



# Creating Safety

Trauma Aware Schools Initiative  
Hendon Preschool  
June 15th 2022 3.30pm – 5.00pm  
– online training/consultation

Trainer: Carolyn Grace

 Australian Childhood Foundation |  SMART  
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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land and waters. We pay our respects to their Elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.

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## Key learning outcomes

- Explore the Window of Tolerance as a framework to guide observation, reflection and action, and provide an understanding for arousal
- Reflect on strategies to support regulation and dysregulation
- Understand the concept of the neuroception of safety and how to create safety



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## Neuroception and safety

**Relationships shape  
our sense of self and  
safety**

**“Before we can engage in  
social behaviour and  
learning we must first feel  
safe.”**



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(Porges, 2015, p.115).



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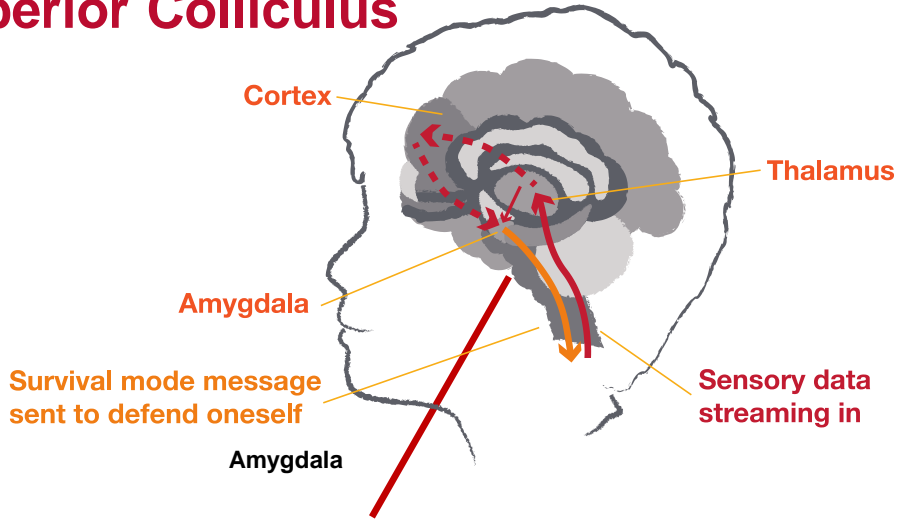
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# Superior Colliculus



## Superior Colliculus



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# Implications in our learning environments



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# Polyvagal Theory and our protective responses

## Behavioural Functions

## Body Functions

by Stephen Porges

### 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



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# Understanding and teaching students about the WOT

## Hyperarousal

Fight  
Flight  
Active Freeze



## Social engagement

When we feel and are safe we will be able to:

- Play well
- Engage well with others and our environment
- Think well and make decisions



## Hypoarousal

Feigned death  
Flop  
Collapse



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# Understanding arousal levels

## Fight or Flight

Hyper-vigilant, action-orientated, impulsive, reactive, self-destructive



## Mobilisation



**Submit** Collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless



## Immobilisation



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Adapted from Ogden, Minton, Pain 2006

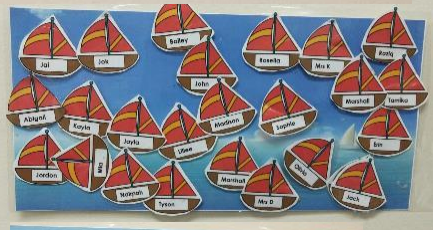
### Overshooting your Window of Tolerance:

- Upset and hyped up
- Angry and agitated
- Frustrated
- Heart beating fast
- Tense and can't think clearly
- Unable to regulate your emotions



### Within your Window of Tolerance:

- Feeling safe, calm and peaceful
- Happy and able to think clearly
- Ready to learn
- Settled and content
- Mindful and able to regulate your emotions



### Undershooting your Window of Tolerance:

- Sad and tired
- Unmotivated with no energy
- Feel empty and withdrawn
- Don't want to listen, talk or play
- Can't think about learning



Making Space for Learning – Action Research Project - St Thomas More School, Elizabeth Park, S.A.



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## Strategies for intervention working with protective responses

Mobilization Hyper-arousal

Social Engagement

Immobilization Hypo-arousal

Working to bring the infant and child into their Window of Tolerance



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## Social engagement

What does living in window of tolerance look like for each child?

What do you do to widen their window of tolerance?



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## Line of My Day



If you had to draw your day with one continuous line, how would you draw it?

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## Strategies for Social Engagement – staying within their Window of Tolerance

- Building safety and connection
- Routine and predictability
- Repair after rupture
- Strategies for arousal
- Use of self – Social Engagement



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## Building safety and connection

- Children effected by trauma need stable, safe, consistent environments and relationships to help them to be calm and open to learning
- Safety = predictable and consistent routines, relationships and responses



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## Building safety and connection

### How can you help children to feel safe during TRANSITIONS?

- How can you provide safe passage for children through the transition?

**Safe Person**  
**Safe Activity**  
**Safe Place**



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## Creating Safety - routine and predictability

Predictability is achieved by:

- Reliable routines e.g. bedtime story/song
- Using visual cues to help children prepare for the day – sequencing...better to use photos of the actual child, than clipart
- Preparing children for what's coming next
- Talking to baby/child about your intentions
- Same caregiver/s every day



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## Transitions

List all the transitions you expect children to traverse in one ordinary day?

- How many are essential?

Managing transitions and change is extremely difficult for traumatised children

- ▶ transitions are experienced as a threat
- ▶ they feel a lose of their sense of safety
- ▶ they may revert to survival mode



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# Repair in practice – repair after rupture

*'What you did is not ok,  
but you are still a good person  
and I still love you'*



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# Strategies for arousal

## 1. Mobilisation

- Rhythm
- Containing
- Grounding



## 2. Immobilisation

- Orientation to space
- Orientation to senses
- Engaging the spine



## 3. Social Engagement

- Prosody
- Breathing



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## Use of self - Social engagement: engaging muscles from heart to head

For children who have experienced relational trauma, social engagement through eye contact is perceived as threatening and may elicit defensive responses. Other facial muscles can be safely engaged - e.g. middle ear (Porges)

- **prosody**
- **use story-telling voice/upper register pitch**
- **singing/music**
- **use breathing techniques to regulate heart beat**



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## Creating Safety – the environment and use of self

### Creating safety – supporting the social engagement system

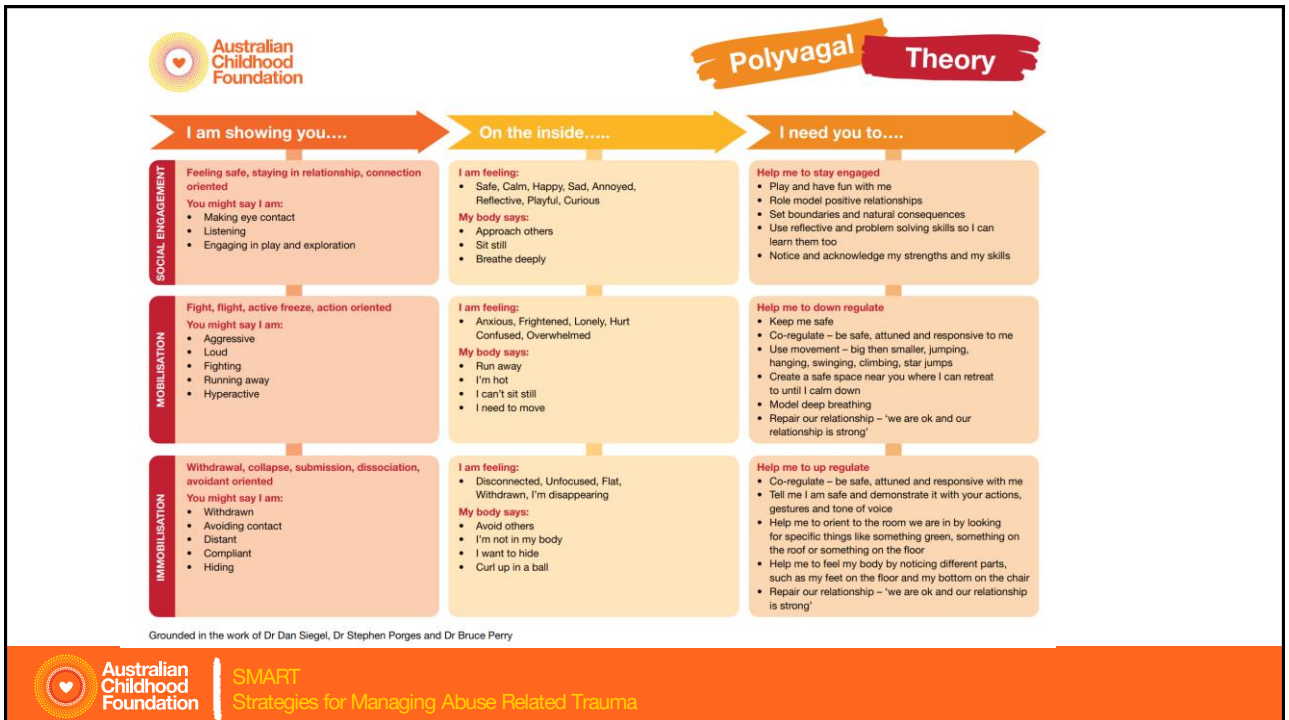
 <p><b>Environment</b></p>	<p>A safe environment is paramount. Consider physical, emotional and cultural safety. Is the environment free from violence and abuse, responsive to physical and emotional needs and inclusive of cultural needs. Also ensure the environment considers the sensory needs of the child. Spaces that have too much stimulation - loud noises, bright lights, strong smells or too many pictures on the walls can be overwhelming for children experiencing trauma. Understanding the child's individual needs and providing enough sensory stimulation for growth but not too much so that the child is overwhelmed is the key. Remember safety is an individual experience. What seems safe for one person may not be for another.</p>
 <p><b>Proximity</b></p>	<p>Consider the child's need for closeness or space. Each child is different. Take into account the context, your relationship and the developmental age of the child. Being attuned to the child will help you to navigate what the child needs. If a child is dysregulated always remain within the line of sight of the child, unless your safety or the safety of others is at risk. Remember time is rather than time out. Any direct contact with the child should be initiated by the child.</p>
 <p><b>Eye contact</b></p>	<p>Eye contact is an important aspect of social engagement and enables feelings of connectedness and validation. Eye contact can be threatening though to a child who has experienced trauma as their social engagement system is usually on high alert. Consider ways to engage with the child using minimal eye contact. Chatting while driving along in the car, creating art or shooting hoops is a great way to engage the child in conversation and is less threatening than sitting face to face. Remember, each child is different so be guided by the child.</p>
 <p><b>Facial expressions</b></p>	<p>Children who have experienced trauma can often have trouble reading facial expressions and will often interpret expressions as anger or disappointment. Be aware of your facial expressions when engaging with the child. Aim for contingent facial expressions that look to mirror the child's inner experience - this conveys empathy and helps the child to understand themselves and feel heard. When the child is regulated, look for opportunities to assist the child to develop emotional literacy by using cards/games that match faces to feelings.</p>
 <p><b>Tone of voice</b></p>	<p>Prosody is the rhythm, pitch and tone of the voice, like when a mother alters her voice to soothe her baby. Tone of voice can have a powerful impact on a child's sense of safety. In situations where a child is dysregulated, consider the tone and pitch of your voice. A soft and gentle voice is more likely to deescalate an overwhelmed child.</p>
 <p><b>Posture and gestures</b></p>	<p>Consider your posture and gestures. How you approach the child will determine how safe or unsafe they may feel. If your posture is puffed up with your shoulders back, the child may read you as defensive and primed to fight. A posture that is strong, yet open and welcoming will help to calm the child. The child's implicit memory system may interpret certain postures or gestures as threatening, so stay attuned to the child and again be guided by them. Mirroring (while staying within your window of tolerance) is also important. Mirroring can convey empathy and a sense of feeling heard and this will help with co-regulation.</p>

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## Next session:

- Reframing our approach
- Understanding behaviour – the needs and feelings beneath the behaviour

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## Reframing our approach

Rather than asking:

***“What are you doing?”***

and

***“How can I stop it?”***



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Ask: ***“What are you trying to tell me?”***

and

***“What do you need from me?”***



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## Understanding behaviour

Rather than asking ***“What’s wrong with you?”***, ask, ***“I wonder what happened to you?”***

- What is the behaviour telling me?
- What might have triggered this behaviour?
- How does this behaviour serve to protect the child/young person and help him/her survive?
- What is the impact on me?



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## Understanding the feelings and needs beneath the behaviour



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## Holding Hope



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What are your hopes for  
the little people  
you work with?

What are your hopes for  
your Centre?



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**Thank you for your participation!**

**Keep in touch with us....**



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