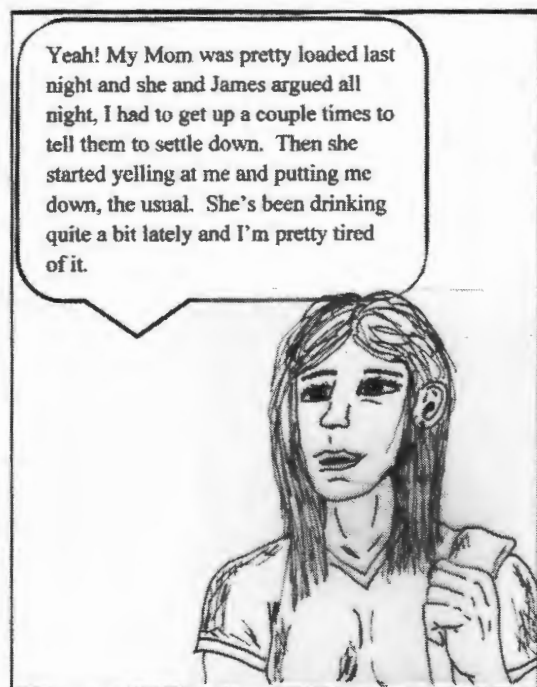


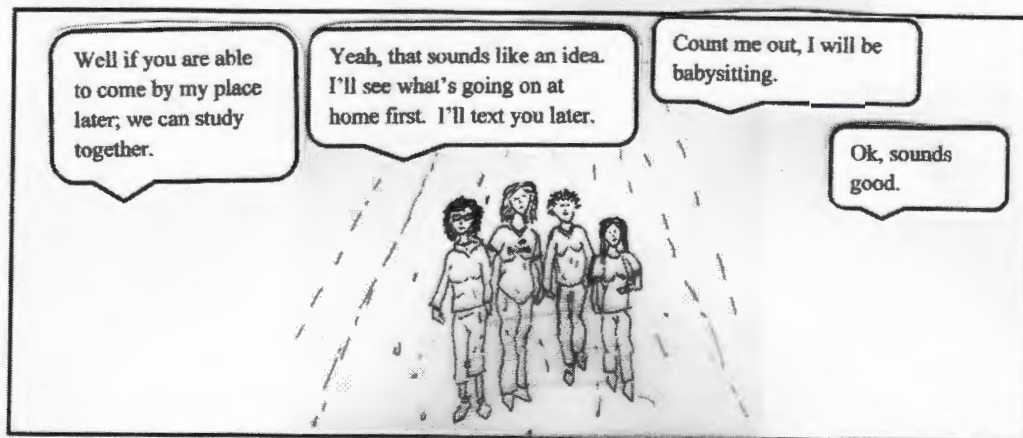


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(Tashena arrives at home, the house is a mess and her Mom is still in bed and there's no sign of James anywhere.)

Mom: (Yelling from the bedroom.) Tashena? Jericho? Who the hell's at the door?

Tashena: Mom, it's me.

Mom: Where's your brother?

Tashena: I think he's walking Meadow home.

Mom: Damn kid! I told him to come home right after school.

Tashena: Where's James?

Mom: He took off last night; he went to look for one of his buddies. He's probably still drinking.

Tashena: Well I hope he doesn't come back.

Mom: Tashena!

(Tashena starts picking up empty beer cans and liquor bottles.)

Tashena: Mom, you know I don't like him, all he does is drink and fight with you, then you take it out on me; it's very stressful on Jericho and me. Look at this mess! The floor is all sticky and it stinks like a brewery in here. Please quit drinking!

Mom: I know I need to quit drinking. I promise I'll try.

Tashena: You always promise. By this weekend you'll be drinking again.

(Jericho enters the house.)

Mom: (Coming out of the bedroom) Where were you? I asked you to come home right after school.

Jericho: Hey, Mom! I walked Meadow home.

Tashena: (Sending a text to Kiesha.)

Tashena: Mom, I'm heading over to Kiesha's house to study. I have a test tomorrow.

Mom: How long are you going to be?

Tashena: Two or three hours.

Mom: OK, see you later.

(Tashena walks a few blocks to Kiesha's house. Kiesha's brother Josh is standing outside.)

Josh: Hey Tashena! What are you up to?



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Tashena: Hey Josh! I'm coming over to study with Kiesha; we have a unit test in Law class tomorrow.

Josh: Darn! I thought you were coming over to see me. (Josh winks at Tashena).

Tashena: Ha! Ha! Ha! Very funny Josh!

Josh: Well, you can't say I didn't try.

Tashena: (Giggles at Josh)

Well, I better get inside. Kiesha and I have tons of studying to do.

Josh: Chat later. Good luck on your unit test.

Tashena: Thanks, I'll chat with you later.

Josh: Yeah, looking forward to it!

(Josh smiles at Tashena as she enters the house.)

(Tashena walks into the house and heads towards Kiesha's bedroom and knocks on the door.)

Kiesha: Come on in!

Tashena: Hey Kiesha! What are you up to?

Kiesha: Hi Tashena! I thought you changed your mind. I was just going to clean up this pig pen before I hit the books. Kiera just sent a text letting me know she can't make it. She said something about helping her aunt out.

Tashena: Yeah! Sorry I took a bit longer getting here. I was talking to Josh outside.

That's too bad Kiera can't make it over.

Kiesha: Did you know that Josh totally has the hots for you?

Tashena: What? He is way too old for me and besides, he's not my type. He parties too much and he's a real player with the girls. (Tashena giggles)

Kiesha: (Throws a pillow at Tashena.) Hey! That's my brother you're talking about. (With a smile on her face.)

Tashena: Sorry for telling the truth!

Kiesha: Yeah, you're right; he's a real player. But he's into you; he's always asking about you.

(Tashena and Kiesha are lying on the bed and open their textbooks to start studying)

Tashena: I'm still not interested.

Kiesha: OK, I'll shut up about Josh. This test is huge, so let's hit the books.

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Tashena: I have read and read and read. The stuff won't stick in my head. I always seem to have this problem, it's so frustrating. There must be something wrong with my brain (giggles.)

Kiesha: Let's go over the review questions and answer them together, maybe if we read them out loud it will stick to that thick skull of yours. (Giggling)

Tashena: That works for me.

(30 minutes of studying goes by)

Kiesha: I'm thirsty and really craving for chips. Let's take a break.

Tashena: Sounds good, I'm getting a bit thirsty as well.

(Tashena and Kiesha are in the kitchen and Kiesha is digging through the cupboards looking for snacks. She sees a mickey of vodka in the pantry and stashes it under her shirt and smiles at

Tashena. Josh walks in the room with a big smile on his face.)

Josh: Hey Kiesha, did you know that Mom and Dad are heading to the city this weekend?

Kiesha: (Looks up at Josh) No, when did they decide that?

Josh: They were just talking about it. Mom has some appointments, so they decided to make a weekend out of it. They will leave Friday afternoon. Guess who's going to be in charge while they're away?

Kiesha: Great! That means I'll be stuck cleaning up after you and your loser friends.

Josh: (Smiles at Kiesha and whispers) Not exactly. I was thinking that maybe we could have a party.

Kiesha: Cool! That sounds like fun. We just have to make sure Mom and Dad don't find out.

Josh: They won't find out. Promise!

Kiesha: You'll be in deep crap if Mom and Dad find out!

Josh: (Giggling). What do you mean you? You're in this as much as I am.

Kiesha: You're the one who's going to be in charge! Anyway, I have studying to do. We can chat about this. Come on Tashena.

(Josh winks at Tashena as they walk by.)

Josh: Tashena, make sure you clear your schedule this weekend.



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Tashena: Count me out; I don't want anything to do with your plan.

Josh: Yeah, I'm sure I'll see you there.

Kiesha: See you later Josh.

(Kiesha and Tashena head back to the bedroom to continue studying.)

Kiesha: Can you believe that Josh wants to have a party when our parents are away?  
It's going to be so much fun. Wait 'til I tell Kiera, she'll be so excited.

Tashena: I'm staying out of this.

Kiesha: Don't be such a prude! It's gonna be so much fun.

(Kiesha pulls out a mickey of vodka and some soda.)

Kiesha: Hey Tashena, do you want to try some?

Tashena: What are you doing with that? You'll get in so much trouble if your parents find out.

Kiesha: They don't ever come into my room unless they knock, we're good. Come on, try it!

Tashena: No. I know what that crap does to people. Just look at my Mom and James.

Kiesha: Oh come on, let's just have one drink. Besides you're not your Mom or James.

Tashena: No, I can't.

Kiesha: What a jam tart! Well, I'm going to have some. You only live once!

(Kiesha makes herself a drink and quickly takes a gulp.)

Kiesha: (Smiling at Tashena) Yum! This is good stuff. Come on, just take of sip.

Tashena: (Giggles) Kiesha, you're crazy!

(Kiesha pushes her drink towards Tashena motioning her to take a sip.)

Kiesha: Just one sip; come on please, for your best friend.

Tashena: OK, OK, OK! I'll have one sip then leave me alone.

Kiesha: You go girl! I think you're gonna like it.

(Tashena takes Kiesha's drink and takes a sip.)

Tashena: Hey, that's not bad.

Kiesha: Here, I'll make you one.

Tashena: Just a small one.

(30 minutes go by and Tashena and Kiesha have finished two drinks.)

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Tashena: Hey Kiesha, I'm starting to feel funny.

Kiesha: That's called a buzz. Cool, eh?

Tashena: Not really. I feel weird.

Kiesha: Have another one; it will make you feel better.

Tashena: I don't think so. I better head home soon.

(Kiesha mixes Tashena another drink.)

(An hour goes by.)

Tashena: (Giggling as she drops her pencil on the floor) Oh my! I am dropping things all over the place.

Kiesha: (Giggles at Tashena) Oh yeah! That happens.

(Another hour goes by and Tashena gets a text from her brother stating that she needs to head home right away.)

Tashena: Crap! Kiesha, I have to go home, what am I going to do? I think I'm drunk. I just got a text from Jericho and James just got home and he's pretty loaded and is trying to fight with my Mom.

Kiesha: What the heck? Here, chew some gum and drink this can of pop and walk slow and sober up (Kiesha starts to giggle). Do you want me to go with you?

Tashena: I'll be alright, thanks anyway.

Kiesha: Text me and let me know what's going on.

Tashena: I will. See you tomorrow, don't study too much tonight. (Smiles at Kiesha)

(Tashena staggers slightly as she leaves Kiesha's house. She looks back at Kiesha and giggles. As Tashena approaches the house, she can hear James yelling and throwing things.

Tashena pops a few sticks of gum in her mouth and then opens the door and finds a chair knocked over in the kitchen and she can hear her Mom crying in the living room.)

Tashena: (Yelling) What the heck is going on in here?

James: (In a drunken slur) Mind your own business Tashena.

Tashena: Don't tell me to mind my own business; this is my house. Get the hell out before I call the cops.

(James storms towards Tashena and stands face to face with her. Tashena's Mom begins screaming at James.)

Mom: Don't you dare lay a hand on her.

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Tashena: If you lay a hand on me, you'll be sorry.

Mom: (Yelling from the living room) James, get the hell out of here!

Jericho: (Comes running out of the bedroom) Leave my sister alone.

James: Tashena, you have always had a smart mouth!

Tashena: (Yelling) Get the hell out of here! Jericho, call the cops!

James: Don't bother; I'm getting the hell out of here. You, your brother and your loser Mom can rot in this dump!

(James staggers out of the house and slams the door as he leaves.)

(Mom is crying on the couch, she is holding the side of her face.)

Tashena: (Still feeling a bit wobbly, she approaches her Mom) What happened?

Mom: James came in all pissed up and he started insulting me. He hit me on the side of the face with a beer bottle.

Tashena: Let's see your face?

Tashena: Mom, you have a cut really close to your eye, I think there's still some glass in there. You better go the hospital to get it checked.

Mom: It's late now, I'll head up tomorrow. I promise.

Tashena: Jericho, where were you when all of this started?

Jericho: I went to my room because James was trying to fight me.

Tashena: Mom, why don't you just kick him out? All this crap is stressful on us. We're tired of it.

Mom: I know.

(Tashena gets a bandage and peroxide and helps her Mom clean the cut on her face. She pops more gum in her mouth so her Mom doesn't smell the alcohol on her breath. Then she starts cleaning the house.)

(Tashena's phone buzzes as a text comes in from Kiesha, she ignores the text)

(An hour later Tashena is done cleaning and heads for bed. She has a headache and is not feeling well.)

Tashena: I'm going to bed. Goodnight.

Mom: Goodnight, thanks for cleaning up.

Jericho: Goodnight sis!

(When Tashena is in her room she calls Kiesha.)

## COMPLEX TRAUMA

Kiesha: Tashena, are you alright?

Tashena: Yeah, I'm fine. (Giggling) My jaw is sore from chewing so much gum. I have a headache too.

James is gone for the night, so we should be able to get some sleep tonight.

Kiesha: (Giggles) The drinks must be wearing off.

Tashena: I was scared my Mom would smell the booze on my breath.

Kiesha: (Changes the subject.) What are you doing for the rest of the night?

Tashena: I'm going to try to study before I go to bed. Speaking of which, I better get busy. Talk to you tomorrow.

Kiesha: Ok, see you at school. Goodnight!

Tashena: Yeah, see you tomorrow. Goodnight!

Tashena: (Tashena pulls her books out and puts them on the bed. Thinking to herself: Why the heck did I drink tonight? I always said I was never going to drink.)

(Tashena crawls into bed and the room starts to spin. Eventually she crashes. A couple hours later a nightmare wakes her up, she is shaking and sweating. The nightmare is about the sexual abuse she endured when she was a young child, the dream seemed so real and keeps her up.)

Tashena: (Thinking to herself: I hate those dreams, I wish they would just stop and never come back. She begins crying and eventually falls asleep.)

(Friday morning and Tashena has slept in)

Mom: Tashena, it's time to get up, it's already 9:00 a.m. and you're late for school.

Tashena: (Jumps out of bed) Crap! I need to get to school; I have a big test today.

(Tashena still has a headache and quickly jumps in the shower and gets ready for school.

When she's done, she rushes out the door.)

At school ....

(Tashena walks in the school during break time and the hallway is crowded with high school students. Kiera, Kiesha and Kyya approach Tashena)

Kiesha: (Smiling at Tashena) Hey Tashena! Did you sleep in this morning?

Tashena: Yeah, I couldn't sleep last night; I had a very bad dream. I'm glad my Mom woke me up because I can't afford to miss this unit test.

Kiesha: Did you get much studying done after everything that went on last night?

## COMPLEX TRAUMA

Tashena: No, I didn't I only got as far as getting my books out of my bag. I had a headache and when I closed my eyes the room would spin a bit.

Kiesha: (Giggles). The same thing happened to me. So, what went down last night?

Tashena: Oh, James was drunk and being a jerk at the house, so I had to kick him out.

Kiera: What the heck, he's a real winner.

Kyya: You should have kicked his butt!

Tashena: Believe me, I was tempted to.

Kiesha: (Laughing) yeah that would have been quite the sight.

(All four girls start laughing. The bell rings and students head to their next class).

Ms. Jacobson: Good morning class! I hope you all studied hard last night. The test will start right away and you have until lunchtime to write.

(Students begin writing as soon they receive their test. Tashena stares at her test and struggles to recall the information she reviewed with Kiesha the day before.)

Tashena: (Come on Tashena, you know this stuff. Why is the information not coming to me?)

(The lunch bell rings and the students hand their papers in and leave class.)

Ms. Jacobson: Have a great weekend and I'll have your marks to you next week.

Tashena: (Hands her test in) Have a great weekend Ms. Jacobson.

Ms. Jacobson: Thank you Tashena. How did you find the test?

Tashena: I don't know; I drew a blank on a lot of the questions. I studied, but I guess I didn't study hard enough.

Ms. Jacobson: I'm sure you did fine. Have a great weekend Tashena.

Tashena: Thank you!

(Tashena walks out of class and Kiesha is waiting for her.)

Kiesha: Hey, so how do you think you did?

Tashena: I don't know. I drew a blank with a lot of the questions.

Kiesha: Don't worry about it; I'm sure you did fine.

Tashena: I sure hope so. Oh, here comes Kyya.

Kyya: Hey girls, guess what I just heard?

Kiesha: What?

## COMPLEX TRAUMA

- Kyya: You should know. There's a rumor going around that there's a party going down at your house tonight.
- Kiesha: Wow! My brother is really getting the word out.
- Kyya: So am I invited?
- Kiesha: Of course, all my BFF's are invited. Oh, here comes Kiera, she is going to be so excited about the party.
- Kyya: I think it's pretty cool that you guys are having a party.
- Kiera: Hey girls, what's up?
- Kiesha: Hi Kiera, we are just talking about the party that is going down at my place tonight. Are you in?
- Kiera: Hell yeah! That sounds like fun.
- Kiesha: Yeah! We can have our own little party in my bedroom. It won't be much to score some booze at the party.
- Kyya: Cool!
- Kiesha: Come over whenever you can.
- Kiera: I'll be there as soon as I get my chores done.
- Kyya: Yeah, I hope I don't have to babysit tonight.
- Kiesha: Okay, hope to see you there. Why don't you girls just sleep over?
- Kiera: That sounds like a plan; I don't think my Mom will have any issues with me sleeping over.
- Kiesha: Cool! I'm so excited.
- Tashena: Hey Kiesha, I don't know if I will make it over.
- Kiesha: What are you talking about? You have to be there.
- Tashena: I'm gonna have to go home first to see what's going on.
- Kiesha: Are you kidding me!
- Tashena: I'll see what I can do. Kyya do you think you'll be allowed to sleep over at Kiesha's?
- Kyya: If I don't have to babysit I'll be there. My Mom will be fine with me sleeping over, as long as she doesn't know that Kiesha's parents are out of town.
- Tashena: Okay, hopefully you don't have to babysit. Send us a text once you find out what's going on.



## COMPLEX TRAUMA

Kyya: I'll do that.

(The school day has ended and Tashena is at her locker putting homework in her backpack when Jericho approaches her.)

Jericho: Hey sis, what's up?

Tashena: Nothing much, just getting my homework together. What are you up to?

Jericho: Nothing, I just wanted to see if you would like to take me out for supper?

Tashena: Ha! Ha! Ha! You're funny. Yeah, I guess since its Friday and I still have some babysitting money left over we can head out for a bite to eat. I can really use some greasy fries with gravy.

Jericho: Thanks sis!

Tashena: I have to send a text to Kiesha letting her know we're out for a quick bite to eat. She wants me to sleep over at her place tonight.

Jericho: Oh yeah, I heard Josh was having a party tonight.

Tashena: Yeah, I think there's going to be tons of people showing up. Hey, don't tell Mom that Kiesha's parents are out of town.

(Tashena and Jericho arrive at the restaurant and Tashena sends a text to Kiesha)

Jericho: Maybe I should go!

Tashena: Ha! Ha! Ha! You don't think people know you're only 11 years old?

Jericho: Shut up Tashena!

(Tashena and Jericho finish their meal and get ready to leave. James staggers by the restaurant window with a few buddies; he's carrying a case of beer.)

Tashena: Crap! I hope he doesn't see us. Better yet, I hope he's not going to the house.

Jericho: Who?

Tashena: Look out the window.

Jericho: Uh oh! I hope he stays away from the house. He was really mean to Mom last night.

Tashena: What a jerk! Come on, let's get going. I want to head over to Kiesha's. I just hope Mom is home so I can see if it's alright for me to stay over.

Jericho: I'm going to head over to Meadow's to watch a movie.

Tashena: You really like Meadow don't you? You seem to be spending a lot of time together.



## COMPLEX TRAUMA

Jericho: Drop it Tashena! It's not like that, we like to hang out and besides we're only 11 years old.

Tashena: She's a good kid.

(Tashena and Jericho leave the restaurant and are walking home.)

(They are approaching Meadow's house and Meadow is standing on the deck.)

Jericho: Hey sis, can you let Mom know that I'm over at Meadow's watching a movie?

Tashena: Yeah sure, what time are you going to be home?

Meadow: (Yells from the deck) Hey Tashena!

Tashena: (Waves) Hi Meadow, how's it going?

Meadow: It's going good, just getting ready to watch a movie.

Tashena: (Smiles at Jericho) Have fun. See you later.

Meadow: See you. Hey Jericho, come on so we can get the movie started.

Jericho: Yeah, I'm coming. Hey Tashena, I'll be home by 9:00.

Tashena: Ok, have a good time.

(Tashena is heading home when she receives a text from Kiesha)

Tashena: Thinking to herself: Oh Kiesha what's going on now? Well I have to go home first.

(Tashena heads home. Tashena arrives at the house and James is outside the house yelling And throwing snowballs at the window.)

Tashena: Crap! What the heck is he doing at the house?

James: Hey Tashena, where's your Mom? She won't open the door.

Tashena: I don't know where she is; besides you shouldn't even be here when you're drunk.

James: What the hell you saying? I'm not drunk!

Tashena: Yes, and look at all the flowers blooming in the yard!

James: You and your smart mouth kid!

Tashena: James you better leave before the cops come over and you end up in the drunk tank again.

James: Ok, I'm heading out. I'm heading over to my buddies. Let your Mom know I was here.

Tashena: Yeah, see you later.

## COMPLEX TRAUMA

(James staggers off down the road. Tashena enters the house.)

Tashena: MOM! I'M HOME! HELLO!

Tashena: (Thinking to herself) Crap! Mom's not home, I wonder where she is?

(Tashena's phone buzzes and it is a text from Kyya letting her know that her Mom is over at her place and she's drinking.)

Tashena: (Thinking to herself) Crap! Mom is drinking again. Well I'm just going to head over to Kiesha's. Jericho knows where I'll be.

(Another text comes in from Kyya saying that she can't go over to Kiesha's because she needs to look after her little brother because everyone at her house is too drunk to watch him.)

Tashena: (Thinking to herself) Crap! That's too bad.

(Tashena sends a text to Kiesha letting her know she is on her way. Awhile later Tashena arrives at Kiesha's and she knocks on the door.)

Kiesha: (Yelling from inside.) Come on in BFF! Kiera just got here as well.

Tashena: (Smiling) Right on. Hey, there was a change in plans; I guess I'll be staying over tonight.

Kiera: (Walking into the living room) Hey Kiesha, it's going to be a fun night.

Kiesha: Yahoo! We are going to have so much fun. So what did your Mom say?

Tashena: She wasn't home. I got text from Kyya saying my Mom was over there drinking. Which means that her and James will probably end up fighting again tonight.

Kiera: Crap! That's not good.

Kiesha: You talk like this is something that happens on a regular basis.

Tashena: Because it does.

Kiesha: I don't know how you do it.

Kiera: You always act like everything in your life is going good. You're always calm and happy.

Tashena: Yeah, well I don't want anyone to know what my life is like, it's embarrassing and I don't want people to feel sorry for me. I also don't want social services sticking their nose in my business. I can't wait until I'm done school so I can get the hell out of that house, I just worry about Jericho.

## COMPLEX TRAUMA

- Kiesha: You have awhile before you are done school.
- Tashena: Don't remind me.
- Kiera: You're a pretty tough girl.
- Kiesha: Aren't you ever scared?
- Tashena: Of course I get scared, especially when my Mom is fricken pissed and she targets me. She can be really mean with her words.
- Kiesha: Holy! Why is she like that?
- Tashena: I don't know.
- Kiesha: That's too bad. I can't imagine my Mom or Dad ever doing that to me.
- Tashena: (Giggling) that's because you have a normal life.
- Tashena: Let's stop talking about my life; you're making me feel depressed. (Giggles)
- Kiesha: Ok, sorry.
- Kiera: I don't know how you do it.
- Tashena: Can you do me a favor and keep this conversation between us?
- Kiesha: Of course.
- Kiera: Don't worry, I won't say anything.
- Tashena: So what time are people supposed to be here?
- Kiesha: I think I heard a couple girls talking about coming over at 9 or so.
- Tashena: It sounds like it is going to be a late night of partying.
- Kiera: Yahoo! It's going to be fun.
- Kiesha: Yeah! We are going to have so much fun. I was thinking we could have our own little party in my room.
- Tashena: Hey, that sounds like fun, I don't want to hang out with Josh's friends.
- Kiera: Sounds like a plan.
- Kiesha: Yeah, I know what you mean. Look, I found a bottle of booze in the pantry and I just need to load up on pop and snacks.
- Tashena: Won't your parents know that the booze is missing.
- Kiesha: If they do, they will just think Josh took it.
- Kiera: Isn't it fun having a big brother, they take the rap for so much.
- Tashena: (Giggling) so what else do you want to do tonight?
- Kiesha: I was thinking we could listen to music, dance, and just be crazy!

## COMPLEX TRAUMA

Tashena: Cool.

Kiera: I like that plan.

Kiesha: Hey, do you know if Kyya is coming over?

Tashena: No, her Mom is drinking too so she has to look after her little brother.

Kiesha: Crap! That's too bad.

Kiera: What the heck is it with some of these parents?

Tashena: She will be missing out on tons of fun.

Kiesha: Exactly.

(The girls head to Kiesha's bedroom and mix a drink and start listening to music. Pretty soon there is noise coming from the living room and people can be heard talking and laughing.)

Kiera: Well, it sounds like people are starting to party hard.

Kiesha: I'm going to check Facebook to see if pictures are being posted and what comments are being made.

Tashena: (Giggling) that sounds like an idea.

(There is a knock on the door, the girls quickly hide their drinks and Josh enters the room.)

Josh: Hey girls, what are you up to?

Kiesha: Nothing much, just checking out Facebook and listening to music.

Josh: Cool! Hey if you girls want to come out and mingle that would be cool.

Kiesha: No, we're good in here. Right, girls?

Tashena: Yeah, we're good in here.

Kiera: Yeah, I'm good.

Josh: (Smiling) Ok, chat with you later.

(Josh walks away and heads back to the living room. The girls lock the door when he leaves.)

Kiesha: Tashena, my brother has it so bad for you. He never comes to my room, but because you're here he had to come and make an appearance.

Tashena: Shut up with that already. I told you that I'm not interested.

Kiesha: Ok, ok, ok! I just think you two would be great together.

Kiera: He is pretty cute!

Tashena: Girls, stop it!

(A couple hours go by and the girls are sitting at the computer reading comments on

## COMPLEX TRAUMA

Facebook)

Kiesha: How are your drinks?

Tashena: (Tips her cup upside down and giggles) Empty.

Kiera: (Checks her drink) Mine's empty too.

Kiesha: Well let's fill them up again.

Tashena: (Giggling) I don't know, I'm pretty wobbly.

Kiera: (Smiling) I'll get a top up.

Kiesha: (Giggles) That makes three of us. I will just make us a small drink.

Tashena: Ok, then that is it!

Kiera: Awww come on, this is fun.

(The girls continue checking out Facebook, messages and pictures are being posted from the party. An hour or so goes by and the girls are drunk and tired.)

Kiesha: (Giggling) I think I'm drunk and I'm ready for bed; do you want to watch some T.V. before we crash out?

Tashena: (With slurred speech) It's like 3 in the morning, no wonder why we're tired.

Kiera: (Staggering to the bed) I'm ready to crash.

Kiesha: Is it that late? Time really flew by this evening. But I sure had fun.

Tashena: Yeah, but I think I'm drunk.

Kiesha: (Giggling) That makes three of us. Kiera is already passed out.

Kiesha: (Checking what's on T.V.) Hey do you want to watch Teen Mom 2?

Tashena: Yeah, I really like watching that show.

(The girls get into bed and start watching the show and Kiesha also falls asleep.)

Tashena: (Thinking to herself.) Darn, now they're both sleeping and I really need to go to the bathroom.

(Tashena listens at the door and doesn't hear any voices, she staggers to the bathroom. When she's done she flushes the toilet and washes her hands and then heads back to Kiesha's bedroom; but before she gets to the door Josh startles her.)

Josh: Tashena, you scared the crap out of me. I thought there was a straggler left behind.

Tashena: (Giggles and trying to act sober) sorry, I just needed to use the bathroom.

Josh: What are you up to?



## COMPLEX TRAUMA

Tashena: Just heading back to bed. Kiesha and Kiera crashed out on me, so I'm going to sleep too.

Josh: Hey, do you think you could help me move some chairs back downstairs?

Tashena: Sure, I can do that.

Josh: Right on! I'm not sure how most of the chairs from downstairs ended up upstairs.

(They start moving chairs downstairs)

(20 minutes later they are downstairs returning the last of the chairs.)

Tashena: Well the house doesn't look too bad.

Josh: (Giggling) good. I don't think I'm going to be up to too much cleaning tomorrow.

Tashena: (Smiles at Josh) yeah, I don't think Kiesha is going to up to cleaning as well.

Josh: Would you like a beer or something?

Tashena: No thanks, I think I'm going to head to bed.

(Tashena starts to walk towards the stairway.)

Josh: Just wait, what's your rush?

Tashena: I'm tired and I want to go to bed!

(Josh approached Tashena and whispers in her ear.)

Josh: (Whispering) did Kiesha tell you that I'm crazy about you?

Tashena: (Backing away) No, why would she tell me that.

Josh: (Smiling) because I'm crazy about you.

Tashena: Well I better get back upstairs.

Josh: (Grabs Tashena by the arm and Tashena staggers backwards.) Why? Kiesha and Kiera are crashed out. Stay down here with me for a bit.

Tashena: (Pulls her arm away) No, I need to get going. (Tashena experiences a flashback from when she was sexually abused by her cousin and she begins to get scared.)

Josh: (He grabs her hand) Stop playing hard to get. I know you like me too.

Tashena: (She begins to shake) What makes you think that?

Josh: I just know.

(Josh closes in and starts kissing Tashena; Tashena pulls her head away from him.)

## COMPLEX TRAUMA

Josh: I told you to stop playing hard to get.

Tashena: (Tashena is terrified) Stop it!

(Josh pins Tashena against the wall with all his weight and is trying to kiss her.)

Tashena: Josh, you need to stop!

Josh: I know you like it.

Tashena: (What the hell is going on here? I need to get away.)

Tashena: (Trying to push Josh away) Josh, please stop?

Josh: Just relax.

(Josh uses his body weight to move Tashena towards his bedroom.)

Tashena: Where are you taking me?

Josh: I'm taking you to my bedroom.

Tashena: (Frantically trying to get away from Josh) I don't want to go to your bedroom.  
I want to go home.

Josh: Come on, don't be like that.

(Josh manages to move Tashena to his bedroom door and he opens the door.)

Tashena: (Trying to push Josh away from her) can you please stop?

(Josh continues kissing Tashena on the neck and manages to get her into his bedroom and he moves her to the bed.)

Josh: (Whispers in Tashena's ear) I really like you Tashena.

Tashena: (Trying to be calm) Josh, do you know how old I am?

Josh: I don't care how old you are.

Tashena: (Starts crying) Please don't do this?

(Josh continues to kiss Tashena and he starts to force her clothes off.)

Tashena: (Crying louder) Please stop!

Josh: Just relax.

Tashena: (Begins kicking, pushing, and thrashing her head from side to side)

Tashena: (Hysterical) JOSH, STOP!

Josh: (Has an angry tone in his voice.) Tashena, just relax!

Tashena: Josh, you're hurting me. Please stop!

Josh: Oh, Tashena. You're really playing hard to get.



## COMPLEX TRAUMA

Tashena: (Thinking in her head.) Someone please come in and save me. Please! Please!  
Please! Someone help me! (Tashena freezes and tries not to feel anything that  
is happening to her.)

(Time passes by and Josh finally stops and he kisses Tashena on the cheek as he rolls off of  
her. Tashena is still crying and she rubs the kiss off of her cheek. Tashena quickly pulls her  
pyjama bottoms on and gets up to leave.)

Josh: Tashena, keep this between us?

Tashena: (Yells) Fuck you! Stay the hell away from me.

Josh: (Smiling at Tashena) Come on, don't be like that. If you didn't want anything  
to happen why did you come down here?

Tashena: (Tears streaming down her face) I can't believe I just heard you say that.

(Tashena goes upstairs and heads out the door and makes her way home.)

Tashena: (Crying and thinking to herself.) What the hell just happened? Why was I so  
stupid to drink tonight?

Oh, I'm going to die.

What am I going to do?

Who can I tell?

Ouch, it hurts.

(Tashena approaches her house and she can hear loud music and voices coming from her  
house.)

Tashena: (Talking to herself) Crap! This is the last thing I need right now.

(Tashena fixes her hair and wipes the tears away before she enters the house. There is a party  
going on. The house is smoky and it smells like beer.)

Mom: Tashena my girl where have you been?

Tashena: (Holding back tears) I was over at Kiesha's.

Mom: Ok, that is where I thought you were.

(Tashena starts walking towards the bathroom.)

Tashena: I'm going to have a shower.

(Everyone at the table is chatting with one another. Tashena heads to the bathroom.)

## COMPLEX TRAUMA

Tashena: (Begins crying as she runs the water.) Why did this have to happen to me?  
What the hell did I do wrong? I shouldn't have been there, I should have just stayed home.

(Tashena jumps in the shower and is crying hysterically, she scrubs every part of her body and

then sits down in the shower curled up in a ball as the water runs down on her. Someone knocks on the door and startles her, she quickly shuts the shower off.)

(Jericho begins talking to Tashena through the door.)

Jericho: Tashena, are you okay?

Tashena: Yeah, I'm fine.

Jericho: Why are you crying?

Tashena: (Think! Think! Think!) I'm just so tired of Mom's drinking.

Jericho: I know; so am I.

(Tashena gets dressed and opens the bathroom door and her brother is standing there, she smiles at him and heads to her bedroom.)

Jericho: Holy, where did you get those bruises on your arm?

(Tashena looks down at her arm and sees the bruises on her arms.)

Tashena: Oh those, Kiesha, Kiera and I were wrestling and Kiesha pinned my arms down.

Jericho: They look pretty bad.

Tashena: (Trying to giggle) but they don't hurt. I think I'm going to sleep; it's been a long night.

Jericho: (Looks at his sister) Ok. Tashena are you sure you're alright? You look pretty rough.

Tashena: I'm fine, just tired.

(Tashena goes into her bedroom and closes the door behind her; she shuts her phone off as he crawls into bed. She cries herself to sleep.)

(Monday morning)

Mom: Tashena, it's time to get up for school.

Tashena: (Responds with a very hoarse voice.) Mom, I'm not feeling good today, I'm going to stay home.

## COMPLEX TRAUMA

Mom: You sound rough, do you need to go up and see the doctor?

Tashena: No, I'm good. I think I just need to get some rest.

(Tashena stays in bed for most of the day. She finally turns her phone on and there are tons of messages from Kiesha and Kiera asking her where she was and if she was alright.

Tashena turns her phone off again and starts crying.)

Tashena: (Thinking to herself.) What the hell am I going to do? I can't tell Kiesha about what happened; she won't want to be my friend anymore. Why did this have to happen? Why the hell did I have to drink? What did I do wrong? I hate Josh (She begins crying again.)

(A couple hours go by.)

Mom: (Enters Tashena's room) Supper's ready.

Tashena: I'm not hungry.

Mom: Well you have to eat sometime. What's going on?

Tashena: Nothing, I'm just not feeling good. I think I might have the stomach flu. I think I might have to stay home tomorrow as well. I just don't have the energy to do anything.

Mom: Maybe you should go see the doctor tomorrow.

Tashena: I think I just need to try and rest up. I'll go to school on Wednesday.

Mom: Ok, I'll put a plate in the fridge for you. Try to eat something.

Tashena: Thanks Mom.

(Tashena lays in bed for hours and just replays the events of Saturday morning in her head over and over.)

Tashena: (Thinks to herself.) What did I do wrong? Why did this have to happen to me? I trusted Josh. I HATE HIM! I HATE HIM! I HATE HIM! I never want to see him again. (Tashena begins crying again.)

(Wednesday morning.)

Mom: Tashena, are you getting up for school?

Tashena: (Mumbles) I would like to stay home for the rest of my life.

Mom: What did you say?

Tashena: Yeah, I'm getting up.

## COMPLEX TRAUMA

Mom: Okay, your brother left already; he said he had badminton practice early this morning.

Tashena: (Is in the bathroom getting ready and she is thinking to herself.) I hope today goes well and I don't see Josh anywhere. What am I going to say to Kiesha when I see her? I don't know if I can even look at her? (Tears well up in Tashena's eyes.)

(Tashena is ready and heads out the door. To avoid people she may know, she takes a different route to school this morning.)

(Tashena arrives to school 10 minutes late and she quietly enters her English class.)

Mrs. Spence: Tashena, welcome back! I hope you're feeling better.

Tashena: Yeah, I'm feeling a bit better.

Mrs. Spence: Have a seat; were just going over our novel study questions. I assume you have kept up with your readings while you were at home.

Tashena: Umm, I tried, but I'm a bit behind.

(Mrs. Spence shakes her head and smiles. Tashena walks to her table at the back of the room. Kiesha has a big smile on her face and is waving frantically at her. Class goes by in a blur, Tashena struggles to focus. The bell rings to signal morning recess.)

Kiesha: (Runs up to Tashena.) Hi, how are you? I have been so worried about you. Why haven't you returned my text messages? I must have left about a hundred.

Tashena: Hi Kiesha! I'm doing alright. I had my phone off because it was almost dead and I can't remember where I put my charger.

Kiera: (Approaches Tashena) Hey girl! Are you alright? I've been worried about you.

Tashena: (Smiles) Yeah, I'm fine.

Kiera: Are you sure, you don't look like yourself.

Tashena: Yeah, things are good; I think I just had the stomach flu.

Kiesha: We have so much to catch up on. Hey, do you want to come over after school? I want to show you the cool stuff by Mom picked up for me when she was in the city.

Tashena: Sorry I can't go over; I have to head home right after school.

## COMPLEX TRAUMA

- Kiesha: What time did you leave my house the other morning? I woke up and you were gone.
- Tashena: I left after you fell asleep, I couldn't sleep so I just went home.
- Kiera: Man, was I sick the next day; I didn't get home until the afternoon.
- Kiesha: Josh keeps asking me where you are and how you're doing. He seems really worried about you. I think he really likes you.
- Tashena: (Beginning to feel upset.) I told you I was not interested in him and tell Josh to mind his own fricken business.
- Kiesha: Holy! Sorry! I didn't mean to upset you.
- Tashena: Yeah, sorry for snapping at you, I'm just not feeling myself.
- (The bell rings for next class.)
- Tashena: Hey, I'm not feeling good; can you let Ms.Jacobson know that I had to go home?
- Kiesha: Sure, I hope you feel better. Let me know if there's anything I can do. I'm worried about you, you just don't seem yourself.
- Kiera: I can go with you.
- Tashena: (Smiles at Kiesha and Kiera) I'm fine. I will let you know if I need anything.
- (Tashena leaves the school and makes her way home. As she walks across the parking lot she spots Josh walking towards her, she quickly turns around and walks in the opposite direction.)
- Josh: (He yells.) Tashena! Tashena! Stop, I need to talk to you.
- Tashena: (Starts running and thinks to herself.) Get lost! Stay the hell away from me you creep!
- (Tashena is out of breath when she gets home.)
- Tashena: (Thinks to herself as she starts to sob.) Thank goodness Mom isn't home.
- (Tashena heads to her bedroom and just lies in bed. Someone enters the house and Tashena jumps out of bed, she didn't realize she had fallen asleep.)
- Tashena: Who's there?
- (Jericho walks towards her bedroom.)
- Jericho: It's only me sis, are you ok?
- Tashena: Yeah, you just scared me. I didn't realize I fell asleep. What time is it?

## COMPLEX TRAUMA

Jericho: It's 4:30. Wow, you look very scared (he has a worried look on his face.) Are you sure you're alright?

Tashena: I'm fine. Don't worry about it.

Jericho: Where's Mom?

Tashena: I don't know; she wasn't home when I got here.

Jericho: Man, I hope she's not drinking again. I hate it when she drinks.

Tashena: That makes two of us.

(It's getting close to 10:00 p.m. and Tashena gets ready for bed when someone enters the house.)

Tashena: Who's there?

Mom: It's me!

Tashena: (Giggling) Oh, ok. I was just getting ready for bed. Where were you?

Mom: I went to check the mail and then I went to visit your auntie. I didn't realize how late it was. You look very pale, are you alright?

Tashena: Yeah, I'm just really tired. I'm heading off to bed. Goodnight!

Mom: Goodnight.

(Tashena heads to her room and crawls into bed and begins to cry. She thinks back on her childhood and the bad things that happened to her and then she thinks about the incident with Josh. Tashena also thinks back on all the years her Mom has been drinking and all the bad things she has seen.)

Tashena: (Thinking to herself.) Why does my life have to be like this? Why did this have to happen to me? Ahhh! I hate myself for going over to Kiesha's. Am I being punished for something? I need to talk to someone, I feel like I'm going to explode, but who can I trust?

(Tashena cries herself to sleep.)

(It's Thursday morning and Tashena is up and ready for school. She takes the same route as she did the day before. Tashena arrives to school on time and is at her locker getting her books ready for first class when the Mrs.Brady the school counsellor approaches her.)

Mrs. Brady: Hi Tashena! How are you today?

Tashena: I'm feeling much better, just getting ready for first class.

Mrs. Brady: I was wondering if you could come and see me for a bit this morning.



## COMPLEX TRAUMA

Tashena: Is there a problem?

Mrs. Brady: No, I just wanted to chat with you about your classes.

Tashena: Oh, ok. Yeah, I can come and see you.

Mrs. Brady: Ok, I'll let your teacher know and I'll meet you at my office.

Tashena: Ok.

(Tashena heads down the hallway towards Mrs. Brady's office when she meets Kiesha.)

Kiesha: Hey Tashena, how are you feeling today?

Tashena: I'm good.

Kiesha: Where are you off to?

Tashena: Mrs. Brady wants to see me, so I am heading to her office.

Kiesha: Is everything alright.

Tashena: (Thinking to herself.) If only you knew!

Yeah, everything's fine; she wants to talk to me about my courses or something.

Kiesha: Ok, can we chat at lunchtime?

Tashena: Sure. Well I better go, see you when I'm done here.

Kiesha: Sounds good.

(Tashena waits outside Mrs. Brady's office. Mrs. Brady approaches Tashena a couple minutes later. Tashena is worried and wondering what's up.)

Tashena: (Thinking to herself) What the heck would she want? Does she know something?

Mrs. Brady: Sorry, that took me a bit longer than I thought it would.

Tashena: That's alright.

Mrs. Brady: (Opens her office.) Come on in.

(Tashena is sitting in Mrs. Brady's office and there is a file on her desk.)

Mrs. Brady: I was wondering if everything was alright with you.

Tashena: Yeah, everything's good.

Mrs. Brady: You know that if you ever need anyone to talk to I'm here.

Tashena: Yes, I know.

Mrs. Brady: Is everything going alright at home.

Tashena: Yeah, things are going good.



## COMPLEX TRAUMA

Mrs. Brady: Tashena, I was just going through your school file because one of the teachers is concerned about you.

Tashena: Well why wouldn't they talk to me about that? I think I know which teacher it is too.

Mrs. Brady: It's Ms. Jacobson, she's worried about you. She says you're a very bright girl, but your grades are really slipping. When I looked through your file I noticed that you were held back two years ago because of attendance and it looks like you are barely passing a number of your classes. A lot of the teacher comments on your report cards say you got distracted easily and missed a lot of school which affected your mark. Are you sure everything is fine?

Tashena: (Feeling angry) I could have guessed it was her. Why wouldn't she just come and talk to me about her concerns?

Yes, I have trouble focusing and I have trouble with my schoolwork, but that doesn't mean anything is wrong.

Mrs. Brady: She came to me because she thought you would respond better to me.

Tashena: I'm doing the best I can. I'm studying, but have trouble remembering what I read and then when I take my tests my mind just goes blank. I don't only have that problem in her class, it's a problem I have always had.

Mrs. Brady: That's so common. I just want you to know that if you ever need anyone to talk to I'm here, just come and see me.

Tashena: Ok.

(Tashena leaves Mrs. Brady's room and heads back to class. She is very upset about the meeting.)

Tashena: (Thinking to herself.) Damn Ms. Jacobson, why the hell is she trying to cause trouble?

(There is only 15 minutes until break time, so Tashena heads to the bathroom and gets ready for her next class.)

(Tashena heads to English class and Kiesha catches up to her.)

Kiesha: Hey, how did your meeting go?

Tashena: It went alright; she just wanted to talk to me about my grades and attendance.

Kiesha: Tashena, are we good?

## COMPLEX TRAUMA

Tashena: Of course we're. Why would you ask that?

Kiesha: I just feel like you're avoiding me; you haven't answered any of my text messages and you have not been here for most of the week.

Tashena: I've not been feeling good this week and like I told you before, my phone has been off because I still can't find my darn charger.

Kiesha: Tashena, you would let me know if I did anything to you, right?

Tashena: You haven't done anything to me, don't worry about it.

(The bell rings and the girls head to English class.)

Mrs. Spence: Tashena, welcome back, it's great to see you. How are you feeling?

Tashena: I'm feeling much better. I'm sorry I have been away for most of the week; I'll catch up on my homework.

Mrs. Spence: Come see me after class and I'll show you what we worked on when you were away.

Tashena: Ok.

(Class ends and the lunch bell rings, Tashena goes to Mrs. Spence's desk to get her homework.)

Mrs. Spence: Hey, I'm sorry Tashena I forgot I had a lunch meeting today. Can you please come by after school?

Tashena: Yeah sure, not a problem. See you after school.

(Tashena leaves class and Kiesha and Kiera are waiting outside for her. They walk to the lunch room together.)

Kiesha: Aren't you going to eat?

Tashena: No, I'm not hungry.

Kiesha: You should at least eat a bit, you are very pale and you have really lost weight.

Tashena: I'll grab some fruit on our way out. I just don't want to eat right now.

Kiesha: Ok, if you want I can share my lunch with you.

Kiera: I've got tons here too. Help yourself.

Tashena: (Smiles) Thanks girls, but I'm fine right now.

(Kiesha has to head to her next class a bit early so Tashena and Kiera walk together to class.)

## COMPLEX TRAUMA

Kiera: Hey my friend. I'm really worried about you. You have not been the same since the party at Kiesha's. Did something happen there?

Tashena: (Tashena fights back tears as she recalls the events that occurred that night)  
I'm fine; I just don't want to talk about it.

Kiera: You know I'm here for you if you need me.

Tashena: Yes, thank you. Let's head to class before we get in trouble.

Kiera: Just remember I'm here for you.

Tashena: (Smiles and nods at Kiera)

(The day goes by in a blur. The school bell rings again to signal the end of the day. Tashena heads to Mrs. Spence's room to get homework.)

Tashena: (Smiling) Hello Mrs. Spence, I'm here to get my homework.

Mrs. Spence: (Smiles back at Tashena) Hi Tashena, come on in. I'm just getting these tests put aside and I'll be with you.

Tashena: (Sits down at a table) Not a rush.

(Mrs. Spence gathers papers and puts them in a box and then looks at Tashena and smiles.)

Mrs. Spence: Ok, here we are (Hands Tashena an envelope). I wrote down the pages you need to read and I have included all the unit questions.

Tashena: Thank-you Mrs. Spence. I will start working on these tonight.

Mrs. Spence: If you can have them in to me by Monday that would be great.

Tashena: (Smiling) I'll do that.

Mrs. Spence: Tashena, are you alright? You're very pale and you just don't seem yourself these last few days.

Tashena: (Fights back tears.) I'm fine Mrs. Spence. I'm not feeling very good, I think I'm fighting a bug.

Mrs. Spence: You know Tashena; if you ever need anyone to talk to I'm here.

Tashena: Thank-you Mrs. Spence, I really appreciate it. You are such a great teacher.

Mrs. Spence: Have a great evening Tashena, see you tomorrow.

Tashena: Have a great evening as well.

(Tashena leaves Mrs. Spence's classroom and tears well up in her eyes. She makes her way home and manages to avoid meeting anyone she knows.)

Tashena: (Enters the house.) Hello!

## COMPLEX TRAUMA

Mom: Hi Tashena, where have you been?

Tashena: I had to get some homework from Mrs. Spence. She's giving me until Monday to catch up.

Mom: Are you really behind?

Tashena: Not too bad. I'll start catching up on work tonight.

Mom: Supper's going to be ready soon.

Tashena: Ok, I'm heading to my room to get started on my schoolwork.

Mom: I'll call you when it's done.

(Tashena heads to her room and gets her books out. There is a knock on her door and Kiesha walks in.)

Kiesha: Hey, can I come in?

Tashena: (Sits up.) Of course, come in. What's up?

Kiesha: (Sits on the edge of the bed.) I'm worried about you. What's going on? I know there's something wrong, we've been best friends since we were in Kindergarten.

Tashena: I'm fine; there's no need to worry. I'm just not feeling too great; I may be getting the flu or something.

Mom: (Pops her head in the door.) Supper's ready. Kiesha would you like to stay for supper?

Kiesha: Hi Joyce, thanks but I've already eaten.

Mom: (Giggling) Ok, more moose steak for me!

Kiesha: Mmmm! That sounds really good, but I'm so full. Well I better get going; I'll let you get to your supper. Tashena can you call me later?

Tashena: Oh Crap! Thanks for reminding me, I have to look for my charger because my phone is completely dead. Mom, have you seen my charger anywhere?

Mom: There's a cord on top the fridge that may be it.

Tashena: Ok, I'll check it out.

Kiesha: (Looks at Tashena.) make sure you call me later.

Tashena: I will.

Jericho: See you later Kiesha!

(Kiesha waves at everyone as she leaves the house. Tashena, her Mom, James and Jericho sit

## COMPLEX TRAUMA

down to eat supper.)

Later on that evening ...

Tashena: I'm off to bed, goodnight!

Mom: Goodnight, did you get lots of homework done tonight?

Tashena: I got a bit done; I'll finish the rest this weekend.

James: Goodnight Tashena!

Jericho: Goodnight sis, I think I'm going to get to bed too.

(Tashena goes to her bedroom and closes the door behind her and crawls into bed.)

Tashena: (Thinking to herself.) I think I'm going to go crazy. I can't stop thinking about last weekend. What could I have done differently? Why did I have to drink? Why did this have to happen to me? Oh, no what if Josh has a disease, did he even use protection? Oh, no! What if I'm pregnant? What am I going to do? I really need to talk to someone (Tashena begins crying and eventually falls asleep.)

Friday morning ...

Mom: (Talks to Tashena through the door.) Tashena, are you up?

Tashena: Yeah, I am almost ready.

Mom: Ok, because it's 8:30.

Tashena: I'll be out the door in a couple minutes.

(Tashena heads to the porch to get her shoes and jacket on.)

Mom: Tashena, are you alright?

Tashena: Yeah, why?

Mom: Your eyes are so puffy; it looks like you cried all night.

Tashena: I know; I had a rough sleep last night. Well, I'm gone, see you later.

Mom: Have a good day.

(Tashena walks to school and all the way she is thinking about what to do.)

Tashena: (Thinking to herself.) Who can I trust? I need to talk to someone? I'm going to go crazy. I can't let Kiesha know because it will ruin our friendship. Kiera is also a great friend, but I don't know her very well. I can't talk to my Mom because she probably wouldn't believe me and she would blame me anyway.

## COMPLEX TRAUMA

I sure as heck am not going to talk to Mrs. Brady and Ms. Jacobson because I don't trust them.

(Tashena arrives at school a few minutes before the bell rings. She heads to her locker and puts her books away and gets ready for first class.)

Kiesha: Tashena! How are you?

Tashena: I'm good, just getting ready for class.

Kiera: Good morning girls!

(The girls smile at Kiera)

Tashena: Good morning Kiera.

Kiesha: Hey, do you girls have plans this weekend?

Tashena: Yeah, I have tons of homework to catch up on.

Kiera: I am probably going to visit my granny and papa.

Kiesha: I was going to see if you could sleep over and we could watch movies again.

Tashena: Yeah, this weekend won't work; I just have too much homework to catch up on.

Kiera: That sounds like fun; I'll let you know later on.

Kiesha: Cool, Kiera make sure you text me so I can give my parents heads up.

Tashena I wish you could sleep over, maybe next weekend.

Tashena: (Thinking to herself.) Maybe never!

(Tashena smiles at Kiesha as they head to first class. The day goes by in a blur. Tashena is distracted by her thoughts. The bell rings at the end of the day and Tashena makes her way to her locker while all the other kids rush out of the school. She passes Mrs. Spence's room and sees that she is alone, so she knocks on the door.)

Mrs. Spence: Tashena, how are you? Come on in.

(Tashena closes the door behind her as she enters the room.)

Tashena: (She begins crying) Mrs. Spence, I really need someone to talk to.

Mrs. Spence: (Has a concerned look on her face) Oh, my! Come over here. What's going on?

Tashena: I really need to talk to someone I can trust.

Mrs. Spence: You can trust me, I'll help you any way I can.

Tashena: (Begins to sob) I, I, I.

## COMPLEX TRAUMA

Mrs. Spence: (Hands Tashena a tissue) Just take your time Tashena.

(Ten minutes go by and Tashena begins to settle a bit.)

Tashena: Something bad has happened and I need to tell someone before I go crazy.

Mrs. Spence: What has happened?

Tashena: (Begins sobbing again) something really bad has happened.

Mrs. Spence: Like I said, take your time. I'm here for you.

(Tashena finally settles down and starts telling her story about the incident with Josh, she then continues to tell Mrs. Spence about the incidences of sexual abuse she endured when she was a child and how she is being affected. Tashena breaks down crying numerous times.)

Mrs. Spence: (Hugs Tashena) Tashena, you are a very brave girl and thank you for trusting me. I want you to know that you did nothing wrong in any of these situations.

Tashena: Why do I feel like I did something wrong? I don't even want to be around my friends, I just want to be alone.

Mrs. Spence: Tashena, victims of sexual abuse and rape often blame themselves for what has happened to them, but the truth is that it's not their fault. No means no! Isolating yourself from your friends is also a normal reaction, but right now you need tons of support and your support circle may be your friends.

Tashena: I'm not sure about that, Kiesha is Josh's sister and she is my best friend. I was also drinking that night Josh attacked me and if I wasn't this probably wouldn't have happened.

Mrs. Spence: Like I said earlier, no means no. Josh had no right to hurt you like that.

Tashena: What do I do now?

Mrs. Spence: Well, I think that you need to do the right thing and report these incidences to the authorities.

Tashena: (Begins crying) No! I can't do that. Everyone will be angry with me. Kiesha won't want to be my friend and my auntie and uncle will hate me and my Mom will think that I am making these stories up.

Mrs. Spence: I know it's very scary, but you need to do the right thing.

Tashena: What if the right thing is to keep quiet?



## COMPLEX TRAUMA

Mrs. Spence: That is never the right thing, you need to deal with this or you will make yourself sick from thinking about it all the time. We can start by talking to your Mom. How does that sound?

Tashena: I'm scared!

Mrs. Spence: I'll be with you, don't worry about it.

(Tashena and Mrs. Spence drive to Tashena's house to talk to her Mom about the incidences.

Tashena enters the house first.)

Tashena: Mom, are you home?

Mom: Yeah, what's up?

Mrs. Spence: Hello Joyce, I'm Mrs. Spence, Tashena's English teacher.

Mom: Is something wrong?

Mrs. Spence: Tashena is doing fine in class, but I'm not here to talk to you about that.

Tashena: (Begins crying) Mom, something bad has happened and I really needed someone to talk to, so I went to see Mrs. Spence and that is why she is here.

Mom: (Looking angry) What the hell is going on?

(Tashena is crying and she tells her Mom what she told Mrs. Spence. Tashena's Mom has a shocked look on her face.)

Tashena: Mom, please don't be mad at me.

Mom: Why didn't you tell me any of this?

Tashena: Mom, you have been drinking so much and I was scared to tell you. I thought you would get mad at me.

Mom: (Begins crying) I'm sorry my girl.

(Tashena starts crying and hugs her Mom. After a couple minutes they let go of each other.)

Mom: What are we going to do about this?

Mrs. Spence: I suggested to Tashena that we go and report these incidences to the authorities so they can be dealt with.

Tashena: I'm scared. What are people going to think? What about auntie, she's going to be so mad about this.

Mom: Don't worry about that, right now we need to do the right thing.

Mrs. Spence: I will drive you up to the detachment and you can file a complaint and give a statement.

## COMPLEX TRAUMA

Tashena: What's a statement?

Mrs. Spence: That's when you tell the constable everything you told me and your Mom.  
They will ask you questions and write down everything you say.

Tashena: What about Kiesha?

Mrs. Spence: Tashena, you need to do the right thing.

(Tashena, her Mom and Mrs. Spence go up to the detachment to give a statement. After a couple hours, they leave the detachment)

Mrs. Spence: How are you doing Tashena?

Tashena: (Her eyes are swollen) I'm very tired.

Mom: The constable said you need to go up to the hospital to get checked, so I think we should go up to the hospital and do that and then they can run some tests.

Tashena: What kinds of tests are they going to run?

Mrs. Spence: They will give you a pregnancy test and then check you for sexually transmitted diseases. These are all things that need to be done to make sure you're safe.

Tashena: Gross! I don't want to do this. Why does this have to be complicated?

Mrs. Spence: I think it's a good idea to get checked over. It's for your own safety.

Tashena: Mrs. Spence, are you going to come with us?

Mrs. Spence: Only if you want me to.

Tashena: I would like it if you were there.

Mrs. Spence: Let's get going then.

(They head up to the hospital so Tashena can get checked over. They leave the hospital a couple hours later.)

Tashena: That was awful. I'm very tired, can we go home now?

Mom: We are going home right now.

Mrs. Spence: It has been a very exhausting day for you Tashena.

(Mrs. Spence drops Tashena and her Mom off at home. She gives Tashena a piece of paper.)

Mrs. Spence: Here is my number, if you need to talk just give me a call; it doesn't matter what time it is.

Tashena: (Crying) Mrs. Spence, thank you for everything.

Mrs. Spence: Take care of yourself. I will stop by tomorrow to check on you.

## COMPLEX TRAUMA

Tashena: Thank you.

(Tashena watches Mrs. Spence drive away. She then heads into the house.)

Tashena: Mom, I don't want Jericho to know about this right now. I just don't want to talk about it anymore tonight.

Mom: Ok, I won't say anything. Would you like something to eat?

Tashena: No, I don't feel hungry right now. I just need to lie down.

(Tashena goes to her room and lies down, she quickly falls asleep. She is awoken by a nightmare and can't go back to sleep. She checks the time and its 7:00 a.m. and she can smell fresh coffee. She gets out of bed and makes her way to the kitchen.)

Tashena: Good morning!

Mom: Good morning, how are you today?

Tashena: I'm fine, I still feel tired, but I can't sleep anymore.

Mom: What are your plans today?

Tashena: I am just going to stay home; I don't want to see anyone.

Mom: I think the constable said she would come by the house today.

Tashena: She did say she would stop by today. I think I'm going to go watch a movie.

(Tashena heads to her room and puts a movie in; she lays on her bed and recaps the events that occurred the night before. Her phone buzzes and it startles her.)

Tashena: (Checks her phone and there's a message from Kiesha asking what the heck was going on because the cops were at her house and she heard Tashena's name being mentioned. Tashena turned her phone off.)

(A couple hours went by and there was a knock at the door. Tashena could hear Mrs. Spence's voice coming from the kitchen. Tashena got out of bed and made her way to the kitchen.)

Tashena: Hi, Mrs. Spence.

Mrs. Spence: Hi Tashena, how are you doing today?

Tashena: I guess I'm fine.

Mom: (Looking at Mrs. Spence) Have a seat. Would you like some coffee?

Mrs. Spence: (She sits down) I would love some coffee. Tashena, I want you to know that what has happened to you is not your fault. Sometimes things happen and we can't explain why they happen. I want you to know that you have support.

## COMPLEX TRAUMA

Tashena: (Tears well up in her eyes) Thank you. I'm just so confused about everything. I keep asking myself if I did the right thing by going to the police.

Mrs. Spence: Of course you did the right thing.

Mom: Tashena, no matter what happens I want you to know that we are behind you.

Tashena: (Tashena starts crying) Mom, I'm scared. What's going to happen now? What are people going to think about me when they find out what's going on?

Mom: (Starts crying) I should have been a better Mom to you; maybe this wouldn't have happened.

Tashena: Mom, it's not your fault.

(Tashena and her Mom hold one another as they cry.)

Mrs. Spence: Everything is going to be fine.

Tashena: (Wipes her tears) I hope so. I got a text for Kiesha wondering what the heck was going on, she said the cops went to see her brother and she heard my name being mentioned.

Mrs. Spence: Let's just focus on you getting through this. You have been through a lot and I am sure you have a million things going through your head right now.

Tashena: I'm so confused. My head is so busy and I feel like screaming.

Mrs. Spence: That's a normal reaction. Would you like to go for a walk or a drive?

Tashena: I don't want to see anyone, so a walk is out of the question. A drive would be nice; can we go to the docks? Not too many people go there, I usually go there when things are bothering me and I need to think.

Mrs. Spence: Yeah, sure we can do that. Joyce is it alright with you?

Mom: Yes, that's fine with me.

(Tashena gets her jacket on and she and Mrs. Spence head to the car. The drive is quiet.

They pull up to the docks and nobody is around. Tashena goes and sits at the edge of the dock and she watches the loons on the lake.)

Mrs. Spence: Aren't they beautiful birds?

Tashena: Yes, I love listening to their calls.

(Mrs. Spence sits next to Tashena and they both watch the birds.)

Mrs. Spence: Tashena, you're a very strong girl for asking for help and doing what is right.

Tashena: Why does it feel so wrong?

## COMPLEX TRAUMA

Mrs. Spence: You have spent many years keeping some of this stuff a secret because you thought it was your fault. It's hard to keep a secret like that for so long, it starts to consume your thoughts and you have a hard time trusting people and feeling safe. You also have a hard time staying focused on schoolwork and remembering things.

Tashena: That's exactly what's been going on. I have always had such a hard time with my schoolwork. How do you know all of this stuff?

Mrs. Spence: I have a counselling background which has helped me better understand what students deal with in their lives. I learned a lot about complex trauma and how it affects a person.

Tashena: Do you think I have complex trauma?

Mrs. Spence: I think so. What you dealt with in your childhood and are dealing with now is trauma; you have experienced a lot of not so nice things in your young life. You have been carrying tons of baggage for a long time. Now it's time to heal.

Tashena: How do I do that?

Mrs. Spence: I would suggest you talk to a counsellor, someone who can give you strategies on how to deal with some of the emotions you have been dealing with.

Tashena: I'm not going to see Mrs. Brady, I don't trust her.

Mrs. Spence: Who you see is entirely up to you. It's important that you feel safe and have a good connection with the person you decide to go see.

Tashena: Can't I just talk to you?

Mrs. Spence: Of course you can talk to me. I would love to be a support for you.

Tashena: I would really appreciate that.

Mrs. Spence: Things may get a bit rough in this next while. You will have to talk about all the incidences that have happened to you and some of the questions may be very uncomfortable. All you need to do is tell the truth.

Tashena: I'm scared! I don't want to hurt anyone.

Mrs. Spence: Tashena, you have taken a very big step, you're very brave. You have nothing to be scared of. At first people may seem angry and upset, but after some time they will know you did the right thing.



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Tashena: (Hugs Mrs. Spence) Thank you for everything you have done. I don't know what I would have done if you weren't here.

Six months later.

(A new school year has started. Tashena is at her locker putting her books away.)

Kiera: Tashena, how's it going? I didn't see you much over the summer. I've been worried about you.

Tashena: I'm doing much better. The summer was a bit tough, but I got through it. How are you?

Kiera: I'm good. Hey, I just wanted to let you know that I'm here for you if you need me. You're a very strong girl for standing up for what was right, that crap happens to so many girls and they don't say anything.

Tashena: I really appreciate your support. For such a long time I blamed myself for what happened to me, I was so scared to say anything to anyone because I was worried about what people would think about me.

Kiera: You realize that what happened to you was not your fault.

Tashena: Yeah I know. I finally stopped blaming myself for things that have happened to me and am learning to use my experiences as a tool to become a stronger person and to help others.

Kiera: You are well on your way; I really admire the strength you have.

Tashena: Thank you. The journey has been a long one and I still have so much to learn.

Kiera: Hey, have you had any contact with Kiesha?

Tashena: A bit, she was very upset with me for not telling her what happened that night at her house. It's going to take a while to build our friendship up to what it used to be and I'm not even sure if that's possible.

Kiera: Well I hope you two are able to work things out.

Tashena: (Smiles) Yeah, that would be nice.

(The bell for first class rings. The girls head down the hallway.)

Kiera: (Pats Tashena on the shoulder and smiles.) Just remember that I'm here if you need me.

Tashena: (Smiles) Thank-you Kiera.

The End!

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Services available to complex trauma survivors:

<b>Victim Services</b>	<b>Whitehorse, YT</b>	<b>1-867-667-8500</b>  <b>Toll free: 1-800-661-0408</b> <b>(ext. 8500)</b>
<b>Kids Help Phone</b>		1-800-668-6868
<b>Family and Child Services</b>	<b>Whitehorse, YT</b>	1-800-667-3002  Toll free: 1-800-661-0408 (ext. 3002)
<b>Child Abuse Treatment Services (CATS)</b>	415 Baxter Street  Whitehorse, YT	1-867-667-8227  Toll free: 1-800-661-0408 (ext. 8227)
<b>Victim LINK Services</b>		Text: 1-604-836-6381  Toll free: 1-800-563-0808
<b>Many Rivers</b>	<b>Whitehorse, YT</b>	1-867-667-2970
<b>Bringing Youth Towards Equality (BYTE)</b>	<b>Whitehorse, YT</b>	1-867-667-7975
<b>Al-Anon or Alateen</b>	<b>Whitehorse, YT</b>	1-867-667-7142
<b>Canadian Association of Sexual Assault Centres</b>	<b>Whitehorse, YT</b>	1-800-661-0408
<b>Police</b>	<b>Whitehorse, YT</b>	911 or dial the exchange for your community + 5555 (e.g., 390-5555)



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### Summary

Based on the extant literature and my own research, there is an abundance of information available that supports the idea that a graphic novel was a good tool in attracting and engaging adolescent readers. A graphic novel is effective in delivering messages to the adolescent population in a non-intrusive manner that may consist of sensitive topics. The character provides readers with realistic stories of turmoil, survival, and personal empowerment with which readers may connect. The audience will learn about the negative impact adverse experiences have on life and learning and how such experiences can be dealt with in a safe and healthy manner. The story will provide hope for trauma survivors who feel that nobody understand what they are going through.

The feedback obtained from colleagues regarding the graphic novel dialogue was valuable and provided me with the opportunity to know on which areas I needed to reflect and revise. The process was very time consuming, but, in the end, the feedback provided assisted in strengthening the project.

The feedback obtained from the students was also valuable because ultimately they are the target audience. I enjoyed sitting in the classroom and presenting my project to them because they were engaged and interacted with one another and provided valuable feedback regarding the importance of addressing such a sensitive topic, the feedback assisted me in improving the content of the graphic novel. I appreciated the honesty and the curiosity the students had about the topic, some students were also able to make connections regarding the impact

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trauma has on student behaviours that include bullying. The class only consisted of nine students and I found the small class size contributed to great conversations.

## CHAPTER 5: REFLECTION

I enrolled in the Master of Education in Special Education program because I wanted to further my knowledge and skills in the area of Special Education as I am a Special Education teacher and a teacher leader. I am a huge supporter of on-going education because research is continuously evolving and there always seems to be something new to learn. I was also aware of the fact that my classmates were in similar fields that I was in and the knowledge I would gain from them would be abundant and invaluable. After enrolling in the Master of Education program in January 2011, I did not know what to expect or on what topic I wanted to focus my attention, or what exit route I would pursue; I just knew that the educational journey I was going to embark on was going to be time intensive, but I was up for the challenge.

The topic of complex trauma and brain development and the negative impact complex trauma has on educational achievement came to light when my supervisor and the Master of Education in Special Education Coordinator, Dr. Andrew Kitchenham, encouraged the class to focus on a topic that interested each student. I knew I wanted to explore further the topic of trauma and the negative impact it had on learning, but was unaware that there were a few categories of trauma from which I could select. Through the guidance of Dr. Kitchenham, I was able to secure an area of interest which was complex trauma because I felt the topic was important and I wanted to learn about how trauma negatively impacted learning. Each course I was enrolled in allowed me to incorporate the topic of complex trauma which

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provided me with the opportunity to gain valuable knowledge and familiarize myself with researchers that included van der Kolk, Perry, Rothschild, Courtois, and Ford.

I selected the project exit route because I felt that, in the end, I would create a valuable tool that could be used in schools that was geared towards the adolescent population. The graphic novel process was a wonderful experience that provided me with an opportunity to role play as I took the form of each character as I wrote the dialogue. I was able to envision everything that was going on in the dialogue and feel what each character was going through. The process provided great insight on the importance of sharing information on such a sensitive topic because, in some cultures, such topics are never discussed and if the topic does surface, it is quickly swept under the carpet. Individuals go through life feeling shame and confusion and often turn to engaging in high-risk activities that numb them from feeling and, in some instances, individuals commit suicide.

My goal has always been to be a good role model to my children, to instill good values in them, teach them to be upstanding citizens in society. I also wanted my children to see that it did not matter how old an individual was, educational advancement could be achieved at any age. Although during my educational journey, there were instances where I wondered what I got myself into because I seemed to be constantly racing against time, but my family stood by me and supported me through everything. I had to quickly learn how to manage my time effectively in order to keep up with working full-time, keeping on top of assigned readings, completing assignments, conducting research, maintaining a household, accompanying my children to team sporting events, and ensuring I was available for my

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children when they needed me. I was sleep deprived for the duration of the program, but managed to keep my sanity.

The project process was therapeutic and provided me with better insight and understanding on the topic of complex trauma. As a trauma survivor, I gained valuable knowledge about how trauma negatively impacts brain development and interferes with learning. Through the research I conducted, I feel I am a more effective advocate for students whom I feel are impacted by trauma and struggle with academics and behaviours and come from homes that face challenges. Through my research, I also realized that there are few resources for adolescents and parents on the topic of complex trauma. I gained a lot of skills and knowledge from my peers and educators and am thankful I had the opportunity to enrol in the first online Special Education cohort offered through the University of Northern British Columbia.

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**Appendix A – Student Questionnaire**

Date: \_\_\_\_\_

**Student Questionnaire**

**Complex Trauma:** is a type of trauma that occurs repeatedly and can increase over time. It is the result of an individual being exposed to traumatic events that include physical or sexual abuse and violence. Complex trauma can also develop as a result of war, captivity, uprooting, refugeeeness, human trafficking, and chronic illness that requires intensive and frequent painful medical intervention.

**Some effects of complex trauma include:**

- Changes in behaviour: withdrawn, irritable, angry outbursts and/or aggression.
- Changes in academic performance: trouble with attention and/or concentration.
- Absenteeism
- Increase in impulsivity, risk-taking behaviour.
- Anxiety, fear and worry about safety of self and others
- Issues of trust and perceptions of others.
- Over – or under – reacting to noise or movement.
- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day).
- Hyper arousal (e.g., sleep disturbances, tendency to be easily startled).
- Avoidance behaviour (e.g., resisting going to places that remind them of the event).
- Emotional numbing (e.g., seeming to have no feeling about the event).

Do you think complex trauma is an important topic to learn about in high school? Why?

Do you think a graphic novel about complex trauma that is geared towards youth would be a valuable resource? Why?

**Thank-you for your participation**

