

Recognising and Responding to Complex Trauma

Tanya is a 36 year old single mother. She lives with her two daughters, Summer 16 and Britany 9 in Coolangatta, a major regional coastal town, having moved there from Brisbane when she was pregnant with Summer.

She is the family's sole carer and breadwinner. She doesn't know Summer's father, and describes Britany's father Sean as a no hoper.

The family has been attending your clinic since Summer was a baby. While you've not treated Tanya before, you have seen the girls – though it has been so long that you struggle to recall what they look like.

Tanya is known to the reception staff, mainly due to her reputation for being demanding and challenging. She rarely makes an appointment and often presents with a sense of urgency, of needing to be seen "right now" by the doctor of her choice, and today is no exception.

The staff can often be found in the tearoom after one of her outbursts. Recently you overheard one of your staff, whose son attends the same school as Britany, sharing her concerns about Tanya's parenting after having seen Tanya and Sean at the local hotel on a number of occasions in what appeared to be long and loud drinking sessions.

On entering your room she appears agitated.

A moderately overweight woman, she looks older than her years, and today smells of tobacco. She has some old and new scars on her legs that look as though she has been picking at herself.

A review of her file shows her presentations have been ad hoc and erratic, mostly for non-specific aches and pains, headaches, recurrent gastrointestinal tract issues, difficulty sleeping, chronic lethargy and anxiety symptoms. She has been prescribed Xanax, normison, prozac and antihypertensives, although compliance is questionable. The notes indicate Tanya admits to using Panadeine Forte regularly.

There is also reference to a query against chronic fatigue from several years ago and a further query, made only a couple of weeks ago, against alcohol abuse. Tanya's blood pressure is usually high, and her weight has fluctuated significantly over the last fifteen years. You also note numerous requests for medical certificates, often requested in retrospect.

You ask how you can help her today. Tanya tells you that her boss has just told her she has used all of her sick leave and in future any time off will be unpaid. She accuses her boss of not understanding and explains that without an income she'll struggle to pay the rent.

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This is a de-identified vignette.

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"I do my best by my kids. I've worked at that shop off and on for 15 years and this is the thanks I get. It's not my fault I got chronic fatigue and you guys haven't been able to cure me so I figure you're gonna have to help me ... I need you to call my boss and explain?"

She goes on to tell you that Summer has recently dropped out of school and is threatening to move in with her boyfriend. "If I have to move somewhere smaller and cheaper, she'll be off and I just couldn't stand that," she says.

At this point Tanya becomes teary – she looks forlorn and distant. With prompting – she shares that she too moved out at 16 and ended up couch surfing/living on the streets for four years, which was when she became pregnant with Summer. "I don't want what happened to me to happen to her, but I don't know what to say or do to stop her. Me girls are all I've got. I love them, they're my family, you know. I ain't got nobody else."

She quickly reclaims her defiant mood and without warning hits your desk loudly with the back of her hand " ... I feel like I'm gonna bust out. I can't stand this any longer. Someone's gonna pay"

Did you know...

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