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Realising Deep Safety for Children who have Experienced Abuse:

What really is Therapeutic Work with Traumatised Children and Young People?

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The Australian Childhood Foundation

The purpose of the Australian Childhood Foundation is to ensure that all children are loved, protected and prioritised, especially those who have been affected by the trauma of child abuse and family violence. We run a range of programs in the community.

- Specialist Trauma Counselling. We provide a range of specialist counselling services for children and young people affected by abuse and family violence and for their families.
- Therapeutic care programs. We provide a range of therapeutic care programs for children and young people in kinship, foster and residential care.
- Advocacy for children. We speak out for effective protective and support services for children and young people. All our programs affirm the importance of children.
- Education. We provide community and professional education, consultancy and debriefing programs. These programs aim to improve responses to children and young people who have experienced or are at risk of abuse, family violence and neglect.
- Child abuse prevention programs. We run nationally recognised child abuse prevention programs that seek to decrease the incidence of child abuse and raise awareness about how to stop it even before it starts.
- Inspiring and supporting parents. We provide ongoing parenting education seminars and easily accessible resources to strengthen the ability of parents to raise happy and confident children.

The Original Paper Series is a collection of manuscripts that explore a number of key topics related to protecting children, supporting therapeutic work with traumatized children and young people and resourcing culturally strong and trauma responsive practice. We make these available to the community of professionals who are interested in our work and approach. The papers accompany the resources that we share and form the basis of much of our training.

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> *...Your voice is a place I want to take shelter in, a place that makes me feel safe and soft...*
>
> Zaeema J. Hussain,
> The Sky Is Purple

Introduction

Safety is a basic human right. It creates the conditions in which the experience of being human is given the time and potency to flourish. It is integrated into narratives of meaning that offer metaphors rich in resources about predictability, security and stability. Safety is associated with powerful memories of home, of important people, of experiences that are full of warmth, love and nurture. It weaves interconnection.

In its absence, danger lurks. Threat is perceived and felt. Fear overwhelms the senses and cripples the capacity for protection. It unleashes hurt, trauma and loss.

After such disruption, states of safety are pursued in an inherent drive to re-capture what was lost. Relational experiences calm and soften the pervasiveness of vulnerability. Safety searches for familiarity. It harnesses the strength of interdependence. It ritualises care and empathy.

Safety restores life.

Over the past two decades, our collective line of sight into the core meaning of safety has become even more profound. Those of us working with children and young people affected by the intense violation of safety arising from abuse and family violence owe a significant debt of gratitude to the work of Stephen Porges culminating in his proposal of Polyvagal Theory (Porges, 1995, 1998, 2001, 2003, 2009, 2011; Porges and Carter, 2016).

As a result, we now have a granular understanding of the physiology that gives rise to states of safety and states of threat and how, as humans, we transition from one to the other. According to Porges, safety is a deeply visceral experience. It is felt in our hearts. It is held in our lungs as we breathe. It is also a connected experience. It lies in the familiar tone of voices of those who love us. It is found in their gaze and their hand gestures. Safety is embedded in the dynamic tensions associated with autonomic homeostasis. It is the perpetual quest of our brain-body systems to engage, and to connect.

In this chapter, we explore the centrality of "deep" safety as a conceptual cornerstone in therapeutic work with children and young people affected by the developmental trauma that results from experiences of abuse and violence. We articulate an emerging framework for intervention that is based on a number of practice principles which integrate our own clinical experience and the insights offered by Polyvagal Theory. Its aim is to embed resonant experiences of safety within the everyday interactions with the important adults who care, educate and engage traumatised children and young people. We show how relationally oriented safety is resourced and facilitated through a sequenced therapeutic process that connects physiology and metaphors together in a form of reflective praxis. In each phase, we provide examples of questions and activities which illustrate the application of the approach in practice.

What are the principles which underpin a practice framework that centralises safety?

Safety is a relational experience.

Safety is experienced in and between people. According to Porges (2011), the evolutionary path from reptile to mammal led to the emergence of co-operative orientations in species to support the achievement of social/collective benefits and survival.

Over the course of such adaptation, a number of emergent needs required resolution. Mammals needed to be able to signal to others of their species that they were open to engagement in order to perform various survival oriented functions, such as reproduce and care for their young. They evolved extensive neural regulation over muscles that enabled social communication and gestures. As Porges illustrates, such control enabled humans, in particular, to

> *"…make eye contact; vocalise with an appealing inflection and rhythm; display contingent facial expressions; and, modulate the middle-ear muscles to distinguish the human voice from background sounds more efficiently…"(p.15, Porges, 2011).*

The performance of these interdependant functions placed mammals in vulnerable positions involving physical proximity with one another which would normally have activated phylogenetically older physiological systems for responding to danger. Consequently, they had to develop the capacity to turn off the more primitive (reptilian) responses to perceived threat. The myelinated ventral vagal pathway evolved as a link to adaptive social, affective, and communicative behaviours.

The social engagement system which connected humans to other humans became linked with the capacity to regulate the activation of the sympathetic branch of autonomic nervous system enabling fight/flight actions of protection. The mylenated vagus regulates the striated muscles of the head and face, including emotional expressiveness, eye gaze, listening, and prosody, which are part of the social engagement system. They influence and shape our physiological state through interpersonal communication.

In the face of triggers in the environment or in ourselves that alert us to danger, other people have the capacity to calm us down by connecting with us through displaying their regulated physiological state as a cue that signals interpersonal safety. The softness in their tone of voice, the way their head and face turn towards us inviting closeness, and the comforting look in their eyes serve as powerful supports in shutting down our threat response system.

We come to find in others a multidimensional embrace that soothes our terror and alarm. We touch the safety that is held in the corporeal experience of others – the rhythm of their heart rate, the depth of their breath, the steadiness of their gaze, the melody of their voice. We source safety in the memories of shared activities of strength, love and nurture. We hear safety through collective narratives of oppression and resistance, struggle and resolution, pain and release. We sense safety in the activated states of our organs and their manifestations. We know safety when we trust someone, when they are predictable and consistent. We experience safety when our fears are understood and validated by others through their patience, tolerance and empathic posture.

We are safe in relationships that are safe and communicate safety.

Safety is embedded in our physiology.

According to Porges,

> *"…The detection of a person as safe or dangerous triggers neurobiologically determined prosocial or defensive behaviours. Even though we may not be aware of danger on a cognitive level, on a neurophysiological level, our body has already started a sequence of neural processes that would facilitate adaptive defense behaviours such as fight, flight or freeze…"*
> *(p.11, Porges, 2011).*

Because our experience of safety is so intertwined with the physiological state of others with whom we relate, it is a survival imperative that we are able to identify people who are safe or who represent a threat to us. The creation of the term "neuroception" by Porges reflects how significantly embedded safety is in our physiology.

Neuroception describes

> *"…how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening…"*
> *(p.11, Porges, 2011).*

Porges has argued that at deep physiological levels, the vagal system is the primary vehicle for visceral surveillance (Porges and Carter, 2016). It provides a dynamic moment to moment monitoring of the major states of our organs through the nervous system, adjusting their metabolic responses to changes in demand arising from our need to stay vigilant or roar into action to protect ourselves; or, shut down totally in the face of danger that is so overwhelming that any form of defence is futile; or, ultimately slow down to rest and restore our expended body's resources.

Our physiology evaluates risks posed by others and our environment. Neuroception empowers the readiness of our body to be engaged by neural circuits that give us the best chance to survive in any given circumstance. It realises adaptation to threat without conscious awareness.

This intrinsic bodily grounded subjectivity forms the basis for our psychological experience as humans. It seeps into our language. It permeates the stories we tell about ourselves and how we engage with the world and others. It shapes the reflections we make about why and how we have grown to become the identities we claim. It is expressed in our perceptions, the way we interpret them and give voice to the expectations that we derive from them. It delivers us the judgements we make about our past and the approach we will hold into the future. It informs our beliefs about how relationships work, what they can offer, how we should feel in them and whether or not they will offer us the resources we need to continue to live with the courage we need to change the very physiological patterns that have evolved as adaptations to danger.

Safety is more than the absence of risk. At its core, it occurs in relationships which engage the neural circuits underpinning physiological renewal and growth. It is found in our spontaneous seeking out of proximity with others, our playfulness and curiosity as we explore intimacy and our attunement to the comfort of others. It also emerges when our bodies find themselves giving peaceful priority to sleep, rest and nurture.

We find safety in the embodiment of our vulnerability in the heart of a loved one.

Child abuse is a deep violation of a child's sense of safety.

Abuse is an abrupt and forceful denial of safety for children at multiple levels.

Children are frequently hurt by those who are in relationships that should be about their protection and care. These adults can be their parents, extended family, teachers, coaches, carers. For many abused children, these adults have acted as havens for children's mobilised systems of danger for periods of time. For others, these relationships are a constant source of alarm within which safe haven is never experienced.. Children rely on these relationships for co-regulation to help sooth and comfort them. When the adults in their lives are sources of abuse, they not only cause pain and fear, they also leave children exposed to threat without the regulatory resources they require to return to states of physiological and psychological safety. Adults have been unpredictable in their actions and their language. Children have been engaged on adult's terms and at the mercy of their agendas.

When abuse involves force and violence, it compels children's mobilisation system to stay activated. Terror fills their hearts. They are not sure when the next time their father will come home drunk on a rampage against them or their mother. They are not sure the next time they will be hit with a pipe or a hose because they did not finish their dinner. They cannot predict when they will be pushed onto the bed and raped. Their home, their room, the family kitchen hold the sensory elements that evoke cascades of overwhelming danger. Every exchange with the adult who has abused them triggers fear. They must be ready to defend themselves, their bodies in a constant state of preparedness for action. Mobilisation becomes the steady state for a child. At least, until such threat is so overwhelming that there is little hope of changing it, stopping it, running far enough away from it. And then children collapse. They immobilise to survive. They disconnect. Their physiology moves to conserve whatever resources it still has. They become small, lose their voice. Their bodies and minds give up on safety.

In these states, the resources of their social engagement system that could provide relief are so distant as to be non-existent. Offers of interpersonal regulation – a comforting word in a calm tone, a soft touch, a caring open look – have little chance of registering. Porges identified this vividly as he unravelled our evolutionary responses to danger.

"…Mammals have evolved to be able to move efficiently between the social engagement and fight- flight systems. But we do not move out of shutdown/ feign death response as efficiently or effectively…."
(Porges, 2016).

Worse still, children abused through psychological manipulation, have the power of the social engagement system used against them. People who perpetrate sexual abuse distort children's regulatory experiences – violating them by offering the very kindness and softness that they would expect from a loving adult. They use the potency of the body's social engagement system to overcome children's physiological and psychological sense of safety. They make the experience of danger feel like it is safe. They corrupt children's neuroceptive capacities. Safety does not feel like it should. Their own physiology lies to them. They are left without the means to accurately know danger and therefore how to prepare for it. Some children will mobilise resources when there is the smallest infraction in intimacy. Others will misread overt signs of danger in someone who has a long history of violence and control over them. These children, and the adults they can become, live with an intolerable lack of safety.

For all abused children, their visceral experience is over-balanced to danger and their physiological reaction to it. Threat permeates the tension in their muscles, the rhythm of their heart beat, their breathing, their digestion – the very feeling of their body. They inhabit the two older phylogenetic responses to peril – mobilisation and immobilisation with fear (Porges, 2011). There is little opportunity for their physiology to rest and regenerate. They are tired. They have little energy to adapt to new environments and new information. They struggle to learn. So much so that they come to resist change. They lock down their range of responses to the forms of action they have always taken just to survive. They shut out the world and in particular others who pose a threat. It is no wonder, as Porges has pointed out, that they lose the protective vagal tone to their visceral organs (Porges and Carter, 2016). Trauma diminishes the ventral vagal system's function in homeostatically regulating the body's internal organs. Children become more attuned to the sounds of threat and less able to differentiate the comfort of the human voice. Their gestures are more erratic. They suffer from stomach aches. They struggle to sleep. They disengage from eye contact.

Their tone of voice is not reciprocal to those around them. The lack of safety that they experience around them in the external world is paralleled in their internal neurophysiology.

Such corporeal experiences of themselves and their interactions with others become narratives filled with fear, rejection, isolation, shame and humiliation. The stories that others tell about these children lack awareness of the ways the autonomic nervous system activates adaptive survival responses. They find it difficult to bring empathy to understanding the devastating impacts of their trauma. *They are ungrateful. They push us away. They are argumentative. They do not listen. They try to control everyone around them. They are manipulative. They will never learn. They are unlovable.*

In response, these become the narratives that children believe about themselves. *I am stupid. I cannot be trusted. I am bad. I hate myself. I have to run away. I am not safe.*

These themes find their way into children's interpretations of relationships. *People are untrustworthy. Relationships are not reliable. They hurt. They are not predictable. They are dangerous. There is no one who can protect me. The only one I can rely on is me. Relationships are not safe.*

Children who have suffered abuse show all of this in their behaviour. They show us with rage, anger, frustration and irritability. They express it in sadness and withdrawal. They also communicate the internalisation of the pain they have endured by activating the threat systems of those of us who work to support them. Their behaviour is often challenging and frightening. Those who care for and support traumatised children are often left feeling confused, overwhelmed and unsafe. We respond in kind, treating them as dangerous, reacting from our own well worn paths of defence and self protection. We blame them and each other for not effecting change. Formal and informal systems of care and support around these children often become organised around disconnection, defensiveness and control rather than collaboration, empathy and care.

Safety is missing. It has disappeared for so many children who have experienced abuse – in their bodies, in their relationships, in their sense of what is in fact possible for them now. It is also often missing in the systems of care and support around them.

Safety is at the core of healing trauma.

Safety is the experience of a profound physiological and relational harmony. It is the ventral vagal activity which is continuous and stable, enlisting the activation of the parasympathetic branch of the autonomic nervous system. It is experienced in relationships which offer an interdependent and regulatory ambience expressed in mutual and contingent activation of social engagement systems. Safety is perceived psychologically and experienced physiologically.

The experience of safety for traumatised children is compromised. Relational safety is both the goal of intervention and a major resource in the healing process. Relationships which heal are trustworthy and enduring. They offer predictability. They stabilise. They regulate. They interpret and re-interpret identity. They allow new meanings to emerge which are based in the grounded visceral experience of comfort. They brace and allow resistance to old neural activation to take hold, reinforcing them gently and allowing them to grow. They recruit our phylogenetically new systems to connect and stay connected. They help to create new memories of care and trust. They support the generation of narratives that make the world feel less dangerous and help children feel more capable.

Safety is the biologically determined pathway to healing children's trauma.

What is therapeutic intervention which centralises safety for traumatised children?

In our work at the Australian Childhood Foundation, we provide therapeutic intervention to children and young people traumatised by experiences of physical abuse, sexual abuse and family violence. Many have also often suffered chronic early neglect and emotional abuse. We engage children and the important adults in their network who provide relationships which care, educate and support them.

Our therapeutic approach has been influenced by the pioneers of the trauma and attachment fields such as Schore, Siegel, van der Kolk, Tronick, Ogden and Hughes. Increasingly, we have turned to the work of Porges and Polyvagal Theory for the knowledge base for our interventions.

Safety has become the core construct in our approach.

In this section, we describe our way of working that centralises safety as the theme for healing the physiological and psychological consequences of abuse and violence for children and young people. It is a sequenced process that weaves safety into the physiological fabric of relationships as regulatory experiences, while creating narratives of “deep safety” in the descriptions given by adults and children to the shared experiences that emerge during the process. Its aim is to merge the relational systems of children and their caring adults to support and nurture safety as embodied resources found in their interpersonal exchanges.

Retrieving the lived experience of safety for adults.

The adults in the networks of traumatised children are parents, grandparents, uncles, aunts, foster carers, residential care workers, teachers, coaches, mentors, child protection workers, therapists. Some of them have experienced the same violence that the children have suffered. All of them have experienced the mobilisation of their bodies through the activation of the sympathetic branch of the autonomic nervous system in response to danger. Some will have become frozen with fear as their system becomes totally immobilized in the face of unassaible threat. Some will have had relationships as children and as adults that have helped them to find and experience safety. Safety may be a conscious quality in their lives. Others will have not have experienced safety consciously or unconsciously. Danger may have been a predominant experience of their lived experience. Danger acted to shape their physiology as it was dependent on the presence or absence of a kind and comforting other person.

In order to offer safety, it is our belief that adults need to orient themselves to its feel, its dimensions, its reverberations. There can be no openness to the child's experience if there is no openness to one's own experience. They need to find the experiences in themselves and their relationships of moments of shared safety that have given way to a sense of relief, comfort and restoration. These are themes that can be examined directly and indirectly with these adults. Such exploration brings into their awareness the reactions of their bodies, their thoughts and the descriptions they hold about the experience. All of these are important facets of knowing and experiencing safety. As they do this, they are more likely to be able to integrate safety as a resource into their interactions with the child we are all supporting.

We have developed some questions and practices which explore the theme of safety with the adults in the child's network. They are presented here as options for working with parents and carers. They can be adapted to suit other adults with different roles or relationships with children.

How does someone find their way to your heart? How do you know you feel safe with someone? What do you sense in your body that tells you that?

How do you find your way to your child's heart? What does your child know about you that has been safe for him/her?

When you were younger, how and who made you feel protected? What were some of the things they did to help you feel safe? Who looked after you that you knew you would always feel safe with? What was it about them that helped you to know that feeling with such confidence?

When you were not sure about things in your life, who have you always turned to? What is it about the way that this person relates to you that lets you know that you can turn to them?

Whose voice do you hear when you want to feel safe, calm and protected?

When you think about your child, what is it about him/her that you hold in your heart that makes you want to protect them?

What does being comforted feel like for you? What have been some times in your life that you remember where someone comforted you in the face of being frightened? How did they do that? What was important in what they said? What was important in the way they interacted with you that gave you the message that you were important enough to them that they would try really hard to help you feel better?

Imagine or bring something with you that you believe is important to your child's safety to a counselling session. It can be a toy, photo, book as an example. Hold this item and imagine your child holding it or playing with it or being comforted by it. What will your child be feeling the most? What will his/her breathing be like as they hold it and play with it? What will the look in his/her eyes tell you about how he/she are feeling? What will he/she be saying to you about it? What will his/her tone of voice sound like?

What does this experience of deep safety remind you of in your life? How do you know what you know about this kind of deep safety? Who helped you to know it and experience it when you were younger? Who helps you to know and experience safety now? How does safety feel like now for you?

What feels the same about the safety that you feel now and the safety your child feels when they hold this object? What is your tone of voice like now? How do you think I would describe the look in your eyes?

When you clasp your hand to your heart, what can you feel about your child and the closeness you feel with them? If you and your child were holding each other softly, what would it feel like in your heart? What words would you use to help your child know that they are safe?

Trace a story from your life where safety in the face of fear was an experience you really valued. How did it start? What did it mean to you? What do you still carry with you about that experience?

Consider a time when you were able to share the feeling of safety with your child in a way that you knew they felt it deeply. How do you know that he/she shared that feeling and experience with you then? What was it like for you to share this feeling of safety with your child in such an intensive way?

When you hear your child's voice, what do you hear when he/she is distressed? What do you hear when he/she is feeling connected to you and you to them? What do you hear when he/she is feeling safe with you? What do you hear when he/she is scared or worried?

Are there moments when you feel really close to your child? How is being safe part of that? What do you look for in your child's expression to tell you that they are feeling safe? What does he/she show you in a spontaneous way that would tell you that he/she is feeling safe and close to you?

If feeling safe was difficult for someone you knew, how would you help them? What would you say to him/her? How would you say it? What would you show him/her in the way you interacted with him/her?

If you knew that feeling safe was difficult for your child, what would you do to help him/her? What would you change about the way you are with him/her? What would you try to do more of? How important is it for you and your child that you share a sense of safety together?

These questions, and the ensuing conversations, promote reflective engagement with the lived experiences of safety. They are not psychoeducational – instead they act to empower these vitally important adults to use their experiences of safety as corporeal, metaphorical and as a relational resource for the children for whom safety has been so distressingly violated. It is a form of therapeutic praxis – enlisting the potency of the regulatory parallels between therapist and parent/carer with those embedded in the relational experiences of carer and child. As adults own nueroceptive capacity strengthens, they come to know safety from the inside. They find it easier to trust their own physiology. They sense safety closer to themselves and even appreciate what it can offer them. Safety is teased from places outside of awareness into the consciousness of the adult with the view to it being able to be used more intentionally in interactions with the traumatised child.

Tempting safety back into the experiences of traumatised children.

For children who have experienced abuse, the offer of relational safety is the most tender of invitations. It starts softly with the adult paying careful attention to how the child perceives visceral information and feelings from their body. Here, therapist and select important adults in the child's network spend time noticing how children respond to disruptions in their environment and relationships which might feel distressing, dislocating or perturbing. The intent of this phase is for these adults to attune to the internal neuroceptive activity of the child as he/she subconsciously evaluates external risks and his/her own inner visceral states of safety and danger. We have found the following questions to be central to this orientation.

How does the child react to any changes in his/her routine, environment or relationships?

What have you noticed that seems to trigger any behaviour associated with him/her feeling upset, angry or distressed? How long does it take for the child/young person to calm down after he/she has become distressed or upset about something?

What kind of behaviour does the child engage in when he/she is upset, angry or distressed? Are there patterns in this behaviour?

What does it take to calm down or change the way the child feels when he/she is upset, angry or distressed? How dos the child seek out comfort from others to change the way he/she is feeling? What does the child need from you at those times to assist them to calm and soothe?

When the child is upset, angry or distressed, how does he/she listen to instructions or statements from those around him/her?

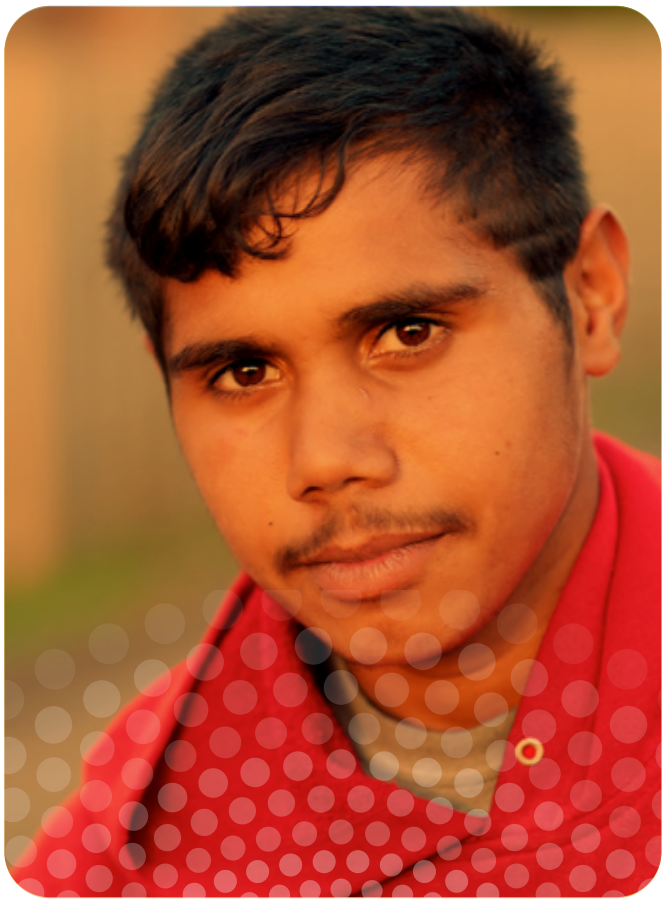
Has the way the child reacted to change or any triggers changed over time? Has it become more intense, less intense or stayed the same?

Under what circumstances does the child spontaneously try to involve others in his/her play? What is the most evident behaviour that the child uses to seek out closeness with another? Are there circumstances in which the child shows contingent eye contact with others?

Under what circumstances does the child feel distant from any form of social connection? How does he/she express this withdrawal or distancing experience? What behaviour does he/she engage in that reflects him/her feeling separate to the experience that is being shared?

How does the child communicate internal states related to the perception of danger? What does he/she show in his/her eyes, breathing, tone of voice, head turning? What does he/she say (if anything) that lets you know that danger is being experienced?

How does the child communicate internal states related to the perception and experience of safety? What does he/she show in his/her eyes, breathing, tone of voice, head turning? What does he/she say (if anything) that lets you know that safety is being experienced?



This process of building the adult's relational harmony to the child's internal state is critical. Children experience their own bodies as a site of the danger. They do so because they no longer trust their body. They find it difficult to be able to differentiate the reactions of terror they experience that reverberate in their body from the actual sources of the danger external to them. To these children, they are one and the same. There is a neuroceptive mismatch between the internal cues and the experiences of danger or safety in the child's environment. The goal is for adults to support clearer internal states of safety in the child and support them to be distinguished from states of terror.

The internal states of children are softly validated by their important adults using their own social engagement system as a common scaffold towards increasingly mutual experiences of shared regulation. Adults use their tone of voice, their gaze, their regulated slow and rhythmic breathing to tempt the child's physiology away from mobilised and immobilised states and back to safety.

As this occurs, the traumatised child comes to experience this caring adult as a source of shared intention and volition. In the relational space between adult and child, there is a togetherness through which they come to experience common anticipation of a moment of laughter or joy. They find it in synchronous moments when the adult finishes off the words to a song that the child really enjoys; or, the child finds the perfect spot on the chest of the parent or carer to rest his/her head; or, they hold hands and swing their arms in unison; or, they play basketball and feel the way their hearts pound in response to the demands of the game.

The relational experience at the edge of activation of the child's fight/flight/flop response (mobilisation and immobilisation with fear systems) is the meeting point where corporeal experiences of danger change to embodied experiences of safety. This shift towards attuned regulated states in both the child and adult offers opportunities for rehearsal and practice of discovering the nuanced experiences of deep safety.

It holds the physiological boundary over which change is sensed and realised. As this occurs, the process is captured with language and expression that makes it more tangible and real. For the child and the adult, the repetition of the movement in neurophysiological activation forms the basis for re-experiencing dimensions of deep safety that can accompany predictability and stability. Children learn to tolerate the boundary of activation so that their physiology can be coaxed back into the safe zone of proximity and relational connectedness.

Children come to feel themselves as being safe through their experience in relationship with a caring and protective adult. They become more open and less fixed. They use their own social engagement system to approach the adult and seek mutually satisfying interactions. They play and experience curiosity. They test the reliability of the safety being offered. They reach out and begin to hold onto safety for what it offers them. They change. They begin slowly to shed the habitual patterns of activation that have defined by their trauma based responses to the world. Their heart opens itself to the adult's affection.

Merging safety deep into the relational world of adults and children.

In this final phase, what has been a gradual retuning of the physiological circuits that shape the child's experience of safety, progresses to the explicit exploration of safety within the merged relational experiences of the child and the adult. The central tenet here is that safety re-emerges as shared embedded experiences from synchronous engagement by protective adults with a child followed by joint enactments of reciprocity.

As therapists, we actively direct opportunities for playful exchanges which promote matched behavioural patterns between the child and the important adult. This is followed by supported acts of turn taking and mutual recognition of each other's responses. Each parcel of intervention ends with a cognitive reflection exercise that attempts to give collective meaning to how safety is experienced in the bodies and minds of the adult and child. This narrative resource is logged as a reminder to be used at times of relational disruption and misalignment. The bigger the bank of experiences the greater the predictability of the shared experiences of relational safety in the child and the adult.

The following five activities are examples of how joint experiences of play that combine sensory, narrative and metaphorical dimensions promote the shared movement underpinning relational safety.

You and me on a treasure hunt…

In a room, the therapist creates imaginary landmarks that need to be navigated to find a hidden treasure. Each landmark is represented by a sensory object that resembles the features of that point in the landscape. Vines in a jungle are represented by soft ropes. Muddy flats are represented by wet sand. Windy plains are represented by a fan blowing into a corner of a room. A land of bubbles is represented by balloons. The child and adult are invited to traverse each of the landmarks and at every point take notice of how they are keeping themselves safe. They are also asked to describe to each other how they are helping each other to stay calm and keep on track. They are encouraged to talk about how their bodies feel as they approach a new challenge and how safety helps them to take each step and find the treasure.

Joining up the stars in the sky…

In a darkened room, the child and the adult are given a flashlight each. The child is asked to make stars appear on the ceiling by switching the torch on and off. The adult is invited to join up the stars in the sky created by the child by matching the rhythm of the stars' twinkles. The child and adult take it in turns to create different twinkles rhythms (slow, fast, dancing, skipping) and repeat what the other has created. As the child and adult share in matching their experiences, the therapist asks them to describe how the rhythms are different and feeling words that best describe them. They explore how they can make their bodies synchronise in real life – at moment s of fun, safety, calm. This is an activity that explores the embodied experiences of co-operative social engagement systems of the child and the adult.

Sandy togetherness…

The child and the adult are given a container with sand and bucket each. They are guided to pour the sand over each other's hands, draw collaborative pictures in the sand with their fingers, make symbols in the sand that represent shared experiences of feeling safe. As they do this, they are invited to reflect on the fun that they are having now. They trace fun and safety through stories that they can tell to each other.

Feel the music…

The child and the adult listen to different examples of classical music. The music chosen for this activity span a range of tones, rhythms and arrangements. The child and the adult are asked to take it in turn to choose tracks which represent to them a feeling, such as happy, sad, excited, scared, lonely, proud, frustrated, surprised, safe. The child and adult are invited to describe the dimensions of the music which they believe characterises the feeling. For example, fear can be represented by loud, low notes with deep vibrations. Safety can be represented by violins playing softly in harmony with other instruments. The feelings that the music evoke

are traced into bodies of the child and adults with questions that explore the location and reaction to each track. The child and adult explore how safety can be found in many of the tracks if you listen deeply enough.

Squiggle and giggle…

The child and the adult are provided with a tray containing coloured shaving cream. The child and the adult take it in turns to make different shapes which have to be matched by the other. They compare their shapes. They reflect on how they can best work together to make each other's shaving cream shape be as identical as possible. They choose a shape that represents a shared memory or feeling of safety they can both recognise. They finish the activity by creating a shared picture which explores children and adults feeling safe together.

In all these examples, the children and adults are given the opportunity to share internal states reflective of an open and active social engagement system. This is represented in reciprocal exchanges filled with fun. Children are led through what Porges has increasingly referred to as "neural exercises" embedded in such play (Porges and Carter, 2016). Caring adults support the activation of mobilized states at the very border of relational safety. Soft tones of voice, shared movements, mutual gaze recruit the child's physiology towards down regulated states of calm and interdependence. This back and forth exposes children's 'fight/flight' reactivity to the influence of the social engagement system offered by carers. With repeated experience, children's physiology tips towards the resources of the ventral vagal system which affirms the potency of connection.

Safety is the theme that draws a relational line which joins their respective physiology and cognition. Narratives of mutuality become a base on which articulated sense of safety is autonomically known and understood. It is available to be used as a resource when perceived or real threat may re-emerge.

Relational safety builds on repetition. It sets up a "neural expectancy" (Porges and Carter, 2016) in children that a reliable attuned adult can regulate their activated states of distress and fear. The inherent physiological risk for a child of being left to try and soothe their own pain is substantially lowered when the presence of a safe adult is affirmed. The predictability of responses by adults to the child's physiological and psychological needs makes clear to the child the intent of the adult to act protectively. The games and activities are the sparks transforming the future relational experiences for both child and adult.

Safety is a biological imperative.

Porges has often repeated, as an eloquent conclusion to his years of research, that connectedness is a biological imperative (Porges and Carter, 2016). It serves significant survival functions. It is resourced by a mammalian neurophysiology which has evolved to ensure that such inter-dependence is achievable.

Underscoring this simple truth is an even more obvious one. Safety, as the emergent property of an interwoven physiology between humans that regulates and facilitates growth and restoration, is equally a biological imperative. Deep relational safety is certainly the means through which children who have suffered abuse and violence come to settle and find the comfort and love they need to recover from its traumatic effects.

Realising such deep safety is both the intervention and the end goal of therapy with traumatised and vulnerable children and the important adults who care, educate and support them.

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