



# Potential Effects and Impact of Trauma Full Explainer Guide



Trauma Informed  
Stoke-on-Trent  
and Staffordshire

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TRAUMA INFORMED CONSULTANCY SERVICES

# Introduction

In this guide, we detail some of the potential impacts of trauma, how to recognise the potential signs and why it is essential that regardless of our roles, remits and settings, that we take a trauma informed approach to what we do.

As you navigate this guide, please be aware that some of the content is very sensitive. Only access this guide when it is safe for you to do so and hopefully, after you have had time to go through some of the Vicarious Trauma content which has strategies around keeping ourselves safe when discussing such topics.

## National Context\*

When we consider some of the statistics for the UK as a whole, we can see that:

·By the age of 18, 1/3 will have experienced at least one event of a traumatic nature (**UK Trauma Council, 2024**) with 20% of people developing Post-Traumatic Stress Disorder (**PTSDUK, 2024**).

·Every day, 62 children will become known to services and investigations will begin around child abuse and/or neglect (**NSPCC, 2022**).

·According to Mind, in a sample of 500 young people, 23% shared that they have never reached out for support due to the belief that their problems were not serious enough (**Mind, 2024**).

·The risk of poor mental health as an adult doubles for those with a history of trauma (**BMJ, 2019**).

\*Statistics correct at time of writing in April, 2024.

# What is Complex Trauma and How Does it Relate to Children?

Complex Trauma refers to children or young people who have experienced several traumatic experiences of a threatening nature. Such events will be chronic and repeated. Some examples of what constitutes as complex trauma can be found in the image below.

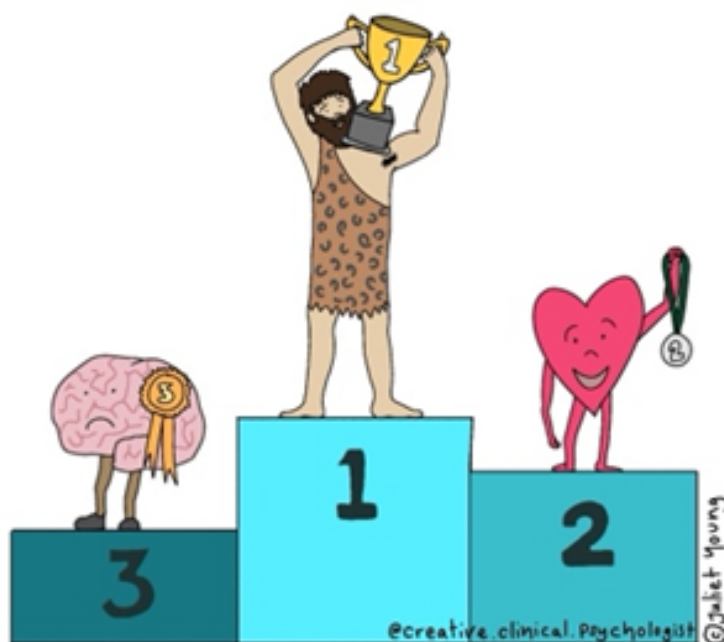


## How does complex trauma impact on a child's life?

When asking this question, we must hold in mind that of course the impacts of complex trauma will be different for every child and young person. However, we can reflect more broadly on what these impacts can look like.

Also as we look at the image below, depending on our role and the depth of the work we are carrying out, we sometimes won't get to see the full extent of the impacts as the child may have learnt that to survive, they must hide or 'mask' their true feelings and the extent of what has happened to them.

Survival Behaviours will often triumph over emotional and logical responses



As a result of these Survival Behaviours and what the child has been exposed to, we may be observing behaviours which lead us to a very different conclusion about what has happened and how they are feeling as demonstrated by the iceberg image.

As we have established, complex trauma refers to repetitive, enduring traumatic events which the child perceived as a threat to their safety. The mind and body is exposed to chronic, toxic stress which can alter a child's world view and often this last into adulthood if the child has not received the right support.

**Reflection:** Can you think of a child that you have worked with who has experienced a traumatic event? What were their survival behaviours?

## Cognitive impacts

High levels of chronic stress can impact a child cognitively and we may notice that they may:

- Experience difficulties with focusing
- Experience challenges around retaining information memory
- Have a reduction in their executive functioning (executive functioning controls factors such as planning, following instructions, meeting goals)

Cognitive factors such as these can have an impact on progress at school which may make it more difficult to meet the expected milestones for their age group academically.

## Emotional impacts

Those who have experienced such adversities are more likely to:

- Be in survival mode e.g. watching out for threats (hypervigilance)
- Experience ongoing low mood, depression anxiety, depression or challenges around regulating their emotions.
- Be dysregulated and can express themselves through anger/aggression, further isolating the child from potential support systems (Consider the image below...look at what is beneath the surface).
- Have a reduction in their self-esteem and self-worth.
- Experience ongoing feelings of helplessness and hopelessness.



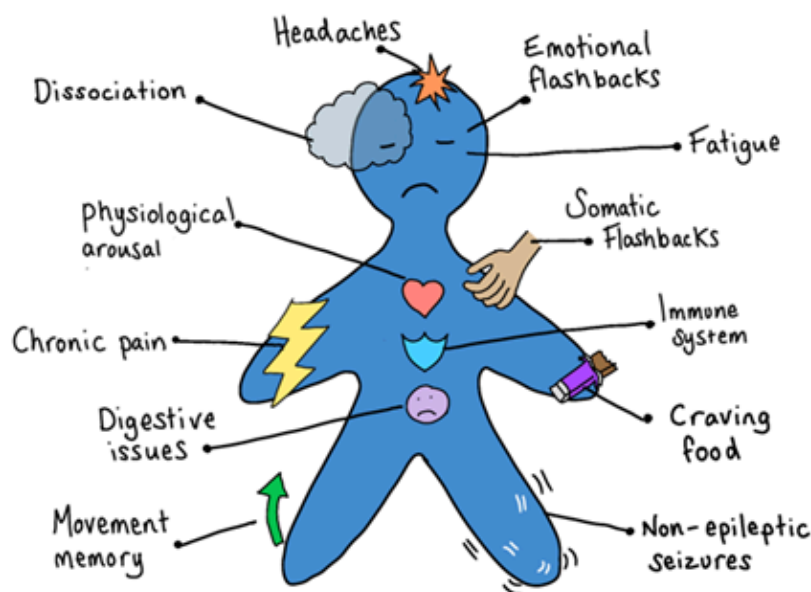
Reflection: How can identifying and addressing these underlying factors change our approach to supporting and guiding the child towards more positive behaviours?

### Health impacts

- The stress hormone cortisol (when released over a long period of time) has been found to reduce the effectiveness of the immune system, contributing to an increased susceptible to infections
- Ongoing activation of our 'alert' systems means that the nervous system works on over-drive and this can lead to cardiovascular disease in the future due to the wear and tear on the body
- There have also been links identified complex trauma and obesity and diabetes identified
- Substance use disorders more prevalent (frequent) within this population as some individuals may turn to this as a coping mechanism.

## 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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### Social development impacts

Many children and young people may have had disruption to their attachment growing up. An attachment is a special bond between child and a caregiver. Therefore, this impacts on how relationships are navigation. Some of the potential impacts are:

- Clinginess when they do build trust with someone
- Difficulties in starting and keeping friendships including in childhood
- Difficulties with relationships as adults.

## The impact on life chances

Research evidence is ever increasing in this area and it is now recognised that traumatic experiences in childhood can have an impact on life chances well into adulthood.

The impact on both physical and mental health has been found to reduce the socioeconomic outcomes in some people. Due to some of the risk-taking behaviours that can be a way of coping or self-expression who those with unresolved trauma who have not received the support they required, the levels of unemployment and/or involvement with the criminal justice system are higher than for those who have not had these experiences growing up. However, there is so much we can do that is preventative if we consider strengths-based approaches. For those of you working in within criminal justice or in restorative work, you may wish to do some more research into the Good Lives Model. **This** might be a good starting point.

We need to stop just pulling people out of the river. Some of us need to go upstream and find out why they are falling in.

(Desmond Tutu)



**Reflection:** What does the image above mean to you? Discuss with a colleague if you can.

# How Does Complex Trauma Impact on a Child's Brain Development?

Having a base line knowledge of neurobiology helps us to understand the impact of complex trauma 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 brains' structure.

The really 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. Furthermore, it is critical that we appreciate that the brain undergoes the majority of its changes and development during the initial years of life. This period is crucial in human development, as adversities can potentially lead to an excessive production of cortisol (the stress hormone). Elevated and prolonged levels of cortisol can disrupt the brain's circuitry (Wolf & Schnurr, 2016).

## What to look out for?

### Physical symptoms

- Chronic fatigue which does not improve with rest
- Aches and pains which cannot be attributed to other causes
- Digestive problems including Irritable Bowel Syndrome (IBS)
- Heightened senses
- Compromised immunity e.g. greater susceptibility to infection
- Sleep difficulties e.g. nightmare, waking terrors, insomnia

### Emotional symptoms

- Dysregulation e.g. controlling emotions can be challenging
- Sometimes sudden and intense emotional experiences
- Challenges expressing emotions (flat affect)
- A prolonged sad or depressed state, anxiety and fear are common
- Feelings of hopelessness
- Managing anger can be difficult



- Shamefulness/Guilt which may seem disproportionate for a certain circumstance
- Feeling distant or separated from others

### Psychological symptoms

- Flashbacks and intrusive thoughts. This might look like revisiting/reliving traumatic events in a way that is beyond the control of the individual
- Avoidance e.g. of locations, others, activities which cause triggering of memories
- Diminished feelings of self worth
- Negative self-perception
- Worthlessness
- Difficulties around managing relationships and socialising
- A lack of feelings of safety even in unthreatening, benign situations
- Attention and concentration difficulties
- Challenges in engaging in conversations about the future including goal planning
- An increased risk of self-harm including using substance abuse

### Why do we need a trauma informed approach?

Experiencing trauma can restructure the brain's neural pathways. When confronted with danger, our cognitive and communicative functions may shut down, leading us to respond with fight, flight, freeze, or faint reactions. If these responses occur repeatedly or persistently, they can become default patterns, while other neural pathways are neglected.

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. It's essential to bear in mind that trauma or fear responses can manifest in various forms, such as anger or fear.

In states of heightened alertness, higher cognitive processes and language functions may be impaired, rendering reasoning ineffective. During such moments, the primary focus should be on calming the individual. Trauma can manifest in diverse ways, and it is unproductive to attribute blame. Our central concern should be the well-being of the child.

Understanding that a child's responses may resemble those of a younger child, owing to a delay in brain development caused by trauma, can foster a more compassionate and forgiving perspective.

### What are the principles of the trauma informed approach?

#### Safety

The foremost focus is on ensuring the safety of children and staff through:

- Acknowledging their sense of security or inquiring about their safety needs.
- Creating an environment with a reasonable absence of threat or harm.

- Making efforts to prevent re-traumatisation
- Implementing appropriate policies, practices, and safeguarding measures.

### **Trust**

Transparency is ingrained in an organisation's policies and procedures, with the aim of fostering trust among staff, students, and the broader community, achieved through:

- Clear explanations from the organisation and staff regarding their actions and rationale
- Fulfilling commitments and following through on what is promised
- Setting clear expectations and refraining from making unrealistic or exaggerated promises

### **Choice**

- Ensure all aspects of the community have a say in the decision-making processes of the organisation and its services
- Actively listening to the needs and preferences of children, their parents & caregivers and staff
- Providing clear and transparent explanations of the available choices
- Recognising that individuals who have experienced or are currently experiencing trauma may feel a lack of safety or control in their lives, which can create challenges in developing trusting relationships

### **Collaboration**

The organisation acknowledges the importance of staff, and service user experiences in addressing challenges and enhancing the entire system through:

- Incorporating formal and informal peer support and mutual self-help practices
- Engaging service users and staff in open dialogue to understand their needs and collaboratively devising ways to meet them
- Emphasising collaboration and active involvement of service users in the service delivery process

### **Empowerment**

Steps are put in place to distribute power equitably and empower the whole community to actively participate in decision-making, both at the individual and organisational levels, achieved through:

- Validating the emotions and concerns of both staff and service users
- Actively listening to and understanding the desires and needs of each individual
- Providing support to enable individuals to make informed decisions and take necessary actions
- Recognising that individuals who have experienced or are currently experiencing trauma may grapple with feelings of powerlessness over their circumstances, isolation due to their experiences, and a diminished sense of self-worth

## Cultural considerations

Overcoming cultural stereotypes and biases, such as those related to gender, sexual orientation, age, religion, disability, geography, race, or ethnicity, is achieved through the following measures:

- Providing access to gender-responsive services
- Emphasising the therapeutic benefits of traditional cultural connections
- Implementing policies, protocols, and processes that are tailored to be responsive to the specific needs of the individuals being served.



# Strategies for Supporting Traumatised Children and Young People

## Immediate response

If you find yourself supporting a child in the immediate aftermath or in the first few days that follow a traumatic event, remember that even just your presence, your calmness your compassion will be hugely beneficial. In this section, we have put together some suggestions of strategies you can try. Choose the ones that fit your role and remit the best.



## Establish safety

- Safety on both a physical and psychological level is always our first priority. Support the child to understand that there is no more danger and that they are somewhere safe
- Keep your language simple and reassuring whilst remembering to not minimise the situation or give the child false hope/promises. During this immediate aftermath, big conversations are not usually advised as the child is likely to be in a state of shock and panic, often unable to take on board what they are being told.

## Listen and validate

- Support the child/young person to share any emerging feelings but do not push them to do so. Encouraging them to talk as soon as possible might seem like a good thing but it is better to let them talk when they are ready to. Use active listening and give the child space, time and encouragement to share
- If they do choose to share anything in this early phase, acknowledge the difficulty of doing so, acknowledge what they have been through e.g. “that must have been difficult.” (More on language use in the language guide)
- It can be difficult to see a child or young person in this way and as caring adults, we often have a strong desire to “fix” the situation and make it all better. Sometimes, this can lead to quick fixes or minimising what they have been through e.g. “it’s not so bad...” or “everything is fine.” Instead, explain that it is normal to experience a range of emotions, feelings and reactions following the traumatic event
- We may feel reluctant and not know what is the ‘right’ thing to say. But remember, your presence is the most important thing. It’s not about what we say but what we do that is important e.g. sitting with them, providing space.

## Ongoing support

Your role might mean that you will be supporting a child or young person in the weeks, months or even years following traumatic events. Here are some suggestions to get you thinking and we have also included some links at the end of this document too which may help. However, you will need to work with the child to find out how best to support them. It is important that we don’t assume needs.

There may be some strategies here that do not apply to your role so pick the ones that do and share the others with a colleague who may find them useful.

## Routines

- For many children and young people, the unpredictability of the threats/dangers they have been exposed to mean that safe can feel like consistency and certainty
- Whilst we may not be in a position to change their circumstances, we can provide specific routines/standard approaches to how we do things with the child as this contributes to the child feel more grounded.

### **Expressing and communicating emotions**

- How this looks will differ with each child/young person
- Try to have some basic drawing materials/toys available so that children have the option to express and work through their emotions this way
- Younger children in particular have been found to find this sometimes more beneficial and easier than talking.

### **Psychoeducation**

- Children and young people often share with us that their experiences make them feel weak or different
- As soon as the child is receptive to discussions e.g. they are more emotionally regulated, teach them age appropriately that how they are feeling and reacting is normal
- You may find some of the books on this website useful for younger children
- UK Trauma Council have developed a series of animations available here which have been designed by young people for young people are might be more appropriate for older children and teenagers. Please watch these yourself first and determine the maturity level of the young person you are working with.

### **Strengths based approach**

- We can really empower the child or young person we are working with by pointing out the progress they are making, their coping skills and help them to identify their strengths
- This can demonstrate to the child how strong they are and that it is ok to take small steps as they slowly work towards recovery.

# Long-Term Recovery

You may have a role that means you are working with a child with historic trauma experiences, or you could be supporting them continuously for months or years. Alternatively, you might be in a role such as teaching or youth work where you may not always be aware what a child has been through. If so, this section will support you to consider their longer-term needs and what we can do to support.

**Important:** Many of these are skills and strategies that we can use with all children irrespective of whether they have experienced trauma or not. Start with the image below.

**P** **Playfulness**

- Playfulness in interactions can diffuse conflict and promote connection e.g. Maintaining a relaxed 'lightness' and can involve making a joke (though this has to be done carefully)

**A** **Acceptance**

- Accepting needs and emotions that drive behaviour (not necessarily the behaviour) without judgement

**C** **Curiosity**

- Being curious to where a behaviour has come from (in your head or out loud..)

**E** **Empathy**

- Really connecting with how they are feeling and showing compassion

P.A.C.E is an approach developed by Dr Dan Hughes aimed at supporting recovery from developmental trauma. However, it can be a useful attitude to adopt with anyone who is emotionally dysregulated

Illustrated by *Julia Jones*

## Early identification of related mental health challenges

- Remain vigilant to any signs of depression, anxiety and the indicators of PTSD (more on this in the introduction to trauma guide)
- Use your organisation's referral processes to pass on any concerns you have about a child or young so that additional support can be implemented
- The earlier we do this, the better for the child.

### Learn and borrow from other professionals

- There might be people within your organisation's multi-disciplinary network or agencies you have access to which might be able to offer specific types of therapy designed for those with experience of trauma
- There might be strategies you hear about that you can 'borrow' from other fields that you can do safely within the capacity or remit of your role .e.g. something used by teachers which could be useful in a social work arena for example.

### Connecting the child with peers

- As previously mentioned, social development can be impaired in situations where the child or young person has had their trust broken, they may not have experienced a safe attachment with a caregiver and more
- Consider how you can support the child to join in with their peers e.g. playing/interacting/talking with other children
- The child may need your support to talk to new children and make new friends
- Sometimes a greeting or an introduction between children and young people can go a really long way!

### Equipping them with coping techniques

Here are some links to strategies/coping techniques that young people have found useful. Explore them and find out what might work for those you work with. A good starting point might be to support the child to complete a wellbeing action plan. Wellbeing action plans enable them to consider who their safe adults are, what helps when things are difficult and establishing their triggers/challenges.

There are lots of templates out there of wellbeing action plans. Here is one example for **school aged children** and one for those of **college age**.

Some of the things they may consider putting on their plan are:

- **Self-soothe boxes**
- **Trauma safe grounding techniques**
- **Journaling**



# Conclusion

We hope this guide has helped you to learn more about the impacts of trauma but also to feel empowered and positive as a result of much we can achieve just being there for the child.

Supporting a child or young person in the longer term is a balancing act as we do need to nurture and provide support whilst also considering what they need and from who with regards to their longer-term healing. Children and young people will heal differently with different time frames so remember not to compare the different individuals you are working with.

Sometimes we need to hold onto hope for those who have grown tired of holding theirs alone



# Useful Links and Wider Reading

Anna Freud (2024) Trauma. Available from:

<https://www.annafreud.org/resources/under-fives-wellbeing/common-difficulties/trauma/> [Accessed: 3.04.2024].

PTSD UK Website has a range of information and resources: <https://www.ptsduk.org/>

SAMHSA (2023) Understanding Trauma. Available from:

<https://www.samhsa.gov/child-trauma/understanding-child-trauma> [Accessed: 3.04.2024].

UK Trauma Council Website has a range of information and resources::

<https://uktraumacouncil.org/>

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