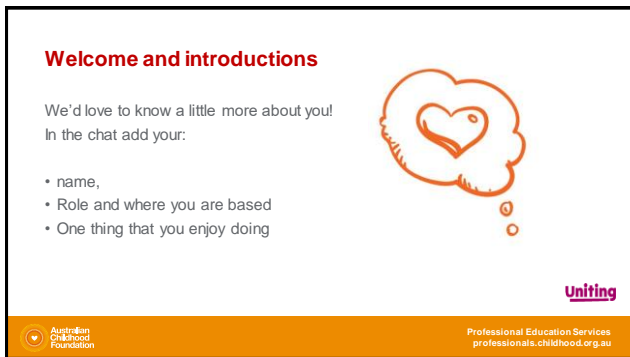




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Principles guiding the workshop

- This workshop assumes a knowledge of what constitutes child abuse and neglect
- Abuse related trauma covers the impact of all forms of child abuse, including sexual abuse, physical abuse, emotional abuse, family violence and neglect.
- This workshop provides a link between the neurobiology of complex trauma and its impacts on brain, body and relationships
- We will consider transgenerational trauma and its positive and negative impacts on resilience, adaptability and survival, with further emphasis on hereditary structures and epigenetics
- Your safety is paramount.



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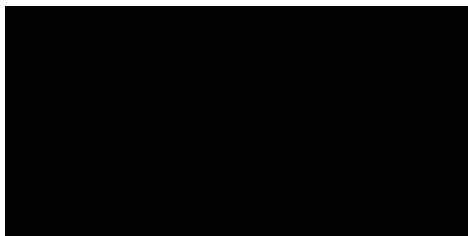
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5

Toxic stress



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6

Impact of trauma

In groups discuss and record:

- 10 things you know about neurobiology and trauma

Try list one thing for each domain listed

- 3 questions that remain about neurobiology and trauma

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7

Impact of trauma

- deep mistrust of self, others, even within family
- self-directed violence-suicide, risk-taking behaviour;
- substance misuse; unremitting grief; shame and humiliation
- intergenerational conflict; violence against women; role diffusion, including sexual abuse and other boundary violations
- cultural genocide, losing traditional values, desecrating land and institutions;
- A leadership crisis; a conspiracy of silence - an overall attitude of secrecy.

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Brain development and the impact of trauma

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Brain development

- The brain develops through a mix of genetics and environmental factors.
- Key to this development are relationships
- The brain develops sequentially from the bottom up





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10

Sequential brain development – building blocks

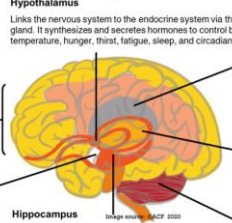
- The Thinking brain**
3-5 Years
- The Emotions and Memory Brain** - Birth to 4 years
- The Movement Brain**
Birth – 2 years
- The survival brain**
Pre birth to 8 months

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Trauma and the brain



Prefrontal cortex
Responsible for executive functions, such as judgement, reasoning, and self awareness. Final part of the brain to mature in one's mid 20s.

Amygdala
Survival response centre within the limbic lobe that becomes enlarged and more sensitive the more it is activated through responding to threats

Hippocampus
Consolidates memory by providing the context/ sequential data for episodic memories. Goes offline if trauma overwhelms and disrupts cortex.

Hypothalamus
Links the nervous system to the endocrine system via the pituitary gland. It synthesizes and secretes hormones to control body temperature, hunger, thirst, fatigue, sleep, and circadian cycles.

Corpus Callosum
Bridge between the 2 hemispheres. Chronic stress can damage and thin down this bundle of neurons

Thalamus
Sensory receptor within the diencephalon. Receives and passes on sensory data to be further processed by other areas of the brain

Cerebellum
Balance and coordination, motor skills may be impacted by trauma

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Blocked Trust

Blocked trust is a child's way to adapt to very poor care – **it's a survival state**. Blocked trust is blocking the pain of rejection by:

- Negative bias
- Dissociating
- Suppressing social emotions
- Provisioning – self reliance
- Manipulating
- Resisting authority – aggression, 'defiance'
- Story telling – fantasy
- Lying behaviours



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Responding to disclosures



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Responding to disclosures of child abuse

- Disclosures
- Barriers to Disclosure
- Responding to Disclosures
- What do you do after Disclosure

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Take care of you...

- Importance of staying safe during presentation- looking after yourself
- Know your own triggers
- Important when you think about how you react when someone discloses abuse (does the child feel you can hear this)
- Need for good support , advice and supervision within your organization
- Clear organization procedures


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Youtube clip- responding to disclosures of child sexual abuse

- <https://www.youtube.com/watch?v=bvJ5uBIGYgE>



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Disclosure

- Disclosure- by which a child conveys or attempts to convey they have been abused
- Can be verbal or non verbal
- Verbal disclosures often partial
- Can be an ongoing process
- Indirect and accidental disclosures
- Aboriginal and Torres Strait Islander and children and young people with disabilities

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Indicators of Child Abuse

- Changes in behavior or emotions (running away , suicidal ideation s, depression , drug and alcohol misuse, poor school attendance, aggression and self harm)
- Physical Injuries
- Somatic Complaint
- Sexualised or harmful sexual behaviours
- Increase in anxiety
- Avoidant behaviours

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Impacts of Disclosure

Disclosure can often be a distressing experience ...leading to secondary wounding

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Barriers to Disclosure

- Fear of shame and embarrassment
- Fear of not being believed and or being stigmatized by family or community
- Fear of loss of placement or being told to leave
- Fear that disclosure may not be kept confidential
- Fear that the disclosure will impact negatively on the family

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Barriers to Disclosure

- May lack the capacity and knowledge to understand that this is abusive acts
- Difficulty in communicating sexual abuse
- Grooming of child / their family and others
- Threatening or manipulating to stop disclosure
- Victim felt responsible for the abuse

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Institutional Barriers to Disclosure

- Culture of not having policies and procedures in place
- Inadequate record keeping and information sharing
- Poor avenues for disclosure and poor responses leading to bullying
- A culture that prioritize reputation , prestige or loyalty above the individual

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Improving identification and supporting disclosure

• “ Adults need to watch kids more...if a kid changes they should ask ...find out what’s going on .That’s their job. They should not wait until the kid says something because that’s going to be too late” (Royal Commission into institutional responses to child sexual abuse)

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Improving identification and supporting disclosure

- Need for safe adults with established relationships to be available and accessible
- Provide regular opportunities both formal and informal where children are asked and can talk about their fears and concerns
- Access to education programs about healthy sexuality, sexual abuse and how to and whom to disclose

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Listen, reassure and respect

Listen

- Move to a suitable environment, free of distractions.
- Be calm and patient—allow for the child or young person to be heard.
- Let the child or young person use their own words—avoid asking leading questions.
- Avoid “testing” the child or young person about details of the abuse.
- Don't be afraid of saying the “wrong” thing. Listening supportively is more important than what you say.

Reassure

- Reassure the child or young person that it is OK that they have told you what's been happening.
- Address any concerns about the child or young person's safety.
- Reassure the child or young person that he or she is not at fault, and not the cause of any distress you may feel.

Respect

- Respect that the child or young person may only reveal some details.
- Acknowledge the child or young person's bravery and strength.
- Avoid making promises you can't keep—manage the child or young person's expectations.
- Explain to the child or young person that in order for them to be safe you will need to report their experience to someone else.

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Responses to Disclosures

- Listening and believing
- Emphasizing to the victim/survivor that they are not to blame
- Staying calm
- Explaining what you will be doing in response to the disclosure
- Accessing appropriate supports

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What resources can support you?

A quick guide
Early response to abuse and neglect in disability services

Responding to children and young people's disclosures of abuse

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Neurobiology of self-care

- Take a deep breath.
- Allow yourself to become present. Feel the experience of the play in your own body without attempting to move away from it, avoid it, or change it. Move if you need to – gently rock or sway.
- Stay connected to yourself and the child

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29

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The 5 Brain Systems –
Supporting our parents & caregivers & ourselves


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Relationship is the key!Brain systems that support parenting

- Parental Approach System**
 - Get close to the child without becoming defensive.
- Parental Reward System**
 - Enjoy interacting with the child.
- Parental Child Reading System**
 - Understand the mind of the child.
- Parental Meaning Making System**
 - Make sense of our experiences with the child and our social life.
- Parental Executive System**
 - Regulate interpersonal conflicts between approach and avoidance, pro-social and defensive reactions.



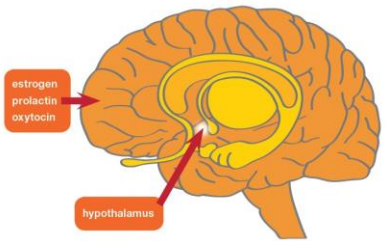
The diagram shows a profile of a human head with various brain regions highlighted in red and pink. Arrows indicate connections between these regions and two red hearts positioned below the head, symbolizing the emotional and relational aspects of parenting.

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The Approach System



The diagram shows a cross-section of a human brain. A yellow highlighted area in the center is labeled 'hypothalamus'. A red box on the left lists 'estrogen', 'prolactin', and 'oxytocin' with an arrow pointing to the hypothalamus.


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Early adversity impacts on our caring ability

- The environment we grow up in can shape how we use our right and left brain systems of avoidance and approach. If we begin life exposed to insensitive care giving our right brained harm avoidance system is likely to be used a lot.
- Instead of feeling protected and connected with our caregiver, we are more likely to need to shift into a defensive state of protest or collapse in order to try to protect ourselves.



The illustration shows a woman with a ponytail holding a young child. The child has their arms crossed and a somewhat distressed or defensive expression.

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The reward system

1. We become a parent which generates hormones that talk to our hypothalamus.
2. Our hypothalamus releases oxytocin (the love hormone) which activates the reward system.
3. The reward system works by this area sending dopamine to the orbitofrontal cortex and the nucleus accumbens.

Hypothalamus

Orbitofrontal cortex plays a key role in processing rewarding experiences and helps us create positive parenting memories.

Nucleus accumbens

When the **Nucleus accumbens** is activated we become highly motivated to approach things that have led to reward in the past. It can become addicted responding to expectations of positive interactions with our child.

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Child reading system

**Facial Expression
Tone of Voice
Body Language
Gestures**

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35

The meaning making system

Well-Connected Brain
Utilizing the front part of the brain

Open Flexible and Adaptive

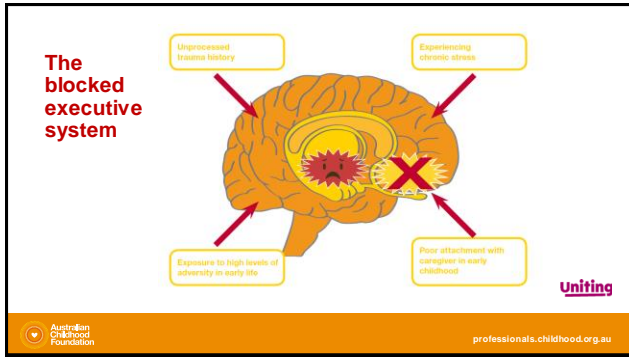
Stressed out Brain
Utilizing the more primitive middle region of the brain

Closed and Rigid

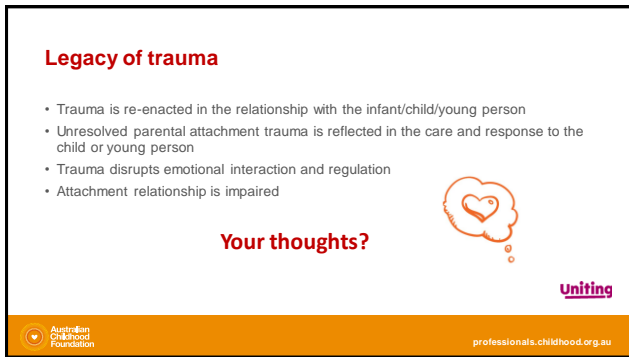
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36



37



38



39

Polyvagal theory and protective responses

by Stephen Porges

Behavioural Functions	Body Functions
Social Engagement Soothing and calming Indicates safety	• Lowers or raises vocalisation pitch • Regulates middle ear muscles to perceive human voice • Changes facial expressivity • Head turning • Tears and eyelids • Slows or speeds heart rate
Mobilisation Fight or Flight Active Freeze Moderate or extreme danger	Hyper arousal • Increases heart rate • Sweat increases • Inhibits gastrointestinal function • Narrowing blood vessels - to slow blood flow to extremities • Release of adrenaline
Immobilisation Collapse or submission Death feigning Increased pain threshold Conserves metabolic resources Life threatening situations	Hypo - arousal • Slows heart rate • Constricts bronchi • Stimulates gastrointestinal function

image source: ©APF2011

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Interpersonal attunement

- When people are in relationships, the ability of one to regulate him/herself, affects the other's ability to regulate
- The child's arousal shapes, and is shaped by, relationships

Child's movement in her/his window of tolerance

Parents movement in their window of tolerance

Movement in my window of tolerance

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41

Mobilisation to social engagement

Strategies to help regulation

- **Prosody** – gentle calm voice (*brainstem/limbic*)
- **Facial expressions** – (*vagus nerve/ANS*)
- **Body language** – (*vagus nerve/ANS/right brain*)
- **Offer a glass of water**, cup of tea (*brainstem*)
- **Breathing** 5-2-7 breath work (*brainstem, limbic*)

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Mobilisation to social engagement

- **Listen and validate feelings** (*limbic/cortex*)
- **Hold space** (when safe)
- **Check in** with your own emotions/triggers (*right brain to right brain, co-regulation*)
- **Empathy** (*limbic/cortex*)
- **Connection** relating (*limbic/cortex*)
- **Draw on strengths** (*limbic/cortex*)
- **Humour** (*limbic/cortex*)
- **Unconditional positive regard** (*right brain/limbic/cortex*)

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How do you promote safety in the families you work with?

Think about:

- Client's perception of safety
- Physical and emotional safety – triggers
- Risk of re-traumatisation – triggers
- Attunement
- Body language
- Cultural safety
- The language you use
- Environmental safety – service space – warm/cold, dark/light, noise, colours etc
- The worker-client relationship- trust, respect, transparency
- Addressing both child AND parental trauma


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Trauma informed approaches

- Understanding **trauma** and its impact
- Promoting **safety**
- Ensuring **cultural competence**
- Healing happens in **relationships**
- Having a sense of control/power in **decision making – having a voice**
- **Integrating** care (collaboration)
- Belief in **hope based recovery**
- **Empowerment/** strength based
- Understanding trauma in the context of **child development**
- Worker **Self care** (NCTIC cited in Steele & Kuban, 2013:53)



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Trauma informed practice with families

Any trauma informed work with families must ensure that **safety is established**

- Family assessments - risk
- Understanding the family context, history, culture, presenting issues
- Minimising re-traumatisation
- Relationship building – unconditional positive regard, respect, empathy




Safety is paramount! **Uniting**

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Trauma Responsive Practice acknowledges:

- **Children can be reliable informants** when their experience of trauma is recognised and processed
- Healing can be achieved when children and parents are **supported to share their meaning and understanding** of how they are living with the currency or aftermath of their trauma in their own time
- Co-operation occurs when they feel they **have some control over the decisions that affect them**, when it is safe to do so – risk and safety factors are always paramount



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Healing and repairing the impacts of trauma




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Therapeutic Relationships

- **Child experiences safe, attuned, consistent relationship/s.** What does this look like?
- **Worker-parent relationship** – minimising re-traumatisation, co-regulating.
- Respected, **supported work relationships**
- Program requirements enable relationship building
- **Practice frameworks** that promote therapeutic relationships – DDP, sanctuary model




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PACE Model

Playfulness
Acceptance
Curiosity
Empathy



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P.A.C.E video – Dan Hughes



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PACE – stages to secure attachment

Stage 1: mindless mistrust – "you're mean, I'm bad"

Stage 2: confusion: "Who, this is weird! You don't understand why I don't trust you and you aren't angry about it?!"

Stage 3: Approach/avoidance/conflict – to trust or mistrust?

Stage 4: practicing trust over mistrust – repetition, with predictable, consistent responses

Stage 5: resolving the conflict – "I can trust you and I am a good kid"

J Baylin et al 2014

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PACE Helps

- The social engagement system come online
- Connect the prefrontal cortex (thinking brain) to the lower regions of the brain (emotional and survival brain)
- Calm the threat sensing amygdala by sending a message of safety.
- Connect children and their caregivers
- Aid the growth of regulation skills.
- Build the ability to reflect
- Develops the child make meaning of themselves, their stories and their behaviour.

PACE uses all 5 parent brain systems (approach, reward, child reading, meaning making and executive)

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Helping caregiver and child to repair and heal

- **Empathise** with how difficult it may be for both parents & infant/child.
- **Encourage/promote** consistent, sensitive, responsive, attuned, caregiving and replicate this in the therapeutic relationship.
- The therapeutic relationship needs to **mimic secure attachment** characteristics including:
 - ✓ worker provides consistency, reliability, attunement, reflective capacity,
 - ✓ containment by worker(ability of the worker to tolerate the intolerable feelings/thoughts of the parent(s) and/or child and not pass judgement on these feelings/thoughts.

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Helping caregiver and child to heal and repair

- **Explore** what is getting in the way of parent providing this consistent, sensitive, responsive, attuned, caregiving
- Help parents to **identify arousal states** in their child and explore what's underneath the behaviour
- **Respectfully challenge** the parent about punitive or authoritarian approaches – explore the impact that this style of parenting had on them
- Help families to create **new ways of relating** through:
 - ✓ play, and
 - ✓ exploratory discussion in order to increase their capacity to reflect and to offer what their infant/child needs.

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Managing parents/caregiver responses

"A coherent life story is one in which the adult has made sense of his or her own childhood experience, and has insights into how that past has influenced his development as an adult and as a parent" (Siegel 2006)

- To enable a parent to provide a child with reparative experiences they need to have a coherent life story - self narrative
- How a parent has come to make sense of their early life experiences, is the most robust predictor of how their children will become attuned to them and healed in relationship

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Managing parents/caregiver responses

- Parents need assistance to make sense of their life experience through a supportive, empathic emotional relationship which encourages authenticity, nurturing and direct communication
- Often, accessing internal recollections can enable a parent to become part of a larger narrative of their life. This is not always comfortable but can assist in discovering new possibilities.....



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Holding Hope



What are your hopes for the children, young people and their families you work with?

Image source: GACF 2021





58

Checkout:

Three words to describe the workshop:

One thing you will do tonight to look after you....

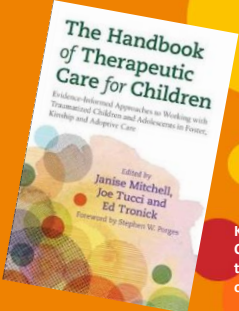
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A valuable resource

Includes chapters from:

- Martin Teicher
- Ed Tronick
- Allan Schore
- Bruce Perry
- Dan Hughes & Jon Baylin
- Kim Golding
- Cathy Malchiodi
- Joe Tucci
- Janise Mitchell
- Glenda Kickett
- Noel Macnamara



Keep in touch with us!
Check out other trainings we have on offer.



60
