



5. Responses to child exploitation and extra-familial harm must... recognise and respond to trauma

Summary

An effective response to child exploitation and extra-familial harm requires a collective understanding of how trauma impacts on development and behaviour, and how individuals perceive and respond to threats and support. This means recognising the wide-ranging impacts of trauma and attending to non-verbal means of communicating an experience of trauma. It also means recognising how a professional's and organisation's decisions, language, processes and interventions can compound traumatic experiences and impact on a child or young person's engagement and ability to develop trusting relationships. Enabling children and young people to exercise voice, choice and control - all of which are undermined by trauma - is important, as is a recognition that 'non-engagement' or 'negative' coping strategies may be a direct or indirect result of trauma.

Responses to child exploitation and extra-familial harm need to consider trauma on three different levels:

- The direct trauma children and young people - and potentially their parents / carers, wider family and social networks - have experienced, both from the harms and (potentially) from the professional response to those harms.
- Trauma that can impact individuals and wider communities, stemming from shared experiences such as serious violence.
- The vicarious, or secondary, trauma that can impact those working to support and protect traumatised individuals, often in distressing circumstances.

What do we mean by trauma?

Trauma is defined as an event, series of events, or set of circumstances experienced by an individual as life-threatening or physically / emotionally harmful, that has lasting adverse effects on an individual's functioning and mental, physical, social, emotional or spiritual wellbeing (Huang et al., 2014). This definition has recently been included in the 'Working Definition of Trauma-Informed Practice' published by the Office for Health Improvement and Disparities. This working definition recognises that 'trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff' (OHID, 2022).

Traumatic events affect individuals differently and experiences of trauma are diverse, subjective and not easily categorised (Bateson et al., 2019). The frequency and duration, as well as when and how trauma is experienced, are key variables that professionals need to consider

when working with children and young people who may have experienced trauma (Finkelhor & Browne, 1985; NICE, 2005; Kisiel et al., 2009; NICE, 2018). Trauma can also be experienced at community level (Pinderhughes et al., 2015). For example, in the way a community is affected if a young person is murdered through knife crime. Vicarious, or ‘secondary’, trauma can be experienced by professionals as a consequence of the emotional impact of their work (McCann & Pearlman, 1990).

In thinking about responses to trauma, it is important to make the distinction between trauma-specific services and trauma-informed approaches:

- Trauma-specific services provide specialist therapy designed to treat the core symptoms of trauma (Harris & Fallot, 2001; Palfrey et al., 2022).
- Trauma-informed approaches aim to increase awareness amongst practitioners of the negative impact that trauma can have on individuals and communities, which can inhibit feeling safe or developing trusting relationships. Approaches that are trauma-informed aim to enhance professional responses to those presenting with trauma, and to improve accessibility and quality by creating culturally sensitive, safe services that work collaboratively and seek to empower those using them and to avoid re-traumatisation (Office for Health Improvement and Disparities, 2022). It is important to note that trauma-informed approaches do not ‘treat’ the trauma itself (Asmussen, 2020).

Why is recognising and responding to trauma a Practice Principle?

Recognising the diverse potential impacts of traumatic experiences has led to the development of trauma-informed approaches, so that professionals are able to recognise and respond appropriately (D’Andrea et al., 2012). Due to the levels of harm, risk and danger that can be associated with children and young people’s experiences of exploitation and extra-familial harm (Berelowitz et al., 2013; Beckett et al., 2013), this has clear relevance for all those involved in responding to such harms.

Of particular relevance to responding to child exploitation and extra-familial harm, experiences of trauma can affect how children and young people perceive and respond to both threats and support (Huang et al., 2014). They may seek to ‘protect’ themselves through angry, aggressive or avoidant behaviour (Van der Kolk, 2005; Van der Kolk, 2014; Levenson, 2017). This can have a significant impact on how children and young people are perceived and responded to by professionals, meaning that presenting behaviours can be misinterpreted or can become the sole focus of intervention. Childhood trauma can distort the child or young person’s thinking about their social world, potentially leading to social isolation, low self-esteem, mistrust of others and problems of attachment, which in turn can have implications for how the child or young person engages with a professional. These emotional and psychological reactions need to be appropriately understood and accommodated in professional engagements (Knight, 2015). These factors are likely to be exacerbated if they intersect with the discriminatory problematisation of young people, both in terms of a deficit-focused lens (as discussed above)

and in terms of the impacts of racism and other forms of discrimination (as outlined in Practice Principle 2).

As noted above, trauma can be experienced at a community level, resulting from structural factors, such as intergenerational poverty, racism or social exclusion that impacts not only on individuals, but also the wider communities that also experience these issues (Shaia et al, 2019). Cumulative exposure to community violence can result in children and young people becoming desensitised to violence which may, in turn, increase the risk that children will perpetrate violence themselves (Mrug et al, 2008).

This Practice Principle also applies to professionals and supervisors involved in responding to child exploitation and extra-familial harm and means that the impacts of working with people affected by trauma need to be recognised. This is important not only for their mental health and wellbeing (Triesman, 2017; 2021) but also in order for them to be able to function effectively as safeguarding professionals and provide support and protection to children and young people (Emanuel, 2002). Supervisory strategies are needed, in all settings that support traumatised children and young people, to reflect a trauma-informed lens to supervision (Hickle, 2017; Collins-Camargo & Antle, 2018).

What difference could recognising and responding to trauma make to child exploitation and extra-familial harm?

Understanding the impact that trauma can have on children, young people, families, carers, professionals and the wider community is a key facilitator in the development of positive relationships (as explored in Practice Principle 4), which are fundamental to being able to provide effective support and protection. Seeing behaviours that might have seemed irrational or self-destructive through a trauma-informed lens means that they can be understood as important ways of coping with previous experiences of trauma (Levenson, 2017; Beckett, 2019). This can be reflected in service responses that, instead of asking, ‘What is wrong with you?’ ask ‘What happened to you?’ and ‘How does that continue to live on in your life?’ (Treisman, 2020).

Research demonstrates that the impact of stress and vicarious trauma on professionals can impair their judgement and result in an apparent lack of empathy, i.e. becoming dissociated, objectifying clients and reverting to a deficit model of thinking (Baginsky, 2013). Addressing and attending to the impact of vicarious trauma in professionals can help maintain more positive, strengths-focused responses and enable less defensive or deficit-focused responses (Tedeschi & Calhoun, 2004; Treisman, 2021).

Whilst the evidence on the effectiveness of trauma-specific therapies is robust (Gaffney et al., 2022), it should be noted that, although trauma-informed approaches are widely used and perceived to add value to children’s social care, the evidence base is still developing (Asmussen et al., 2020). However, research does show that being knowledgeable of trauma symptoms and understanding the impact of traumatic experiences on children and young people’s lives can

enhance the ability of professionals to keep children and young people safe in the moment and help keep them connected to services if they begin displaying unsafe behaviours (Hickle, 2017).

Through understanding the contexts of children and young people's lives and incorporating them into professional practice and the ethos of organisations, services will be best placed to help children and young people with trauma. This includes, for example, considering views on the location of service provision and whether it feels safe, making every effort to avoid re-traumatisation and providing opportunities whenever possible to enable young people to have choice and control over their lives (Warrington, 2013; Lefevre & Hickle, 2022). This is a good example of the interdependency of the Practice Principles, because it links closely to putting children and young people first, the importance of listening to their voices, working in a relational way and considering the spaces and places where they spend their time.



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