Dealing with the effects of early childhood trauma – practice review

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One of the publications we have featured, in the last few days, looks at the effects of early childhood trauma, including the experience of domestic abuse, and how these can manifest themselves in violent and aggressive behaviour. The report includes some pointers as to how these issues can be approached by parents and other carers.

This seemed to us a central practice concern. Rather than simply reviewing the latest report, this briefing therefore draws together a guide to some of the other practice-relevant material on which we hold links. It also offers initial thoughts on some of the key practice issues, highlighted across the publications.

**1.** The latest report – [**Caring for those Who Care for Violent and Aggressive Children**](https://www.careknowledge.com/Caring_for_those_Who_Care_for_Violent_and_Aggressive_Children_25769827870.aspx) – comes from the Institute for Research and Innovation in Social Services (IRISS), in Scotland. It’s part of their Research Unbound series. The report includes material on the neuro-biological impact of childhood trauma and on how traumatised children express their feelings. It then looks at a number of individual case histories, before going on to offer a series of comments on what professionals can do to help.

**2.** The report on caring for violent and aggressive children is a companion-piece to another Research Unbound publication written by the same organisation – [**The Trauma of Parenting Traumatised Children**](https://www.careknowledge.com/The_Trauma_of_Parenting_Traumatised_Children_25769828175.aspx). That report discusses the meaning of trauma and how it might apply to ‘looked after’ children before considering the impact of parenting such children. There are also sections on vicarious and secondary trauma – and an end-piece on what can make a difference in caring for children affected by trauma.

(The two reports above were written by members of staff at ADAPT (Scotland) which, to quote their background piece – “supports foster and adoptive parents and the traumatised children in their care to find ways of managing life in happier and healthier ways.”)

**3.** IRISS has also published, as part of their Insight ‘Insight’ series: [**Trauma Sensitive Practice with Children in Care**](https://www.careknowledge.com/Trauma_Sensitive_Practice_with_Children_in_Care_25769814494.aspx).

This sets out to summarise the evidence in this area of work and to support practitioners to reflect on their practice, in this context. The report looks briefly at the policy context in Scotland, before moving on to an extensive section on the effects of trauma which includes material on:

* Self-regulation
* Emotional development
* Social relationships
* Language and trauma
* Sense of self

There’s a section on the neuroscience of trauma, covering:

* Early developmental experiences
* Response to perceived danger
* Hyperarousal and dissociation
* Traumatic triggers

The section on therapeutic responses includes material on:

* The Neurosequential Model of Therapeutics (NMT)
* Phased interventions
* Whole-system approaches

Implications for practice are discussed in relation to:

* Training and support for staff and carers
* Creating safety
* Helping children to learn to regulate themselves
* Developing emotional skills and accountability
* Resilience and strength-based approaches

**4.** [**Fostering and Adoption Learning Resource 02: Attachment Theory and Research**](https://www.careknowledge.com/Fostering_and_Adoption_Learning_Resource_25769815131.aspx)

<http://fosteringandadoption.rip.org.uk/>

This is part of DFE-funded Fostering and Adoption Learning Resources produced by research in practice. This report includes information on:

* What attachment is
* How attachments are formed in infancy and beyond
* Type of attachment patterns
* The 'Strange Situation Procedure'
* Secure, Insecure, avoidant and ambivalent attachments in mothers and babies
* The importance of secure attachment
* Maltreatment and attachment
* The 'Secure Base Model'
* Contact and attachment

**5.** [**Fostering and Adoption Learning Resource 04: Early Brain Development and Maltreatment**](https://www.careknowledge.com/Fostering_and_Adoption_Learning_Resource_25769815131.aspx)

This is another part of DFE-funded Fostering and Adoption Learning Resources produced by research in practice. This report includes information on:

* The developing brain
* Sensitive and critical periods in brain development
* Response to neglect and abuse
* The 'Still Face' experiment
* The stress system response to maltreatment
* Differential susceptibility to maltreatment

**6.** [**Fostering and Adoption Learning Resource 05: Early Childhood Trauma**](https://www.careknowledge.com/Fostering_and_Adoption_Learning_Resource_25769815131.aspx)

This is another part of DFE-funded Fostering and Adoption Learning Resources produced by research in practice. This report includes information on:

* Physiological response to maltreatment
* Maltreated children and attachment
* Therapeutic parenting for developmental recovery
* Supporting foster carers and adopters
* Evidence-based interventions (including 'Multi-dimensional Treatment Foster Care', 'Keeping Foster and Kinship Parents Trained and Supported' (KEEP), and 'Fostering Changes'

**7.** [**Children's Attachment**](https://www.careknowledge.com/Children39s_Attachment_25769823855.aspx)

These are draft guidelines issued by the National Institute for Health and Care Excellence (NICE) in England. The guidelines have been developed to advise on attachment in children and young people who are adopted from care, in care or at high risk of going into care. A separate CareKnowledge briefing is available on the guideline.

Although the guideline is aimed principally at healthcare staff, it includes material that should be of interest across the field, particularly for its exploration of the wider evidence on attachment and attachment theory. Briefly, key content of that sort includes the following.

Section 2 (P. 17) is particularly helpful, providing a wide-ranging but relatively concise Introduction to children’s attachment, including material on:

* Types of attachment pattern (secure, avoidant, resistant, and disorganised)
* Assessment and measures of attachment
* The frequency of attachment difficulties
* The age-onset and duration of such difficulties
* Associated mental health behaviour problems
* How such difficulties can show up in different settings
* Family life and relationships
* The causes of attachment difficulties

Further sections provide information and discussion on:

* Section 4 (P. 50) Biological factors associated with the development of attachment difficulties in children and young people
* Section 5 (P. 82) Environmental factors associated with the development of attachment difficulties in children and young people
* Section 6 (P. 110) Process and arrangement features for taking children and young people into care associated with an increased or decreased risk of developing or worsening attachment difficulties
* Section 9 (P. 288) Interventions for children and young people on the edge of care
* Section 10 (P. 395) Interventions for children and young people who are in care
* Section11(P. 436) Interventions for children and young people who have been adopted including material on secure attachment, maternal sensitivity, disorganised attachment, parental behaviour, behaviour and emotional problems at school, and the development of empathy

**8.** [**Vicarious Trauma: the Consequences of Working with Abuse**](https://www.careknowledge.com/Vicarious_Trauma_the_Consequences_of_Working_with_Abuse_84849.aspx)

This is an NSPCC review of the research literature on the implications for professionals of using empathy when working with traumatised children and families. A separate CareKnowledge briefing is available on this report.

Our briefing raises some key questions about the extent to which the focus on the use of empathy is effectively captured in the research but, ignoring, for the moment, the question as to whether the noted effects on staff stem from their use of empathy, or come as a result of some other mechanism of mechanisms, the review suggested:

* There is evidence for some personal cost in working with traumatised children – for example, studies have exposed feelings of guilt and worthlessness amongst staff in the aftermath of child death
* There is evidence that such effects on staff need to be mitigated if they are not to function below the optimum level or, in the worst case, be damaged themselves
* There is evidence that staff may suffer trauma as they supress their negative feelings about perpetrators and offenders, and that living with the worst aspects of human nature on a daily basis can have a variety of effects on professionals including "low self-esteem, emotional numbing, cynicism and a loss of confidence"
* That that kind of experience can lead to staff depersonalising the children they work with
* There is evidence that the effect of 'vicarious trauma' can accumulate over time or be associated with one key event, and can have spin-off effects on other team members
* Effective supervision and peer support are among the approaches that may mitigate the effects of 'vicarious trauma', as is team de-briefing in cases where the effects are wider

**9.** [**Emotional Maltreatment – What Works?**](https://www.careknowledge.com/Emotional_Maltreatment__What_Works_58384.aspx)

This briefing paper from the Department for Children, Schools and Families (as was), summarises research carried out by the University of Warwick. It looks at the evidence about what works to prevent child emotional maltreatment before if occurs and also to prevent its recurrence, and focuses on the parents or primary carers of children aged 0-19 years.

**10.** [**How Do Children Understand and Cope With Domestic Violence?**](https://www.careknowledge.com/How_Do_Children_Understand_and_Cope_With_Domestic_Violence_36110.aspx)

This research article draws on the findings of a study within the ESRC Children 5-16: Growing into the 21st Century Research Programme which examined children's understandings and coping strategies in relation to domestic violence.

The study found that far from being passive victims of violence, children and young people showed themselves to be actors in their own lives, frequently taking responsibility for thinking through options and possible outcomes carefully. However, the study found they had rarely been listened to. Professionals were seen not to take the opinions of the children of abused women they work with very seriously as sources of solutions and potential ways forward.

The research demonstrated that children use wide-ranging, and often creative, coping strategies, even though the protective factors which experts have identified as being essential for positive coping are very frequently precisely those that are absent in cases of domestic violence.

In the study, the only protective factor which was often present was secure attachment to the non-abusing parent, the mother (even if this relationship was also conflicted). This emphasises the importance of the developing practice of social workers working supportively with mothers and their children together, to build on the strengths of the relationships between them.

**11.** [**Through the Eyes of the Wounded: A Narrative Analysis of Children’s Sexual Abuse Experiences and Recovery Process**](https://www.careknowledge.com/Through_the_Eyes_of_the_Wounded_A_Narrative_Analysis_of_Childrens_Sexual_Abuse_Experiences_and_Recovery_Process_25769814135.aspx)

This article from the Journal of Child Sexual Abuse analyses trauma narratives written by children as part of a counselling intervention. Qualitative analysis revealed three themes: memories of the abuse, the disclosure and subsequent events, and the healing journey. Children’s descriptions of their thoughts, feelings, and beliefs about their experiences are described. and recommendations are provided for counselling professionals to increase the efficacy of care provided.

**12.** [**Exploring Family Violence: Links Between Child Maltreatment and Domestic Violence**](https://www.careknowledge.com/Exploring_Family_Violence_Links_Between_Child_Maltreatment_and_Domestic_Violence_35602.aspx)

This Australian paper, from Issues in Child Abuse Prevention, discusses the relationship between child maltreatment and domestic violence, looking, in particular, the relationship between child sexual abuse and domestic violence, and the 'forgotten' victims of family violence – children who witness domestic violence. It is contended that to adequately prevent family violence requires a shift in policy and practice to ensure that the 'totality of violence' present in families is addressed.

**13.** [**Parenting a Child Who Has Experienced Abuse or Neglect**](https://www.childwelfare.gov/pubPDFs/parenting_CAN.pdf)

This factsheet, from the Child Welfare Information Gateway in the USA, provides another interesting insight into how other countries view and deal with some of these issues. The factsheet provides information to parents on:

* What they should know about children
* What child abuse and neglect mean
* What the effects of abuse and neglect are
* How to children heal
* Where support is available

CareKnowledge comment

There is a significant number of thorough and extensive reports in even this limited selection of trauma-relevant material. Some provide relatively complete overviews of the issue and its implications. It would therefore be foolish to attempt a summary of the practice implications of such a broad range of material. But, even scanning the reports for this briefing leaves a number of thoughts that might be worth sharing.

The first is that IRISS’s material is amongst a relatively limited range that attempts to take what is known about trauma and turn that into practice recommendations for those caring for the children affected.

That said, some of the literature does look at the effects of caring on carers, and the need for professional support systems to recognise this. Those considerations need to include the recognition that adults working with traumatised children can add to children’s problems if their own emotions are not under control.

Much of the literature notes the need to view children as individuals – that a ‘one-size-fits-all’ approach to those affected by trauma is inappropriate.

That’s partly because the evidence shows how much variation there is in the way children react to trauma; and in their level of resilience and recovery, with some reports pointing to the way in which traumatised children can even exceed the achievements of their peers who have not suffered specific trauma.

At least one of the reports we have identified also suggests that children react differently to trauma, than do adults, and we need to understand more about the nature of their reactions, so that we can respond to their needs more effectively.

It’s worth noting that the literature shows an increasing, but not yet wholly conclusive, interest in the direct physiological effects of childhood trauma, particularly on the brain; and its impact on cognitive functioning and on psychological mechanisms such as self-regulation.

Some of the material featured in this briefing looks at trauma in the specific guise of the experience of domestic violence. As well as any focus on the effects on children, there are arguments about the need for a wider, whole-systems approach to the issue, including reaching a better understanding of how domestic violence develops.

One of the Adoption and Fostering Learning Resources (on attachment) featured in this briefing seemed to helpfully sum up some of the key requirements for caring environments that might support children who have experience trauma:

* Children need a relationship with a caregiver who is sensitive and responsive, who comforts the child when distressed and enables them to feel safe enough to relax, play and learn. This is the basis of a secure attachment
* Developing a secure attachment with a substitute carer is key to improving outcomes for these children
* But, the emotional and behavioural strategies children use to protect themselves, however, puts them at risk of being rejected by others and can affect all relationships
* Overcoming those difficulties is worthwhile though, because children who are securely attached have higher self-esteem and empathy, and can deal with stress more effectively.