

Hackney Trauma-Informed Multi Agency Guidance: Responding to Child Victims of Domestic Abuse

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1. Purpose

1.1 This guidance enables professionals across Hackney to:

- embed and deliver a trauma-informed approach within their agencies to meeting the needs of children affected by domestic abuse
- understand and be part of a system-wide, holistic approach to meeting the needs of children affected by domestic abuse
- recognise and respond to the need for non-abusive parents to be supported to respond to children with containment and reciprocity
- hold in mind the differential impact of domestic abuse on Black and Global Majority Families and other intersectionalities that can affect a child's experiences

1.2 This guidance does not replace agencies' procedures but rather is designed to pull together in a helpful format how agencies can operate in a trauma-informed way when considering and responding to the needs of children who have been exposed to domestic abuse.

1.3 The guidance is informed by the understanding that

- if in their 'life course' a child experiences domestic abuse, the harmful effects can vary in type and severity and can manifest at different stages of their ongoing development including late adolescence and early adulthood
- a trauma-informed response to children who have experienced domestic abuse is necessary at all stages of their 'life course'
- wherever possible, children's needs should be identified and responded to at an early stage and ideally by services already known to the family.
- where further support is required, pathways to access the help children need should be clear and responsive.

2. Definition of Domestic Abuse

2.1 The [Domestic Abuse Act 2021](#) defines domestic abuse:

Behaviour of a person towards another person is "domestic abuse" if

- (a) People concerned are each aged 16 or over and are personally connected to each other, and
- (b) the behaviour is abusive.

Behaviour is "abusive" if it consists of any of the following -

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse;
- (e) psychological, emotional or other abuse;

Domestic abuse can consist of a single incident or a course of conduct.

2.2 The [Domestic Abuse Act 2021](#) classifies any child who "sees or hears, or experiences the effects of the abuse" as a victim of domestic abuse.

3. Definition of Trauma

Definitions compiled by [City and Hackney Childhood Adversity, Trauma and Resilience Programme \(ChATR\)](#)

(See **Appendix 1** for full document)

Trauma is: “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing.” (SAMHSA, 2014)

Type 1 trauma refers to events which are one time or short lived occurrences.

Type 2 trauma (also referred to as complex or developmental trauma) comprises chronic traumatic events, which persist over longer periods of time (eg, repeated abuse, neglect, separation and other adverse experiences).

Intergenerational trauma on parents and their children: Adverse experiences in childhood can increase the risks in adulthood for a range of negative outcomes, including substance misuse, domestic abuse and mental health problems. The risk of harm to children increases when these factors combine in a family (Brandon et al, 2012).

Secondary trauma, also referred to as vicarious trauma, has been defined as ‘the stress resulting from helping or wanting to help a traumatised or suffering person’ (Figley, 1995). Importance of regular, reflective supervision and creating a culture where workers can ask for support.

Community Trauma: There is increasing recognition of ‘collective trauma’ experienced in the wake of a community disaster. Community trauma may well have impacts on individuals, leading to posttraumatic stress disorder (PTSD) or a variety of affective disorders such as chronic anxiety and depression (LopézZerón et al, 2015).

Racial trauma, also referred to as Race-based Traumatic Stress, is the psychological, emotional, and physical injury from experiencing real and perceived racism (Bryant-Davis, 2007; Carter, 2007).

Racial trauma accounts for experiences of racism inclusive of overt (e.g., use of racial slurs) and covert (e.g., exclusion based on assumptions of racial inferiority) interpersonal discrimination and harassment, as well as institutional and systemic racism - i.e. policing Black language, hairstyles, clothing, etc. in schools

Racial trauma shares symptoms with post-traumatic stress disorder (PTSD), such as re-experiencing trauma, avoidance, arousal, and negative mood and cognitions (Carter, 2007; Williams, Metzger, Leins, & DeLapp, 2018).

However, distinct from PTSD, racial trauma focuses on the cumulative effect of consistent experiences of racism, and historical and generational experiences of racism that are not encapsulated in the diagnostic criteria for PTSD (Carter, 2007; Helms, Nicolas, & Green, 2010).

4. Trauma Informed Practice: working with children affected by domestic abuse

4.1 Understand behaviour as a consequence and indicator of trauma

Trauma caused by domestic abuse has a [significant impact on brain development and children's functioning / behaviour \(UK Trauma Council\)](#)

Professionals should ensure they -

- a. Understand trauma and its effects on children's development
- b. Identify indicators of abuse and refer for safeguarding / support as needed
- c. When working with a family, make themselves aware of available information regarding the family's history so that they are able to see current issues / behaviours in the context of the family system and any abuse and neglect that have occurred.
- d. Communicate with other professionals in the Team Around the Family to gather and share relevant information about any abuse, neglect and resulting trauma so that all agencies are able to provide support in a trauma-informed way.
- e. Respond to children in a way that considers and responds to the effects of trauma e.g. behaviour as a manifestation of abuse and resultant trauma

"Domestic abuse can have a severe impact on child development, particularly for very young children who are exposed to violence. Research suggests the impact on neurological development can manifest itself in poor health, poor sleeping habits, excessive screaming, and result in disrupted attachment between child and primary caregiver.

Exposure to domestic abuse in the early years can also lead to psycho-somatic complaints such as headaches and abdominal pain, regressive behaviours, anxiety around strangers, crying and clingy behaviour, as well as 'signs of terror' manifested by yelling, irritability, hiding, and stuttering.

Often, seeing, hearing and experiencing violence, or emotional, sexual and/or coercive control, will result in aggressive behaviours towards adult victims such as their mother, to their siblings and at school.

Violent and criminal behaviours can be a way of the child expressing the trauma they have suffered. Research shows that children who have experienced domestic abuse are more likely to be excluded from school"

['Not just collateral damage: The hidden impact of domestic abuse on children' \(Barnardo's\)](#)

Recognising signs / indicators of a child experiencing domestic abuse at home

"It can be difficult to know if domestic abuse is happening.

Even if they are not physically harmed, children may experience emotional and psychological damage as a result of witnessing domestic abuse.

Signs and indicators that a child has witnessed domestic abuse can include:

- *withdrawn or detached behaviour*
- *ambivalent feelings towards both the abuser and the non-abusing parent*
- *constant or frequent sickness*
- *frustration or aggression*

- *bullying peers*
- *problems in school or with learning*
- *anxiety, depression, or suicidal thoughts*
- *drug or alcohol use*
- *easily startled or seem on edge*
- *fear of leaving the home*
- *bed-wetting or increased soiling*
- *nightmares or insomnia*
- *withdrawal or struggles with separation*
- *difficulty identifying feelings or communicating needs*
- *difficulty developing positive peer relationships”*

[‘Children affected by domestic abuse’ \(Barnardo’s\)](#)

Safeguarding children

Professionals should consider the [Hackney Child Wellbeing Framework](#) when thinking about the right response for an individual child.

In Hackney, requests for additional support and referrals for safeguarding interventions are made through the [Multi Agency Safeguarding Hub](#)

4.2 Help parents understand their children’s behaviour in the context of trauma

Agencies working with children may understand trauma and deliver services in a trauma-informed way, however for children to recover their primary carers need to be attuned and able to respond to their needs.

Helping a parent understand when difficult-to-manage and at times distressing behaviour is likely to come from trauma is a necessary step in enabling them to help their children heal.

“You might recognise some behaviours your children are demonstrating from this checklist below:

They may become anxious or depressed

They may have difficulty sleeping

They may have nightmares or flashbacks

They may complain of physical symptoms such as tummy aches

They may start to wet their bed

They may have temper tantrums

They may behave as though they are much younger than they are

They may have problems at school or may start truanting

They may become aggressive

They may internalise their distress and withdraw from other people

They may have a lowered sense of self-worth

Older children may start to use alcohol or drugs

They may begin to self-harm by taking overdoses or cutting themselves

They may develop an eating disorder”

[Women’s Aid: The Survivors Handbook](#)

4.3 Respond to children in a trauma-informed way

Children who have experienced trauma as a consequence of domestic abuse will often not make this clear to a professional working with or encountering them e.g. a teacher, a youth justice worker, a health visitor, a police officer.

It is necessary therefore for agencies to -

- a. create systems and processes which are trauma informed
- b. respond to individuals and groups of children generally in a trauma-informed way
- c. give particular consideration to children who are known to have experienced abuse

Creating systems and processes which are trauma informed

Agencies should ensure that -

- staff across the agency have an awareness of trauma and its effects
- policies within the agency are trauma-informed e.g.
 - the approach to behaviour management is grounded in understanding children's unmet needs and how these can manifest in dysregulation
 - situations and expectations that may occur in the agency and which are likely to be particularly difficult for traumatised children are anticipated and reduced
 - professionals are expected to respond to behaviour by being regulated, positive and containing rather than punitive
 - professionals are expected to engage the whole system around the family to share information, avoid making children and parents repeat their story and have a joined up approach between agencies and the family
 - safeguarding processes are known, transparent and adhered to
- the approach to quality assurance and learning is trauma-informed e.g. significant incidents are reviewed and explored through a trauma-informed lens

Responding to individuals and groups of children generally in a trauma-informed way

Professionals should ensure that they -

- meet children's basic needs while in their care (physical safety, warmth, having enough to eat, being able to go to the bathroom when needed)
- speak to children in a clear way attuned to their developmental age/stage
- show kindness, patience and compassion
- are transparent and collaborative with children, offering choice to build autonomy and positive self-regard
- explore children's feelings and thoughts and avoid using labels / making assumptions
- actively consider children's identity and needs arising from these
- foreground children's strengths, adopt a problem-solving approach to obstacles and reframe issues in a positive way, building emotional regulation and resilience

Giving particular consideration to children who are known to have experienced abuse

Everyone responds to trauma differently.

Trauma is not a mental health condition in itself, but experiencing trauma (whether through one-off, repeated or as a result of Adverse Childhood Experiences and ongoing abuse or neglect) can result in a young person struggling with their mental health. Every child and young person will respond differently to trauma. This means it can be difficult to spot the signs, or to see the links between traumatic experiences and a child's current feelings and behaviour. Sometimes a child may not be aware of the links themselves.

A child may show they are struggling immediately after a traumatic experience. But feelings, thoughts and behaviours may also emerge over time. There may be times when things feel intensely difficult, and then they might feel better for a while.

Bear in mind that there are a number of different ways to support a child's mental health, and that we can take a wellbeing approach to supporting mental health: many children and families prefer to access support in a trusted community organisation (e.g. youth settings, sports & leisure providers, faith settings). Also consider that clinical/ therapeutic intervention may not be the most appropriate form of support for that child and family.

Professionals should ensure that they -

- understand and follow their agency's procedures around safeguarding and referring for additional support
- adopt an approach designed for use with children who are traumatised such as [PACE \(Playfulness, Acceptance, Curiosity, Empathy\)](#)
- consider with colleagues and managers how their agency can adapt expectations and approaches e.g. to behaviour management when a child is known to have experienced abuse - see [Anna Freud Centre: Working with Traumatised Children](#)
- provide additional support within their agency where possible
- refer a child on for additional support / safeguarding intervention when needed

4.4 Refer children for additional support when needed

What to do if worried a child may have a mental health need

The first step is to have a conversation with the child's parent about the concerns and to seek their consent to refer them to support services. Where a child is open to Children's Social Care, ask for a network meeting to include the parents, social worker and other relevant professionals from the mental health team linked to the school, health or other agency setting.

This may lead to a range of forms of support for a child. If there is a decision to refer on to CAMHS via SPA then the social worker can lead on this with support from our CFS Clinical Service.

Early Help

[First Steps](#) can be accessed via the [Single Point of Access](#) and the Children and Families Service Clinical Service can continue to support young people through group work alongside youth workers at our Youth Hubs.

Children supported through Child in Need/ Child Protection Plans

Our local CAMHS Alliance partners will lead in direct work with children and families supported through Child In Need and Child Protection Plans. Our clinicians can support social workers in leading the referral to SPA and will also continue to offer:

- Consultations with social workers about children's potential mental health needs
- Joint visits to children and families with social workers which may in itself constitute a brief intervention.
- Family Therapy for children and families where this is the right intervention

Children and Families Service will work closely together with SPA and CAMHS Alliance partners to identify children's mental health needs and ensure the right pathway for support is in place.

Looked After Children and Care Leavers

Children and Families Service Clinical Service will continue to offer direct clinical support to LBH Looked After Children and Care Leavers as well as consultation and advice to social workers and networks. They can also offer a drop-in service, support and training for CFS foster carers.

Referrals for the above services are usually done through an internal mechanism within the London Borough of Hackney, where the social worker books a consultation with the Clinical Service. If partner agencies are concerned about the mental health of a Looked After Child they should contact the social worker in the first instance and they will consider whether an in-house referral is appropriate.

If the child is not open to Children's Social Care, agencies should use the CAMHS Single Point of Access (SPA) Referral Pathway, or book in a consultation with SPA via [Single Point of Access Referral Form](#) or a SPA consultation for advice via 020 7014 7079 between 9:30am to 3:00pm.

If agencies are seriously concerned about the safety of a child due to a mental health crisis you should contact the City and Hackney Crisis Line by calling 111 (+Option 2).

5. Trauma Informed Practice: working with parents/carers affected by domestic abuse

5.1 Understand trauma caused to adult victims/survivors by domestic abuse

Professionals need to consider that -

- parents will often have experienced or still be experiencing domestic abuse
- parents may not feel able to tell them or perhaps any agency about this abuse
- the abuse that has been or is still being perpetrated against them is deliberate and designed by the abuser to control, frighten, harm and punish them
- the abuse is likely to involve a constellation of behaviours not simply one type of abuse e.g. emotional abuse *and* physical abuse *and* coercive control
- the abuser is likely to have told the victim/survivor that she is not going to be believed / she will be blamed for the abuse / she may have her children removed from her care
- the compounding effects of the domestic abuse are likely to cause trauma for the victim/survivor of the abuse

There are many [impacts of domestic abuse](#)

In terms of day-to-day functioning and how parents can present, parents can experience a range of symptoms related to trauma caused by abuse:

“Domestic abuse can have a significant impact on your emotional wellbeing, as well as sometimes affecting other relationships and your ability to live your life as you’d want to.

Everyone reacts differently but some of the effects of domestic abuse include:

- *depression*
- *fear, anxiety and panic attacks*
- *loneliness or isolation*
- *a lack of confidence or self-esteem*
- *feelings of guilt or self-blame*
- *experiencing difficulties at work or in your other relationships*
- *trouble sleeping.*

It’s important to remember all of these reactions are normal and this is not your fault. Only your abuser is to blame for their behaviour”

[Victim Support UK: What is Domestic Abuse](#)

5.2 Ensure that anyone experiencing domestic abuse is safeguarded

Professionals can gain a fuller sense of the risks by going through the [Hackney Domestic Abuse Risk Assessment](#) with the parent who they are seeking to support and protect. Hackney’s [Domestic Abuse Intervention Service](#) can work with anyone aged 16 or over experiencing or harming others through domestic abuse. Professionals can email dais@hackney.gov.uk asking for a case consultation where there are concerns about domestic abuse and advice is needed. This email address can also be used to make a referral. Local and national sources of support are also listed on the [DAIS website](#).

In an emergency call 999

5.3 Respond to parents in a trauma-informed way

The [UK government](#) sets out 6 principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration. These are all particularly applicable when delivering services to adults, many of whom will have experienced domestic abuse.

Safety

The physical, psychological and emotional safety of service users and staff is prioritised, by:

- people knowing they are safe or asking what they need to feel safe
- there being reasonable freedom from threat or harm
- attempting to prevent re-traumatisation
- putting policies, practices and safeguarding arrangements in place

Trustworthiness

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by:

- the organisation and staff explaining what they are doing and why
- the organisation and staff doing what they say they will do
- expectations being made clear and the organisation and staff not overpromising

Choice

Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by:

- ensuring service users and staff have a voice in the decision-making process of the organisation and its services
- listening to the needs and wishes of service users and staff
- explaining choices clearly and transparently
- acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships

Collaboration

The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:

- using formal and informal peer support and mutual self-help
- the organisation asking service users and staff what they need and collaboratively considering how these needs can be met
- focussing on working alongside and actively involving service users in the delivery of services

Empowerment

Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:

- validating feelings and concerns of staff and service users
- listening to what a person wants and needs
- supporting people to make decisions and take action
- acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth

Cultural consideration

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by:

- offering access to gender responsive services
- leveraging the healing value of traditional cultural connections
- incorporating policies, protocols and processes that are responsive to the needs of individuals served

5.4 Help parents recover, enabling them to respond to children in a trauma-informed way

As in Section 4.3 of this document, there are ways in which children who have experienced trauma can be supported to heal.

When the child's primary caregiver has themselves experienced abuse and the trauma resulting from this, they need to be supported in their recovery in order that they can provide the containment and reciprocity their child requires.

As discussed in Section 5.3 of this document, agencies should work in a trauma-informed way with their service users.

Additionally, there are resources and pathways to support for parents to help them recover and to help their child recover.

Services for survivors of domestic abuse include:

[City and Hackney Talking Therapies](#)

[Woman's Trust Counseling for Domestic Abuse Survivors](#)

[Solace Women's Aid Counselling Services](#)

[For Her: Directory of Domestic Abuse Counselling Services](#)

[NCDV Counselling](#)

[Domestic Abuse, Recovering Together \(DART™\) - NSPCC](#)

[Solihull Approach: Trauma-informed courses for parents](#)

Definitions of Trauma and Trauma-informed approaches

Definitions compiled by City + Hackney Childhood Adversity, Trauma and Resilience Programme (ChATR)

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Racial trauma accounts for experiences of racism inclusive of overt (e.g., use of racial slurs) and covert (e.g., exclusion based on assumptions of racial inferiority) interpersonal discrimination and harassment, as well as institutional and systemic racism - i.e. policing Black language, hairstyles, clothing, etc. in schools

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However, distinct from PTSD, racial trauma focuses on the cumulative effect of consistent experiences of racism, and historical and generational experiences of racism that are not encapsulated in the diagnostic criteria for PTSD (Carter, 2007; Helms, Nicolas, & Green, 2010).

Adverse Childhood Experiences: Adverse Childhood Experiences (ACEs) refer to chronic stresses that occur during childhood, which may have a long-lasting effect into adulthood and potentially over the whole life course. (CDC Kaiser, 1990)

Trauma-informed practice(TIP) is a strengths-based approach, which seeks to understand and respond to the impact of trauma on people’s lives. TIP recognises the prevalence of trauma and its impact on the emotional, psychological and social wellbeing of

people, recognising and responding by enabling changes in behaviour, strengthening resilience and empowering individuals to re-establish control of their lives. (SAMSHA, 2014)

Trauma Informed Practice is a way of working that recognises:

That anyone using a service may have experienced trauma or ACEs, and that people with a history of trauma may be less likely to engage with services. TIP also recognises the importance of relationships in preventing and recovering from the effects of trauma and ACEs.

(A Shared Language for Trauma-Informed Practice and Adverse Childhood Experiences in Cumbria and Lancashire, 2019)

Four underpinning principles and values are key to becoming trauma informed, the ‘four Rs’:

- *Realise* the widespread impact of trauma, stress and adversity and *understand* pathways for recovery
- *Recognise* the signs and impact of trauma in staff, children and families
- *Respond* by embedding knowledge about trauma into policies, practices, and procedures with the aim to...
- *Resist re-traumatisation*

(SAMHSA, 2014)

Trauma-informed Systems

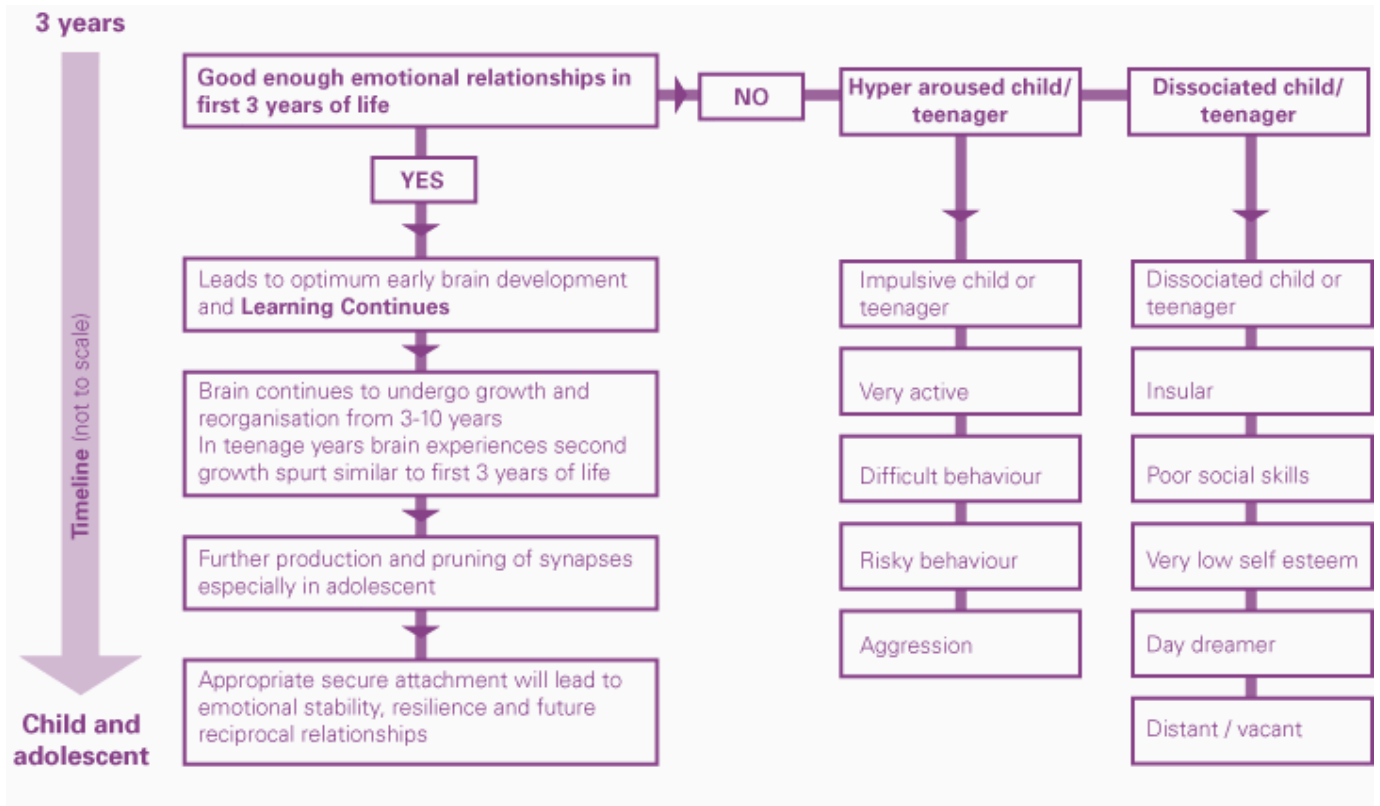
An organisation or system with a trauma-informed perspective is one in which agencies, programmes, and service providers:

1. Routinely screen for trauma exposure and related symptoms.
2. Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.
3. Make resources available to children, families, and providers on trauma exposure, its impact, and treatment.
4. Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.
5. Address parent and carer trauma and its impact on the family system.
6. Emphasise continuity of care and collaboration across children and young people’s systems.
7. Maintain an environment of care for staff that addresses, minimises, and treats secondary traumatic stress, and that increases staff wellness.

[\(The National Child Traumatic Stress Network\)](#)

Appendix 2:

Brain Development in first 3 years of life and effects in later childhood / adolescence



Appendix 3

Local Guidance, Training and Trauma-Informed Resources

Hackney Training + Information

[City and Hackney Safeguarding Children Partnership training platform](#)
(offering training on trauma and on domestic abuse)

[ChATR \(Childhood, Trauma and Resilience Resource Portal for City & Hackney\)](#)

[Hackney Partnership Evidence re Trauma-Informed Practice in Responding to Child Victims of Domestic Abuse](#)

[Hackney Child Wellbeing Framework](#)

[Hackney Multi Agency Safeguarding Hub](#)

Trauma Resources and Research

[Victim Support UK: What is Domestic Abuse](#)

[Impact of Domestic Abuse on Children by Developmental Level - SafeLives/CAADA](#)

[NSPCC Protecting Children from Domestic Abuse](#)

[Women's Aid - The Survivor's Handbook](#)

[Women's Aid: The Impact of Domestic Abuse](#)

['Not just collateral damage: The hidden impact of domestic abuse on children'](#)

[Childhood Trauma and the Brain - UK Trauma Council](#)

[Solihull Approach: Trauma-informed courses for parents](#)

[Anna Freud Centre: Working with Traumatised Children](#)

[Helping Your Child With Trauma Young Minds UK](#)

[What is meant by PACE: Playfulness, Acceptance, Curiosity, Empathy?](#)

[PACE: Playfulness, Acceptance, Curiosity, Empathy: Guidance for Schools
A trauma-informed approach to supporting children and young people](#)

[UK government guidance on trauma-informed practice](#)