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January 2019

Australian Childhood Foundation

KNOWLEDGE-AND-RESEARCH
THERAPEUTIC-APPLICATION

What really is safety for traumatised children and young people?

A few years ago, Steve Porges asked me to contribute a chapter to a book about the clinical applications of his Polyvagal Theory. It was a little surreal. Like many of you, Steve has been one of the major influences on the way that I have come to understand how therapeutic processes really work with children who have experienced trauma in their lives.

We talk a lot about achieving safety in our work. We say that children need to be safe and feel safe often before healing can be achieved. Or we say that a lack of safety can keep memories of abuse and violation alive. Given neurobiological safety is central to the work of Steve Porges, I took the chance to reflect about what it meant to us at the Australian Childhood Foundation.

Enlisting the wisdom of my colleagues Angela Weller and Janise Mitchell, we wrote a chapter which you can read in Clinical Applications of the Polyvagal Theory: The Emergence of Polyvagal-Informed Therapies edited by Steve Porges and Deb Dana. I have revisited this thinking to develop three blogs over the next three weeks that explores further the ways in which we can centralise safety in our practice with children, young people and the important network of adults who care for them and look after them.

So where do we start? It makes sense to define carefully what safety means and how violation disrupts its presence. In this first blog, I articulate the three key principles that underpin our thinking about safety and danger.

Principle 1. 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 the need for co-operation in species to support the achievement of social/collective benefits and survival.

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 inter-dependant functions placed mammals in vulnerable positions involving physical proximity with one another which would normally have activated 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 comforting embrace that soothes our terror and alarm. We reach out to touch the safety that is held in our 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.

Principle 2. 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. Porges has argued that at deep physiological levels, the vagal system is the primary vehicle for visceral surveillance (Porges and Carter, 2016). It provides 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. This assessment of safety is then expressed in our perceptions, the way we interpret them and give voice to the expectations that we derive from them.

It informs our beliefs about how relationships work, what they can offer, how we should feel in them and whether or not they will provide the resources we need to continue to live with the courage 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 come to find safety in the embodiment of our vulnerability in the heart of a loved one.

Principle 3. 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.

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 experience is over-balanced to danger and their physiology's 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 bodily 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 goes 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.

In my next blog…

I will explore how these principles can be translated into practice that prepares the adults in the network of children to be and feel safe for them. This preparation is critical to the effectiveness of how children who have experienced trauma can be supported.

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