Trauma-Informed Communication Integrity Test

I. What Trauma-Informed Communication Actually Is

In simple words, trauma-informed communication means:

Recognising that many behaviours are adaptive responses to threat

Understanding that shame escalates defensiveness and reduces change

Maintaining accountability without humiliating parents

Communicating in a way that regulates rather than activates the nervous system

Holding child safety as central while engaging parents as human beings

Neuroscience is clear: when individuals perceive threat (tone of voice, accusation, humiliation, loss of control), the prefrontal cortex reduces in function. This decreases reflection, empathy, and problem-solving. Feeling threatened activates fight, flight, freeze or submit responses.

This does not mean social workers threaten parents, it just means that social work intervention, due to its inherent nature and combination of power and authority, can come across as threatening.

Trauma-informed communication is not a therapeutic intervention. It is a way of communication that recognises the impact of trauma and how it manifests in their behaviours without blaming, shaming, or treating people as they are intentionally abusive.

In this sense, trauma informed communication could be seen as a risk-reduction strategy where the professional adapts their communication in a way that does not activate the fight/flight/freeze system of the parent.

II. The Communication Integrity Test

Before or during a critical interaction, every sentence should pass three questions:

1. ***Does this reduce shame?***
2. ***Does this maintain accountability?***

3. Does this centre the child?

If your communication fails any one of these, then you need to reformulate. Because communication is about psychological impact, power distribution, and safeguarding clarity.

The Questions

Question 1: Does This Reduce Shame?

Shame says:
I am bad.
I am useless.
I am being exposed.

When shame rises, parents move into:

Defensiveness
Anger
Blame shifting
Emotional shutdown

Shame activates the threat system, leading to avoidance and concealment.

Reducing shame does not mean removing responsibility. It means separating behaviour from identity.

What This Looks Like in Practice

Example 1:

Not Trauma-Informed:
You're choosing alcohol over your child.

This attacks identity and invites fight/deny response.

Trauma-Informed:
It seems alcohol is taking up the space and the time that your child needs right now.

Here we shift our focus on impact, not moral character.

Example 2:

Not Trauma-Informed:
You are not keeping your child safe.

This is an accusation that makes parent feels like they have failed.

Trauma-Informed:
I'm worried about the situations the child is being exposed to.

Here, we reduce shame while maintaining seriousness.

Question 2: Does This Maintain Accountability?

Sometimes in practice we tend to overcorrect. This reduces shame but also remove/ clarity which is crucial.

We need to remember that trauma-informed does not mean:

Avoiding difficult truths
Diluting legal thresholds
Softening safeguarding decisions
Avoiding responsibility

Remember, when communication removes accountability, it creates:

Confusion
False hope
Increased risk

Accountability is not just about holding people responsible. In communication it means that we are clear and transparent and we can do this by

Naming impact
Naming consequences
Being transparent about next steps

What This Looks Like in Practice

Too Soft (Fails Accountability):
I know things are hard.

This validates but avoids mentioning the child.

Balanced:

I know things are hard, and your child cannot continue living in this level of instability.

The child is child centred and the boundary is clear.

Too Soft:
We'll see how things go.

Accountable:
If the violence continues, we will need to consider next steps, including legal planning. I want to be open about that.

Transparency can be hard to be heard but it reduces future shock and perceived betrayal.

Question 3: Does This Centre the Child?

Adult distress can easily dominate professional focus. We see this daily in practice, because life post covid has become more difficult.

However, in children social work, the child's lived experience is the ethical and legal duty of social work.

We should beware in practice that communication does not become about:

Parent feelings alone
Professional frustration
Organisational pressure

This leads to the focus being on the adult and not on what the child is experiencing, or at risk of experiencing.

Child-centred communication means that we should consistently return to:

Impact on the child
The child's safety
The child's emotional world
The child's developmental needs

What This Looks Like in Practice

Example 1:

Not Child-Centred:

You're not engaging with services.

This is often considered as a healthy challenge but actually is just system-centred way of communicating that shows professional and systemic frustration.

Child-Centred:
When appointments are missed, your child doesn't get the support they need.

Here we explain the consequence is on the child and not on the parent.

Example 2:

Not Child-Centred:
You've breached the agreement.

Child-Centred:
When the agreement isn't followed, your child remains exposed to harm.

III. Putting the Test Into Practice

Context:

Section 47 investigation.
Ongoing domestic abuse.
Mother minimises incidents.

Initial Statement:

You're still allowing him into the home. That's putting your child at risk.

Now we test it through the 3 questions:.

Does it reduce shame?
No. It is accusatory because it implies that Mother is deliberately putting the child at risk by allowing the partner home when we know domestic abuse is very complex

Does it maintain accountability?
Yes. It clearly explains the risk to the child.

Does it centre the child?
Partially because the focus is more on mother's choices.

Now let's reframe in a more trauma-informed way:

Trauma-Informed Version:

I can see this relationship is complicated. And when he comes back into the home, your child is exposed to situations that frighten them. Help me understand what makes it hard to keep that boundary and how can we support you to keep this boundary.

Now we test this again:

Reduces shame: Yes because it recognises complexity.

Maintains accountability: Yes because it names risk clearly.

Centres the child: Yes because it focuses on the impact on the child.

Trauma-informed communication is not about comfort or politeness. Fundamentally, it is about creating conditions where:

The parents' nervous system stays regulated enough to think.

Accountability is clearly explained to the parents in a way that enables them to act

The child and the impact on the child remains visible and central.

IV. Tools to use in Practice

Assessing your own communication can be extremely difficult. Below I have created three tools that can help you understand and examine the shame, accountability, and child-centerdness in your communication.

I. SHAME ANALYSIS TOOL

The question we need to ask ourself: *Is This Reducing Shame or Activating It?*

A. Diagnostic Indicators of Shame-Activating Language

Language activates shame when it:

Attacks identity - You are irresponsible, you are allowing him to come home, you refuse to understand etc

Globalises behaviour and points the finger- You always…, You never…

Implies moral defect or low morals or lack of care

Uses humiliation or sarcasm
Labels without context
Removes dignity
Is delivered in a tone of superiority

B. Diagnostic Indicators of Shame-Reducing Language

Language reduces shame when it:

Separates behaviour from identity
Names impact without moral condemnation
Uses observational statements
Acknowledges complexity
Invites and provides explanation
Maintains dignity under pressure

C. Reflective Prompts

Before speaking, ask:

Am I criticising behaviour, or defining the person?
Would this sentence feel exposing or humiliating if said to me?
Does this allow room for the parent to think, or does it put them on the spot?
Am I communicating from frustration or from curiosity?

D. Practice Comparison Example

Scenario: Parent repeatedly misses school attendance meetings.

Shame-Activating Version:
You clearly don't care about your child's education.

This is identity attack, Moral accusation and there is no room left for reflection.

Shame-Reducing Version:
I've noticed attendance meetings have been hard to attend. Help me understand what's getting in the way.

This way we focus on the pattern, inviting for explanation, and keeping the dignity intact.

II. ACCOUNTABILITY ANALYSIS TOOL

The question we need to ask ourself: *Is This Holding Accountability or Avoiding It?*

Trauma-informed does not mean avoiding consequences but being clear and transparent.

A. Signs Accountability Is Being Lost

Language loses accountability when it:

Avoids naming risk
Softens impact excessively
Over-focuses on adult feelings
Fails to clarify consequences
Uses vague reassurance
Avoids legal transparence
Prioritises relationship comfort over child safety

Examples:

Things have been difficult for you.
Let's just see how it goes.

These statements validate but say nothing about what is happening to the child.

B. Signs Accountability Is Being Held

Language holds accountability when it:

Names specific behaviours
Names child impact
Names risk clearly
States consequences transparently
Links action to outcome
Remains calm but firm

C. Reflective Prompts for Practitioners

Have I clearly named the risk?
Have I linked the behaviour or the concern to child impact?
Have I been transparent about next steps?
Would a court consider this language clear and proportionate?

D. Practice Comparison Example

Scenario: Ongoing domestic abuse minimised.

Accountability-Loss Version:
I understand relationships are complicated.

This is validating, but risk is unnamed.

Accountability-Holding Version:
I understand relationships are complicated, and when violence happens in the home, your child experiences fear and harm.

Here the Impact is named and the risk is explicit.

III. CHILD-CENTREDNESS ANALYSIS TOOL

The question we need to ask ourself: *Is the Child Visible in this conversation?"*

In high-conflict conversations, the child can easily disappear even when there is no intention to do so.

A. Signs the Child Has Been Displaced

Language is not child-centred when it:

Focuses on system compliance
Focuses on professional frustration
Centres adult inconvenience
Uses policy as primary frame
Emphasises parental engagement over child safety.

Examples:

You're not engaging with services.
You breached the agreement.

These are system-centred statements that say nothing about the child or the impact on the child.

B. Signs the Child Is Centred

Language is child-centred when it:

Names the child directly
Refers to the child's lived experience
Refers to emotional impact
Links behaviour to developmental needs
Frames intervention around child safety and unmet needs.

C. Reflective Prompts for Practitioners

If the child were sitting here, would they recognise themselves in this conversation?
Have I explicitly named the child's experience?
Is the conversation about compliance, or about keeping the child safe?
Does this help the parent see through the child's eyes?
Have I linked the concerns to the impact it has or could have on the child?

D. Practice Comparison Example

Scenario: Parent refuses to engage in parenting programme.

System-Centred Version:
You're not engaging with the plan.

Here, the statement is about the parent and what they failing to do, and the child is not mentioned.

Child-Centred Version:
When the parenting programme isn't attended, your child doesn't get the parenting they need to feel safer at home.

Here, the child becomes visible and the impact is clearly articulated.

V. Lastly…

Remember, that if what you say:

Feels sharp
Feels morally charged
Feels satisfying in frustration
Focuses on being right

It likely fails at least one of the diagnostic dimensions above.

Ultimately, in practice, we need to understand that trauma-informed communication requires emotional regulation in the professional first and foremost.

In safeguarding, power sits with the professional, and therefore so does the moral obligation to wield it carefully. It is not enough to be correct, we must also be constructive.

Communication must be shaped so that it invites engagement rather than provokes defence or reactions, enables reflection rather than triggers shame, and empowers change rather than entrenches resistance or avoidance.

Remember that engagement is not something that we can extract, but it is something that we cultivate through our communication with parents. When we fail to do this, we may win the argument but we lose the opportunity for change, and the child is the one that always bears the cost.

S. Keri

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