research in practice

Frontline Briefing

Support around children who have experienced developmental trauma

Dartington Trust

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Introduction

> *Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of, and responsiveness to, the impact of trauma, that emphasises physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.*
> (Hopper et al., 2010, p. 82)

This briefing brings together knowledge and resources on working in a trauma-informed way with children who have experienced trauma and their parents/carers. It focuses on developmental trauma, which arises as a result of early, repeated traumatic experiences (for example, abuse and neglect) within a child's important relationships (Lyons et al., 2020). It provides an overview of developmental trauma and outlines some key approaches for working with these children and their parents/carers. It highlights a range of open access resources produced by other organisations that practitioners and parents/carers can draw on. The briefing focuses on younger children, although many of the messages are applicable across all age groups.

The briefing uses the phrase 'developmental trauma', recognising the layered impact of ongoing trauma on a developing child. The terms 'complex trauma' or 'relational trauma' are also used interchangeably with 'developmental trauma' in the wider literature.

It is important to note that trauma-informed practice is not something that happens overnight from reading a briefing or attending a short training course; it is a transformative experience that can be viewed as a 'journey' rather than a 'final destination', where practitioners and organisations evolve and develop over time (Treisman, 2018, p. 9). Key to embedding trauma-informed care into practice is understanding the theoretical basis that underpins the approach, and using this to look at everything through a trauma-informed lens. The expectation of trauma-informed care is not to provide therapy, but to create a safe and nurturing environment which is grounded in understanding children's experiences and feelings.

This briefing complements other relevant Research in Practice resources on trauma-informed practice; an overview of these can be found in the Related resources section on p. 29 of the resource. As well as Research in Practice publications, a wide range of excellent related resources produced by other organisations are also signposted throughout. Some of these may be useful in direct work with children and parents/carers, and others may be useful to pass on to parents/carers to help them in supporting the children in their care.

This briefing is aimed at frontline practitioners, practice supervisors and social work managers and comprises the following sections:

1. What is developmental trauma?
2. What is the impact of developmental trauma on children?
3. Principles of trauma-informed practice with children and their parents/carers.
4. How can practitioners support parents/carers to help their child?
5. How can practitioners support children who have experienced trauma?
6. Specialist support for children who have experienced trauma.

What is developmental trauma?

> *Being traumatised means continuing to live your life as if the trauma were still going on - unchanged and immutable - as every new encounter or event is contaminated by the past.*
> (van der Kolk, 2014, cited in Taggart, 2018, p. 2)

Developmental trauma is a term used to describe trauma that occurs during childhood, which impacts on a child's neurological, social, emotional, sensorial, physiological, moral and / or cognitive development (Treisman, 2016). This trauma is often complex, repeated and happens in the context of close relationships (Lyons et al., 2020). It is a neurobiological state where the body has learned to respond to trauma in a certain way and presumes that the future will be the same as the past (Webb, 2020). This is because trauma affects the primitive part of the brain that is concerned with staying alive.

Children who have experienced trauma develop a range of behavioural adaptations to help them cope with, and keep themselves safe in, the threatening situation. These are autonomous responses that involve a 'fight/flight/freeze' response, but which may also confer a long-term risk to their mental health and functioning (McCrory et al., 2017).

Although these adaptations were developmentally appropriate responses at the time, their brain and body remains primed to respond in a similar way, regardless of whether or not the threat is still present (Lyons et al., 2020; Taggart, 2018). Furthermore, while traumatic experiences that happen during pregnancy (for example, in utero parental domestic abuse or substance misuse) or within the first three to four years of life may not be explicitly remembered, 'the body remembers even when the mind cannot' (Lyons et al., 2020 p. 4).

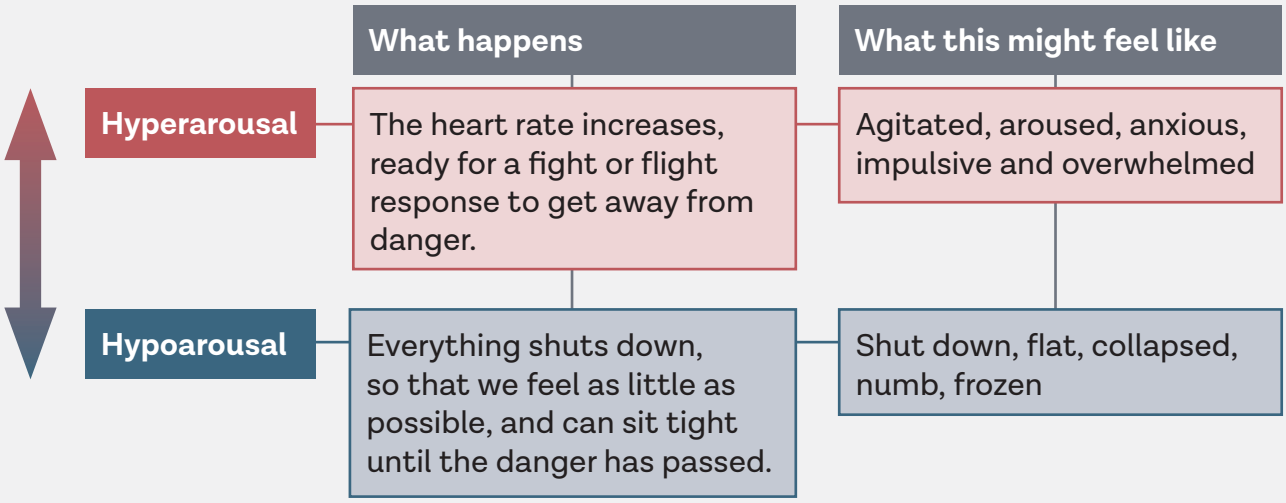
Resources to support understandings of complex trauma

For a full explanation on the differences between sub-types of trauma – including Type 1 Trauma and Developmental or Complex Trauma – read the Research in Practice briefing ***Trauma-informed approaches with young people*** (Taggart, 2018) and watch this Research in Practice video ***Explaining complex trauma and its impact on families*** (Webb, 2019).

In this video, Jason describes the impact that trauma had on his brain as a child:
The repair of intergenerational trauma - YouTube

Fight / Flight / Freeze

One framework for understanding how the brain responds to trauma is 'fight/flight/freeze'. When the brain is faced with a threat, it drives the body to run, hide, fight or sometimes freeze (van der Kolk, 2014). These responses are often an appropriate response to a threat and help keep us safe. Some have argued that more responses should be added to this framework, for example 'comply', 'befriend' or 'submit' (Katz & Nicolet, 2022), suggesting people respond to threats by becoming compliant to achieve safety, often in situations where fight/flight is not possible.



Adapted from Webb (2022)

For children who have experienced developmental trauma, they may 'live' in these responses to trauma, regardless of whether or not the threat is still present (Lyons et al., 2020). This may be particularly acute when the brain has been unable to keep the body safe or escape from the trauma that occurred (van der Kolk, 2014).

The window of tolerance

The term 'window of tolerance' (coined by Dr Dan Siegel, 1999) describes the state of arousal in which we are best able to function in everyday life. When we are in our 'window of tolerance', we can manage the fluctuations of everyday emotions and demands of everyday life (see Gill's (2017) description of ***Understanding and working with the window of tolerance***).

Everyone's window of tolerance is different. It is affected by environmental factors as well by life experiences. Some children will have a narrow window of tolerance and may often feel as if their emotions are intense and difficult to manage. Other children with a wider window of tolerance may be able to manage and process intense emotions or situations.

Figure 1 below illustrates the window of tolerance, showing fluctuations in an individual's state of arousal. The dashed line illustrates the narrowed window of tolerance for an individual who has experienced trauma. This narrowed window may mean they are more frequently outside their window of tolerance and, therefore, more frequently experience times when they are either feeling agitated, anxious and overwhelmed or dissociated, flat and numb.

Figure 1

The window of tolerance

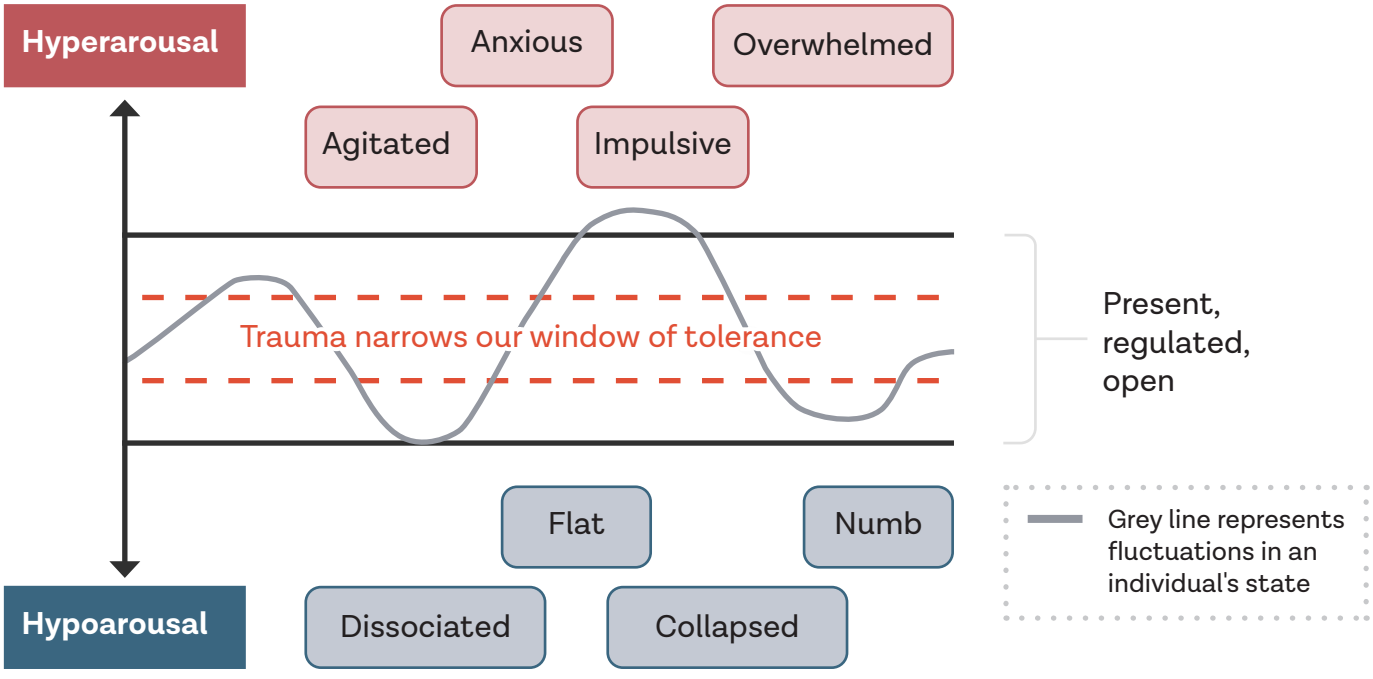


Image adapted from Webb (2020)

Children who have experienced trauma may have a narrower window of tolerance and experience periods of either hyper or hypoarousal. As a result, they may find it difficult to regulate their behaviour and may show fight/flight/freeze responses. These responses have the potential to be extreme and over-and-above the emotions expressed by children of a similar age who have not experienced trauma.

Resources explaining the window of tolerance

***The window of tolerance animation* by Beacon House - YouTube**

***Staying in the window: Supporting emotional regulation.* Video. Research in Practice**

Dan Sigel explains his model of the brain and what happens when we 'flip our lids'. This can be a meaningful way to explain the window of tolerance to children and their families:
***Hand model of the brain* – YouTube**

The following guide provides further guidance and resources about the window of tolerance, including:

- Supporting a child to stay in their window of tolerance.
- Supporting a child who is hyperaroused.
- Supporting a child who is hypoaroused.

***The window of tolerance* by Jersey Psychology and Wellbeing Service**

What is the impact of developmental trauma on children?

The outcomes for children who have experienced trauma are determined by multiple factors. For some, childhood experiences can have a profound impact on different areas of functioning, while other children can experience traumatic events without it having a lasting negative impact on them (Goodman & Scott, 2012, cited in Fuggle & Redfern, 2019).

There are different factors that affect the impact of developmental trauma, including:

1. The temperament of the child, their attributes (including biological and genetic factors) and their age and stage of development.
2. The child's past experiences, including past trauma and shocks.
3. The nature of the trauma, including how often it happened, how long it lasted and its severity.
4. The relationship the child had with the people around them at the time, including the person who abused them.
5. The reaction of other people to the abuse, for example whether it was acknowledged and whether the child was believed.
6. The beliefs that the child has about the trauma, and the sense they made of it.
7. The cultural and contextual framework around the trauma.
8. The existence and prevalence of protective factors.

(Adapted from Treisman, 2016)

Developmental trauma can have an impact in a number of areas, as summarised in Table 1 (more information about the behaviours outlined can be found in the section 'The impact of developmental trauma on behaviour' on p. 10).

Table 1

The impact of trauma on different areas of development

Area of development	Description	Signs that might be seen at home
Sensory development	Infants and toddlers have not developed language to make sense of their experiences. Their memories are sensory. Traumatised children may be less able to distinguish background sensory experiences (such as sounds, smells and textures). Their sensory system can become overwhelmed, and they can feel that they are in danger even when they are safe.	> Over or under-response to sensory information. > Difficulty balancing or coordinating. > Strong dislike of certain foods and textures. > Strong aversion to being touched or overly tactile. > Self-soothing by sucking or chewing. > Difficulty knowing when they are hot/cold. > Restless and alert, hyper-vigilant.
Dissociation	Dissociation is a separation or disconnection between thoughts, feelings and behaviours as a way of putting unbearable experiences into different compartments. Children are usually not aware that they dissociate or 'zone out'. Dissociation leads to a range of behaviours which can often be misunderstood by adults as day-dreaming, being a liar, or problems with concentration. It is possible to mistake disassociation for resilience when children do not appear to be upset by frightening events.	> Not listening to requests. > Regressive behaviours, towards a younger age-level. > Consequences for misbehaviour do not work. > Hearing voices.
Attachment development	Children who experience life as frightening or neglectful adapt to their environment. They develop a range of attachment strategies (1) to prevent harm and also (2) to keep a parent/carer as close as possible, even if they are the source of danger. Some children swing between different attachment strategies depending on what works best in that particular environment. The key point is that children organise their behaviours around real or perceived danger.	> Avoidance of emotional intimacy. > Emotions 'over-spill'. > Boundary setting can trigger a big reaction. > Episodes of distress or anger last a lot longer than expected. > Separations trigger extreme anxiety. > The child is controlling of family members. > Overly-compliant behaviours.

Area of development	Description	Signs that might be seen at home
Emotional regulation	In children who move frequently between carers or who have traumatic experiences, the part of the brain responsible for emotional regulation may not develop as it should; it gets stuck in the toddler phase of emotional regulation where they need adults to co-regulate with them. Children who have poor emotional regulation often turn to unhealthy coping strategies such as thumb sucking, head banging, skin picking and self-harming. These behaviours function to either 'wake them up' out of feeling dead inside, or 'bring them down' from high levels of anxiety.	> Prolonged meltdown over small things. > Numerous arguments. > Limited empathy for others. > Child to parent violence. > Clingy behaviours at separation.
Behavioural regulation	For traumatised children, small everyday things can make them spiral out of their window of tolerance. They will be over or under aroused most of the time and may be unable to control this, no matter how hard they try. They are in automatic survival mode and they cannot think, reason or rationalise when feeling under threat.	> In fight/ flight/ freeze mode (see Table 2 on p. 10).
Cognition	Traumatised children often struggle with under-developed cognitive skills, which can have an impact on planning, problem-solving, and learning from mistakes. They are often 'stuck' in their primitive brain, and use up all their resources trying to stay safe and work out whether adults can be trusted. This leaves few resources for higher brain skills, which are needed for good cognitive functioning. Some traumatised children are focused and achieve well academically. These children may be pre-occupied with success because they feel that being loved is dependent on it.	> Unable to learn from mistakes. > Cannot organise themselves. > Forget complicated instructions. > Cannot be reasoned with.
Self-concept and identity	Children who have suffered early trauma often live with a deep sense of being 'bad' and 'unwanted'. Accepting that they are lovable and worth keeping safe can take a long time.	> Feel not worthy of love and nurture. > Upset at small 'tellings off'. > Jealous when parents pay attention to others.

(Adapted from Lyons et al., 2020)

The impact of developmental trauma on behaviour

A child who does not feel safe may continually be in fight/flight/freeze/submit mode as a means of surviving the real or perceived danger they face. Because they do not have effective ways of self-soothing and self-regulating, they are more likely to express their extreme emotions in other ways (Webb, 2020). Table 2 below provides some examples of the behaviours that children might display in these modes.

It is also important to note that displays of these behaviours are not necessarily a sign of a child having experienced abuse, neglect or other trauma, but may be a consequence of other needs and / or disabilities. Equally, these behaviours can sometimes be entirely appropriate. For example, being angry, scared or crying can be an appropriate response which will play out naturally if someone listens, comforts and removes the distress. It is therefore important for practitioners to consider all the information and to have a sense of the individual child through getting to know them well and by talking to their parents/ carers and other professionals.

Table 2

Example behaviours in fight/flight/freeze/submit mode

	What this might look like	How this might feel for a child
Fight	> Argumentative, angry > Controlling, demanding and inflexible > Lying or blaming > Unable to concentrate on one thing > Confrontational, disrespectful > Pushing away friends/family > Loud and noisy > Immature	> Tense and ready to respond > Heart rate and breath quickening > Faint, dizzy or nauseous > 'If I hit first, I might be able to survive' > Hypervigilant > Scared and panicky
Flee	> Hyperactive, silly > Aggressive, threatening > Running away, hiding under the table/bed/sofa > Clumsy > Disruptive, noisy > Can't cope with free play > Can't follow rules > Lonely > Keeping super busy > Baby talk/silly voices	> Panicky and fearful > Sweating, heart rate increasing, tense muscles > Everything feels like a threat > Overstimulated > Very aware of sensory stimulus > Ashamed > Hypervigilant
Freeze	> Bored, not interested > Confused, forgetful > Distracted, not listening > Clumsy > Talking about something else > Scanning the room > Wide-eyed > Daydreaming	> Fast breathing and heart rate > Fear, anxiety and terror > More aware of the tone of voice than the words being said > Dreamlike > Muscles tensing > Disconnected/numb
Submit	> Unhappy, low mood > Alone, withdrawn > Fidgety but not disruptive > Never questioning > Never drawing unnecessary attention > Quiet and passive, compliant	> Drained, numb and tired > Invisible > Guilty > Unwell and nauseous > Anxious

Adapted from Townsend (n.d.): *What survival looks like at home*

One feature of a child's trauma experience is a loss of control, for example through not being able to stop their abuse. Children who have experienced trauma often try to regain the control they lost and this is often displayed through their controlling behaviours. Because children who have been abused or neglected will have developed strategies for staying safe that involve not letting carers get in control, they may resist the safe care they receive when placed away from the abusive or neglectful situation (Howe, 2009; Lyons et al., 2020).

A child's trauma response may result in violence towards their parents/carers (child-to-parent violence [CPV]), which can have a devastating impact on safety, family relationships and mental, emotional and physical wellbeing (Holt & Lewis, 2021; Selwyn at al., 2014; Thorley & Coates, 2017).
The difficulties described above do not necessarily disappear when the child becomes an adult; adults who have experienced childhood trauma may continue to struggle with these difficulties and could go on to experience complex post-traumatic stress disorder and / or other mental health difficulties (Lyons et al., 2020).

Resources on the impact of trauma on children

Beacon House has produced a resource on developmental trauma:
Developmental trauma close up

In this Research in Practice video, Professor David Shemmings discusses attachment theory in practice and how practitioners can support relationships between children and their parents/carers:
Attachment theory in practice

Dr Sheena Webb discusses complex trauma and its impact in this Research in Practice video:
Explaining complex trauma and its impact on families

The context to behaviour

The behaviours outlined in Table 2 are often described as 'the tip of the iceberg': the behaviours can be seen, but the underlying factors behind the behaviours are hidden, as illustrated in Figure 2 below. Children guard themselves against feeling vulnerable (what is below the iceberg) by showing behaviours that keep others at a safe distance, with the 'real' needs being buried and difficult to see.

The outwardly displayed behaviour is a way for children to manage their strong emotions and feel safe and protected. To help children feel safe and calm it is important to respond to their hidden needs rather than the behaviours they display.

It is also important to consider the context. This means considering:

- The context the behaviour happened in, including what was happening, the environment, and the people present.
- The child's past experiences.
- The child's family context, including how the family understand and make sense of different behaviours.
- The wider context, including cultural norms and expectations.

Figure 2

Trauma and discrimination

It is important to consider the cultural and structural context. Experiences of discrimination can be traumatic in themselves, and deepen the impact of trauma. For example, international research shows that racism and racial discrimination can have a significant impact on mental health (Heard-Garris et al., 2018) and that there is racial inequality in the recognition and treatment of post-traumatic stress disorder (Roberts et al., 2011). There is a need for further research into culturally informed interventions to support children and their families (McCrory & Minnis, 2022).

Behaviours and feelings above and below the iceberg

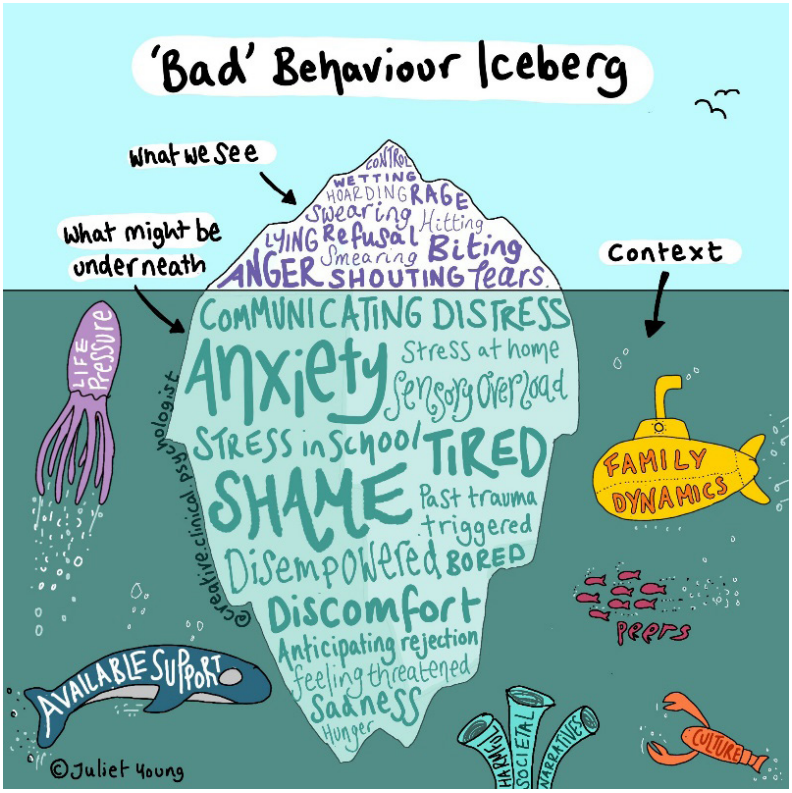


Illustration by Juliet Young (https://twitter.com/Juliet_Young1)

Resources to support with behavioural manifestations of trauma in children

Inner World Work has produced a number of written resources:
What survival looks like at home and *What survival looks like at school*, as well as the following animation: *What does school feel like for children who have experienced trauma?*

Community Care has a podcast and information on supporting parents abused by children, available here: *Supporting parents abused by younger children*

Principles of trauma-informed practice with children and their parents/carers

A trauma-informed approach to working with children enables a shift away from asking 'What is wrong with you?' towards asking 'What has happened to you?' This change of orientation allows a child's responses to trauma to be seen as 'understandable and courageous attempts to survive which were absolutely necessary at the time' (Taggart, 2018, p. 8). At the core of trauma-informed care is practice that is strengths-based, relationship-focused and compassionate. It also involves being mindful of how we communicate and the language we use (Treisman, 2018).

Trauma informed care is underpinned by four key principles:

- Realise the impact of trauma.
- Recognise the signs and symptoms.
- Respond by integrating this knowledge into practice.
- Actively resist re-traumatisation.

(See SAMSHA's *concept of trauma and guidance for a trauma-informed approach, 2014*)

Resources to support understandings of the relevance of trauma-informed care in children's social care

In this Research in Practice video, Dr Sheena Webb explores why trauma-informed care is highly relevant in children's social care, and social workers and parents with lived experience of social care reflect on the principles of trauma-informed care:
Becoming trauma-informed: Core principles of trauma-informed care

How can practitioners support parents/carers?

Parents and carers have a key role in supporting children and aiding their recovery from trauma. Having attuned and safe relationships can lessen the impact of developmental trauma on children (Hambrick et al., 2019). Attuned, supportive parenting can help children to recover from the impact of developmental trauma (Treisman, 2016).

Parents/carers may be in a state of distress themselves through trying to manage and help their child, and may feel isolated from family and friends (Hagell & Kenrick, 2021). Practitioners can play a vital role not only in helping parents/carers understand trauma responses in children, and to see the behaviour as attempts to cope and adapt to previous traumatic experiences, but also in promoting parent/carer's self-care and wellbeing so they are better able to support their child and help them thrive.

Promoting parent/carer's self-care

> *The most important first step for parents/carers is to take care of themselves and each other.* (Lyons et al., 2020, p. 23)

Caring for a child who has experienced trauma can take a heavy toll on parents'/carers' wellbeing and may lead to 'blocked care' or secondary trauma. Blocked care refers to 'a state parents can enter when prolonged stress suppresses their capacity to sustain loving and empathic feelings towards their child' (The Child Psychology Service, n.d., para 3). It is a form of protection from a child's trauma, and the feelings of helplessness that parents/carers can experience.

Parents/carers can feel judged and a sense of shame because of their child's behaviour, with some feeling ostracised by other parents (particularly at the school gate) and their own family (Selwyn et al., 2014). For children who have remained in their birth families, this sense of shame can be compounded by guilt about the trauma their child has experienced (Holt et al., 2013).

Practitioners are crucial in providing a safe and containing space for them to talk about the reality of parenting and to explore their feelings around this. Supporting parents/carers to view the child through a trauma-informed lens can put them in a better position to support their child. Reframing children's responses in this way de-stigmatises their experiences and empowers individuals. It is also imperative that parents/carers are encouraged to take time out for themselves so that they are in a better position to care for their child.

Parents and carers may have experienced complex trauma themselves. ***Working with trauma-experienced parents in children's social care: Video Learning Resources*** have been developed by Research in Practice to support social workers working with parents who have experienced complex and / or sustained trauma.

Resources to support parents with their mental health and wellbeing

Anna Freud National Centre for Children and Families has a range of resources for parents/carers to help them support their child's mental health and wellbeing, including resources for adoptive parents, fosters carers, kinship carers and special guardians; self-care for parents/carers; and child in mind podcasts.

A graphic produced by Beacon House illustrates how parents can look after themselves when a child is in 'fight' mode: ***Parenting a child with a sensitive fight response***

The following websites on self-care for parents/carers may be helpful:
Self-care for parents and carers (annafreud.org)
Self-care | Adoption UK Charity

This webpage provides clear description of what 'blocked care' is, why it happens, how to recognise it and tips for what can help:
Blocked care – The Child Psychology Service

In this Beacon House eBook, Helen, an adoptive mother, and her therapeutic team describe their journey through secondary trauma:
Side by side: A therapeutic journey through secondary trauma

Working with parents/carers to help children recover from trauma

> *An important aspect of identifying and supporting a child or young person with [mental health] needs is to enable the development of a shared understanding of the child or young person's experience with their parent or carer.*
> (Fuggle & Redfern, 2019, p. 6)

Children may need to be helped to work through their trauma, even when they are placed within a supportive and loving family. Traditional parenting techniques may not work with children who have experienced trauma and parents/carers need to develop alternative therapeutic parenting techniques. Successful care requires emotional attunement, creativity and a willingness to understand how the world feels from the child's perspective. Children need caregivers who can see the child's behaviours through a trauma-informed lens and who are able to co-regulate with them (Howe, 2009; Taggart, 2018; Webb, 2020).

Parents and carers will be the people who most often experience the challenges and difficulties expressed by their child, therefore it is crucial that parents/carers are given information and training around trauma and therapeutic parenting so that they are equipped with the knowledge and skills they need to support them. They also need to understand that their child may always have a level of difficulty because of their previous experiences and consider it normal to ask for professional support when they need it.

Some examples of approaches for supporting children who have experienced trauma are provided below. These approaches will not only be valuable for social workers to employ within their practice with children, but also to share and confidently explain such approaches to parents/carers so they may incorporate this learning into their homes and interactions with their children. In some cases, specialist support may be needed to support the child and their parents/carers. This is discussed further in the section on 'Specialist support' on p. 26.

The Neurosequential Model of Therapeutics

Perry's (2006) *Neurosequential Model of Therapeutics* (also called the 6Rs) is a useful framework for creating supportive developmental environments for children who have experienced trauma (see Table 3 below). This model, which encompasses all developmental stages and is not age bound, may be useful for practitioners wishing to support parents/carers caring for children who have experienced significant adversity.

Table 3

The Neurosequential Model of Therapeutics (Perry, 2006)

Relational (safe)	Relevant (developmentally matched to the individual)	Repetitive (patterned)	Rewarding (pleasurable)	Rhythmic (resonant with neural patterns)	Respectful (of the child, family, and culture)
Building trust between child and adult to promote a healthy relationship.	Play which is developmentally appropriate to the child (neurodevelopmental age may be different to chronological age).	Experience the same situation/ response repeatedly to develop a healthy pattern of expectation. Easy to follow and predictable routines (same bedtime routine).	Encouragement of 'messy' play and supporting sensor integration. Helps lower the activity of the brain stem and reduce stress hormones.	Strong, simple rhythmic activities relax the brain. Throw a ball or bean bag to each other. Rock gently.	Validating child's feelings (even if they seem small) builds trust. Showing child respect early on helps establish mutual respect and trust for later years.

The 3Rs (Regulate, Relate and Reason) (Perry, 2009, see ***The three R's*** (beaconhouse.org.uk)) also provide a useful framework through which parents/carers can support children who are out of their window of tolerance. The framework is based around taking a 'bottom-up' approach, recognising that the child's emotions need to be regulated before it is possible to reason with them. Relational repair to the relationship after it has been 'ruptured' is also key. Table 4 on the following page outlines the key features of this framework.

Table 4

Regulate, Relate, Reason, Repair

Framework	Explanation	Examples
Regulate	Offering comfort and reassuring the child you are there to help them manage their emotions can help them remain within their window of tolerance. When a child is outside their window of tolerance, they will need support to calm their fight/flight/freeze responses before they are able to reason.	Patterned, repetitive activities can help a child regulate: > Squeezing a stress ball. > Playing with a ball, jumping on a trampoline or dancing to music. > Chewy or crunchy food. > Listening to music. > Colouring or drawing. > Simple breathing exercises. For more examples of regulation, including exercises to move from hyperarousal (agitated) or hypoarousal (frozen), see pages 5-7 of *The Window of Tolerance* produced by Jersey Psychology and Wellbeing Service.
Relate	Children and young people's traumatic experiences can lead to difficulties in forming secure attachments with adults. Developing a connection with children in a way that helps them to feel valued and accepted is key.	Provide opportunities for the child to feel safe and develop secure attachment: > Speak in a calm, empathetic manner, showing you are listening and understand. > Alleviate feelings of guilt and shame by asking: *'How are you feeling right now?'* *'What do you need right now?'*
Reason	When a child or young person experiences a trauma response, the thinking parts of the brain are under-activated. Reactivating and strengthening the part of the brain responsible for reasoning will help the cognitive processing of emotional information and will promote sense-making and identity formation.	Help children to reflect on and understand their feelings and responses: *'How can I help you get past some of the difficulties you are feeling?'* *'Why do you think I/others are concerned about your actions?'*
Repair	Children who have not developed the sense that making mistakes won't permanently jeopardise the relationship often respond with a defensive shame response. These moments of 'rupture' within the relationship are an important building block to developing healthy relationships when it is followed by 'repair' responses to reconnect.	Help the child understand that sometimes things go wrong and that they may say or do things they regret. > Take ownership for 'repairing' the misconnection and getting back in tune with the child, for example by saying: *'It's okay, things went wrong, I said something I shouldn't have, you said something you shouldn't have, I still love you.'*

Adapted from: *Creating safety, pt II: The power of rupture-repair* – Inner Compass Counseling

The PACE approach

The PACE approach (Playfulness, Acceptance, Curiosity and Empathy) has its origins in DDP (Dyadic Developmental Psychotherapy), which brings together attachment theory with developmental trauma, neurobiology and child development. It was developed by Dan Hughes with the aim of supporting adults to build safe, trusting and meaningful relationships with children and young people who have experienced trauma.

Further information on DDP can be found at the following websites:

DDP network: **About DDP**

The Child Psychology Service: **Dyadic Developmental Psychotherapy (DDP)**

Figure 3 and Table 5 below outline the core concepts of the PACE approach and provides examples of what this might mean in terms of caring for a child.

Figure 3

The PACE approach

From **www.nibblesandbubbles.co.uk/pace-yourself** and reproduced with kind permission from Dr Emma Sutton

Table 5

Summary of PACE approach

PACE approach	Explanation	Examples of using the approach
Playfulness	Sometimes a child has given up on the idea of having good times and doesn't want to experience and share enjoyment. A playful stance adds elements of fun in day-to-day life and can diffuse a difficult situation.	> Use a light, rather than an irritated, tone of voice. > Show with your eyes, eyebrows, smile that you are interested in what the child is doing and saying. Soften your facial expressions, and lower your body to their level. > Make a game of getting organised; practise socialising using role-play.
Acceptance	Unconditional acceptance is crucial for a child's sense of safety. Acceptance is about actively accepting the child's wishes and feelings without judgment. Through acceptance the child learns that, while the behaviour may be criticised and limited, this is not the same as criticising the child's self.	Sentence starters: 'I can see how you feel this is unfair.' 'You were letting me know that you were really scared when you ran away from me.' 'I'll be here for you after you calm down.' 'I'm disappointed by what you did, but I know you were really upset. It doesn't change how much I care about you.'
Curiosity	Curiosity is wondering about the meaning behind the child's behaviour. Children often know that their behaviour is inappropriate but do not know why they did it. Curiosity, without judgment, can help children become aware of their inner life and reflect upon the reasons for their behaviour.	Sentence starters: 'I wonder if...' 'Could it be...?' 'I am trying to imagine...' 'Can you help me understand...?' 'Tell me if I'm getting this wrong...' 'It sounds like you might really be struggling with...'
Empathy	Being empathic means the adult actively shows the child that their inner life is important. The adult demonstrates they understand the difficulties for the child and that they will not have to deal with the distress alone.	Sentence starters: 'I am so sorry it's been so hard for you...' 'I can't imagine how that was for you...' 'I think you might be letting me know that...'

Adapted from: *What is meant by PACE?* and
PACE: A trauma-informed approach to supporting children and young people

Resources to support parents' responses to their children

The following graphic illustrates the sequence for helping a child to learn, think and reflect:
Beacon House: *The three R's: Reaching the learning brain*

This Beacon House animation uses children's voices to explain developmental trauma and how this can be repaired:
The repair of early trauma: A bottom up approach - YouTube

The following article, also from Beacon House, outlines the importance of sensory processing for children:
Sensory processing, coordination and attachment.

This graphic illustrates steps that can help a parent respond to their child:
Kim Golding- *Parenting in the moment*

Some parents/carers and children find it helpful to read books or watch videos together that explain developmental trauma, for example:

- *Why do we lose control of our emotions?* - YouTube: an explanation for children of why they might lose control of their emotions.
- *Help! I've got an alarm bell going off in my head!* By K.L. Aspden: a book designed for children aged 9-12 (though some older children may also find this meaningful). It teaches children about their fight/flight/freeze responses.
- *The boy who built a wall around himself* by Alison Redford: a picture book using the metaphor of a wall to explain the impact of very difficult experiences on a child, and 'Someone Kind' who helped him recover.
- *Listening to my body* by Gabi Garcia: a picture book that guides children through naming their feelings and the sensations that accompany them.

These books can also be helpful resources for social workers when talking to children about their experiences and development.

How can practitioners support children who have experienced trauma?

In addition to supporting parents/carers of children who have experienced trauma, practitioners also need to create a safe space and work in a collaborative, strengths-based way with children. The following approaches will be useful for practitioners to incorporate into their direct work with children and can be promoted to parents who may find them beneficial also.

Creating a safe space and learning about emotions

Children often do not have the language to express how they are feeling or to understand their emotions. Parents/carers play a vital role in helping them with this, but practitioners can also support this when working directly with children.

Creating a safe space for children to express themselves is key. In order to do this effectively, practitioners need a range of toys, tools and activities they can use when working with children of different ages. These might include tools that correspond with the five senses or other activities that support self-regulation or co-regulation, for example:

- **Smell** – aromatherapy, scented pillow, lotion, scratch-and-sniff stickers.
- **Sight** – visual cues (for example, pictures of nature or something peaceful), kaleidoscope, small mirror to check facial expression.
- **Sound** – noise-cancelling headphones, recording of favourite song, calming nature sounds, classical music, quiet chimes.
- **Touch** — weighted blanket, stress ball, fabric.
- **Taste** — gum or snacks with different textures, chewable jewellery, water bottle with bite valve.
- Options for creative expression (writing/drawing) with notebooks and colouring materials.

(LaPoma, 2018, *Creating safety, pt III: Building a special place*)

Listening to, and connecting with, the child is also a key skill, not just for social workers but in all settings (for example, school, nursery). Some examples of how to do this are provided in Table 6.

Table 6

Examples of how to connect with a child who has experienced trauma

How to connect with the child	Examples
Comment on what is happening to the child, naming the emotion.	'I can see you are feeling angry/ sad/ frightened.'
Mirror a child's actions and facial expressions.	'I'm feeling sad too.'
Affect mirroring	'I understand how you feel. It is hard to forget/ forgive when someone does that.'
Encourage mindfulness.	'Describe what you're feeling right now.'
Repeat what the child has said.	'I heard you say you are angry...'
Reflect.	'So you are feeling really angry right now. Why do you think you are feeling like that?'

Adapted from Redfern and Schweiger (2021)

A number of tools practitioners might use to help children understand their feelings and emotions are outlined below.

Resources to support direct work with children who have experienced trauma

Practitioners can use this visual aid with children to help them identify triggers and body cues: **Suggestions/Guidelines for using Safety Tools**

Dr Karen Treisman (**Safe Hands Thinking Minds**) also has a range of tools available that may be helpful when working with children. These may also be useful for parents/carers to use when supporting children:

- This illustration can help children identify their defences when they feel unsafe: **Feeling unsafe/putting up defences**.

Examples of soothing and relaxing activities can be found in the following videos by Dr Karen Treisman:

- ***An introduction to a sensory, soothing, regulating, calming, grounding box*** - YouTube
- ***Muscle tensing and releasing relaxation exercise*** - YouTube
- ***An intro into some rhythmic relaxation ideas including a butterfly hug*** - YouTube
- ***Writing down or externalising our worries*** - YouTube

Collaboration, choice, communication and language

Trauma-informed practice means working from a strengths-based and empowerment approach with children, as their experiences of trauma may have left them feeling they have little choice or control over what happens to them. An important aspect of empowerment is collaboration. This involves practitioners enabling children to actively participate in any decisions that affect them, using a range of creative activities and tools (Dillon, 2021; Ruch et al., 2020). Practitioners also have an important role in helping the child develop a coherent story of their life (Baynes, 2022, 2020; Hammond et al., 2020).

Resources to support life story work

- This Research in Practice tool focuses on how practitioners can help children to understand their own histories through planned direct work and writing life story books: ***Life story work: Practice Tool***

- ***Supporting life story work*** – suite of Research in Practice resources

Being able to ask children the right questions and respond with empathy is one of the most important aspects of communicating in a trauma-informed way. Listening is also key. It is not necessary to directly ask children about the trauma they have experienced, to work in a trauma-informed way. Rather, practitioners can talk to children in a manner that enhances empathetic understanding and compassion, without knowing the details of the trauma (Taggart, 2018). Some examples are provided below:

- Let children and young people know that what happened to them is not their fault.
- 'Clean communication'
  - State boundaries – outline what can and cannot be done.
  - Stay focused on relevant information around emotion and feelings.
  - Use clear language and avoid using jargon.
- Slow everything down - use a gentle tone, be very calm.
- Be patient, do not interrupt a child or young person when they are speaking.
- Ask simple questions, which should be limited to a 'need to know' basis which relates to the current context.
- Keep body language open and receptive.
- Acknowledge the feeling/emotion behind the behaviour.
- Avoid '*you*' messages of blame and accusation.
- Acknowledge silence as a way of communicating.

It is important that practitioners avoid using language that labels a child and, instead, use language that shows an understanding of the layers and complexities of trauma responses in children, for example:

- Referring to a child as 'controlling' overlooks that they might be trying to assert power, having experienced traumatic situations in which they have felt powerless.
- Using the word 'manipulative' fails to recognise that a child may have difficulties asking directly for what they want due to their past experiences, where they had to use different means in an attempt to get their needs met.
- Rather than saying a child is being 'non-compliant', a positive reframe would be to acknowledge that they are doing the best they can at the moment and then exploring how you can help them better engage in their care.
- Avoid judgment words and loaded terms, such as 'attention-seeking', acknowledging that an individual's responses may be 'attachment-seeking' or 'difficult' because of how their traumatic experiences have impacted them.

Resources to promote positive communication with children

Beacon House has a useful resource which provides visuals that can be used with parents, carers and other professionals to challenge the way they describe children: What We Say Comic

Language that cares (TACT, 2019) provides a dictionary of words/language that young people have said that they would prefer social workers to use.

The Talking and Listening to Children project website provides a range of resources on how social workers can communicate with children in their everyday practice. It includes resources on: 'getting the mindset right'; 'creating the space'; 'communicating with a purpose'; and 'making good endings'.

Avoiding further traumatisation and re-traumatisation of children

One of the prerequisites for recovery from trauma is safety and protection from further harm. This can be a dilemma for social workers who are working with children who are still experiencing new trauma inside and outside of the care system. This includes some social work interventions, which (although necessary) can be traumatising for children; for example, separation from parents and family, moving to a new foster home and being interviewed about past trauma.

Child separation and trauma

It is generally recognised that, although at times necessary, being removed from a parent is often very distressing for children. A small-scale study based in the US gathered the views of people who had experience of being removed from their parents by either the police or social workers (Portland State University, 2009). This included young people living in foster care. They summarised why this experience was traumatic and what social workers could do to lessen the impact of the trauma:

- Plan ahead possible removals as much as possible and, where possible, reduce the element of surprise. Identify alternative carers for children as early as you can (including assessing family members).
- Notice and be aware of your own emotions. Try to remain calm and move slowly.
- Provide support to the child's parents/carers during the process, supporting them to regulate their emotions where possible. 'Calm the parent to calm the child.' If possible, support the parent or carer to put the child in the car, say goodbye and pack their belongings.
- Provide sensory comfort to children, for example familiar things from home, comfort food and familiar routines. Think about the techniques outlined above to support children to regulate when hypoaroused or hyperaroused.
- Empathise and relate to the child, acknowledge their feelings, including difficult feelings of guilt, shame and conflicted loyalty.
- Provide information to the child about what is happening and where they are going. Try to provide something written down that the child can look back at later, as they may struggle to listen and take in information at the time.
- Plan family time (contact), including family time with brothers and sisters. Help the child to understand what these arrangements are.
- Put support in place for the child's mental health and recovery, such as making sure the child has someone they can talk to about what's happening, providing a mental health assessment, or counselling. Also provide information and support to the carers to ensure they are well equipped to address the child's emotional, as well as practical, needs.

For further information see **Portland State University's guide: *Reducing the trauma of investigation, removal, & initial out-of-home placement in child abuse cases***

Vicarious/secondary trauma

Working with children, young people and adults who have experienced trauma requires practitioners to be well supported and emotionally healthy. If this does not happen, there is a higher risk of burn-out, compassion fatigue and / or vicarious trauma (Wilkinson, 2021). It is beyond the scope of this briefing to detail effective strategies for enhancing wellbeing and resilience in practitioners, however the additional resources below offer a wealth of information on this front.

Resources to support social care practitioners' wellbeing

Embedding a trauma-informed approach to support staff wellbeing in children's social care: Strategic Briefing (2021): This is a resource for managers, practice leaders and supervisors about building a trauma-informed organisational approach.

Supporting practitioner wellbeing: Practice Guide (2022): This practice guide aims to support social care practitioners, to repair, maintain, grow and sustain their mental health and wellbeing, so they can continue to support others effectively in their professional practice.

Practice Supervisor Development Programme (PSDP) – Resources and Tools: Promoting emotional resilience (2020)

PSDP – Resources and Tools: Using visual metaphors to respond to stress and trauma (2019)

Specialist support for children who have experienced trauma

Sometimes children and their parents/carers will need specialist intervention to help them recover from previous traumatic experiences. In such circumstances practitioners need to have a good understanding of what is available locally as well as pathways into accessing this support. Practitioners may also need to work with professionals from other agencies (for example, health, education) and be an advocate for the child and their parents/carers.

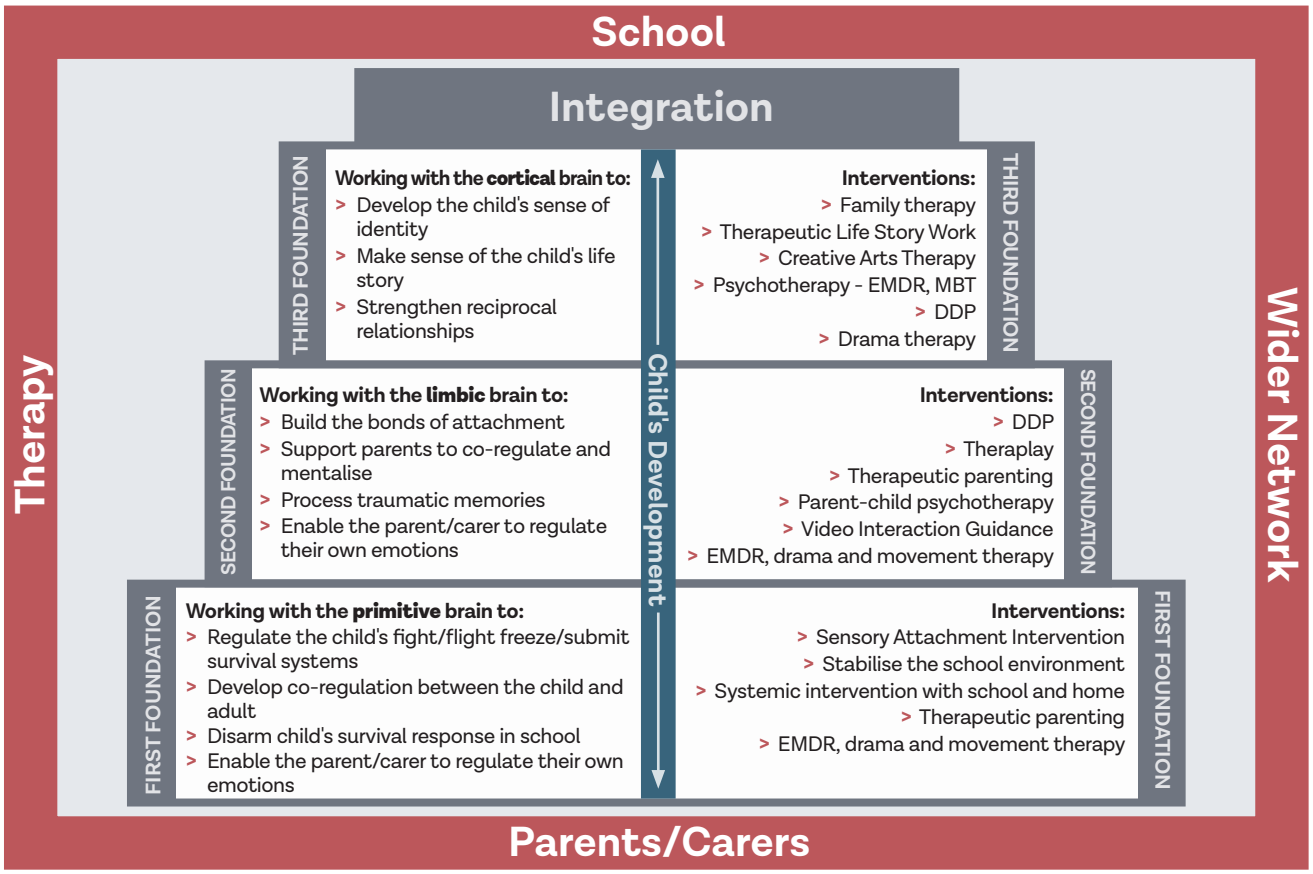
The following Research in Practice briefing discusses a pilot to introduce trauma-informed practice in schools:
Trauma-informed practices in inner London schools

It is beyond the scope of this briefing to discuss specialist support in detail, but examples of and information about a range of therapeutic services and therapies that are helpful and available for children via the Adoption Support Fund are available here: Adoption Support Services & Therapies - First4Adoption. It is important that these therapeutic services are available for all children who have experienced trauma, not just adopted children.

Different therapies work with different areas of brain development. This is important when working with children whose development has been compromised through traumatic experiences and attachment disruptions. Therapeutic work needs to take a 'bottom-up' approach, which starts at the level of the 'primitive brain' to support stabilisation and sensory regulation before moving on to the higher levels of the brain (Lyons et al., 2020, p. 35). The following graphic from Beacon House illustrates a range of specialist interventions for working with children at different brain levels.

Figure 4

The Neuro Sequential Model of Therapy: Building from the bottom up



Adapted from Beacon House Therapeutic Services & Trauma Team, 2021

Resources on specialist support

Further information on some of the interventions outlined above can be found at the following:

EMDR:
EMDR: The basics - EMDR Association UK - Overcoming trauma with expert help

Sensory attachment:
Sensory attachment intervention - Enabling self-regulation and co-regulation

Theraplay:
Theraplay UK

Video Interaction Guidance:
Association for Video Interaction Guidance UK

Therapeutic Life Story Work:
***What is therapeutic life story work?* - Creative Life Story Work**

Conclusion

Practitioners have a crucial role to play in supporting children who have experienced trauma and their parents/carers. It is not about providing them with therapy; rather it is about having a good understanding of how previous traumatic experiences can have an impact on children over their life course and using this knowledge to support children and their parents/carers.

As Treisman (2020) reminds us, 'You don't have to be a therapist to be therapeutic' and, 'Every interaction is an intervention' (for further information see Treisman's (2020) ***Trauma, adversity, and culturally informed, infused, and responsive organisations***). Thus, whilst you may not see it immediately, the work you do as a practitioner to support children and their parents/carers, and work with them in a trauma-informed way, is incredibly important to help them recover from previous trauma and to thrive.

Questions for reflection

1. How has your knowledge and understanding of trauma and its impact on children changed as a result of reading this briefing? How will you use and build on this knowledge?

2. Did any of the approaches discussed in the briefing resonate with you? How will you use these approaches in your practice?

3. What information and resources from this briefing (or from elsewhere) will you pass on to parents/carers? How will you support them to help their child?

4. How do you ensure that you create a safe, supportive and collaborative environment when working with children? Do you use direct observation as part of your approach to learn more about the individual child and their emotions and behaviour?

5. What do you find most challenging in communication with children? Which resources are you most likely to use to overcome these challenges?

6. How do you use supervision to help you reflect on an individual child and the support he/she needs? Do you have access to specialist professionals in your organisation to help with this (for example, clinical psychologist, educational psychologist, DDP trained practitioner) and, if so, how do you use this support?

7. What pathways into specialist support for children and their parents/carers are available in your organisation? Who do you need to work with to develop effective pathways into specialist services?

Related resources:

Watch:

- *Working with trauma-experienced parents in children's social care: Video Learning Resources* (Webb, 2022)
- Two recorded webinars on trauma-informed practice with children, young people and their families by Sheena Webb: *Trauma-informed practice: Webinar 1* and *Trauma-informed practice: Webinar 2* (Webb, 2020)
- *Trauma-informed responses in relationship-based practice* (Taggart, 2017)
- *Life story work – what it is and why it matters: Webinar* (Baynes, 2020)
- *Life story work: Videos* (Baynes, 2022)
- *Supporting life story work: the role of managers, Independent Reviewing Officers (IROs) and strategic leads: Webinar* (Baynes, 2020)
- *Embedding participation in child protection practice* (Dillon, 2021)
- *Attachment theory in practice* (Shemmings, 2019)
- *Using strengths-based video-feedback techniques to build parent-child attunement: Film* (Gow, Harrington, Park & Rautman, 2020)

Listen:

- *Adverse Childhood Experiences: What they tell us and implications for social care: Podcast* (2021)
- *Ensuring children's life stories are at the centre of direct work* (2022)

Read:

- *Using strengths-based video-feedback techniques to build parent-child attunement: Practice Tool* (Gow, Harrington, Park & Rautman, 2020)
- *Life story work: Practice Tool* (Baynes, 2022)
- *Trauma-informed approaches with young people: Frontline Briefing* (Taggart, 2018)
- *Embedding a trauma-informed approach to support staff wellbeing in children's social care: Strategic Briefing* (Wilkinson, 2021)
- *Developing and leading trauma-informed practice: Leaders' Briefing* (Wilkinson, 2018)
- *Positive mental health and wellbeing in children and young people: Suggestions for practice* (Fuggle & Redfern, 2019)
- *Developing trauma-informed practices in inner London schools - the iTIPS Pilot* (Aspland, Cameron, & Strelitz, 2020)
- *Fetal Alcohol Spectrum Disorders (FASD) – identifying and responding in practice with families: Frontline Briefing* (Mukherjee, 2017)
- *Responding to self-harm among children and adolescents: Suggestions for practice* (Flood, 2019)
- *Recognising child and adolescent to parent violence and abuse: Blog* (Bonnick, 2023)

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Additional material: Shola Apena Rogers

With grateful thanks to: Polly Baynes for her comments on this resource

Cover image: Aleksandar Nakic

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Research in Practice is a programme of The Dartington Hall Trust which is registered in England as a company limited by guarantee and a charity. Company No. 1485560 Charity No. 279756 VAT No. 402196875 Registered Office: The Elmhirst Centre, Dartington Hall, Totnes TQ9 6EL

ISBN 978-1-915669-19-3

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