UK TRAUMA
COUNCIL

March 2022

Complex trauma:
evidence-based principles
for the reform of children's
social care

Definition

The UK Trauma Council defines complex trauma as traumatic experiences involving multiple events with interpersonal threats during childhood or adolescence.

Such events may include abuse, neglect, interpersonal violence, community violence, racism, discrimination, and war.

Complex trauma is associated with significantly increased risk of poorer mental health and social outcomes - even more so compared with non-complex forms of trauma. However, not all children and young people who experience complex trauma go on to develop mental health (or indeed social) problems - protective influences play an important role in determining outcome. Mental health disorders commonly associated with complex trauma include anxiety, depression, conduct problems, post-traumatic stress disorder (PTSD) as well as complex PTSD.

Evidence

Lewis, S. L., Arseneault, L., Caspi, A., Fisher, H. L., Matthews, T., Moffitt, T. E., Odgers, C. L., Stahl, D., Teng, J. Y. and Danese, A. (2019). The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales. *The Lancet Psychiatry, 6*(3): 247-256. https://doi.org/10.1016/s2215-0366(19)30031-8

Lewis, S. J., Koenen, K. C., Ambler, A., Arseneault, L., Caspi, A., Fisher, H. L., Moffitt, T. E. & 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

McCrory, E. J. & Viding, E. (2015). The theory of latent vulnerability: reconceptualizing the link between childhood maltreatment and psychiatric disorder. *Development and Psychopathology, 27*(2): 493-505. https://doi.org/10.1017/S0954579415000115

Principles

The UK Trauma Council has developed nine principles that are informed by an understanding of complex trauma, its effects on child development, and evidence-based responses that care givers, professionals and services can engage in that address the impacts of complex trauma.

1 Establishing a common definition of complex trauma

2 Promoting and stabilising trusted relationships

3 Cultivating supportive interactions

4 Actively enabling young people's agency

5 Recognising adaptations and building social connections

6 Holistically responding to multiple needs

7 Providing evidence-based interventions

8 Tackling contextuality and systemic factors

9 Supporting the workforce

1 Establishing a universal definition of complex trauma

A system-wide universal definition of complex trauma would enable better identification of and response to the social and mental health needs of children and young people who have experienced complex trauma.

A universal definition can provide systems, professionals, families and (as appropriate) the child and/or young person with greater knowledge and understanding of complex trauma, and its social, emotional, psychological, neurobiological and relational impacts. Furthermore, a common understanding of complex trauma can inform national and local frameworks in order to support all those working with children, young people and families (including birth, adoptive and foster family members) who have experienced complex trauma with the skills and competencies they need.

Working with a common definition of complex trauma also requires an understanding of when more targeted or specialist interventions are required (as per evidence-informed interventions, including those recommended in the relevant NICE guidelines). We must therefore work with the child or young person's wider network of support, protection and advocacy to promote a clearer understanding and application of complex trauma and therapeutic responses in practice.

Evidence

Lewis, S. J., Arseneault, L., Caspi, A., Fisher, H. L., Matthews, T., Moffitt, T. E., Odgers, C. L., Stahl, D., Teng, J. Y. & Danese. (2019). The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales *The Lancet Psychiatry, 6*(3): 247-256. https://doi.org/10.1016/s2215-0366(19)30031-8

Hiller, R. M., Meiser-Stedman, R., Elliott, E., Banting, R. & Halligan, S. L (2021). A longitudinal study of cognitive predictors of (complex) post-traumatic stress in young people in out-of-home care. *Journal of Child Psychology & Psychiatry, 62*(1): 48-57. https://doi.org/10.1111/jcpp.13232

See also the relevant NICE guidance for: PTSD, depression, anxiety, autism, ADHD, adopted children and Looked After Children.

Please note that despite the recent revisions of the Looked After Children guidance, we feel it could be strengthened around understanding and response to trauma and complex trauma.

2 Promoting and stabilising trusted relationships

Experiencing complex trauma can disrupt the development of healthy and trusting relationships between children and young people and the peers and adults in their life.

We must ensure that relationships between children and young people and their family members (birth, care, foster and/or adoptive) build interpersonal trust, stability, security and safety; as these are predictors of better outcomes in recovery from any traumatic experiences. This includes ensuring as much continuity and consistency in the child or young person's life and experiences as possible, and helping them to make sense of any disruptions and changes in their circumstances, environments, and relationships with trusted people.

However, trusted relationships should not replicate, escalate or entrench the harm a child or young person has experienced. Therefore, continuity and consistency of relationships must be based on promoting healing, supporting, non-discriminatory or prejudicial relationships. Enduring trusted relationships that are harmful and/or traumatic to the child should be identified and mitigated, and discontinuities explained to the child or young person. Moreover, we should always be guided by an understanding of the relationships and environments the child or young person themselves experience as safe.

Stabilising relationships and promoting continuity (and a sense of permanence) alongside promoting trust and safety become protective against further (re)traumatisation of the child or young person in the future and also play a key role in healing and recovery.

Evidence

Danese, A., & McCrory, E. (2015). Child Maltreatment. In Rutter's Textbook of Child & Adolescent Psychiatry (6 ed.). London, UK: Wiley-Blackwell.

Vu, N. L., Jouriles, E. N, McDonald, R. & Rosenfield, D. (2016). Children's exposure to intimate partner violence: A meta-analysis of longitudinal associations with child adjustment problems. *Clinical Psychology Review, 46*: 25-33. https://doi.org/10.1016/j.cpr.2016.04.003

McCrory, E., Ogle, J. R., Gerin, M. I., & Viding, E. (2019). Neurocognitive adaptation and mental health vulnerability following maltreatment: the role of social functioning. *Child Maltreatment, 24*(4): 435-451. https://doi.org/10.1177/1077559519830524

3 Cultivating supportive interactions

Complex trauma, in the absence of supportive social relationships, undermines a child or young person's confidence in the protective and healing potential of support from the adults in their life who provide a network of care. For some children and young people, this lack of confidence in relationships can be so significant that it affects their ability to seek or accept comfort, even from those who are there to provide care for them. Other young people may find it difficult to discern between those people they can trust and those whom they should not trust.

Whilst it is important to understand the risks a child or young person faces in their life, the social care system must focus on the child, young person and/or family's healing. Professionals can promote healing by ensuring that they cultivate interactions that are nourishing, positive and supportive for the child or young person. Nourishing and supportive relationships enable children to build self-efficacy and confidence in understanding, establishing and navigating social relationships and risk-taking.

Supportive interventions are founded on curiosity, an openness to the child or young person's experiences and understanding of their circumstances, and grounded in non-judgmental and attuned responses to their worlds. Professionals, systems and local services need to be mindful of the varieties of ways in which a child or young person might communicate their distress, experiences of trauma and relationships with others.

Adults and peers providing supportive interactions and interventions on a consistent and reliable basis create the foundation for a child or young person's healing from complex trauma. If a child or young person struggles to seek or accept comfort, it can be helpful for caregivers to gently offer the comfort that the child clearly needs, but is not asking for, so as to gradually encourage trust.

Evidence

Fonagy, P. & Allison, E. (2014). The role of mentalizing and epistemic trust in the therapeutic relationship. *Psychotherapy, 51*(3): 372–380. https://doi.org/10.1037/a0036505

Fonagy, P. & Bateman, A. W. (2016). Adversity, attachment, and mentalizing. *Comprehensive Psychiatry, 64*: 59-66. https://doi.org/110.1016/j.comppsych.2015.11.006

Luyten, P. & Fonagy, P. (2019). Mentalizing and trauma. In A. W. Bateman & P. Fonagy (Eds.), *Handbook of mentalizing in mental health practice* (2nd ed.). Washington, DC: American Psychiatric Association, pp. 79-102.

Seim, A. R., Jozefiak, T., Wichstrøm, L., Lydersen, S. & Kayed, N. S. (2020). Reactive attachment disorder and disinhibited social engagement disorder in adolescence: co-occurring psychopathology and psychosocial problems. European *Child & Adolescent Psychiatry.* Advance online publication. https://doi.org/10.1007/s00787-020-01673-7

Raby, K. L., Waters, T. E. A., Tabachnick, A. R., Zajac, L. & Dozier, M. (2021). Increasing secure base script knowledge among parents with Attachment and Biobehavioral Catch-up. *Development and Psychopathology, 33*(2): 554-564. https://doi.org/10.1017/S0954579420001765

4 Actively enabling young people's agency

Experiencing complex trauma can undermine a child or young person's sense of agency and the feeling that they can shape their own lives through their decisions and actions, including in relation to the actions of others. Some children and young people experience feelings of powerlessness, helplessness, and hopelessness arising from a loss or diminishing sense of agency following complex trauma, and/or the way it is dealt with by adults and professionals in their lives.

Agency is in part forged by building relational trust and openness with the child or young person, and supporting them with the appropriate information, advice and advocacy they might need. Even in situations where we have a duty of care and a statutory responsibility that limits the young person's ability to make decisions about their life, we must seek to engage them in decision-making and explain, in an accessible way, the reasons for actions that are being taken.

By providing children and young people with foundational experiences and capacities to build the agency they require to self-direct their lives, and to inform their choices, actions, motivations and decisions, can help promote their self-efficacy and resilience for the future. This can be enhanced through finding ways that children and young people can actively contribute (should they wish) to decisions and wider familial, cultural and social environments that affirm their heritage, identities, and commonality of experiences they have had with other young people in similar situations.

Evidence

Houlders, J. W., Bortolotti, L. & Broome, M. R. (2021). Threats to epistemic agency in young people with unusual experiences and beliefs. *Synthese, 199* (3-4), 7689–7704. https://doi.org/10.1007/s11229-021-03133-4

Haggard, P., & Chambon, V. (2012). Sense of agency. *Current Biology, 22* (10), R390–R392. https://doi.org/10.1016/j.cub.2012.02.040

McPinn / Agency in Youth Mental Health (2021). *The Agential Ladder:* https://mcpin.org/how-to-give-young-people-agency-in-mental-health/

5 Recognising adaptations and building social connections

Children, young people and families attempt to find ways of adapting and responding to their experiences of complex trauma. These social, emotional, psychological, neurobiological adaptations enable them to survive, cope with, and make meaning of the complex trauma and its impacts on their lives.

Beyond the context of complex trauma, these responses can become maladaptive and erode social skills and connectedness, and contribute to other difficulties. That is, some social, emotional and psychological difficulties have emerged from children and young people's attempts to adapt to complex trauma. Conversely, some of these adaptations might have equipped the child, young person and/or family with insights and strengths that can support them in their ongoing lives. In each case, adaptations to complex trauma can intersect with their experiences of

encountering, navigating, and enduring the complexities of the care system.

We can recognise and encourage the strengths the child, young person or family has already gained, while understanding any adaptations that are causing difficulties or distress - using this to help us understand the meaning of a child or young person's behaviour, and how we might go about best supporting them.

We can also encourage the child, young person and/or family to develop new skills, resources, ways of living and relating that promote their healing and growth and address the impacts of complex trauma. Within this we value a child's, young person's, parent's, carer's and professional's capacity for interpersonal growth, and ability to develop new social and emotional skills.

Evidence

Ellis, B. J., Abrams, L. S., Masten, A. S., Sternberg, R. J., Tottenham, N., & Frankenhuis, W. E. (2022). Hidden talents in harsh environments. *Development and psychopathology, 16* 34(1), 95–113. https://doi.org/10.1017/S0954579420000887

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Hiller, R. M., Halligan, S. L., Meiser-Stedman, R., Elliott, E., & Rutter-Eley, E. (2020). Supporting the emotional needs of young people in care: a qualitative study of foster carer perspectives. *BMJ open, 10*(3), e033317. https://doi.org/10.1136/bmjopen-2019-033317

6 Holistically responding to multiple needs

Children's social care services must identify and address the diverse range of needs (across psychological, social and physical domains) that manifest in children and young people who have experienced complex trauma.

It is crucial that we recognise that children and young people who have experienced complex trauma are at greater risk than their peers of also having difficulties that may not have arisen from the trauma itself. In particular, these children and young people are at higher risk of neurodevelopmental conditions, such as autism and attention deficit hyperactivity disorder (ADHD).

Services and interventions should take a holistic approach to the needs of the child or young person, and offer a comprehensive assessment that does not make any automatic assumptions about the roots of the child's difficulties. Systems, services, professionals and carers must embrace a culture of curiosity, openness and non-judgmental inquiry into the needs of the child. This requires recognition of the multiplicity and intersectionality of needs they may have. We must remember that complex trauma is a series of events and processes, not a diagnosis, and that children who have experienced complex trauma must not have their needs defined by their experiences.

A common definition of complex trauma must inform our shared understanding and coherent language about a child or young person's needs across all partners in their care and support. The culture of care must avoid using 'care experience' or 'complex trauma' as a short-hand understanding of the child or young person's specific needs. There is a wide range of individual differences in need, and not all of the child or young person's needs will necessarily have arisen from their experience of complex trauma.

We should be sensitive to the ways in which care experience and identities of the young person can overshadow, obscure or bias the description or labelling of a child or young person's needs, and/or co-occurring disability, health condition or mental health need.

Finally, services should identify co-occurring needs within a family or care system, and effectively coordinate service provision and support, including parental mental health needs as well as wider stressors such as socio-economic disadvantage, poor housing and health-related needs.

Evidence

Hanlon, P., McCallum, M., Jani, B. D., McQueenie, R., Lee, D., & Mair, F. S. (2020). Association between childhood maltreatment and the prevalence and complexity of multimorbidity: A cross-sectional analysis of 157,357 UK Biobank participants. *Journal of comorbidity, 10*, 2235042X10944344. https://doi.org/10.1177/2235042X10944344

Dinkler, L., Lundström, S., Gajwani, R., Lichtenstein, P., Gillberg, C., & Minnis, H. (2017). Maltreatment-associated neurodevelopmental disorders: a co-twin control analysis. *Journal of child psychology and psychiatry, and allied disciplines, 58*(6), 691–701. https://doi.org/10.1111/jcpp.12682

7 Providing evidence-based interventions

Complex trauma is associated with significantly increased risk of poorer mental health and social outcomes - even more so compared with non-complex forms of trauma. However, not all children and young people who experience complex trauma go on to develop mental health (or indeed social) problems - protective influences play an important role in determining outcome. Mental health disorders commonly associated with complex trauma include anxiety, depression, conduct problems, post-traumatic stress disorder (PTSD) as well as complex PTSD.

It is important that as professionals we understand that there is a difference between the experience of complex trauma and the application of diagnostic categories related to post-traumatic stress. Not all children and young people who experience complex trauma go on to develop post-traumatic stress disorder (PTSD) or complex PSTD symptoms. Many will go on to experience other common mental health problems, including anxiety, depression and conduct problems.

Irrespective of the mental health problems that children and young people present with following trauma, the social and psychological interventions provided should be evidence-based and offered alongside a whole system response to the child or young person's needs based on a shared formulation.

Evidence

Wethington, H. R., Hahn, R. A., Fuqua-Whitley, D. S., Sipe, T. A., Crosby, A. E., Johnson, R. L., Liberman, A. M., Mościcki, E., Price, L. N., Tuma, F. K., Kalra, G., Chattopadhyay, S. K., & Task Force on Community Preventive Services (2008). The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: a systematic review. *American journal of preventive medicine, 35*(3), 287–313. https://doi.org/10.1016/j.amepre.2008.06.024

Bennett, R. S., Denne, M., McGuire, R., & Hiller, R. M. (2021). A Systematic Review of Controlled-Trials for PTSD in Maltreated Children and Adolescents. *Child maltreatment, 26*(3), 325–343. https://doi.org/10.1177/1077559520961176

National Institute for Health and Care Excellence (2018). Post-Traumatic stress disorder NICE Guideline [NG116]: https://www.nice.org.uk/guidance/ng116/chapter/Recommendations#management-of-ptsd-in-children-young-people-and-adults

8 Tackling contextuality and systemic factors

Experience of complex trauma can erode a child or young person's social connections, shared values and understandings that enable social mobility, mutuality and reciprocity. For those already facing social inequality, injustice or prejudice, the impacts can lead to further social marginalisation and reduced access to social and community resources.

Sometimes the impacts of social inequalities and prejudice might not be immediately apparent, and so systems and professionals must reflect on their policies, procedures and practice to tackle prejudice and discrimination.

Furthermore, we must not locate the complexity of systemic or contextual factors within the child or young person through problematising, pathologising, or criminalising their responses. Rather, we should seek to understand the contextuality of the child, young person or family's needs and experiences and how these intersect with wider systemic factors (such as poverty, injustice, prejudice and parental or household experience of trauma).

On an individual level we can work with the child, young person and family system (birth, care, foster and/or adoptive) to build their agency, social networks of support, improve their quality of relationships and enable them to enhance their social experiences and make sense of the systemic and contextual stressors they might continue to encounter in our society.

On a collective level, children's social work can collaborate with other partners (including services relating to domestic abuse, education, health, youth justice, welfare services, faith-based organisations and community networks) to tackle systemic social injustices

Evidence

McCrory, E. J. & Viding, E. (2015). The theory of latent vulnerability: reconceptualizing the link between childhood maltreatment and psychiatric disorder. *Development and Psychopathology, 27*(2): 493-505. https://doi.org/10.1017/S0954579415000115

Alisic, E., Roth, J., Cobham, V., Conroy, R., de Young, A., Hafstad, G., Hecker, T., Hiller, R., Kassam-Adams, N., Lai, B., Landolt, M., Marsac, M., Seedat, S., & Trickey, D. (2020). Working towards inclusive and equitable trauma treatment guidelines: a child-centered reflection. *European Journal of Psychotraumatology, 11*(1), 1833657. https://doi.org/10.1080/20008198.2020.1833657

Torino, G. C., Rivera, D. P., Capodilupo, C. M., Nadal, K. L., & Sue, D. W. (eds.). (2019). *Microaggression Theory: Influence and Implications*. NJ: John Wiley & Sons.

9 Supporting the workforce

Professionals working in children's social care must be supported to feel confident in their knowledge and skills around working with children and young people who have experienced complex trauma and are on the edges of care or care experienced.

Sufficient investment must be made in training and on-going professional development in applied methods of relational support to promote the health and voice of the child or young person.

Working with children and young people who have experienced complex trauma can be triggering and anxiety provoking for many professionals given the complexity of experience that is involved, and/or the ways it might interact with their own experiences of trauma, familial dynamics or care experience.

Appropriate supervision, reflective practice and cultures of care must be in place for the workforce in order to prevent or mitigate the potential risks of vicarious traumatisation and/or (re)traumatisation, which can impact a professional's ability to provide supportive and trusted interventions, and have a detrimental impact on their own health and wellbeing.

Finally, local services for children and young people need to be adequately funded and resourced to ensure high quality care and support, and to retain expertise.
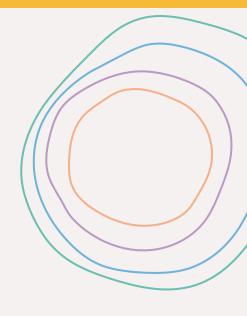
Evidence

NHS Education for Scotland (2017). *Transforming Psychological Trauma: a knowledge and skills framework for the Scottish workforce.* https://transformingpsychologicaltrauma.scot/media/x54hw43l/nationaltraumatrainingframework.pdf
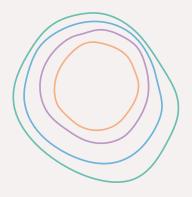
For more information see: https://transformingpsychologicaltrauma.scot/media/cuzhis0v/nesd1334-national-trauma-training-programme-online-resources_0908.pdf

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