

## The Charity

TAG is a Registered Charity (No 1108733) and its charitable aims are:

**“The advancement of education in the field of trauma and abuse recovery by the provision of training for therapists and the collation and dissemination of relevant information and research to professionals, volunteers and those recovering from such trauma and abuse.”**

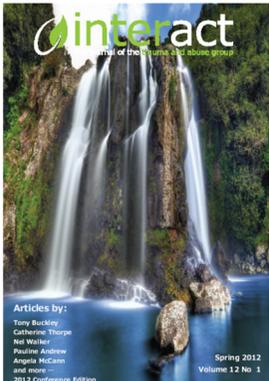
There is a committee of usually around six Trustees who manage the work of TAG. Further information about them can be found on the website at:

[www.tag-uk.net](http://www.tag-uk.net)

## Activities

- Publishes the journal **interact**
- Distributes training information regularly
- Maintains a website at [www.tag-uk.net](http://www.tag-uk.net) with a wealth of information about dissociation, ritual and extreme abuse, attachment and trauma
- Organises training days and workshops
- Can provide information and networking

## TAG's Journal — interact



**interact** contains a range of articles on the subject of attachment, trauma, abuse and dissociation. The broad readership is catered for by a range of articles suitable for all levels of interest and involvement. For more information or to purchase previous editions please go to the website.

## Membership

Membership of TAG runs from 1 April to 31 March:

- includes copies of **interact** and regular e-news
- confers discounts at TAG training events
- is open to therapists, counsellors, healthcare professionals, pastoral workers, survivors and all of their professional or non-professional allies
- details of how to join and a membership form can be found on the TAG website.

## Interest areas

- DID and other complex dissociative disorders
- Post-traumatic stress and complex PTSD
- Issues of attachment, separation and loss
- Sexual and ritual abuse
- Self-harm
- Effective therapeutic methods
- Working with other agencies
- Supervision issues & promotion of good practice
- Study days, workshops and training courses
- Information, education and awareness raising
- Training for churches & voluntary organisations
- Information for counsellors, therapists, survivors and their supporters
- Spiritual aspects of recovery

## Contact us

**post:** TAG, 11 Prospect Place  
SWINDON, SN1 3LQ

**email:** [chairman@tag-uk.net](mailto:chairman@tag-uk.net)  
[membershipsec@tag-uk.net](mailto:membershipsec@tag-uk.net)  
[editor@tag-uk.net](mailto:editor@tag-uk.net)

**web:** [www.tag-uk.net](http://www.tag-uk.net)



**tag** promotes education and raises awareness in the fields of **attachment, dissociation, trauma and abuse recovery**



**“Increasing numbers of people are presenting to counsellors, churches and voluntary organisations with unresolved trauma from early life abuse or events.”**  
Mike Fisher

## Disruptive Attachment

Attachment theory originated in the work of John Bowlby and has been developed by Mary Ainsworth, Mary Main and numerous other researchers and neuroscientists who have added to our understanding of our innate need for attachment.

If as infants and children we do not receive connectedness and attachment from our main caregiver our mental, physical and emotional growth and development may be impaired. Our immune system and the natural development of our brain can also be affected.

A child who has a caregiver who is frightening or frightened is likely to develop a disorganised attachment pattern which is highly likely to impact any future relationships, not least therapeutic relationships.

Neglect, abandonment, abuse and trauma, including repeated medical interventions, may disrupt a child's capacity to securely attach and lead to difficulties with coping, as well as processing trauma and abuse later in life.

An understanding of attachment theory, along with an understanding of the neurobiological impact of trauma and abuse on growing children, are essential for working positively with complex dissociative disorders, and in particular with Dissociative Identity Disorder (DID).

## Complex Trauma

**Complex trauma is trauma that occurs repeatedly, cumulatively and perhaps even increases over time.**

**This can be seen in sexual, physical and emotional abuse, particularly in organised settings, such as paedophile rings.**

**It can also occur as a result of war, trafficking, or repeated traumatic medical interventions.**

**Effects of complex trauma may include:**

- **Difficulty with emotions**
- **Dissociation**
- **Addictions**
- **Difficulty in trusting, forming and maintaining relationships**
- **Somatic (body) pain that has a psychological rather than a physical source**

**Survivors of complex trauma often repeat strategies they used in early life to try and survive, including hyper vigilance, avoidance, dissociation and numbing, such as in post traumatic stress disorder.**

**Therapeutic relationships may prove challenging due to difficulties with disrupted attachment and trust.**

## Dissociative Disorders

There are a wide variety of dissociative symptoms and disorders that may result from complex trauma and disrupted attachment. Dissociation occurs when there is a disconnection from ourselves; not knowing who, where, how we are.

**Amnesia:** inability to remember personal information or incidents that happened at a specific time.

**Depersonalisation:** feeling that your body is unreal or seeing yourself as if watching a movie

**Derealisation:** The world around seems unreal; objects may change in shape, size or colour

**Identity confusion:** not knowing who you are

**Identity alteration:** changing between personas, behaviours and postures

Survivors of complex trauma and trauma perpetrated in a cult, ritual setting or paedophile ring may develop Dissociative Identity Disorder .

DID is neither a psychosis nor personality disorder, but a survival mechanism for coping with overwhelming and chronic childhood trauma.

Denial, disbelief and misdiagnosis all mitigate against survivors receiving the appropriate help they need.

Full recovery is possible and prognosis for Dissociative Disorders is positive given the right treatment.

But without sufficient understanding and awareness healthcare professionals, counsellors, therapists, and other supporters may be a part of the problem rather than key to the solution.

Long term individual psychotherapy is generally held to be the treatment of choice utilising the three stage model of recovery.

Successful treatment is dependent more on the relationship between client and counsellor than the model of therapy adopted.