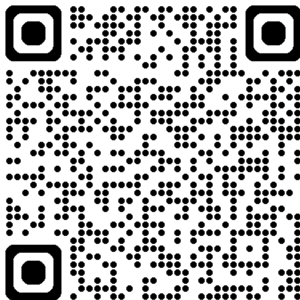
TIP for Kids

Trauma-informed Practice for
Teachers, Youth Workers and Parents

https://tip4kids.eu

User-oriented Guidelines



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PROJECT CONSORTIUM

The project consortium comprises a multidisciplinary team that includes legal, social, and medical research organizations, learning and media education specialists, and ICT communication experts.

Partners

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ICT for Education and Social Impact

These guidelines have been drafted with the contributions of:

Victoria Wozniak-Cole, Mina Rauschenbach, Stephan Parmentier & Laura Hein, Leuven Institute of Criminology, Faculty of Law and Criminology, KU Leuven (Belgium)

Marina Letica Crepulja, Faculty of Medicine, University of Rijeka, UNIRI (Croatia)

Sonja Bercko Eisenreich, GEA, Institute for Psychosocial Counselling and Social Innovation (Slovenia)

Wolfgang Eisenreich, WIN, Wissenschaftsinitiative Niederösterreich (Science Initiative Lower Austria)

Wolfgang Eisenreich, Vilna Ukrayina (Austria)

Alenka Valjašková, Qualification and Education, Qualed (Slovakia)

Annika Drandaki & Joanna Chardaloupa, The Smile of the Child (Greece)

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Introduction

Central theme and objectives

The number of persons in Europe suffering from post–traumatic stress symptoms (hereinafter, PTSS) is likely to increase in the years to come. Various research tell us that especially teachers, youth workers and parents are confronted with children who have PTSS (Johnson, 1998). These target groups may have little to no medical or psychological training on how to deal with children who suffer from PTSS. Consequently, they may not be appropriately equipped to deal with children with PTSS. A 'trauma-informed approach' recognises the presence of trauma symptoms and acknowledges the role that trauma has played in an individual's life. It requires a change in paradigm from asking 'What's wrong with you?' to asking 'What has happened to you?'. Implementing trauma-informed practices helps teachers, youth workers and parents to recognise, understand and appropriately respond to the effects of trauma.

The Trauma-Informed Practice for Teachers, Youth Workers and Parents (TIP for KIDS) project received two-year funding (2024-2026) under the Erasmus+ programme of the European Union, and has a two-fold objective: (1) to raise awareness about the occurrence of PTSS in children, (2) to equip teachers, youth workers and parents with skills for identifying PTSS in children and supporting them.

The TIPS for KIDS project builds upon the two successful Erasmus+ projects 'Post-traumatic Integration – Low-level Psychosocial Support and Intervention for Refugees' (2017 – 2019)[1] and 'Trauma-Informed Practice for Workers in Public Service Settings' (2021-2023)[2]. These projects were met with great interest and both received the distinction as 'good practice project' from the national agency in Belgium. The objective of the first project was to raise the awareness about the occurrence of post-traumatic problems (including PTSS) among refugees and asylum seekers, the symptoms and possibilities for early low-level mental health interventions. The aim was to support the continuing professional development of frontline workers, primarily social, legal and educational professionals (such as teachers, trainers, mentors, etc.), especially because they have to deal with an increasing number of refuges/asylum seekers with various psychological, emotional, and behavioural difficulties. In the second project the target groups were all professionals (i.e. employees) providing services in the public (and also private) sector that may come into contact with adults (i.e. users of

[1] For more information about this project: https://posttraumatic-integration.eu/

[2] For more information about this project: https://trauma-informed-practice.eu/

certain public sectors) with PTSS and that have little to no medical or psychiatric training. The aim was to provide useful information, awareness-raising material and exercises to train professionals of the public (and private) sector on trauma-informed practices in order to be able to provide support. During the dissemination activities of the projects, several partners and beneficiaries had been asking if the project could be extended to serve as support for Teachers, Youth Workers and Parents who may be in contact with children who suffer from post-traumatic stress symptoms but do not have professional training.

TIP for KIDS project: Target groups and objectives

For this TIP for KIDS project, **the target groups** are Teachers, Youth Workers and Parents that may come into contact with children with PTSS and that have little to no medical or psychiatric training. **The aim** is to provide useful information, awareness-raising material and exercises to train Teachers, Youth Workers and Parents on trauma-informed practices in order to be able to provide support. All of them should be aware that they may come into contact with traumatized children, and that they will likely require further information to be able to help. Even if the materials produced by this project could potentially be used by anyone, the consortium partners have identified these more specific groups in order to facilitate the involvement of relevant stakeholders in the needs analysis, validation and dissemination phases of the project.

Project outputs

To meet its objectives, the project consortium partners jointly developed the following outputs, which are all grounded in scientific research and presented in accessible formats:

1) **User-oriented Guidelines:**
- raise the awareness about the occurrence of PTSS in children
- equip teachers, youth workers and parents with skills for identifying PTSS in children
- innovative answer to provide information and first-line management recommendations
- application of trauma-informed practices

2) **Case Studies Collection:**
- illustrate the most common situations that can demonstrate how to react to children who are suffering from PTSS
- comprehensive and easy-to-use recommendations
- key actions for meeting the needs of children with PTSS and dealing with their sometimes challenging behaviour
- modular range of awareness-raising and demonstration materials

3) **Training Resources:**

- interactive training and e-learning activities and quizzes related to the particular chapters of the Guidelines and the Case Studies
- self-learning course
- is organized in 8 modules

4) **Interactive e-Platform:**

- online interactive tools
- blogs and social networking applications
- podcasts for the access-to-all contents
- online training modules

The platform also includes podcasts and videos, which provide an alternative and flexible format to access the same information and cater to different learning preferences and lifestyles. Moreover, the real-time Chatbot offers parents advice on how to handle specific behaviours, provide emotional support, and guide them on next steps in treatment. For teachers and youth workers it provides trauma-informed resources, suggestions for intervention, and updates on best practices in child trauma care.

5) **Mobile application:** it adapts selected online materials from the e-Training Course, the Catalogue and the Guidelines in a pedagogically sound way and develops mobile apps for delivering these contents via smartphones and mobile devices.

All these products are available in English and the languages of the partnership, i.e. in Croatian, Dutch, French, German, Greek, Slovak, Slovene, and Ukrainian.

Chapter 1: Background Information

"Evidence of the full impact of trauma has been emerging now for several decades, establishing beyond doubt that its effects can be wide-ranging, substantial, long-lasting, and costly. Resulting from harmful experiences such as violence, neglect, war and abuse, trauma has no boundaries with regard to age, gender, socio-economic status or ethnicity, and represents an almost universal experience across the countries of the world"[3].

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood (before age 18) and can have lasting effects on health and well-being. They typically fall into three categories: (1) Abuse – physical, emotional, or sexual, (2) Neglect – physical or emotional, (3) Household challenges – such as parental separation, substance abuse, mental illness, incarceration, death of a parent, sibling or caregiver, or domestic violence. Research shows that the more ACEs a person experiences, the higher their risk for mental health issues, chronic diseases, and social difficulties later in life (Harris, 2018).

A comprehensive study has been conducted on ACEs among United States adults across all 50 states and the District of Columbia and is based on data from 2011 to 2020. It shows that nearly two-thirds of adults reported experiencing at least one ACE, while about one in six reported four or more. These rates were even higher among certain sociodemographic groups—such as American Indian/Alaska Native and multiracial adults—highlighting structural inequities and socioeconomic conditions that elevate the risk of ACEs (Swedo, E. A. 2023).

Recent literature on potentially traumatic events in children emphasizes a broader spectrum of factors beyond the traditional Adverse Childhood Experiences (ACEs). Researchers have increasingly recognized the impact of environmental and community trauma, as well as trauma related to schools, peers, and social interactions. Additionally, medical and health-related trauma, including chronic illness or invasive medical procedures, has been identified as a significant source of stress and long-term psychological impact[4]. Systematic reviews have shown that adverse childhood experiences are not only linked to poorer health outcomes but also impose a significant economic burden, costing national economies up to 6% of annual GDP in Europe (Hughes et al., 2021).

Recent societal phenomena, such as global pandemics and complex migration trajectories, have emerged as significant risk factors for the development of childhood trauma. Firstly,

[3] https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/4/

[4] https://www.nctsn.org/what-is-child-trauma/trauma-types

pandemics are known to damage mental health through toxic stress and trauma, but COVID-19 disrupted children's lives in unprecedented ways. Routines were dismantled, familiar environments were lost, and vital connections—like playing, hugging, and spending time with friends and family—were severely restricted (Chokshi et al., 2021). Public health measures, while necessary, removed key protective factors, heightening the risk of stress becoming toxic (Levita, 2024). The WHO (2022) reported a global rise in mental health challenges, especially among young people, due to isolation, distance learning, and weakened social networks[5]. Toxic stress can have lifelong physical and mental health effects (Chokshi et al., 2021). Secondly, children involved in migration trajectories often face a heightened risk of trauma due to factors such as displacement, family separation, exposure to violence, or unstable living conditions. These experiences can disrupt their sense of safety and belonging, increasing vulnerability to long-term emotional and psychological difficulties (Alessi et al., 2021).

A substantial body of research has examined the pathways through which childhood trauma contributes to the development of **mental health disorders** (McKay, et al., 2021; Downey & Crummy, 2022; Murphy et al., 2022). These studies collectively provide compelling evidence that exposure to traumatic experiences in childhood is not only prevalent but also causally linked to mental distress. Moreover, the severity, frequency, and cumulative nature of these adversities significantly influence the extent of their psychological impact. The consequences of childhood trauma frequently persist into adulthood, often manifesting in maladaptive behaviours and psychiatric conditions. **This enduring impact highlights the critical need for preventive strategies, particularly trauma-informed approaches, which emphasize early recognition and intervention to mitigate both immediate and long-term harm.**

Even if, as stated, trauma has no boundaries, the experience of trauma is known to be unequally distributed throughout society. Individuals are more likely to experience trauma because the circumstances in which they are born and live, their age, or their disability increases the likelihood of abuse and neglect. The definition of vulnerability, for example, is different for a child and an adult. Children are dependent on adults to keep them safe from harm. Vulnerability, therefore, increases when the adult's actions or inactions cause the child any harm. Studies on adverse childhood experiences show that childhood trauma is common and has long-lasting consequences in adulthood. The interesting toolkit *The trauma-informed practice: a toolkit of the Scottish Government*[6] refers to a study that reports that: 30% of the sample of over 17,000 people reported substance use in their household; 27% reported physical abuse; 25% reported sexual abuse; 13% reported emotional abuse; 17% reported

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[5] https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

[6] https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/

emotional neglect; 9% reported physical neglect; and 14% reported seeing their mother treated violently.

It is also important to note that research exploring the distribution of traumatic events based on gender, age, ethnic background and socio-economic status has also shown that traumatic events are more frequently experienced by people in low socio-economic groups and from minority ethnic communities. What is also relevant to consider is that vulnerability is complex and multifaceted and may be temporal, so specific populations may be at greater risk of poor health outcomes in times of crisis. Those affected may stop achieving in life and feel unable to engage or access services once they experience the impact of the traumatic event.

Teachers, Youth Workers and Parents are increasingly coming into contact with children who show trauma (reactions). Teachers, Youth Workers and Parents come from different backgrounds but often do not have a clinical background on how best to deal with trauma and lack the resources to understand and promote mental health through early detection, referrals, and preventive and protective interventions that strengthen individual as well as community resilience. Trauma-informed work is, therefore, important because it allows Teachers, Youth Workers and Parents to identify signs of trauma so that there can be a first low-level intervention or a fitting response to the trauma as soon as possible.

In the following chapters of these guidelines detailed information is presented on post-traumatic stress symptoms (chapter 2), trauma-informed practices (chapter 3), communication strategies (chapter 4), soft skills (chapter 5), and principles of reducing stress (chapter 6). The remaining parts of the guidelines present information on enhancing self-awareness (chapter 7) and a call to build resilient and trauma-informed communities (conclusion).

It should be highlighted that the origins of trauma are manifold and can include any harmful experience in a person's life. Whether someone may develop post-traumatic symptoms depends also on personal coping capacities. In the following sections and chapters of these guidelines, in-depth information will be given about what trauma is, what are post-traumatic stress symptoms (PTSS) and how it is possible to intervene. Great importance is given to enhancing self-awareness and self-perception, key components in trauma-informed practice.

1.1 Definition of "kids"

The **preschool period** typically encompasses the developmental stage between the ages of 3 and 5 years. During this critical phase, children experience significant advancements in various domains of development. One of the most notable changes is the rapid expansion of language skills, including vocabulary growth, improved sentence structure, and enhanced communication abilities. Alongside language development, children also make substantial progress in social-emotional areas, such as learning to regulate their emotions, forming friendships, and developing empathy and self-awareness. Play during this period becomes

increasingly complex and serves as a vital medium for cognitive, social, and emotional learning. Furthermore, adaptive skills—which include practical abilities like dressing, feeding, and following routines—also improve considerably, helping children gain greater independence and readiness for formal schooling (Feldman et al., 2022). Thus, trauma in this period can have a profound impact due to the critical developmental stage in which they are[7].

Children between the ages of 6 and 12 are commonly referred to as being in the **"school-age"** period, a phase marked by substantial growth in cognitive, social, and emotional domains. Erik Erikson framed this period as the stage of "Industry versus Inferiority." In this psychosocial stage, children strive to master new competencies and skills, particularly those valued by their culture, such as academic abilities, sports, and social interactions (Erikson, 1960). From a cognitive development perspective, Jean Piaget identified this stage as the Concrete Operational Period (approximately 7 to 11 years). Children develop more logical and organized thinking, allowing them to perform mental tasks like classification and understanding conservation, though their reasoning remains tied to concrete, tangible experiences rather than abstract concepts (Piaget, 1973).

Adolescence is a dynamic and transformative developmental stage that bridges the gap between middle childhood and full adulthood. It is characterized by profound physical, cognitive, emotional, and social changes that prepare individuals for adult roles and responsibilities. However, the exact age range defining adolescence varies depending on different organizations and cultural perspectives. For instance, the American Academy of Paediatrics (AAP) defines adolescence as the period extending from approximately 11 to 21 years of age, reflecting the broad spectrum of growth and maturation during this time (Alderman et al., 2019).

In contrast, the World Health Organization (WHO) delineates adolescence more narrowly as spanning from 10 to 19 years old. Furthermore, the WHO distinguishes the concept of **"youth"** as a separate category, encompassing individuals between the ages of 15 and 24[8]. These varying definitions highlight the complexity of adolescence as a developmental phase influenced by biological, psychological, and social factors. Many experts agree that adolescence often begins with the onset of puberty, a biological milestone that triggers a cascade of physical and hormonal changes. Despite varying definitions regarding the exact age range of adolescence, most scholars and practitioners do not treat it as a homogeneous stage but rather as a continuum consisting of three distinct yet overlapping phases. These phases are commonly categorized as early adolescence, spanning approximately ages 10 to

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[7] https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects

[8] https://www.who.int/health-topics/adolescent-health#tab=tab_1

13; middle adolescence, from around 14 to 16 years old; and late adolescence, beginning at about 17 years and continuing into the early twenties. Each phase is marked by unique developmental challenges and milestones (Feldman et al., 2022).

1.2 Legal background on the rights of children

The protection and promotion of children's rights are enshrined in several international and European legal instruments, which establish a binding legal obligation on ratifying states. This obligation is particularly relevant to trauma-informed approaches, as it encompasses both the duty to prevent trauma and the duty to ensure appropriate recovery support for children who have experienced it

The **United Nations Convention on the Rights of the Child (CRC) (1989)** remains the most important international treaty concerning the rights of children. It sets out the civil, political, economic, social, and cultural rights of all individuals under the age of 18, encompassing rights to education, protection, health, participation, and non-discrimination. The CRC has achieved near-universal ratification, reflecting the global commitment to safeguarding children's well-being. "Nothing about us without us" principles also stem from this Convention. Current rights-based approaches emphasize children's agency and meaningful participation in matters that affect them, even after trauma[9]. In addition, there are three Optional Protocols: first, on the sale of children, child prostitution, and child pornography; second, on the involvement of children in armed conflict; and third, on a communications procedure[10].

At the European level, the **Charter of Fundamental Rights of the European Union (2000/C 364/01)** underscores the importance of children's rights, particularly through Article 24, which states that children have the right to protection and care necessary for their well-being. It also recognizes their right to freely express their views, which must be duly considered in matters affecting them, taking into account their age and maturity. Moreover, the Charter establishes that the best interests of the child must be a primary consideration in all actions involving children, whether undertaken by public authorities or private institutions.

Further strengthening these rights, **Directive 2011/92/EU of the European Parliament and of the Council focuses on combating the sexual abuse and exploitation of children, as**

[9] https://childrightsconnect.org/2023-in-review-six-years-of-learning-help-scale-up-the-work-of-and-our-support-to-our-childrens-advisory-team-in-making-a-change-worldwide/

[10] https://research.un.org/c.php?g=1331357&p=10072557

well as child pornography. This directive replaces the earlier Council Framework Decision 2004/68/JHA and provides a comprehensive legal framework to address such crimes.

In addition, the European Union has advanced children's rights through policy initiatives such as the **EU Strategy on the Rights of the Child and the European Child Guarantee, both adopted in 2021**. These initiatives aim to ensure that all children, particularly those in vulnerable situations, have access to essential services and are protected from harm. They also emphasize integrating children's rights into all areas of EU policymaking, ensuring that the well-being and interests of children remain a central focus of the European agenda.

Recent developments in children's rights frameworks demonstrate a growing recognition of digital trauma factors, including children's increasing exposure to online abuse, cyberbullying, grooming, and exploitation. These evolving risks underscore the need to treat online environments as integral to the scope of state obligations under international and regional children's rights instruments. The incorporation of digital harms into rights discourses signals a shift from abstract protections toward enforceable duties of prevention and response, demanding that governments address both the immediate and cumulative impacts of trauma. As Bargeman, Smith, and Wekerle (2021) note, trauma-informed care can be conceived as a rights-based *standard of care*, providing a conceptual bridge between normative frameworks and service delivery practices.

This convergence between rights-based and trauma-informed approaches has increasingly shaped institutional governance and public policy. In Scotland, trauma-informed practice has been embedded across education, health, and social services, explicitly linking state duties under children's rights legislation to practical mechanisms of prevention and support (Scottish Government & Improvement Service, 2024). Similarly, Australia has integrated trauma-informed frameworks into child and family welfare policies, emphasising care that is responsive to trauma histories (Wall et al., 2016). These examples illustrate how legal frameworks do more than articulate ideals: they can mandate systemic change in schools, health care, and social services, ensuring that trauma prevention and recovery support are recognised not as discretionary initiatives but as legal obligations inherent to the fulfilment of children's rights.

Chapter 2: Trauma and Post-traumatic Stress Symptoms (PTSS) in Children

This chapter explains what childhood trauma is and why it differs fundamentally from trauma experienced in adulthood, emphasizing its developmental, relational, and bodily dimensions. It outlines both the immediate and long-term psychological and behavioural responses to trauma across different age groups, showing how symptoms change as children grow and how outcomes are shaped by factors such as caregiver support, repetition of trauma, and developmental stage. In addition, the chapter broadens the focus beyond PTSD to include other trauma-related mental health difficulties and highlights the importance of cultural sensitivity in recognizing, interpreting, and responding to trauma in children and adolescents.

2.1 What is childhood trauma?

Childhood trauma is not simply a smaller version of adult trauma—it is a fundamentally different experience shaped by a child's developmental stage, emotional capacity, and dependency on caregivers. Defined as a deeply distressing or disturbing experience, trauma in children often results from events that overwhelm their ability to cope, such as abuse, neglect, or witnessing violence. Unlike adults, children may not have the language to describe what happened, but the emotions—fear, confusion, shame—are deeply felt and often expressed through behaviour or bodily symptoms. **Trauma is more about the child's reaction than the event itself**. Two children may live through the same experience yet respond in vastly different ways depending on their support systems and emotional safety. It is a subjective wound, laid down in sensations and stored in the body, influencing sleep, behaviour, and relationships. When caregivers respond with disbelief or ambivalence, the trauma deepens, reinforcing feelings of betrayal and desertion. Importantly, trauma lives in the body and mind long after the event has passed. It disconnects children from their sense of safety and trust, making it harder to form secure attachments. Researchers distinguish between:

- Type 1 trauma— Sudden, single-incident events such as accidents, assaults, or natural disasters and
- Type 2 or complex trauma - Repeated or prolonged exposure to traumatic experiences, such as childhood sexual abuse or domestic violence, often leading to complex trauma responses.

A **traumatic event** is typically defined as a scary, dangerous, or violent event that poses an immediate threat to a person's life, safety, or well-being. In children, trauma can result from directly experiencing such events or witnessing them happen to someone close, often leading to emotional shock and long-term psychological consequences. As defined by established

diagnostic systems, trauma includes exposure to actual or threatened death, serious injury, or sexual violence, whether experienced, witnessed, or learned about. The concept of adverse childhood experiences (ACEs) broadens our understanding of trauma by including emotional neglect, household dysfunction, and parental mental illness. Studies show that the more ACEs a child experiences, the greater their risk for physical and mental health problems across the lifespan. Events like parental separation, domestic violence, or frequent relocations may not seem traumatic at first glance, but can have lasting effects, especially when compounded by instability or loss.

During childhood, a significant proportion of children are exposed to potentially traumatic events such as domestic violence, natural disasters, and sexual abuse, with studies reporting prevalence rates ranging from 14% to over two-thirds. While not all trauma-exposed children develop post-traumatic stress disorder (PTSD), the likelihood and severity of psychological impact depend on factors such as the nature of the event, the child's developmental stage, and the methods used to assess trauma.

2.2 What are the immediate post-traumatic stress symptoms in children in different age groups?

Children and adolescents often show a wide range of emotional and physical responses after experiencing or witnessing a traumatic event. These reactions are not signs of something being wrong with the child, but rather normal responses to an abnormal situation. When the body enters "emergency mode" to survive a threat, it uses up a lot of energy, which can leave children feeling overwhelmed or exhausted even after the danger has passed.

Babies and toddlers are deeply affected by what happens to their parents or caregivers, especially during times of trauma. Because they rely entirely on those close relationships for safety and emotional stability, any disruption—like separation, distress in the household, or changes in routine—can significantly impact their sense of security and slow their recovery.

When babies or toddlers experience traumatic or life-threatening events, they can feel deeply frightened—just like anyone else—but they express it in ways unique to their age. They may become more unsettled and harder to soothe, show emotional withdrawal, or lose previously gained physical skills like sitting, crawling, or walking, often appearing clumsier. These are natural signs of distress in very young children who are still learning how to cope with overwhelming experiences without the ability to explain what they feel.

Preschool-aged children can be deeply affected by traumatic events, even if they don't fully understand what has happened. Because their language is still developing, they may not express their feelings in words, but changes in behaviour or play—such as emotional sensitivity, confusion, or withdrawal—can signal that something is not right.

Children may show new or increased clinginess, such as following a parent around constantly, or regress in basic skills like sleeping, eating, toileting, or paying attention. Their mood might shift—they may seem listless, withdrawn, or lose interest in activities they once enjoyed—and some may become more aggressive or fearful, with nightmares, new phobias, or repeated talk and play about the traumatic event. Physical complaints like headaches or stomach aches without a clear cause are also common, and young children may even blame themselves for what happened, misunderstanding the event entirely.

School-aged children can be deeply affected by traumatic events, which may shake their sense of safety and predictability. If they aren't given clear, age-appropriate information, they may fill in the blanks with imagination or past experiences—sometimes believing the event was their fault or imagining something even scarier than what actually happened. School-aged children may respond to trauma with physical symptoms like headaches, stomach aches, or sleep disturbances, including nightmares and difficulty staying in their own bed. They might regress in behaviour—becoming clingier, attention-seeking, or unable to manage responsibilities they previously handled—and show changes in relationships, such as increased aggression toward siblings or peers. Some children may withdraw emotionally, avoid school or social activities, and even blame themselves for what happened, especially if they haven't been given clear, age-appropriate explanations.

Adolescents who experience a distressing or frightening event often feel overwhelmed by strong emotions such as sadness, anger, anxiety, or guilt, and may be deeply affected not only by personal trauma but also by local, national, or international tragedies, or events that impact their friends.

While these reactions are part of the body's natural healing process, teens may withdraw, struggle with sleep, or lose interest in school, hobbies, and relationships. Unlike younger children who rely primarily on family, teenagers often turn to their peer group for support and may not openly share their feelings with adults—especially if they fear upsetting them. Some may become more rebellious or return to earlier behaviours, while others may isolate themselves or show signs of hopelessness, making it essential for parents and carers to understand how teens process distress in order to offer meaningful support.

2.3 What are the long-term post-traumatic stress symptoms in children in different age groups?

While many children show resilience after traumatic events, some are more vulnerable to developing lasting symptoms of trauma or PTSS. Research shows that approximately 15% of girls and 6% of boys may develop PTSS following a traumatic experience. A child's response is shaped by multiple factors, including the severity of the trauma, their proximity to the event, and especially the emotional support they receive from parents or caregivers—with parental support being one of the strongest predictors of mental health outcomes. Other important

influences include the child's age and developmental stage, gender, cumulative exposure to trauma, and the type of trauma, with interpersonal violence posing a particularly high risk; children who lack clear, supportive communication may fill in emotional gaps with fear or self-blame, further intensifying their distress.

Internationally recognized diagnostic systems recognize that post-traumatic stress disorder (PTSD) does not look the same across the lifespan. Symptoms evolve with age, cognitive development, and social context, and diagnostic frameworks have gradually shifted to capture these differences more sensitively. A landmark change in classification was the introduction of a developmental subtype of PTSD for preschool children. This acknowledged that young children cannot always verbalize their internal states, and that trauma often speaks through behaviour. Some of the internationally valid classifications echo this perspective by emphasizing caregiver observations and functional impairment across all ages, underscoring the need to interpret symptoms within a developmental lens.

Preschool years (1–5): At this stage, trauma is often communicated through behaviour rather than words. Children may display tantrums, sadness, clinginess, regression in toilet training, or sudden skill loss. Play and drawings can become trauma-laden reenactments, while night terrors, impulsivity, separation anxiety, and hypervigilance are common. Unlike adults, these children may not appear overtly distressed when recalling events, yet their functioning and development can be profoundly disrupted. The classifications highlight the need for diagnosis to draw on caregiver reports and observable changes rather than self-report alone. Stability, warmth, and predictable routines form the bedrock of recovery.

School-age children (6–12): As children enter middle childhood, PTSD begins to resemble adult symptom clusters but with distinct features. Distress may surface through nightmares, emotional withdrawal, or avoidance of reminders. Some children misremember or deny traumatic events altogether, while others act them out in repetitive play. Feelings of helplessness or hopelessness can emerge, and hyper-alertness may mimic ADHD symptoms. Functional impairment is emphasized, reminding clinicians that even when children appear outwardly composed, their daily life and learning may be significantly affected.

Adolescence (12–18): In teenagers, PTSD often takes on a more complex and risky form. While they may meet adult criteria, their developmental stage makes them especially vulnerable to impulsivity, risk-taking, aggression, and self-destructive behaviours. Many adolescents deny distress or insist they are "fine," yet struggle internally with overwhelming emotions. Trauma involving the death of a caregiver complicates assessment further, as grief may overshadow direct recollections of the traumatic event. Effective support requires both awareness of hidden suffering and a willingness to engage teens in open, validating conversations.

2.4 Other mental health problems related to trauma exposure in children

When people think of trauma in children and adolescents, PTSD is usually the first diagnosis that comes to mind. But trauma doesn't always follow the neat, recognizable path of flashbacks and nightmares. For many young people, its echoes take different forms—depression that saps their joy, behaviour that pushes adults away, or risky escapes into alcohol and drugs.

Depression is one of the most common trajectories after trauma. A child who once loved soccer no longer wants to play, a teenager who once laughed easily now drifts through the day numb and detached. Traumatic experiences can shatter a young person's basic sense of safety and trust, leaving behind deep sadness, hopelessness, and feelings of worthlessness. Unlike adults, children may not say "I feel depressed"; instead, they may show it through irritability, withdrawal from friends, or declining school performance.

For others, the aftermath looks more like **conduct problems.** The child who lived through violence or neglect might lash out at school, fight with peers, or break rules at home. Anger becomes a shield, defiance, a form of control in a world where they once felt powerless. What often gets labelled as "bad behaviours" may actually be the scar tissue of trauma—a survival strategy turned maladaptive. Conduct disorder can emerge here, with patterns of aggression, theft, or destruction, each one a silent reenactment of earlier chaos.

By adolescence, some begin searching for relief or escape in **drugs and alcohol**. The rush of intoxication numbs painful memories, quiets hyperarousal, or fills the emptiness of depression. Substance use in traumatized teens often isn't about pleasure-seeking; it's about anaesthesia. But this temporary relief comes at a cost, fuelling risky behaviour, legal troubles, and worsening mental health.

Trauma also leaves a mark on the body: **somatic complaints** such as headaches, stomach-aches, fatigue, or vague pain are strikingly common, especially when children cannot find words for their distress. The body holds on to what the mind cannot yet process, translating overwhelming fear into stomach-aches before school, or unexplainable headaches that return repeatedly. These children often move between doctors and counsellors without clear answers, their suffering overlooked because it does not fit neatly into a medical category. In many ways, their symptoms are the body's way of remembering what the child cannot speak—the hidden story carried in muscles, nerves, and pain.

What ties these threads together is that trauma rarely announces itself directly. Instead, it hides in the withdrawn teenager, the angry child, or the adolescent experimenting recklessly. Without a trauma-informed lens, depression may be mistaken for laziness, conduct disorder for delinquency, and substance use for "bad choices."

2.5 Cultural considerations in identifying trauma in children

Recognizing trauma in children requires a cultural lens, as distress rarely looks the same across societies. In some cultures, children express pain through the body—headaches, stomach-aches, or fatigue—while in others it is explained in spiritual terms or described with local idioms. Gender and cultural norms can further silence disclosure: boys may be especially reluctant to reveal sexual assault for fear of stigma, while girls from communities that prize virginity may avoid disclosing abuse. In regions where harsh physical punishment is normalized, children may not even identify their experiences as traumatic, making prevalence harder to capture. Stigma deepens these silences, yet culture can also offer pathways to healing through rituals, storytelling, community, and spiritual practices that restore belonging and safety. To truly see trauma, it is necessary to read both the hidden language of symptoms and the cultural narratives that shape what can—or cannot—be spoken.

Chapter 3: Implementing Trauma-informed Practices for Teachers, Youth Workers and Parents

Chapter 3 focuses on how trauma-informed practices can be meaningfully implemented by teachers, youth workers, and parents in children's everyday environments. Building on the understanding of childhood trauma developed in the previous chapter, it explains what trauma-informed practice means specifically for children and adolescents, highlighting the developmental, relational, and sensory dimensions of trauma. The chapter then outlines the core principles of a trauma-informed approach, explores the different social support systems surrounding children, and emphasizes the importance of strong, coordinated networks of care. Together, these sections demonstrate how safe, responsive, and culturally sensitive environments—across family, school, community, and professional services—can reduce re-traumatization, strengthen resilience, and support children's emotional, social, and cognitive development.

3.1 What does Trauma-informed Practice (TIP) mean for children?

Trauma-Informed Practice (TIP) for children is an approach that recognizes how trauma shapes a child's emotions, behaviour, and development. Instead of asking "What is wrong with this child?", TIP shifts the focus to "What has this child experienced, and what do they need to feel safe?". Central to this approach is the creation of physical and emotional safety through predictable routines, calm environments, and supportive adult relationships that help children move out of survival mode.

TIP also acknowledges that behaviours such as difficulty concentrating, emotional outbursts, withdrawal, or hypervigilance often reflect trauma-related stress responses. By understanding how trauma affects the brain, educators and caregivers can respond with empathy rather than punishment and build trusting, stable relationships that foster healing. Emotional regulation is another key component; children are guided to use calming strategies, identify their feelings, and gradually regain control of their emotional responses.

Empowerment is essential in trauma-informed settings. Providing children with choices and opportunities for autonomy helps counteract the sense of powerlessness created by trauma. At the same time, adults work to avoid re-traumatization by minimizing practices that may trigger fear, such as yelling or unpredictable disciplinary actions.

Finally, TIP recognizes that each child's experience is shaped by cultural, family, and individual differences. Effective practice relies on collaboration among teachers, families, and community resources to create inclusive environments that support recovery and resilience.

Overall, Trauma-Informed Practice aims to promote safety, connection, emotional growth, and a renewed sense of agency for children affected by trauma.

3.2 Key principles of a trauma-informed approach

The **5 R's principles** form the foundation of the trauma-informed approach (Christen-Schneider, 2025).

These are:

- **Realize** the pervasiveness and widespread impact of trauma. Understanding this can help identify pathways to recovery.
- **Recognize** the symptoms of trauma in individuals. By identifying the signs and elements of trauma, survivors can be supported with sensitivity, empathy, and more effective professional tools.
- **Respond** to trauma by implementing appropriate procedures, settings, and practices, and by fully understanding its effects. The physical environment also plays an important role in supporting and aiding the recovery of trauma survivors.
- **Resist** re-traumatization proactively by ensuring a safe space where boundaries and autonomy are respected.
- **Recognize** the essential role of relationships, emphasizing trustworthiness and emotional security.

3.3 Types of social support systems for children

The welfare of children is shaped by both micro-level systems and the broader environment in which they grow. Social support systems represent the first line of awareness and preventive interventions. For secondary prevention, formal social care services are activated to address emerging risks or vulnerabilities. An effective support network should encompass the family, school, community structures, and specialized social care services, allowing for individualized interventions tailored to each child's needs.

Strong relationships—where self-acceptance and healthy strategies for co-existence are nurtured—can offer stability through daily routines and create a safety network that helps children form and affirm their identity. This role can be played by the family.

Another key in a child's life is the **school environment**. Protective factors within this setting may include peers, teachers, and care professionals who build meaningful relationships and engage actively with the child. This circle functions as a two-way channel, where communication and collaboration with parents' help shape a more tailored and supportive framework that meets the child's individual needs.

Expanding to a broader social circle, the **community** represents a general system with both internal and external dynamics that influence the smaller circles around the child. By fostering and maintaining safe neighbourhoods—where adults are mindful and considerate of others—the community creates living and working environments that support healthy public life. This collective structure offers a sense of unity and shared responsibility, establishing social norms of protection and care, especially during challenging times.

Without a doubt, a fundamental principle for expanding awareness and strengthening prevention is the establishment of a well-functioning health system. This system relies on professionals who are consciously committed to supporting vulnerable populations wherever care is needed. Paediatricians and health workers play a vital role in monitoring and promoting children's physical and emotional well-being. Social workers assist families in navigating challenges, preventing abuse, and facilitating access to essential resources. A key tool in this process is the implementation of needs assessments, which gather and analyse information to identify gaps and guide improvements in individual well-being. Therapists and support groups help children cope with trauma, grief, and behavioural or emotional difficulties. Together, these professionals form a protective network that fosters resilience and ensures that every child receives the care, attention, and tailored support they deserve.

3.4 The importance of a network of support services for children

The importance of a well-structured network of support services lies in its ability to provide children—whether traumatized or not—with a safe and nurturing social framework where they can belong, interact, and grow. This network becomes truly effective when the adults within each setting—family, school, and community—recognize the child’s unique needs, diverse background, and potential strengths. By doing so, they create the conditions that allow the child to flourish emotionally, socially, and cognitively.

Parents and guardians serve as the primary source of emotional and physical support. Their role is foundational in fostering resilience, stability, and a sense of identity. When parents are attuned to their child’s needs and collaborate with other support systems, they help build a consistent and secure environment that promotes healthy development.

Educators and school staff play a critical role in identifying challenges and providing academic and social support. Schools are daily places where children can build trust, receive guidance, and develop coping strategies. A trauma-informed approach within educational settings enables teachers and counsellors to respond with empathy, helping children feel understood and safe. Support also extends beyond the classroom, through extracurricular activities such as sports and the arts. Activity leaders such as coaches in these settings can offer children opportunities to express themselves, build confidence, and form positive relationships. These adults often become trusted figures who model healthy behaviour and provide structure outside of the academic environment.

Social services and care professionals are essential in addressing deeper emotional and environmental challenges. Social workers, therapists, and health professionals assist families in navigating trauma, accessing resources, and building protective factors. Their involvement is especially crucial when children face adversity at home or in the community.

When these support systems are absent or fail to respond appropriately, the consequences can be severe. Children may experience chronic stress, impaired memory, emotional exhaustion, reduced school attendance, poor academic performance, and even increased risk of involvement with the criminal justice system. Environments that dismiss or stigmatize a child's symptoms can deepen trauma and isolate both the child and their family.

To counter these effects, it is essential to invest in training and the adoption of a trauma-informed approach across all support roles. This approach helps rebalance power dynamics between families and professionals—whether educators, social workers, or care providers—and fosters trust among adults. When adults work together with empathy and understanding, they create a protective network that promotes healing, resilience, and long-term well-being for every child.

Chapter 4: Importance of Communication

This section presents an exploration of the **importance of communication regarding trauma**, categorized by developmental stage, followed by **communication strategies** for each age group.

Importance of communication regarding trauma

Trauma, particularly when experienced during childhood or adolescence, can significantly affect emotional, cognitive, and social development. Open and sensitive communication plays a pivotal role in helping children process traumatic events, reduce anxiety, restore a sense of safety, and promote long-term mental well-being.

Communication plays a crucial role in helping individuals process and heal from trauma. When trauma is not talked about, children and adults may feel isolated, confused, or responsible for what happened. Open and supportive communication reduces these harmful misunderstandings by offering clarity and reassurance. It allows individuals to name and express their emotions, which is essential for emotional regulation and for making sense of overwhelming experiences. Through honest and consistent dialogue, a sense of safety and trust is built, showing the individual that they are not alone and that reliable adults or caregivers are present to support them.

Communication also helps integrate the traumatic experience into a broader understanding of the world, making it feel less chaotic and more manageable. It provides opportunities to challenge self-blame, address fears, and learn healthy coping strategies such as grounding techniques, problem-solving, or seeking social support. Furthermore, by encouraging expression and validation, communication fosters resilience and strengthens relationships—key components in a person’s recovery. Overall, communication is a foundational tool that supports emotional healing, restores a sense of security, and empowers individuals to move forward after trauma.

Each developmental stage presents unique cognitive and emotional capacities, making **age-appropriate communication strategies** essential. Here's a breakdown by developmental level:

4.1 Communication strategies in pre-school (Ages 3–5)

Developmental stage and characteristics **Pre-school (Ages 3–5)**	**Importance of communication**	**Effective strategies**
• Egocentric thinking; limited understanding of cause and effect • Express themselves through play, not always through language • Strong attachment needs; high sensitivity to caregivers' emotions	• Prevents internalization of blame or confusion • Establishes safety and routine • Helps name emotions they may not understand	• Use simple, concrete language • Play-based communication (dolls, drawings, storytelling) • Emotion labelling • Reassurance through routine • Use therapeutic books or visuals

4.2 Communication strategies in school-age children (Ages 6–8)

Developmental stage and characteristics **School-age children (Ages 6–8)**	**Importance of communication**	**Effective strategies**
• Beginning to understand others' perspectives • Increased verbal skills and curiosity • Still concrete in thinking but more logical	• Helps correct distorted beliefs about trauma (e.g., self-blame) • Encourages emotional literacy and builds resilience • Provides emotional validation during formative years	• Encourage questions and provide honest, clear answers • Normalize feelings (anger, sadness, confusion) • Use metaphors or visual aids (feelings thermometer, worry jars) • Storytelling or journaling • Consistent caregiver communication

4.3 Communication strategies in middle childhood (Ages 9–11)

Developmental stage and characteristics **Middle childhood (Ages 9–11)**	**Importance of communication**	**Effective strategies**
• More advanced reasoning skills and awareness of social rules • Increased concern about fairness and morality • Developing ability to reflect on internal experiences	• Helps process trauma cognitively and emotionally • Reduces isolation and supports healthy identity development • Builds trust in adults as emotional allies	• Use open-ended questions (e.g., 'What was the hardest part of that day for you?') • Validate and reflect feelings • Introduce problem-solving and coping skills • Encourage social support from peers or adults • Address guilt or shame directly

4.4 Communication strategies in adolescence (Ages 12–18)

Developmental stage and characteristics **Adolescence (Ages 12–18)**	**Importance of communication**	**Effective strategies**
• Abstract thinking and moral reasoning emerge • Strong focus on identity, independence, and peer relationships • Sensitive to judgment, may resist adult intervention	• Prevents suppression or maladaptive coping (e.g., self-harm, substance use) • Strengthens emotional regulation and self-understanding • Creates pathways for seeking help without stigma	• Non-judgmental listening: Prioritize listening over advice-giving; reflect and affirm their perspective. • Respect autonomy: Allow them to have input in the conversation or therapeutic process. • Use peer examples or media literacy: Discuss portrayals of trauma in books, movies, or social media to open dialogue. • Facilitate access to mental health resources: Offer

		choices—school counselor, therapist, support groups. • Model vulnerability and resilience: Adults sharing appropriate stories of emotional struggles can reduce feelings of isolation.

Key Points

Communication about trauma must be **intentional, age-appropriate, and emotionally attuned**. Children process trauma not only through what is said but also **how it is said** and the **relational safety** they feel. By tailoring communication to their developmental stage, caregivers and professionals can significantly support healing, promote resilience, and prevent the long-term effects of unresolved trauma.

Chapter 5: Acquisition of Soft Skills and Conflict Management

Trauma-informed practices are particularly important for teachers, youth workers, and parents who work with children and young people affected by trauma. Acquiring soft skills and mastering conflict management techniques are key to creating a safe and supportive environment that promotes healing and growth. This chapter takes a closer look at the nature of conflict in the context of trauma, conflict triggers, communication strategies, and practical conflict management approaches.

5.1 Conflicts are common part of our lives

Conflict is an inevitable and natural part of human relationships, especially in environments involving traumatized children. Trauma can disrupt emotional regulation, concentration, and social skills, increasing the likelihood of misunderstandings and disputes. Recognizing that conflict is normal and often a symptom of deeper emotional distress helps teachers and parents respond constructively rather than repressively.

When dealing with conflict with traumatized children, we need to create safe space and to be present and communicate openly.

For children or youth with traumatic pasts, conflicts may arise from feelings of insecurity, mistrust, or perceived threats to safety, and are not merely behavioural problems or unmet needs. Understanding this, shifts the focus from blame to support and creates an environment in which individuals feel safe to express their feelings and overcome difficulties.

5.2 Triggers in connection with the conflict

Trauma survivors are often extremely sensitive to certain stimuli or situations that can act as triggers and provoke intense emotional or behavioural reactions. These triggers can vary greatly among children and adolescents—for example, depending on age—but they can also be subtle, such as the use of certain words, tones, body language, or environmental cues that remind them of past traumatic experiences. Recognizing these triggers is fundamental to preventing the escalation of conflict situations.

Trauma often manifests itself on a psychosomatic level, whether through various chronic pains or immune problems, which in turn can be related to emotional well-being. Sometimes physical symptoms can be a clue to identifying that some kind of trauma has occurred

Age group	Triggers
Preschoolers	Sudden sound, pain or discomfort, nightmares, repetitive activities, drawings, places or people who remind the child something, consciously or unconsciously
Schoolers	External or internal stimuli—such as smells, sounds, sights, people, places, or even emotions, flashbacks
Adolescents	Conflict, isolation, social media, external sights, sounds, smells, or situations, and internal thoughts, emotions, or physical sensations that bring back memories of the traumatic event

Triggers can activate **fight-flight-freeze responses**, which is a reaction to perceived danger, activated by the nervous system to help person cope with a problem or situation and may seem inappropriate and often lead to misunderstandings or defensive behaviour during conflicts between adults and children and youth. For example, a raised voice or perceived criticism can cause a young person affected by trauma to withdraw or react aggressively, not because of the current situation, but because of associations with a traumatic event from the past. Trauma informed professional practice can help professionals approach conflicts with greater awareness, patience, and empathy.

Creating a safe environment—characterized by clear boundaries, respectful communication, and opportunities for emotion regulation—is key to mitigating the impact of triggers. Mediators and educators can use **trauma screening tools** (Brief Trauma Questionnaire (BTQ), Global Psycho-trauma Screening (GPS), or ACE – a tool for identifying the extent and type of trauma – Adverse Childhood Experiences) to identify potential triggers and adapt their responses accordingly. Empowering individuals by acknowledging their experiences through validating their emotions and offering choices in situations where young people experience emotional overload or helplessness helps to restore a sense of control that is often weakened by trauma.

5.3 Resolving conflicts and communication strategies in conflict situation

Resolving conflicts in a trauma-informed environment requires communication strategies that prioritize safety, empathy, and empowerment. The first step is to establish a basic framework that sets clear expectations for respectful dialogue and mutual understanding in interactions. Communication should be calm, non-judgmental, and affirming of understanding to avoid triggering defensive reactions.

Active listening is extremely important. It involves allowing individuals to fully express their feelings without interruption, using verbal acknowledgements to recognize their perspective, and reflecting or paraphrasing to clarify understanding. Validating emotions, even if you disagree with the way they are expressed through physical behaviour (breaking a chair in anger), helps to relieve tension, builds trust, and can create space for behavioural correction

in the future. Example: Next time you get angry, try boxing a pillow, because we don't break things.

Supporting emotional regulation through **grounding techniques**, which serve to shift attention and energy from thoughts and emotions to bodily sensations, helps to stop emotions from escalating. This allows all parties involved to remain calmer during difficult conversations. For example, briefly focusing attention on the experience of gravity in our bodies, briefly becoming aware of all five senses, or paying attention to our breathing. Jointly seeking solutions empowers individuals by giving them a sense of involvement, thereby restoring their ability to act, which is often disrupted by trauma.

Restorative practices that focus on repairing relationships and shared responsibility are also important, promoting healing beyond simple conflict resolution. Follow-up plans ensure that commitments are kept and provide opportunities to address any residual issues. A key tool in restorative practice is the circle process, which is a process of building a safe and non-judgmental environment that encourages participation, the sharing of vulnerabilities and strengths, and reflection on the emotional resonance triggered during conflict (Macbeth, Fine, Broadwood, Haslam, & Pitcher, 2011).

Effective trauma-informed practice involves creating a predictable, calm, and structured environment that reduces anxiety and promotes positive interactions. Consistency, clear expectations, and collaborative problem-solving reduce the frequency and intensity of conflicts. Another important element is recognizing the importance of relationships and emotional safety as foundations for learning and growth.

When working with preschoolers, schoolchildren, and adolescents, one of the most important things to provide them with is **structure** in their daily lives. The result should be improved regulation and processing of their emotions. Simple relaxation techniques, such as breathing exercises, guided imagery, and expressive therapy techniques, can also help these children.

There are several basic principles that could help resolve conflicts between adults and young people. If we want to resolve disputes fairly, we must overcome differences and misunderstandings without hostility.

- The principle of fair dispute focuses on finding a solution, avoiding aggressive communication with the other party or trying to win at all costs.
- Everyone must listen to the other person, summarize what they think they have heard, and verify that they have understood what was said correctly.
- It is better to deal with one problem at a time than to "build a case" with a list of past complaints.
- Limit the conversation to about 30 minutes. If you are unable to resolve the issue in this time, schedule another time to continue.

- Formulate the problem clearly, without personal accusations. E.g., "I am concerned when ..." or "I would like to talk to you about what happened this morning." Relate to the specific situation, do not generalize – do not use words like "always" or "never"; avoid evaluative comments such as "You are such and such"; use "I" statements – "I feel this way when you do this and that."
- Take turns speaking and listening, without impatient sighing or gestures of frustration.

Conflict with a young child is more challenging because the younger they are, the less able they are to regulate their emotions effectively, and trauma further reduces this ability. They learn this skill by imitating those around them, especially their primary caregivers or other important relationship figures. We understand **emotion regulation (ER)** as the ability to recognize, evaluate, modify, and manage emotions in a personal and socially acceptable way in order to maintain mental control over strong feelings and achieve adaptive functioning. **Emotional dysregulation (ED)** is a transdiagnostic construct defined as the inability to regulate the intensity and quality of emotions (such as fear, anger, sadness) in order to elicit an appropriate emotional response, manage arousal, mood instability, and emotional overreaction, and achieve emotional balance. This aspect of managing emotions in trauma is precisely where children and young people need help.

5.4 Strategies of conflict management

Trauma-informed conflict management strategies integrate an understanding of the impact of trauma with practical tools for effective prevention and resolution of disputes (Carter et al., 2022). Key strategies include:

- **Creating a safe space:** Establish an environment where individuals feel physically and emotionally safe, with clear rules and opportunities for breaks.
- **Building trust and rapport:** Use empathy, transparency, and active listening to build relationships that reduce fear and defensiveness.
- **Screening and tailoring approaches:** Identify symptoms of trauma early and tailor conflict management techniques to individual needs.
- **Empowerment through choice:** Encourage self-advocacy and provide choices during conflict resolution to restore control.
- **Patience and flexibility:** Allow the process to proceed at a pace that is comfortable for all parties and accommodate emotional fluctuations.
- **Conflict coaching and education:** Provide individual or group coaching to develop personal conflict management skills, including role-playing and psychoeducation based on trauma psychology.
- **Restorative processes:** Facilitate dialogues that involve collective healing and address broader social or structural issues related to trauma.
- **Collaborative problem solving:** Engage all parties in finding mutually acceptable solutions that focus on strengths and needs.

Combined, these strategies enable teachers, youth workers, and parents to resolve conflicts constructively while promoting the emotional well-being of those affected by trauma.

This chapter emphasizes that acquiring soft skills such as empathy, active listening, emotion regulation, and collaborative problem solving is essential for effective trauma-informed conflict management. By understanding triggers, normalizing conflict, using trauma-sensitive communication, and employing tailored conflict management strategies, professionals can create an environment that promotes healing and positive relationships.

Chapter 6: Principles of Reducing Stress during Service Settings

Working with children who have experienced trauma requires not only patience and compassion, but also the creation of a calm, predictable, and supportive environment. Children who carry traumatic memories are especially sensitive to stressors in their daily lives. Stress during service settings—whether at school, in youth organizations, or at home—can quickly escalate and reinforce feelings of fear, insecurity, and helplessness. Small triggers such as loud noises, arguments, sudden changes in routine, or even reminders of past experiences can cause a child to feel unsafe, even when no real danger is present.

Teachers, youth workers, and parents therefore play a crucial role. They are often the **first line of support** when children become overwhelmed. The way adults respond in these critical moments can either intensify distress or help restore a sense of safety and stability. An adult who knows how to act calmly, provide reassurance, and guide children through effective coping techniques can prevent further escalation and help children regain control over their emotions.

Reducing stress is not only about “managing crises.” It is also about creating everyday conditions where children feel safe and understood, so that crises occur less frequently. Adults can establish stress-reducing routines, build children’s coping skills, and foster resilience over time.

This chapter introduces key principles and practical techniques for reducing stress during service settings. It combines **theoretical understanding** with **hands-on strategies** that can be applied in everyday practice.

6.1 How to act in a psychological crisis with children

A psychological crisis is a situation in which a child feels overwhelmed by stress, fear, or emotions they cannot regulate. Crises can appear suddenly and unexpectedly, and the child may respond with crying, withdrawal, panic, aggression, or dissociation. These reactions are not signs of disobedience or stubbornness — they are the child’s survival responses.

Possible triggers of a crisis include:

- Sudden reminders of past trauma (a smell, a sound, a phrase).
- Loud noises such as shouting, alarms, or slamming doors.
- Conflicts with peers or adults.
- Unexpected changes in routine, such as a cancelled activity or substitute teacher.

- Perceived threats, even if they are not real.

In such moments, children are not able to think logically. Their brain shifts into a “fight, flight, or freeze” state, making it hard to listen, reason, or follow instructions. Adults should not expect explanations or cooperation immediately. Instead, the goal is to **stabilize the situation** and **restore a sense of safety**.

Core principles for adults during a crisis (Trauma-informed Oregon, 2020):

1. **Stay calm and composed**
   Children often mirror the emotions of adults. If an adult panics, shouts, or acts unpredictably, the child’s stress escalates further. A calm presence communicates safety and stability. Adults should use slow, steady movements, a soft tone of voice, and patient body language. Even silence, when paired with reassuring presence, can help lower tension.
2. **Ensure safety first**
   Before addressing emotions, check the environment. Is the child at risk of harming themselves or others? Are there external dangers? Remove triggering stimuli such as loud music, sharp objects, or aggressive peers. Sometimes it may help to move to a quieter, less stimulating space.
3. **Acknowledge feelings without judgment**
   Children need to feel seen and understood. Instead of dismissing emotions (“Don’t cry” or “It’s nothing”), acknowledge them: *“I can see that you are very upset right now. I’m here with you.”* This validation reassures the child that their emotions are real and acceptable.
4. **Avoid excessive questioning**
   During a crisis, children often cannot explain what is happening. Asking “Why are you doing this?” may make them feel pressured and misunderstood. Focus first on calming. Later, once the child has recovered, you can gently explore what triggered the reaction.
5. **Use simple, clear, and short instructions**
   When stress is high, the brain has less capacity to process complex language. Short, calm sentences such as *“Sit with me.”* or *“Breathe slowly.”* are more effective than long explanations.
6. **Offer presence and choice**
   Staying nearby (without forcing contact) provides reassurance. Offering small choices gives children back a sense of control: *“Would you like to sit on the chair or the floor?”* Even small decisions can reduce helplessness.
7. **Be patient**
   Crises often take time to settle. Children may calm slowly, and rushing them may backfire. Allow them to recover at their own pace while maintaining supportive presence.

6.2 Breathing control technique (diaphragmatic or abdominal breathing) with children

Breathing exercises are among the simplest and most effective stress-reduction tools (Trauma-informed Oregon, 2020). Trauma often causes children to breathe rapidly and shallowly, which keeps their body in a state of alertness and panic. Teaching children to slow down and control their breathing activates the body's **parasympathetic nervous system**, which helps the body relax.

How to teach diaphragmatic breathing:

1. **Explain it simply**
   Use child-friendly language. For example: *"When we breathe slowly, our body feels safe again. Let's practice together."*
2. **Demonstration**
   Place one hand on your stomach and one on your chest. Show how the stomach rises and falls with deep breathing while the chest stays mostly still.
3. **Practice together**
   - Inhale slowly through the nose for 3–4 seconds.
   - Hold for 1–2 seconds.
   - Exhale gently through the mouth for 4–5 seconds.
     Encourage the child to imagine blowing out candles, inflating a balloon, or sending a feather gently floating in the air.
4. **Make it playful**
   For young children, turn the exercise into a game: blowing bubbles, pretending to be a sleeping dragon, or placing a stuffed toy on their belly to watch it rise and fall.
5. **Repeat and normalize**
   Practicing once is not enough. Short daily sessions (1–2 minutes) help children make this a natural habit. Over time, they may use it independently during stressful situations.
6. **Adapt to age and ability**
   Older children can handle counting breaths, while younger children may prefer visual or imaginative aids. Always adjust the exercise to the child's developmental level.

6.3 Mindfulness: Focusing on the here and now with children

Traumatized children often live in a state of **hypervigilance**, constantly scanning for danger. This makes it difficult for them to relax, concentrate, or enjoy the present moment. Mindfulness techniques help redirect attention to the "here and now," reducing anxiety and creating calmness.

Basic mindfulness techniques for service settings:

1. **Grounding with the senses**
   Guide children to notice their surroundings:
   - 5 things they can see
   - 4 things they can touch
   - 3 things they can hear
   - 2 things they can smell
   - 1 thing they can taste
     This sensory grounding anchors them to the present and interrupts spirals of fear.
2. **Mindful listening**
   Ring a bell or chime. Ask the child to raise their hand when the sound fades away. This simple game builds focus and calmness.
3. **Body scan for relaxation**
   In gentle words, guide children to notice their body step by step: *"Feel your feet on the ground… your hands resting in your lap… your shoulders relaxing."* This lowers tension and builds awareness of safety.
4. **Mindful movement**
   Children may find sitting still difficult. Simple stretching, slow walking, or playful "shaking out stress" can help them reconnect with their body in a positive way.

6.4 Promoting a focus: Simple strategies with children

Sometimes children get "stuck" in intrusive thoughts or overwhelming emotions. Helping them shift focus can quickly break the cycle of panic (Malchiodi, 2008).

Techniques to promote focus include:

- **Counting games**: Count backwards from 10, find 3 blue objects in the room, or clap a rhythm for the child to repeat.
- **Memory or distraction tasks**: Ask fun questions such as *"Name three animals that live in the sea."* or *"What's your favourite food?"*
- **Anchoring objects**: Give the child a stress ball, fidget toy, or smooth stone. Ask them to hold it, squeeze it, or describe its texture.
- **Positive visualization**: Guide them to imagine a safe place (a beach, a garden, a cosy room). Ask what they see, hear, or feel in that place.

These interventions do not erase the stress immediately, but they create a "bridge" that helps the child move from panic to calmness.

6.5 Creative strategies

Creativity offers children safe, non-verbal ways to express feelings that may be too difficult to put into words. These activities can be powerful because they allow freedom, imagination, and control in a safe space (Malchiodi, 2008).

Examples of creative strategies:

1. **Drawing and colouring**
   Invite the child to "draw what your feelings look like" or "draw a place where you feel safe." Art provides distance while still expressing emotions.
2. **Storytelling and role play**
   Puppets, dolls, or toys can act out stories. Through role play, children can process events in a safe and imaginative way.
3. **Music and rhythm**
   Singing, clapping, or drumming provides a physical release of stress. Music can also shift mood and restore emotional balance.
4. **Movement and dance**
   Encourage playful movement: *"Walk like a bear, fly like a bird, tiptoe like a cat."* Physical activity releases built-up stress hormones.
5. **Writing or journaling (for older children)**
   Short reflective writing — even unfinished sentences like *"Today I feel…"* — can give structure to overwhelming emotions.

Children who are given more creative freedom tend to feel more in control and resilient.

6.6 After the crisis has passed with children

Support does not end once the crisis calms down. The period afterwards is just as important for healing and learning (Malchiodi, 2008).

Steps after the crisis:

1. **Return to normal routines**
   Predictability and structure reassure children. Return to daily activities as soon as possible, but stay flexible if the child still feels unsettled.
2. **Offer debriefing appropriate to age**
   Gently invite reflection: *"What helped you feel calmer?"* or *"Would you like to draw what happened?"* Never force a child to talk if they resist.
3. **Reinforce strengths**
   Celebrate coping attempts: *"You did a great job using your breathing."* This builds confidence for the future.

4. **Monitor for lingering distress**
   Watch for ongoing signs such as sleep problems, regression, withdrawal, or aggression. If problems persist, seek professional support.
5. **Self-care for adults**
   Teachers, youth workers, and parents must care for themselves too. After a crisis, share your feelings with colleagues or peers. This prevents burnout and secondary trauma.

6.7 Key points

- Stress-reduction works best when **integrated daily**, not just in emergencies.
- A **calm adult presence** is the strongest tool to help children regulate emotions.
- Simple methods — breathing, mindfulness, focus games, creativity — provide both **immediate relief** and **long-term coping skills**.
- After crises, returning to **routine, reinforcing strengths, and observing carefully** supports ongoing recovery.
- Adults need **self-care** too, to remain resilient and effective caregivers.

Chapter 7: Enhancing Self-Awareness and Self-Perception of Teachers, Youth Workers and Parents

Working with children and young people who have experienced trauma requires more than professional knowledge and technical skills. It calls for a deep awareness of oneself – of one's own emotions, reactions, values, and limitations. Teachers, youth workers, and parents inevitably bring their personal histories, beliefs, and emotional states into their interactions. If these remain unexamined, they can unconsciously shape responses in ways that either support or harm a child's healing process.

Self-awareness and self-perception therefore lie at the heart of trauma-informed practice. They not only help adults remain grounded and empathetic, but also protect them from the risks of stress, exhaustion, and secondary trauma. Developing these qualities is an ongoing journey that requires reflection, openness, and intentional practices. This chapter explores the role of self-awareness in trauma-informed care, its connection to resilience, and the importance of self-perception for both adults and children. It also offers practical guidance for cultivating reflection and integrating self-care into daily life.

7.1 Basics of self-awareness

Self-awareness is the capacity to recognize and understand one's own emotions, thoughts, values, and behaviours. It serves as the foundation of emotional intelligence and is crucial (not only) for individuals engaged in trauma-informed practice. It enables adults who work with children and youth to truly respond rather than merely react, thereby maintaining a stable, supportive presence.

For professionals and parents, self-awareness provides insight into how personal experiences, beliefs, and emotions can influence interactions with traumatized youth. It promotes reflective practices that allow them to examine their own triggers, biases, and coping mechanisms. This is particularly important in trauma-informed care, where misunderstanding, projecting one's own experiences, or uncontrolled emotional reactions can unintentionally harm trauma survivors (Siegel, 2012).

Developing a solid foundation of self-awareness is also a prerequisite for authentic empathy. When teachers, youth workers, or parents understand their own emotional state, they are in a better position to perceive and interpret the feelings of others without judgment or projection.

7.2 Cultivating self-awareness

Developing self-awareness is a dynamic and ongoing process. It involves practices that help individuals stay present and reflective in the moment. Key methods include mindfulness techniques, journaling, or other forms of reflection, such as through art, supervision, or discussions with colleagues and feedback.

Mindfulness is a practice that helps individuals observe their thoughts and emotions without immediate reaction or judgment. For teachers and youth workers, even short daily mindfulness exercises can improve attention, emotion regulation, and interpersonal atonement (Kabat-Zinn, 2005).

Reflective journaling helps track emotional patterns and responses to challenging situations. It enables practitioners to notice recurring emotional triggers, evaluate past responses, and plan more effective strategies.

Engaging in **regular supervision or structured discussions** with colleagues or other parents can provide an external perspective on an individual's behaviour in the context of work or personal life, promote accountability, and eliminate blind spots (Fook & Gardner, 2007).

Constructive feedback from colleagues and supervisors promotes growth and helps identify areas for improvement as well as recognize strengths. Cultivating self-awareness also requires a culture of psychological safety in which individuals feel supported in their self-exploration.

7.3 The Importance of self-awareness while dealing with trauma

Self-awareness is crucial when working with children and young people who have experienced trauma. These individuals often exhibit complex emotional and behavioural responses. Adults who lack self-awareness may interpret these behaviours through their own emotional filters, which can lead to potential misjudgement or re-traumatization of the young person.

Teachers and parents need to be aware of how their stress levels, past traumatic experiences, and emotional reactions affect their interactions. Without self-awareness, a youth worker may, for example, unintentionally express frustration in response to dissociation – the outwardly withdrawn behaviour of a child that may result from a traumatic experience.

Additionally, exposure to trauma can lead to **secondary or vicarious trauma** in caregivers. Secondary traumatic stress (STS) affects many helping professionals and staff who are indirectly exposed to the detailed information about other people’s traumatic experiences and to their posttraumatic stress symptoms (Sprang, Ford, Kerig, Bride, 2018).

Recognizing early signs such as emotional numbing, irritability, or fatigue is essential for preventing burnout and maintaining professional effectiveness and personal well-being/prosperity (Figley, 1995). Self-awareness helps individuals monitor and respond to their emotional states before they negatively affect their work or relationships.

7.4 Relationship between self-awareness and resilience

Resilience is the ability to adapt positively to adversity, and self-awareness is a key contributor to this capacity. By understanding their emotional and cognitive responses, individuals can better regulate themselves, make informed decisions, and maintain hope and purpose in challenging situations.

Studies show that self-awareness promotes resilience through improved emotional regulation, effective problem solving, and social connectedness (Southwick & Charney, 2012). Teachers and youth workers who are resilient serve as role models and show children how to overcome difficulties with strength and integrity.

Parents who are aware of their own needs and limits are more likely to set healthy boundaries and seek support when needed. This helps them conserve their energy and emotional resources, making them more available and responsive to the needs of traumatized children.

7.5 Self-perception and trauma

Children affected by trauma have a negatively distorted perception of themselves, their value, their abilities, and their identity. They may internalize guilt, take responsibility for the outcome of the situation, feel helpless, or consider themselves unworthy of care and attention.

For caregivers and professionals, it is important to understand this impact of trauma. Traumatized children may have difficulty accepting praise, refuse to trust adults, or behave in ways that appear defiant. Realizing that these behaviours are manifestations of damaged self-perception rather than defiance can shift adults' responses from punitive to supportive (Herman, 1997).

Traumatic experiences from the past can continue to influence adult life and self-perception, especially for those who have not processed these experiences. Teachers and parents may unconsciously replicate patterns from their own childhood unless they allocate sufficient time to reflect on their past. Supporting children therefore requires caregivers to first address their own stories and healing processes.

7.6 Basic self-care for trauma-informed practices in teachers, youth workers, and parents

Working with traumatized individuals is emotionally demanding. Teachers, youth workers, and parents need regular self-care to maintain their mental health and effectiveness. Self-care is not a luxury, but a professional and ethical necessity in a trauma-sensitive environment (Team Training Manual, 2024).

Effective self-care practices include:

- **Regular supervision or support from colleagues, parents:** Provides space for detailed evaluation and reflection.
- **Boundaries:** Maintaining clear boundaries helps prevent emotional exhaustion.
- **Physical care:** Sleep, nutrition, and exercise are essential for regulating emotions.
- **Mental hygiene in the area of emotions:** Practices such as mindfulness, creative self-expression, or therapy help to process difficult emotions.
- **Connection:** Social support and close relationships mitigate the effects of stress.

Educational institutions and families must also support systematic care for themselves and their staff by promoting work-life balance, providing access to mental health resources, and fostering a culture that accepts vulnerability and the expression of emotions.

Research affirms that teachers and parents who engage in self-care are able to create an emotionally safe environment for traumatized children (Neff & Germer, 2018). Prioritizing one's own mental well-being is not selfish – it is a prerequisite for sustainable and effective trauma-informed work.

Conclusion

Supporting children who have experienced trauma requires more than knowledge—it calls for awareness, empathy, and collective responsibility. These guidelines have aimed to translate scientific understanding into practical tools that empower adults to respond with sensitivity and confidence. The following concluding reflections highlight why ongoing trauma awareness and the building of resilient, trauma-informed communities remain essential for lasting change.

The ongoing need for trauma awareness

Trauma is not a rare or isolated experience—it is a pervasive reality that affects children across all social, cultural, and economic backgrounds. Whether stemming from violence, neglect, loss, displacement, or chronic stress, its effects can echo throughout a child's development and into adulthood. For teachers, youth workers, and parents, awareness of trauma is therefore not an optional skill but an essential foundation for effective care, education, and support.

By understanding the signs and consequences of trauma, adults can shift from seeing "problem behaviour" to recognizing pain, fear, or unmet needs beneath it. This awareness allows everyday interactions—whether in a classroom, youth centre, or home—to become opportunities for healing rather than re-traumatization. Continuous learning, reflection, and collaboration are needed to sustain this mindset. Trauma awareness is not a one-time training, but a lifelong commitment to seeing children through a compassionate, informed lens.

As societies face new challenges—such as migration, pandemics, digital pressures, and social inequality—the need for trauma-informed understanding only deepens. Building trauma awareness across all levels of education, policy, and community life ensures that no child's suffering goes unseen or unsupported.

Encouragement to build resilient and trauma-informed communities

Creating trauma-informed communities begins with connection. Every adult—whether a teacher, parent, youth worker, or neighbour—has the power to contribute to environments where safety, trust, and empathy guide human relationships. Resilient communities do not eliminate adversity; they create the conditions where adversity can be met with understanding, cooperation, and care.

This means fostering networks that link schools, families, social services, and local organizations in a shared mission: to recognize trauma early, respond sensitively, and

strengthen protective factors in children's lives. It also means supporting the well-being of those who care for others—teachers, youth workers, and parents—by promoting mutual support, self-care, and professional reflection.

A trauma-informed community is not built overnight. It grows through small, consistent acts of empathy—listening without judgment, validating emotions, and offering stability in moments of distress. Over time, these actions weave a collective fabric of resilience that protects children, strengthens families, and restores hope.

Building trauma-informed communities is also an investment in the future. By fostering emotionally safe environments today, we help shape resilient future generations—young people who understand empathy, emotional literacy, and the power of supportive relationships.

When we commit to trauma awareness and community resilience, we affirm a simple but powerful truth: healing happens not in isolation, but in relationship. Together, we can ensure that every child is met not with fear or misunderstanding, but with safety, compassion, and the belief that recovery is possible.

Through the resources, training tools, and digital materials developed within the *TIP for KIDS* project, we invite every reader to take part in this collective movement toward safer, more compassionate, and trauma-informed communities.

The *TIP for Kids* consortium extends its gratitude to all educators, parents, and youth workers who engage in this work every day. Your commitment to understanding and compassion *makes lasting recovery possible for children across Europe.*

Every act of empathy is an act of prevention. Every trauma-informed relationship is a step toward healing.

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