

# An Introduction to Trauma and Trauma Informed Practice Workforce Briefing



Trauma Informed  
Stoke-on-Trent  
and Staffordshire

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TRAUMA INFORMED CONSULTANCY SERVICES

# What is Trauma?

Trauma is the complex psychological and emotional response to a painful and upsetting situation or series of situations. It is not just the event itself that defines trauma, but an individual's emotional experience of these events.

## What can cause Trauma?

Here are some of the situations that can lead to trauma:

- Physical violence
- Sexual assault
- Emotional abuse
- Witnessing violence
- Being the victim of violent attacks either physically and/or psychologically,
- Witnessing accidents or natural disasters

You may hear the word 'adversity' being used. This refers to situations like those above or other chronic stressors which such as parental separation or loss of a loved one. There are many more. These are just some examples. More information can be found [here](#).

## How does it impact on people?

Trauma can affect an individual's long-term health and life outcomes, as well as the community overall (Van der Kolk, 2003). Trauma can lead to changes in an individual's biology and behaviour across the life-course, affecting relationships. Hence, trauma not only disrupts the lives of individuals but also affects the fabric of communities and society as a whole. It is important that we don't generalise, always remember that trauma effects everyone differently. (NCTSN, 2024).

On a community level, those facing collective historical and structural violence will be more likely to be affected by trauma and its consequences (Li et al., 2023). Therefore, whatever our role is, we must do our bit to identify the widespread, intensified impact of trauma on health and well-being of those we work with.

Efforts to prevent trauma and lessen its negative effects are key to improving community safety, reducing violence and working preventatively in both a physical and psychological health sense (Wilson, 2022).

## Types of Trauma

**Acute Trauma:** Results from a single incident

**Chronic Trauma:** Results from repeated and prolonged exposure to highly stressful events

**Complex Trauma:** Results from exposure to multiple traumatic events.

## What to look out for in children

Knowing what to look out for in children is difficult as each child will respond differently. Younger children might not have the vocabulary or emotional awareness to express their feelings directly.

Here are some signs and behaviours that you might notice:

- New or worsening fears
- Anxiety about being away from caregivers
- A generally nervous disposition
- Persistent sadness
- Displays of anger
- Being aggressive towards other children/siblings/adults
- Behaving in a way that you might expect of a younger child e.g. being more clinging or sucking their thumb
- Jumping/overreacting to noises or movements
- Attendance/attainment decreases in school
- Setbacks in progress they have made e.g. a child who could tie their laces/not wet the bed now does
- Struggling to socialise with others/keep their friends
- Re-enacting elements of the trauma through their play, art etc
- Appearing to have emotions/feelings that don't seem to fit the circumstance e.g. a child being told a parent has died who doesn't seem to react at all

In the [Introduction to Trauma Explainer Guide](#), you will find more detailed information about what to look out for.

## What can we do?

- Raise awareness of trauma and how it impacts on the individual and communities.
- Consider how you can adapt your approach and practice according to the **6 Principles of Trauma Informed Practice** (Safety, Trustworthiness & Transparency, Peer Support, Collaboration & Mutuality, Empowerment Voice & Choice and Cultural, Historical & Gender Issues).

## Considerations regarding children

Younger children are often more likely to report physical sensations (Downey & Crummey, 2022). They may use play to express themselves and re-create a traumatic event(s) as a way of processing.

There may be an increased need for approval from others. It is vitally important that we look beyond the external behavioural display and consider what the child might really be telling us, we can do this by creating a safe environment and being curious.

## Other related mental health difficulties

A child showing signs of trauma may also experience difficulties around depression and anxiety. Sometimes the mental health difficulties are further reaching due to the impact that undetected trauma can have on a child who has not previously received the support they need.



# How does Trauma and Experiences of Adversity Impact on Child Development?

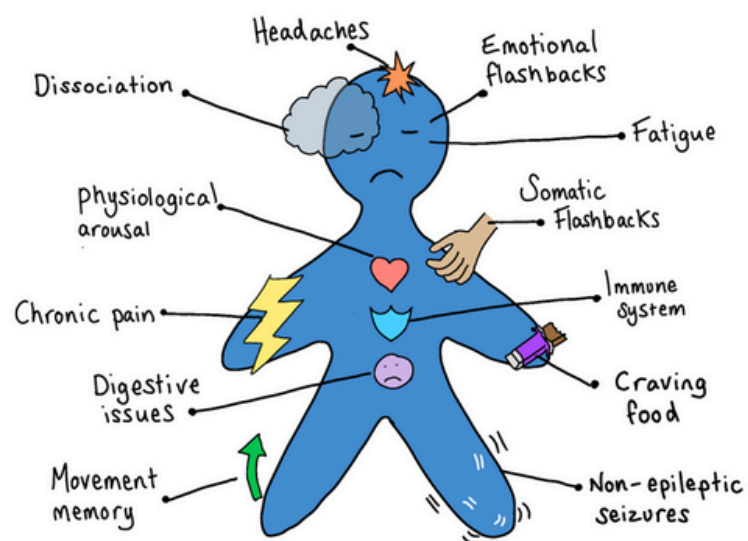
Having a baseline knowledge of neurobiology helps us to understand the impact of adversity on a child's development (Racine et al., 2020). **Situations which relate to poverty and abuse are just two examples of adversities which have now been found to change the brain's structure.** The powerful thing about relationships and connections that nurture and respond to the needs of a child is they can both prevent and undo some of the biological changes through early identification and supportive, compassionate understanding.

When a child's brain is in survival mode, dealing with the effects of chronic stress, we may note psychological differences which can include (but are certainly not limited to):

- Attention difficulties
- Reduced memory retention for their age
- Not meeting age-related expectations at school
- Emotional dysregulation
- Attachment difficulties including forming and keeping friendships
- An increased risk of substance use across the life course
- High risk behaviours which may lead to a higher risk of committing a criminal offence

## How Does the Body Keep the Score?

When an overwhelming traumatic event occurs, the threat memory can manifest in real physical issues



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# How to Approach a Child with Suspected Trauma

The encouraging aspect is that the brain is plastic and can adapt. **Every positive experience or interaction a child has contributes to the ongoing process of rewiring, gradually leading to a brain less inclined towards fear as its default response.**

In states of heightened alertness (which can look different for every child), the primary focus should be on creating a safe environment and fostering a calm and supportive atmosphere to help support a child to feel safe, calm and supported.

**Trust:** Across all sectors, this may look like being open and transparent with the child such as anticipating next steps and what to expect, taking time if the situations allows, to break the ice and help the child to feel more comfortable in your company. With younger children, toys/art supplies can be useful to provide distraction during difficult conversations.

Another way to build trust and establish an appropriate, nurturing relationship is to validate and acknowledge what they are feeling /what they have experienced. You might be the first person in the child's life to do this! Or they may have not felt listened to or heard by an adult previously.

Being as concrete as possible also mitigates against misunderstandings which can undermine any relationship. For example, rather than "your uncle has gone to sleep/is no longer with us," "your uncle has died." Adapt for the age of the child and circumstance but concrete is almost always better. Using drawings when a child is explaining something can help to provide clarity too.

Some suggested prompts are:

- "It's really understandable that you're feeling X"
- "I can see that you are upset/angry. How can I help?"
- "That must have been hard"
- "You aren't alone now"
- "I hear you"

**Give choices:** Carefully consider where it is possible to give the child choices in your interactions with them. This will look very different depending on the setting/service you work in.

You may want to set aside time to assess as a team what you currently do as a service to offer child/ren choice.

Some children find it difficult to sit in a room with adult/s and would find it more comfortable to 'walk and talk'.

Do you have resources available for example a child may want to use pictures to express their feelings?

Allow children to bring comfort items from home, like a favourite toy or blanket, to create a familiar and soothing environment.

Offer a variety of distraction tools or activities (e.g., toys, books, videos) and let the child choose what they find most engaging during waiting times.

**Behaviour as communication:** We may be met with resistance from a child or be working with a child that has been defined as 'naughty' or 'unruly.' For a child who has not been provided with opportunities to talk about their feelings and experiences, or who may not yet have the verbal skills/vocabulary to express themselves, they can show us through their behaviour.

### Instead of

What is wrong with you?

This child has challenging behaviour

Attention seeking

They do this to me every time they're here

They choose to behave this way

### Try thinking

What happened to you?

I'm finding this behaviour challenging

Connection needing

What is it about this space that feels unsafe?

What are they communicating that I'm not understanding and what can I do to change it?

## Re-establish a sense of safety

Don't underestimate the power of creating a safe and sensitive environment no matter how short or long our interaction with a child is. Anything that we can do to minimise the impact of sights, sounds, sensations that might be triggering for a child in our setting can be helpful. Examples could include:

- In a health care setting this might look like carefully planning any necessary physical contact and communicating this with the child before touching them. Or, forewarning the child that they might hear X sound and what it means.
- In a police station, we could, where practically possible, interview a child in a quiet room where we can minimise exposure to things like shouting.
- In a school, increase the predictability of the environment and wherever possible be providing a calming area if a child becomes emotionally dysregulated and requires a safe, quiet, nurturing space.
- As adults it is important that we are aware of our own emotions and the importance of remaining calm and not externalising our own distress when we are hearing from the child; The importance of both formal and informal supervision can support in establishing greater psychological safety for those that we work with, and this will help within our practice.

## Importance of joint working

It is important to hold in mind that there is so much that we can do when adopting a trauma informed approach in the work that we do and through recognising and acknowledging that those that we work with bring with them their own unique experiences (Olafson et al., 2016).

Applying a trauma-informed lens when working with adults acknowledges the enduring effects of past trauma on mental and emotional health.

For children, who are often more vulnerable and less equipped to articulate their emotions, a trauma-informed approach fosters an environment of understanding and empathy. This approach acknowledges the potential impact of adverse childhood experiences on a child's development, behaviour, and overall mental health. The power of creating a safe and supportive space, that fosters a sense of belonging can help children navigate their emotions, build resilience, and establish healthier coping mechanisms.



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