



UK TRAUMA
COUNCIL

Research Round Up

Q3 | 2021

Research highlights
from the field of
childhood trauma



Cutting edge research on trauma and childhood maltreatment.

The Research Round Up series helps to bridge the gap between academic researchers and busy professionals. This publication provides summaries of ten research studies from the field of trauma and childhood maltreatment published during the first quarter of 2021.

Each summary lists the size, age, ethnicity, and gender of the sample according to the terms given in the source literature. However, we recognise that there is not a clear consensus on how these terms are (or should be) presented in the literature, and that in some cases terminology and categorisation may cause unintended offense or harm. We are continuously discussing how to use language addressing race, ethnicity and gender when writing about research and are open to feedback to how this can be improved in our research communication and dissemination. Please send feedback on language or our approach to uktc@annafreud.org.

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Interventions

Clarifying what trauma-informed care for young people is – a systematic review

Trauma-informed care is becoming central to mental health service delivery, but its definition remains unclear. **Bendall and colleagues (2021)** reviewed published literature (n = 13) to clarify this issue. Most studies included in this review did not explicitly define trauma-informed care. Those studies that did often relied on the widely used “four R’s” definition: ‘Realizing’ the widespread impact of trauma, ‘Recognizing’ the signs and symptoms of trauma among clients and staff, ‘Responding’ by integrating knowledge about trauma into practice and policy, and proactively resisting ‘Retraumatization’. The authors analysed how trauma-informed care was implemented (whether explicitly defined or not). This allowed the identification of 10 key components. Three components involved trauma-specific clinical practices: screening and assessment, psychoeducation and clinical interventions (e.g., provision of trauma-focused evidence-based treatment). The remaining seven components

included organisational principles: interagency collaboration, service provider training, leadership/governance and agency processes, safety, youth and family/carer choice in care, cultural and gender sensitivity, youth and family/carer participation. The authors highlight that due to the limited literature, it is not yet possible to assess if trauma-informed care for young people improves outcomes. **In sum, despite the lack of consensus about the operational definition of trauma-informed care for young people, this review highlights a set of commonly endorsed principles.**

Bendall, S., Eastwood, O., Cox, G., Farrelly-Rosch, A., Nicoll, H., Peters, W., ... & Scanlan, F. (2021). A systematic review and synthesis of trauma-informed care within outpatient and counseling health settings for young people. *Child Maltreatment*, 26(3), 313-324. <https://doi.org/10.1177/1077559520927468>



Interventions

Increasing the consensus around safeguarding risk assessments outcomes

Current research indicates that practitioners show low levels of consensus when performing child safeguarding risk assessments. In this study, **Bolton and colleagues (2021)** created a large set of detailed vignettes based on real safeguarding reports. The scenarios varied in terms of trauma types and appropriate responses. Thirty-four child protection professionals (27 females, no other demographic information was reported) indicated for each scenario the most appropriate response from a predefined set of categories. Child protection professionals showed moderate response agreement, with less than half of the scenarios (44%) showing strong consensus. The degree of agreement among professionals was

higher than expected based on previous research. The authors propose that this may be due to the higher quality of the information provided in the scenarios presented in this study (e.g., concrete descriptions, level of detail, structure, and clarity) compared to typical reports. **In sum, the outcome of this study suggests that improving the quality of the information provided in child safeguarding reports may increase consensus among professionals.**

Bolton, A., Gandevia, S., & Newell, B. R. (2021). Appropriate responses to potential child abuse: the importance of information quality. *Child Abuse & Neglect*, 117, 105062. <https://doi.org/10.1016/j.chiabu.2021.105062>



Interventions

Perspectives on how to best categorise and understand childhood adversity and its impact on health

Smith and Pollack (2021) argue that current classification systems of early adversity hinder progress in developing effective interventions for young people exposed to early trauma. This is because, according to the authors, dimensional categories (e.g. physical abuse, emotional neglect, etc) tend to co-occur, have poorly defined boundaries, and lack evidence for specific biological effects. Moreover, behavioural or biological outcomes associated with early adversity also depend on several other factors, including the child's environment, features of the trauma itself, pre-existing individual characteristics and the context surrounding the adverse experience. In response, **McLaughlin and colleagues (2021)** argue that measurable broad dimensions, such as threat, deprivation and environmental unpredictability, help to identify different types of early adversity. They can also help delineate unique developmental outcomes, including resilient or maladaptive individual responses. In their reply to McLaughlin and colleagues' (2021), **Pollack and Smith (2021)** highlight similarities in their perspectives. For example, both groups of authors agree that cumulative models of adversity (e.g., summing the total exposure to early negative events), are helpful in establishing a link between childhood trauma and subsequent negative outcomes, but have little clinical/practical value. This is because cumulative models do not shed light on how and why early adversity is linked with reduced physical

and mental health. However, Pollack and Smith (2021) disagree with McLaughlin and colleagues' (2021) view that dimensional models are useful in generating a detailed understanding of how early trauma 'gets under the skin'. Instead, they argue, new approaches should emphasise the child's subjective experience and response to early adversity and the contextual factors that shape those perceptions. **In sum, these commentaries offer a lively discussion on how to better measure and understand children's complex experiences of adversity in order to maximise clinical and practical impact.**

Smith, K. E., & Pollak, S. D. (2021). Rethinking concepts and categories for understanding the neurodevelopmental effects of childhood adversity. *Perspectives on Psychological Science*, 16(1), 67-93. <https://doi.org/10.1177/1745691620920725>. Featured in our Research [Roundup Q3 2020](#)

McLaughlin, K. A., Sheridan, M. A., Humphreys, K. L., Belsky, J., & Ellis, B. J. (2021). The value of dimensional models of early experience: Thinking clearly about concepts and categories. *Perspectives on Psychological Science*, 16(6), 1463-1472. <https://doi.org/10.1177/1745691621992346>

Pollak, S. D., & Smith, K. E. (2021). Thinking clearly about biology and childhood adversity: Next steps for continued progress. *Perspectives on Psychological Science*, 16(6), 1473-1477. <https://doi.org/10.1177/17456916211031539>



Interventions

Trauma-focused therapy for young people with PTSD is not linked with heightened treatment dropout rates

Despite a well-established evidence-base for trauma-focused treatments for young people with post-traumatic stress disorder (PTSD), concerns that such clinical interventions may 're-traumatise' young people, worsen symptoms or cause treatment dropouts has been identified as a key barrier to their implementation. In this meta-analysis, **Simmons and colleagues (2021)** compared the dropout rates in children and young people receiving evidenced-based trauma-focused intervention for PTSD with children and young people receiving non-trauma focused intervention. Forty studies were identified. A total number of 3413 young people were included (mean age 12.5 years, 58.5% female, ethnicity was not reported, 37.5 % from low- and middle-income countries). The majority of studies

included young people with a mixture of single-incident (e.g. motor vehicle accident) and multiple traumas (e.g. childhood abuse). The researchers did not find a difference in dropout rates between evidence-based trauma-focused treatment compared to non-trauma focused treatment. **In sum, trauma-focused interventions do not lead to higher dropout rates compared to non-trauma focused interventions for young people with PTSD.**

Simmons, C., Meiser-Stedman, R., Baily, H., & Beazley, P. (2021). A meta-analysis of dropout from evidence-based psychological treatment for post-traumatic stress disorder (PTSD) in children and young people. *European Journal of Psychotraumatology*, 12(1). <https://doi.org/10.1080/20008198.2021.1947570>



Interventions

Improving maternal reminiscing style promoted memory specificity among young people exposed to early abuse and neglect

Previous studies have found that childhood trauma is associated with a reduced ability to recall specific [autobiographical memories](#). In this study, **Valentino and colleagues (2021)** examined how maternal reminiscing style can influence the development of autobiographical memory specificity in 155 pre-school children exposed to childhood maltreatment and 83 peers not exposed to early adversity (3 and 6 years, 50.4% male, 39.7% Black, 25.9% White, 34.5% Latinx/other). Half of the mothers of the children exposed to maltreatment received Reminiscing and Emotion Training (RET), which is a six-session intervention designed to improve maternal reminiscing style. The other half received standard support in the community. The children's mothers (mean age 30 years) were the perpetrator of at least one instance of maltreatment. The

researchers found that post-intervention improvements in maternal sensitive guidance (the extent to which mothers sensitively support children's emotions during past event discussions) were related to greater autobiographical memory specificity and other adaptive outcomes, such as improved emotion regulation. **In sum, caregivers can play a key role in promoting the development of adaptive skills (such as memory specificity) in of children who have been exposed to maltreatment.**

Valentino, K., Speidel, R., & Lawson, M. (2021). Developmental and Intervention-Related Change in Autobiographical Memory Specificity in Maltreated Children: Indirect Effects of Maternal Reminiscing. *Child Development*, 92(5), e977–e996. <https://doi.org/10.1111/cdev.13556>



Impact of Trauma

The role of social support in the prevention of PTSD symptoms among trauma-exposed young people

There is limited knowledge about the risk and protective factors associated with the emergence of PTSD symptoms among trauma-exposed young people. In this meta-analysis, **Allen and colleagues (2021)** explored the relationships between social support and PTSD. Fifty studies were included in the analyses (total sample = 27,073, 6-23 years; 54% female, half of the sample originated from the USA or China; no information on ethnicity was provided). Most studies included young people with a mixture of single-incident (e.g., motor vehicle accident, natural disasters) and multiple traumas (e.g., childhood abuse, community violence). The researchers found that there was only a small relationship between social

support and PTSD symptoms. The association between symptoms and specific forms of support (from peers, parents, or teachers) was also small.

In sum, this meta-analysis suggests that social support may play a small part in preventing the risk of developing symptoms of PTSD in trauma-exposed children and adolescents.

Allen, L., Jones, C., Fox, A., Copello, A., Jones, N., & Meiser-Stedman, R. (2021). The correlation between social support and post-traumatic stress disorder in children and adolescents: A meta-analysis. *Journal of Affective Disorders*, 294, 543–557. <https://doi.org/10.1016/j.jad.2021.07.028>



Impact of Trauma

A neurobiological and cognitive perspective on the association between childhood maltreatment and risk of peer victimisation and poor mental health

In this review, **Goemans and colleagues (2021)** examined 28 studies which investigated the association between peer victimisation and poor mental health following childhood maltreatment. For each study, the sample size, age and gender of participants, type of maltreatment measure, study design and country in which the study was performed were reported; the samples' ethnicity was not described. The researchers found a consistent association between early maltreatment experiences and later peer victimisation and peer rejection. Moreover, both maltreatment exposure and peer victimization were found to contribute to increased mental health difficulties. This review also offers an overview of theoretical frameworks (e.g., attachment theory, the ecological–transactional model, social-learning, and developmental victimology) that have been used to explain why exposure to child maltreatment increases

the likelihood of experiencing victimisation and rejection by peers. Finally, this review offers a novel perspective on how alterations in brain functioning following maltreatment exposure may shed new light on why this group of young people may be more likely to be victimised by their peers. In particular, the authors explore how recalibration of the brain's threat, reward and memory systems may increase the risk of poor social functioning.

In sum, this review explores possible neurobiological and cognitive explanations for the link between the experience of childhood maltreatment and subsequent victimisation and rejection by peers.

Goemans, A., Viding, E., & McCrory, E. (2021). Child maltreatment, peer victimization, and mental health: neurocognitive perspectives on the cycle of victimization. *Trauma, Violence, & Abuse*. Advanced online publication. <https://doi.org/10.1177/15248380211036393>



Impact of Trauma

The association between complex trauma and future mental health and cognitive functioning

Lewis and colleagues (2021) examined whether complex trauma (e.g. exposure to multiple or repeated events, such as childhood abuse and neglect) is associated with more severe mental health problems and poorer cognitive functioning as compared to exposure to single-incident trauma or no trauma. A large population-representative sample (total sample = 2232; 18 years, ~51% female, ~9% non-White) took part in this study. Young people exposed to complex trauma during childhood had an increased risk of developing more severe mental health problems and showed reduced cognitive functioning compared to single-incident trauma and non-trauma exposed peers. Vulnerabilities that pre-dated trauma exposure (mental health symptoms at 5 years, IQ at 5 years, family history of mental

illness, socioeconomic status, and sex) increased the likelihood of experiencing complex trauma in the first place. Moreover, when taking into account these pre-existing vulnerabilities, only poorer mental health outcomes, but not cognitive functioning, were associated with exposure to complex trauma. **In sum, complex trauma, compared to single-incident trauma, was found to be a stronger predictor of poor mental health outcomes.**

Lewis, S. J., Koenen, K. C., Ambler, A., Arseneault, L., Caspi, A., Fisher, H. L., ... & Danese, A. (2021). Unravelling the contribution of complex trauma to psychopathology and cognitive deficits: a cohort study. *The British Journal of Psychiatry*, 219, 448–455. <https://doi.org/10.1192/bjp.2021.57>



Impact of Trauma

How the experience of childhood maltreatment impacts the child's ability to trust new people

There is a well-established link between exposure to childhood maltreatment and subsequent poor social functioning. A critical component for establishing and maintaining adaptive social relationships is the ability to trust others. In this experimental study, **Neil and colleagues (2021)** examined how the experience of childhood abuse and neglect influences trust for unfamiliar faces. A group of 75 young people with documented experience of maltreatment and a group of 70 peers, matched on several demographic variables, participated (8-16 years; ~50% female; ~55% non-White). Consistent with clinical observations, the researchers found that the experience of childhood maltreatment was associated with a

reduced likelihood of rating unfamiliar faces as trustworthy. The researchers argue that over time, alterations in trust processing may lead to a reduction in the quality and extent of social bonds. **In sum, young people exposed to abuse and neglect tend to perceive others as less trustworthy as compared to their non-maltreated peers.**

Neil, L., Viding, E., Armbruster-Genc, D., Lisi, M., Mareshal, I., Rankin, G., ... & McCrory, E. (2021). Trust and childhood maltreatment: evidence of bias in appraisal of unfamiliar faces. *Journal of child psychology and psychiatry*. Advanced online publication. <https://doi.org/10.1111/jcpp.13503>



Impact of Trauma

Prevalence of PTSD symptoms in trauma-exposed preschool-aged children

In this meta-analysis, **Woolgar and colleagues (2021)** examined the prevalence of PTSD symptoms in trauma-exposed preschool-aged children. Eighteen studies were included (total sample = 1941, mean age = 4.5 years; 56% male; ethnicity was reported individually for each study). The researchers note, when reported, the ethnic composition of participants included in this meta-analysis was diverse. However, there was an underrepresentation of studies carried out in low-income countries. The results indicated that among preschool-aged children, the prevalence of PTSD was 21.5% when using age-appropriate diagnostic tools. When using standard adult diagnostic criteria, only 4.9% of children met the criteria for PTSD. Finally, the researchers found that the prevalence of PTSD was 3 times

higher following interpersonal or complex trauma as compared to non-interpersonal or single-event trauma. **In sum, this meta-analysis suggests that pre-school aged children can develop PTSD following trauma exposure and underscores the importance of using developmentally appropriate diagnostic criteria.**

Woolgar, F., Garfield, H., Dagleish, T., & Meiser-Stedman, R. (2021). Systematic Review and Meta-analysis: Prevalence of Posttraumatic Stress Disorder in Trauma-Exposed Preschool-Aged Children. *Journal of the American Academy of Child & Adolescent Psychiatry*. Advanced online publication. <https://doi.org/10.1016/j.jaac.2021.05.026>



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