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INTIT
*INtegrated Trauma Informed Therapy for Child Victims of Violence*
www.intitproject.eu

# TRAUMA-INFORMED CARE GUIDANCE MATERIAL

## ESTONIA

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# PART 1 Understanding childhood trauma

## Introduction

You are looking at an information resource for professionals working with children who want to learn a little more about the complexity of the needs of traumatised children and its impact on their mental, physical and social well-being.

By acknowledging and understanding the child's post-traumatic reaction(s), we can provide a caring and non-harmful environment. It also helps to understand that children who have experienced trauma may behave very differently. Sometimes offensive and abusive behaviour is not the result of a child's (and family's) personal anger towards the professional, but of a previously experienced trauma and institutional re-victimisation. Without knowing the effects of the trauma and the person's reactions to it, we may misunderstand the child's behaviour and inadvertently re-traumatise him/her, making further cooperation, if not impossible, then very difficult.

In order for a traumatised person to trust the institutions and the people working there, and to turn to them for help when they are worried, they need to feel welcome and treated in a trauma-informed way by everyone in the institution.

It is important to support children and families in anticipating problems and to offer support to raise their level of[1] tolerance and, if necessary, to adjust non-accepting behaviour.

The material was prepared by an international team within the framework of the INTIT (Integrated Trauma-Informed Treatment of Children Experiencing Violence) project[2] , but Estonian specialists and practitioners from different fields were also very helpful. We would like to thank **Anu Laas, Katrin Joost, Jane Pajus, Liia Kilp, Judit Strömpl** for their great suggestions and amendments, and **Angelyca Vaerand, Eve Jõgi, Jelena Filippova, Natalja Firsova, Siiri Urbas, Tiina Kivirüüt, Annely Reile, Merike Nakström and Riina Raudne for their** participation in the discussion.

The information material consists of two parts - the first focusing on childhood trauma and the second on trauma-informed care. It is important that professionals take the time to familiarise themselves with both topics.

[1] Resilience (also called resilience or toughness) refers to perseverance, resilience, adaptability and the ability to cope in difficult circumstances. Watch Prof. Merike Sisask's video: https://www.youtube.com/watch?v=O2Z-7LtlkTY

[2] European project I.N.T.I.T. - Grant agreement number: 881677 - I.N.T.I.T. - REC-AG-2019 / REC-RDAP-GBV-AG-2019, coordinated by the Institute for Psychoanalytical Social Research, co-funded by the European Union - DG Justice and Consumers, Programme and Financial Management. The project carried out in the partner countries an updated assessment of the process of adapting intervention systems for minors exposed to trauma and violence to the standards and principles of trauma-informed care, in addition to training and awareness-raising activities targeting a wide range of professionals. At European level, it developed and tested training material on a multi-agency and trauma-informed approach for trainers representing different professions dealing with interventions for children exposed to trauma and violence. Following pilot training in partner countries, the updated material was published at https://www.intitproject.eu/.

In the first part, you will learn briefly about the prevalence of childhood trauma both in the world and in Estonia; discuss the definition of trauma; describe the types of trauma and abuse; discuss the effects of a traumatic event on the brain and behaviour, and the common signs of trauma.

Unfortunately, the types of abuse against children are often hidden, and the traumatic event is experienced in very different ways, so just going through this material will not answer all the questions, but will certainly take the reader a step closer to becoming trauma-informed.

## Prevalence of Childhood Trauma worldwide

Childhood trauma is a major public health problem. For example, the Prevalence of Violence against Children Survey, which surveyed a representative sample of 96 countries, finds that **1 billion children** worldwide - more than half of 2-17 year olds - have experienced mental, physical or sexual violence/abuse within a year (Hillis et al., 2016)[3] . The proportion of young people who have experienced some form of violence or trauma ranges from 8% to 53%, depending on the type of violence and the population studied (e.g. Copeland et al., 2007[4] ; Finkelhor et al., 2005[5] ). Despite its high prevalence, **violence and abuse** against children is **mostly hidden**, 'unseen' or unreported. The hidden nature of the phenomenon is well documented - for example, a meta-analysis of global data shows that, according to self-reported surveys, sexual abuse is 30 times more common and physical abuse 75 times more common than official data suggest (Stoltenborgh et al., 2013)[6] .

**Girls are particularly at risk of** sexual abuse. For example, 18% of girls and 8% of boys experience sexual abuse during childhood. Girls are also more likely to experience intimate partner violence, and the following risks are more prevalent among girls: rape by an acquaintances or strangers; child, early or forced marriage; trafficking for sexual exploitation or child labour; and genital mutilation. Such violence is widespread around the world, including in places where girls should be protected and cared for - at home, on the way to and from school, in community settings, as well as in humanitarian crises, forced displacement or post-crisis situations.

[3] Hillis, S., Mercy, J., Amobi,A., Kress, H. (2016) Global Prevalence of. Past-year Violence Against Children: A Systematic Review and Minimum Estimates. PEDIATRICS Volume 137, number 3

[4] Copeland, W.E, Keeler, G., Angold, A., Costello, E.J. (2007) Traumatic events and posttraumatic stress in childhood. Arch Gen Psychiatry. 64(5): 577-84.

[5] Finkelhor, D., Ormrod, R., Turner,H.(2005) The victimization of children and youth: a comprehensive, national survey. Child Maltreat. 10(1): 5-25.

[6] Stoltenborgh, M., Bakrmans-Kranenburg,M.J; van Ijzendoorn M.H., Alink L.R.A. (2013) Cultural-feographical differences in the occurrence of child physical abuse? A meta-analysis of global prevalence. Int J Psychol. 48(2): 81-94

In many countries, the **severity of the problem is underestimated for a variety of reasons - partly because of a lack of reliance on official health and justice system data rather than research, and partly because common beliefs lead people, including children, to see certain types of trauma as normal rather than a problem that needs attention**. In any case, what we can say is that childhood trauma is a pervasive global problem, and that the key is to help professionals to recognise children who have experienced trauma, to assess the problem and refer the child to appropriate therapy or services, and also to use a common language and work together between the parties involved.

## Prevalence of childhood violence in Estonia

Various studies and national statistics conducted in Estonia show that the situation of children in Estonia, like in other countries, is not free of violence and children experience violence both within the family and outside the home. There is neglect, physical and psychological violence and sexual abuse. As in other European countries, girls are most at risk.

The forms and places of violence against children vary according to the age of the child. The younger the children, the more violence occurs within the family; as they grow up and become more independent, violence is also experienced outside the home, for example at school, around school, in internet spaces and other places[7] . Data from the ISRD 3 survey in Estonia show that 44% of children experienced violence in the school building or schoolyard and 22% of those surveyed were victims of school bullying[8] . Particular attention should be paid to children's manifestations of psychological violence, not forgetting that children consider it a serious form of violence[9] . Mental violence has a negative impact on mental health, learning, social contact, relationships, insecurity and vulnerability[10].

## Domestic violence

Campaigns organised by SKA Victim Support[11] and articles in the Estonian media condemning domestic violence and intimate partner violence have been influential, as more and more people are turning to protection or assistance agencies for help, for example in 2019 there were 1.5 times more domestic violence crimes recorded than in 2014[12] .

[7] Policy analysis - the system of child abuse assistance (2015) Tallinn, Ministry of Social Affairs.
[8] Markina, A.; Žarkovski, B.(2014) Children's Deviant Behaviour Survey.Tallinn: Ministry of Justice

[9] Strömpl, J., Selg, M., Soo, K., Šahverdov-Žarkovski (2007) Interpretations of violence among Estonian teenagers. Tallinn.
[10] Roots, L. (2020). The relationship between academic achievement and the experience of mental and physical violence in adult secondary school students. University of Tartu, Pärnu College, thesis.
[11] See e.g. https://www.sotsiaalkindlustusamet.ee/et/uudised/kampaania-meieajakangelane-julgustab-vagivaldses-suhtes-olijaid-abi-kusima)
[12] Tammiste, B; Kärson, M.(2021) Child safety. In: Kutsar, D. D., D. Karsar, 20.20. Kantsler Kantselei.https://www.oiguskantsler.ee/sites/default/files/Lapsed-Eesti-Uhiskonnas_kogumik%202021.pdf

When looking at the official data, it should be taken into account that domestic violence is often hidden and does not reach the official statistics, and the actual figures can be many times higher[13] .

According to the 2014 ISRD-3 conducted by the Faculty of Law at the University of Tartu, 22% of children reported that their parents physically punished them, and girls are more likely to be physically punished than boys[14] . According to the 2018 *Child Rights and Parenting Survey*, 2% of children admit to being scolded often for bad behaviour, 3% sometimes and 6% rarely. 2% of children are often scolded, 4% sometimes and 8% rarely[15] .

The Annual Report on Crime in Estonia 2020 gives an overview of the violence children face within their families. In families, there were cases of infant shaking, corporal punishment and other physical violence, child sexual abuse, conflicts arising from casual speech and child threats, being a victim of and witnessing violence between parents[16] . A total of 661 new cases against minors were recorded in 2020. Of all cases of intimate partner violence, 27% involved a child victim or witness of a domestic violence offence[17] .

The most "justified" and "innocent" use of violence seems to be the use of violence for the purpose of discipline, to discipline the child (and/or the spouse) and to prevent or stop "bad behaviour", which is common in some families. An overview of the disciplinary attitudes of Estonian families from the perspective of the parent and the child can be found *in the* 2018 *Children's Rights and Parenting Survey.* According to the survey, 33% of adults somewhat agree and 9% strongly agree that physical punishment is a necessary and acceptable parenting tool in certain situations. Many parents use corporal punishment to discipline their children, give them a whip, a strap and a slap, or threaten violence to get them to behave well. According to the same survey, physical punishment of children is tolerated and condemned more than violence between adults. The survey shows that parents who experienced physical violence in childhood believe that such behaviour is necessary for disciplinary purposes and is not detrimental to the child's development. At the same time, 28% of the children surveyed felt that physical punishment of children is understandable in certain situations, i.e. that they "deserve" it, and, like parents, children who have been physically punished by their parents tend to justify physical violence[18].

[13] Pettai, I.; Proos I. (2003) Violence and women's health. Material from a sociological study. Tallinn.

[14] Markina, A,; Zharkovski, B.(2014) Children's delinquent behaviour study. Tallinn: Ministry of Justice

[15] Anniste, K., Biin, H., Osila, L., Koppel, K. and Aaben, L.(2018) Child Rights and Parenthood Survey 2018. Survey Report. Tallinn.

[16] Tamm, K.(2020)Domestic violence and harassment. In: Crime in Estonia 2020: Ministry of Justice

[17] Ibid.

[18] Anniste, K., Biin, H., Osila, L., Koppel, K. and Aaben, L.(2018) Child Rights and Parenthood Survey 2018. Survey Report. Tallinn.

The 2021 *Experiences of Violence Survey* asked about physical violence experienced by an adult during childhood. It was found that 59% of respondents had experienced violence from an adult during childhood, and that the most frequent perpetrator was a parent (mother or father)[19].

## Sexual violence

According to the Survey of Experiences of Violence conducted by the SKA in 2021, one in six respondents had experienced some form of sexual abuse perpetrated by an adult before the age of 15. Girls are more likely than boys to be victims of both contact and non-contact sexual abuse. 6% of adults who experienced violence in childhood also experience violence in adulthood. The survey shows that respondents who have experienced rape in childhood are affected by what they have experienced in adulthood and do not want to recall what happened[20] .

According to a *study on the prevalence of sexual abuse of children and young people* conducted by the University of Tartu in 2015, sexual abuse is quite common in Estonia[21] . 32% of 16-18 year olds have experienced at least one act of sexual abuse outside the internet in their lifetime. In terms of gender, the prevalence of sexual abuse is higher among girls (47%) than boys (19%).

According to the 2020 Survey on Sexual Abuse of Children and Young People, cyber violence among young people in Estonia has increased significantly over the past five years[22] .

According to the Ministry of Justice, registered sexual offences involving a minor victim have increased in 2021[23] . While 515 cases were recorded in 2017, 505 in 2018, 549 in 2019 and 479 in 2020 for contact and non-contact sexual offences with a child victim, there will be a significant increase in 2021[24] . In 2021, 663 sexual offences involving a minor victim were recorded, of which 303 were contact sexual offences.

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[19] Kass, V.(2021) Study on the Experience of Violence 2021 (Social Insurance Board) https://www.sotsiaalkindlustusamet.ee/sites/default/files/content-editors/Uuringud/vagivalla_kogemise_uuring_2021_-_raport.pdf

[20] Ibid.

[21] Soo, K.; Lukk, M.; Ainsaar, M.; Beilmann,M.; Sammul, M.; Tamm,G.; Espenberg,K;Murakas, R.;Arak,T.; Aksen,M; Vahaste-Pruul,S; Kutsar,D.(2016) Survey on the prevalence of sexual abuse of children and young people.Tallinn:Ministry of Justice. https://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/laste_ja_noorte_seksuaalse_vaarkohtlemise_leviku_uuring_2015_0.pdf

[22] Hillep, P., Pärnamets, R. (2020). Survey of attitudes and experiences of sexual abuse of children and young people. Eesti Uuringukeskus OÜ and Norstat Eesti AS. https://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/laste_ja_noorte_seksuaalse_vaarkohtlemise_uuring_2020_euk.pdf

[23] Tammiste, B.(2021) Sexual offences. In: Crime in Estonia 2021: Ministry of Justice.

[24] Ibid.

The average age of the child victims was 11 years and the gender breakdown was 84% girls and 16% boys. 47% of the perpetrators were family members or relatives of the child, 42% were other acquaintances and 10% were strangers[25].

The increase in sexual offences is seen as a result of the revelation of hidden cases, which may have been helped by the obligation to report children in need and at risk under the Child Protection Act[26] , as well as by prevention and information campaigns carried out by the Social Security Agency (including the Children's Home).

## Trafficking in human beings

In Europe, apart from child sexual exploitation, children are also trafficked for labour exploitation, domestic work, domestic servitude, begging, criminal activities and other purposes[27] . Trafficking in children occurs in almost all European countries, and unfortunately Estonia is no exception. In recent years, cases of trafficking in human beings against minors show a downward trend, but are generally recurrent[28] . While in 2015 the number of cases was 63[29] , in 2020 the number was 26[30] and in 2021 the number dropped to 16[31] . The decline in cases is seen as a result of clever cover-ups.

In the context of the large influx of refugees due to the war in Ukraine, it is crucial to prevent children at risk from falling into the hands of traffickers. As a preventive measure, unaccompanied child refugees must be identified and assigned a safe guardian as a matter of urgency, children placed in a safe environment and child support services provided[32] . Information on trafficking in human beings can be found on the victim support website palunabi.ee, and assistance can be obtained by calling the helplines 6607320 and 116 006.

[25] Ibid.
[26] Child Protection Act (2014/2016). https://www.riigiteataja.ee/akt/LasteKS
[27] Child traffiking in Europe. A broad vision to put children first (2007)UNICEF
[28] Leps, A. (2017) Trafficking in human beings. In: Crime in Estonia 2017. 2017: Ministry of Justice
[29] Leps, A (2015) Trafficking in human beings. In Crime in Estonia 2015. Tallinn: Ministry of Justice
[30] Leps, A.(2020) Trafficking in human beings. In: Crime in Estonia 2020: Ministry of Justice
[31] Leps, A.(2021) Trafficking in human beings. In: Crime in Estonia 2021: Ministry of Justice
[32] https://www.europarl.europa.eu/estonia/et/uudised-ja-sundmused/uudised/uudised-2022/aprill2022/pr-2022-aprill-07.html

## School violence

Bullying at school has serious consequences and is a widespread problem in the world and in Estonia[33] . One in five 15 year old school children has been a victim of bullying[34] . A distinction is made between visible and covert bullying. A survey on *teenage violence in Estonia* published in 2007 by the Ministry of Social Affairs[35] shows that children consider covert violence to be a severe and seriously disturbing form of violence. Sadly, years later the problem still persists and is on the rise[36] .

In Estonia, the KiVa bullying prevention programme, developed by Finnish researchers, has been introduced and 120 schools have joined[37] . It is important to encourage other schools to join the programme or to prevent bullying in some other way.

## Impact of childhood trauma

The impact of childhood trauma - at personal, economic and societal level - is high. The short- and long-term consequences of childhood trauma, as well as the economic costs, reduce investment in education, health and child well-being and have a devastating impact on the productivity of future generations. Trauma experienced at an early age affects brain development and impairs the nervous system as well as the cardiovascular, musculoskeletal, endocrine, reproductive, respiratory and immune systems, and has lifelong effects (Felitti et al., 1998)[38] .

Kaiser Permanente and the US Centers for Disease Control and Prevention (CDC) study of adverse childhood experiences (The Adverse Childhood Experience (ACE) Study, 1998) asked 17,337 adult clients of health care providers to complete a questionnaire on adverse childhood experiences, including abuse, abandonment and dysfunctional families. 11% of the respondents had experienced psychological abuse as a child, 30% physical abuse and 20% sexual abuse. In addition, 23% of respondents said that alcohol had been abused in the family, 19% had witnessed mental health disorders, 12.5% had witnessed violence against their mother and 5% said that there was a drug problem in the family. The ACE survey found that adverse childhood experiences are common, though not recognised or acknowledged, and have a strong health impact in adulthood, even half a century later. The **study confirmed**

[33] Roots, L. (2020). The relationship between academic achievement and the experience of mental and physical violence among adult secondary school students. University of Tartu, Pärnu College, thesis.
[34] https://www.kiusamisvaba.ee/kiusamine-ja-abi/kiusamisest/
[35] Strömpl, J., Selg, M., Soo, K., Šahverdov-Žarkovski (2007) Interpretations of violence among Estonian teenagers. Tallinn.
[36] Proos, I. (2016) Mental violence - at home, at school and in public spaces. Teachers' Newspaper, https://opleht.ee/2022/05/pogenikud-klassiruumis-kuidas-toetada-nende-vaimset-tervist/
[37] https://www.kiusamisvaba.ee/kiva-programm/kiva-koolid/
[38] Felitti, G., Anda, R., Nordenberg, D., et al. (1998). Relationship of child abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences Study. American Journal of Preventive Medicine, 14, 245-258.a

**previous evidence that adverse childhood events are strongly associated with depression, suicide attempts, alcoholism, drug addiction, frequent breakdown of close and stable relationships, sexual problems, domestic violence, smoking, obesity, physical inactivity and STDs.** In addition, the study showed that **a person who experiences 4 or more negative events in childhood is 50-70% more likely to develop mood, anxiety or impulsive disorders and to be at risk of substance abuse.**

Many later studies confirm that childhood experiences increase the risk of injuries, HIV and other STIs, mental health problems, delayed cognitive development, poorer academic performance and school drop-outs, very young pregnancies, reproductive health problems, and both communicable and non-communicable diseases. In addition, a number of studies show that around 20% of young people who have experienced trauma later develop symptoms of post-traumatic stress disorder (PTSD; Fletcher, 2002).

Childhood trauma also has a significant economic impact, as shown by data from countries and regions that have studied the cost of trauma. In the United States alone, the annual lifetime economic burden associated with new cases of childhood trauma was $124 billion in 2008, and the cost is even higher when other types of trauma and abuse are included. In the East Asia and the Pacific region, the economic cost of childhood maltreatment is estimated to be between 1.4% and 2.5% of the region's annual GDP, taking into account only the individual health consequences. A recent study (November 2021) funded by WHO/Europe found that European countries bear a huge burden of disease and financial costs associated with adverse childhood events. In all countries, the cost associated with adverse childhood events exceeded 1% of national GDP, with a median of 2.6%[39] .

[39] "Health and financial costs of adverse childhood experiences in 28 European countries: a systematic review and meta-analysis", authors Karen Hughes, Kat Ford, Mark A Bellis, Freya Glendinning, Emma Harrison, Jonathon Passmore www.thelancet.com/public-health Vol 6 November 2021. The results confirm that adverse childhood experiences are associated with significant health and financial costs in all European countries. The study assessed the burden of disease and financial costs of adverse childhood experiences in 28 European countries. Costs attributable to adverse childhood experiences ranged from $0.1 billion in Montenegro to $129.4 billion in Germany, and accounted for between 1.1% and 6.0% of a country's gross domestic product in Sweden and Turkey, and Ukraine respectively. It is important to understand the financial cost to countries of not addressing the prevention of adverse childhood experiences, especially now that countries need to be able to recover from the COVID-19 pandemic, which disrupted service delivery, education and possibly exacerbated risk factors for adverse childhood events. WHO Regional Office for Europe https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00232-2/fulltext

## What is trauma?

Specialists use different definitions of trauma. There is no single one, but there are some widely accepted definitions that help to give meaning to the concept of trauma.

One of these, relied upon in the mental health field, is the *experience of an actual or perceived threat to life or physical integrity, or to the life or physical integrity of a loved one, and a pervasive sense of fear, horror and helplessness [Definition based on DSM-IV (1994) and DSM-IV-TR (2000)]*[40] .

A traumatic experience differs from a stressful experience in several ways.

- Firstly, the life or physical integrity of the child or a person who is vitally important to the child (carer, siblings, etc.) is at risk;
- Secondly, the child may experience that he or she is losing control of his or her body, which makes feelings of helplessness and hopelessness even stronger;
- Thirdly, a physiological reaction is triggered: the heartbeat speeds up, there is shortness of breath, dizziness, tremors, etc.

Sometimes the physiological reaction can be more traumatic for the child than the experience itself. Uncontrolled bowel or bladder function, dizziness or fainting increase panic and fear and can even lead to loss of reality.

Another definition of *a traumatic experience is an all-encompassing experience that involves a strong negative impact and a degree of lack of control and/or vulnerability. The experience of trauma is subjective and developmental.* (Margaret Blaustein, 2015)[41]

From this definition, the multifaceted nature of victimisation and development emerges - the processing of the traumatic experience is different and depends on the age of the child.

Both definitions show that **trauma is a subjective experience**. It is not the event itself, but the perception and reaction to it that is decisive. In this sense, trauma is highly subjective and people's reactions and feelings can differ radically, even when experiencing the same event.

In addition, trauma is much more complex than the above definitions would suggest. Childhood trauma can occur in any society, it can happen in your country and in homes we would never believe. Sometimes the all-encompassing sense of dread and horror may not arise immediately during the traumatic experience. For example, if you take the example of sexual abuse perpetrated by a loved one whom the child trusts, such as a parent, uncle or

[40] Substance Abuse and Mental Health Services Administration (SAHMSA), Center for Substance Abuse Treatment (2014) Trauma-Informed Care in Behavioral Health Services, Treatment Improvement Protocol (TIP) Series 57, Part 3: A Review of the Literature, U.S. Department of Health and Human Services, p. 17. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816_litreview.pdf.

[41] Margaret E. Blaustein, M. E. & Kinniburgh, K. M. (2015) Treating Traumatic Stress in Children and Adolescents, How to Foster Resilience through Attachment, Self-Regulation, and Competency, ISBN 9781462537044.

aunt, the initial feelings may be mixed, causing confusion, shame and embarrassment. In summary, it must be understood that **trauma generates a wide range of feelings and reactions, which may manifest themselves immediately or after a longer period of time[42] .**

## How is a traumatic experience different from a stressful experience?

A traumatic childhood experience differs from a stressful experience in several ways.

Firstly, the life or physical integrity of the child or a person who is vitally important to the child (carer, siblings, etc.) is at risk. Secondly, the child may experience a loss of control over his or her own body, which can exacerbate feelings of helplessness and hopelessness. Thirdly, a physiological reaction is triggered: the heart rate increases, there is shortness of breath, dizziness, tremors, etc.. Sometimes the physiological reaction can be more traumatic for the child than the experience itself.

In addition, trauma is much more complex than the above definitions would suggest. Childhood trauma can occur in any society, it can happen in your country and in families we would never believe. Sometimes the all-encompassing sense of dread and horror may not arise immediately during the traumatic experience. For example, if you take the example of sexual abuse perpetrated by a loved one whom the child trusts, such as a parent, uncle or aunt, the initial feelings may be mixed, causing confusion, shame and embarrassment. In summary, it must be understood that **trauma generates a wide range of feelings and reactions, which may manifest themselves immediately or after a longer period of time.**

## Types of trauma

There are several types of trauma and they mainly fall into two categories: **single and repetitive trauma[43]**.

***A one-off trauma*** is a single event with a specific beginning and end. It could be a car accident, a natural disaster, a medical procedure, seeing a loved one die, an animal bite, for example. Even though it is a one-off event, the child will experience a range of feelings, thoughts and physical sensations, and will usually react in a way that restores a sense of safety and security. A child's thoughts and actions (or inactions) can lead to a range of consequences, including resentment, shame, blame, guilt, regret and/or anger. For example, if a child survives a car accident and instinctively acts to save himself/herself rather than trying to protect his/her younger sister with his/her body, he/she may start to blame himself/herself.

[42] For a better understanding of the complexity of defining trauma and its consequences, see the I.N.T.I.T. position paper "Trauma and minors", prepared by IPRS. https://www.iprs.it/wp-content/uploads/2021/09/TRAMUA-and-MINORS_completeCOMPRESSO.pdf.

[43] D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., Bessel A van der Kolk (2012) Understanding interpersonal trauma in children: why we need a developmentally appropriate trauma diagnosis, Am J Orthopsychiatry, 2012 Apr;82(2):187-200.

In addition, children may observe the reaction of a parent or carer in a traumatic situation - called social intervention - and this may alleviate or increase the child's distress.

***Repetitive trauma*** is when a child has traumatic experiences over a long period of time. Repeated traumatic experiences can be of one type (witnessing domestic violence) or different (sexual abuse, psychological abuse, bullying). Even in the case of chronic trauma, there may be specific moments that remain in the child's memory. For example, if the parents use drugs, the child may be more traumatised by a situation where the mother/father collapses unconscious on the floor in front of him/her. The effects of chronic trauma accumulate, and the reaction of a child who has experienced chronic trauma for many years to a frightening event is different from that of a child who has had one traumatic experience.

**Neglect** is a type of chronic trauma, also known as developmental trauma, which is often overlooked. While physical or sexual abuse may be accompanied by obvious symptoms or clear memory images, neglect is not and is therefore **more difficult to recognise.** Neglect means 'failure to meet the basic needs of the child'. If you think of neglect as simply the absence of good things, it may not seem so traumatic. But for a child who is totally dependent on his or her parents, lying wet and black in bed, suffering the pain of hunger and the fatigue of hours of crying, neglect creates a situation where the child's life is at risk. In older children and teenagers, neglect can be manifested in a lack of parental control, dental and physical hygiene, attention and care. Neglect makes children more vulnerable to other types of trauma, such as sexual abuse, drug use and risky behaviour.

**Complex trauma:** children who come into contact with psychologists, judges or social workers often have more than one traumatic experience. The majority of the children they work with are likely to have experienced several traumatic events in their lifetime, which may have been caused by someone in the child's care or a close relative. When the traumatic experience is caused by someone the child trusted to care for and protect the child (carers, siblings), it is called complex trauma.

Complexity has three main characteristics: it occurs in early childhood, over a long period of time, and is caused by the person on whom the child's life and safety depends. (Cook et al 2005)[44]

We know from longitudinal studies of child development that caring experienced in early childhood is like a foundation for almost all the rest of development. A child learns to regulate his or her emotions according to the reactions of the caregiver. When a toddler cries in bed and his mother holds him, talks comfortingly, feeds him and soothes him, the child learns to trust both his own feelings and that there is an adult who will meet his needs. In this way, the child feels secure and begins to trust people. A child with a secure attachment relationship

[44] Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., ... & Van Der Kolk, B. (2005) Complex trauma in children and adolescents. Psychiatric annals, 35(5), 390. https://www.complextrauma.org/wp-content/uploads/2021/02/Complex-Trauma-9-Joseph-Spinazzola.pdf)

develops a sophisticated vocabulary to describe, for example, feelings such as love, hate, pleasantness, disgust or contempt. In most cases, parents are able to provide a child in distress with a sense of security and self-regulation, which will give them the confidence to manage their feelings and behaviour and to cope with stressful situations (B. van der Kolk 2005, p.3)[45] The attachment relationship of a child who has experienced complex trauma with the primary caregiver is disrupted and the child is unable to learn self-regulation in later life. Lack of the latter can lead to many other problems over time.

### Complex trauma affects the following seven areas of child development: 46

**Tendency:** a child who has been through various kinds of traumatic experiences is sceptical and mistrustful of the world. They may have difficulty in perceiving boundaries - some may not recognise appropriate boundaries (e.g. a child telling you they love you on first meeting), others may be too avoidant (a teenager hiding deep under the hood with whom it is impossible to make eye contact). Children who have experienced trauma do not trust anyone and are deeply suspicious of people's motives. This can lead to social isolation and communication problems.

**Physiology:** complex trauma can affect brain development and the immune system, leading to more health problems. Some children may develop hypersensitivity to physical contact, sensorimotor and somatoform disorders.

**Affect regulation:** a child may have difficulty recognising emotions and not know how to regulate them. Many are unable to describe their feelings and express their wants and needs appropriately.

**Dissociation:** in more extreme cases, the child may experience a sense of separation from the body, as if everything is happening in a dream rather than in real life. Dissociation is also seen as a defence mechanism - if what is happening to the child is out of their control, they can control their own reaction to their perception.

**Behavioural management or self-regulation skills: a** child's inability to recognise and regulate emotions affects their ability to regulate their own behaviour. Many children who have experienced trauma are unable to modulate impulses, self-harming behaviour, aggression towards others, sleep disturbance, eating disorders, substance misuse, over-confidence, reluctance to act out, difficulty understanding and disregarding rules, repetition of the traumatic event in play or otherwise.

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[45] Van der Kolk , B. (2005) Developmental Trauma Disorder A new, rational diagnosis for children with complex trauma histories, MD, p. 3 online article https://www.besselvanderkolk.com/uploads/docs/annals_developmental_trauma.pdf.

[46] Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., ... & Van Der Kolk, B. (2005) Complex trauma in children and adolescents. Psychiatric annals, 35(5), 390. https://www.complextrauma.org/wp-content/uploads/2021/02/Complex-Trauma-9-Joseph-Spinazzola.pdf)

**Cognitive skills:** a traumatised child may find it difficult to pay attention and concentrate, to absorb and remember new knowledge. Interest can fade quickly, tasks tend to be left unfinished, and there is a failure to plan activities and anticipate consequences. Learning difficulties often develop and speech development slows down.

**Self-image: a** child who has experienced trauma may not have a consistent, predictable sense of self, may have a negative self-image, and often lives with feelings of shame and guilt.

## Types of abuse

In general, specialists distinguish six types of abuse: sexual abuse, emotional or mental abuse, neglect, intimate partner violence (domestic violence), physical abuse and bullying (verbal, social, physical, cyberbullying).

**Abuse** includes sexual and mental/emotional and physical violence, neglect of infants, children and teenagers by parents, carers or others; most often at home, but also at school or in children's institutions.

**For all types of abuse, the professional needs to remain calm and neutral, and to control their (excessive) emotions. Thank the child for trusting you, validate and normalise the child's feelings, and under no circumstances blame the child for what happened or for reporting late. In the Republic of Estonia, the Child Protection Act[47] prohibits any form of abuse. A child** in **need or in danger must be reported either to the local authority unit or to the child helpline 116 111 (child in need) or to the emergency number 112 (child in danger).**

**A child in need[48]** is a child whose well-being is at risk or whose behaviour endangers the well-being of himself or herself or others. According to the Child Protection Act (LasteKS)[49] , anyone who notices a child in need must report it to the local authority or to the child helpline 116 111.

**A child at risk[50]** is a child who is in a situation that endangers his or her life or health, and a child whose behaviour endangers his or her life or health or the life or health of others. According to the Children Act[51] , anyone who has information about a child in danger has a duty to report. A child in distress must be reported immediately to the emergency number 112.

[47] Children Act § 24. https://www.riigiteataja.ee/akt/106122014001
[48] Children Act § 26. https://www.riigiteataja.ee/akt/106122014001
[49] ChildrenKs § 27. https://www.riigiteataja.ee/akt/106122014001
[50] Children Act § 30. https://www.riigiteataja.ee/akt/106122014001
[51] Children Act § 32. https://www.riigiteataja.ee/akt/106122014001

The following table describes abuse in general and outlines the signs and symptoms of the types of abuse and what to do in case of abuse.

| Types of abuse | Definition | Signs and symptoms | What should you do? |
|---|---|---|---|
| **Sexual[52] abuse** | This includes:<br>- Forcing you to engage in self-dealing;<br>- Consummated or attempted unwanted physical sexual contact;<br>- Sexual harassment;<br>- Non-physical sexual activity (e.g. sexual solicitation, exploitation on the internet). | – Increased frequency of nightmares and/or other sleep disturbances<br>– Withdrawal<br>– Angry outbursts<br>– Anxiety<br>– Depression<br>– Unwillingness to remain a specific person(s) on their own<br>– Problematic sexual behaviour and relationship problems<br>– Age-inappropriate sexual knowledge, language and/or behaviour. | – Stay calm, listen carefully and without judgement.<br>– Never blame the child!<br>– Thank your child for trusting you and speaking up about abuse<br>– Confirm that you support him<br>– Validate and normalise your child's feelings<br>– **Everyone has a duty to immediately inform the local authority or the child helpline 116 111 of a child in need, and the police on 112 of a child in distress**. |
| **Emotional or mental abuse** | This includes restriction of a child's movement, denigration, ridicule, threats, intimidation, discrimination, exclusion and other non-physical hostile treatment. Witnessing violence may involve a child being forced to witness violence or accidentally witnessing an act of violence between two or more people. | – Delayed or insufficient mental development<br>– Loss of self-confidence and self-esteem<br>– Social withdrawal or loss of interest and enthusiasm<br>– Depression<br>– Avoiding certain social situations, e.g. going to school, cycling.<br>– Loss of previously acquired developmental skills | – Provide a safe place where your child feels cared for and protected.<br>– Encourage and reward your child for what they do well and what they are good at. This will help to regain lost confidence<br>– Emphasise your child's strengths and teach coping skills so he feels more empowered.<br>– Emphasise that the child is lovable and deserves care and affection. |

[52] See also: https://www.kriminaalpoliitika.ee/et/perevagivald/lapse-vaarkohtlemise-margid

| Types of abuse | Definition | Signs and symptoms | What should you do? |
|---|---|---|---|
| **Neglect** | Neglect[53] - failure by those responsible for the child to meet the child's needs for normal age-appropriate development - Emotional neglect - the parent/carer intentionally or unintentionally consistently neglects the child's emotional needs (attention, safety). Includes, inter alia, failure to express care, child rejection, ignoring emotional needs - Physical neglect - Failure by parent/carer to provide daily/regular care that results in serious risk to child's physical health (does not include poverty). | – Significant[54] cognitive developmental delay, difficulty understanding speech;<br>– Apathy and indifference to the environment;<br>– Physically neglected children may have lower body weight and growth;<br>– Deficits in motor skills such as holding the head, grasping, picking up objects, holding a pen, walking, etc;<br>– Neglected young children may not smile or laugh because they have not been smiled at or encouraged to do so.<br>– Problems following the rules at school, following instructions and completing tasks from start to finish;<br>– Inactivity, little interaction with peers;<br>– Bullying and unpopularity among peers. | - Remain calm, trustworthy and caring.<br><br>-Stay neutral and control your (excessive) emotions.<br><br>- Believe the child and let him know you believe him. You could say something like: "I believe you. It's good that you told me."<br><br>- Reassure your child, reassure them that they are cared for and relieve their guilt. You can say, for example, "Nothing that happened was your fault" or "You didn't do anything wrong".<br><br>- Don't restrict your child from play or fun activities unless it is necessary to ensure their safety. Restrictions may seem punitive. Contact the appropriate authority or specialist as soon as possible.<br><br>**- Everyone has a duty to report a child in need immediately to their local authority or to the children's helpline 116 111, and a child in distress to the police on 112[55] .** |

[53] Kastepõld-Tõrs, Kaia (2018) Psychological support for abused children and their families. Social Insurance Board

[54] https://www.kriminaalpoliitika.ee/et/perevagivald/lapse-vaarkohtlemise-margid

[55] https://www.eesti.ee/et/perekond/vanemateta-lapsed-ja-laste-turvalisus/lastekaitse-ja-turvalisus

| Types of abuse | Definition | Signs and symptoms | What should you do? |
|---|---|---|---|
| **Intimate partner violence (or domestic violence)** | Refers to violence by an intimate partner or ex-partner. Although the victim may also be male, intimate partner violence overwhelmingly affects women. It is common against girls in child or forced marriages[56] .<br><br>In the case of adolescents and young people who are in a relationship but not married, it is also known as intimate partner violence. | – Changes in emotions: increased fear and anger<br>– Behavioural changes: clinging, difficulty falling asleep or bouts of stammering<br>– Aggressive and violent behaviour at school and at home | – If you suspect your child is suffering from domestic violence, try to talk to him or her privately and assess the safety of your home.<br>– Provide reassurance and validate your child's feelings to create a sense of security.<br>– If necessary, contact the social services or children's services of the municipality where the child lives, Children's Helpline 116 111 or the police on 112.<br>– Identify a non-violent carer and contribute to a safe and caring relationship with them.<br>– If your child has suffered violence, make a safety plan. |

[56]Read about forced marriages here: https://eige.europa.eu/et/taxonomy/term/1136 and here: https://www.europarl.europa.eu/doceo/document/A-8-2018-0187_ET.html

| Types of abuse | Definition | Signs and symptoms | What should you do? |
|---|---|---|---|
| **Physical abuse** | Physical abuse is when a parent or carer causes pain or bodily injury to a child or teenager, such as red patches on the skin, abrasion, scratch, bump, bruise, joint strain, fracture, even if the injury was not intentional. Physical abuse can occur when corporal punishment goes too far or when a parent loses control in anger. | − Children often have injuries that are blamed on clumsiness or falls.<br>− Injuries do not match the explanation given by the child or parent<br>− The child and/or carers give contradictory explanations that are inconsistent with the injuries, or say that the injury was the result of an accident, but this is not plausible given the age of the child.<br>− Frequent absences or tardiness without a convincing reason. The child may be kept at home until signs of injury have healed. Wearing long-sleeved or high-necked clothing to school in warm weather, which can hide injuries, should raise concerns.<br>− Clumsy movements or difficulty walking, which may indicate pain or the after-effects of repetitive injuries. | − Start with open questions. Don't assume the child is being mistreated. There can be many explanations for a child's behaviour or for an injury.<br>− If the child has a visible injury, ask how they got it. If the explanation of the injury is not plausible or does not fit the nature of the injury, ask open-ended follow-up questions to clarify inconsistencies.<br>− **Contact your local authority or the police for help.** |

| Types of abuse | Definition | Signs and symptoms | What should you do? |
|---|---|---|---|
| **Bullying (verbal, social, physical, cyber)** | Unwanted aggressive behaviour by another child or group of children who are not siblings or intimate partners of the victim. Involves repeated physical, mental or social harm and often takes place at school or elsewhere where there are many children together,<br><br>and online | – Stress, anxiety and depression<br>– Loneliness and isolation<br>– Feeling of frustration, low self-esteem<br>– Avoiding social situations, missing school, not having friends<br>– Emotional and social disengagement<br>– Aggressive behaviour with younger siblings, reluctant behaviour<br>– Separation order from a primary carer parent | – Talk often; talk to your child about security, including personal and cyber security.<br>– Find problem-solving strategies to use with the child in case of bullying (stay calm, stay away, etc.).<br>– Help the child to understand that there is nothing wrong with the bully, often the bully has painful problems of his own.<br>– In the case of cyberbullying, teach your child how to protect their identity, for example by thinking carefully about what they share online and using passwords. |

## Trauma and the brain

It is important to remember that **trauma is an experience for many, but for some it becomes a disorder**. To better understand a traumatised child, it is important to understand the effects of the traumatic experience on the brain and the whole body.

In the face of a threat - be it a storm or something else - our physiological alarm system kicks in and hormones that trigger activity, such as adrenaline and cortisol, are triggered. Normally, when faced with danger, a person has three options: **fight, flight or freeze**. If the danger is small, such as a mosquito, we may choose to fight, but if the threat is big, such as a lion, we may not be able to fight. When the threat disappears, the body stops secreting these hormones and normal conditions return.

Being in a home where there is a "fearful snake in the grass" all the time - like a child who constantly sees and hears domestic violence, whose parents abuse drugs and who is bullied at school - the child's alarm system is constantly on. This is why in our work we often see traumatised children who are hyper-vigilant, hyper-aroused, impulsive and ready to react (fight), or children who are withdrawn, isolated or uninvolved (hold back, run away).

Experiences influence the way the brain develops and functions. The brain develops from the bottom up: first the primitive parts needed for survival (e.g. the amygdala), then more complex parts. The latter are needed for action planning, rational and abstract thinking.

In the brain, billions of neurons make connections to form a network. Each network is involved in a specific developmental task and skill: motor skills, speech understanding, memorisation, speaking, etc.. The more an activity is repeated, the stronger the corresponding network becomes. For example, if you speak to a newborn in several languages, his/her ability to understand and speak develops more vigorously. And in the same way, if a child constantly feels threatened, unstable, threatening, the primitive part of the brain will develop a lot, but the more complex part will not. That is why a child can be very skilled at observing people, sensing and responding to threats, but at the same **time not be able to understand the consequences of their actions**, plan their actions, or acquire new knowledge.

In this way, trauma has a dual impact on development: priority is given to those skills, competences and adaptive capacities that support the child's survival in his or her normal environment and the satisfaction of physical, emotional and relational needs. At the same time, developmental areas that are less directly relevant for survival are neglected (Blaustein & Kinniburg, 2017)[57] . Let's say a child is at an important developmental stage, such as learning to read, but needs to be in survival mode at home - he or she is left with fewer mental and physical resources for thinking and learning letters. While these children are highly adept survivors, the higher level skills of the brain may not be able to cope.

To summarise: **the traumatic experience develops the brain in such a way that the child can survive in a hostile world** by being constantly alert to danger and reacting quickly (fight, flight, flight).

[57] Blaustein, M. & Kinniburgh, K. (2017). *The Attachment, Regulation, and Competency (ARC) treatment model,* in M. Landolt, U. Schnyder, and M. Cloitre (Eds.). Evidence-based Treatments for Trauma-Related Disorders in Children and Adolescents, Springer International Publishing.

## The impact of a trauma event. What do we notice and how can we recognise trauma?

### *Adaptive behaviour of a person who has experienced trauma*

Most of the time, the behaviour is a **response to a need**. A child's behaviour is **always justified**. By looking at the child's behaviour through the trauma experience, we can bring the pieces together and understand what the specific behaviour means. Most children's behaviours reflect either physical or mental needs. For example, if a child has been neglected and has had to suffer hunger or shelter, he or she may start to hoard food, steal or become overly attached to something in the care home. Some children may start to lie out of a desire to please others and be accepted. Traumatised children's behaviour can usually be divided into two types. Children who have not received *enough attention* in the family and whose basic needs have not been taken care of will start to behave in a way that seeks to *meet needs.* These are, for example, children who are said to be manipulative; or girls who have learned that the attention they need can only be obtained through sexualised behaviour. On the other hand, children who have (been) exposed to *too many threats in* their lives and *lack a sense of security* (drug-abusing parents, high crime in the community, etc.) will, as a result of such experiences, avoid potential threats and seek security. For example, a young person may use drugs to suppress strong feelings of trauma. Self-harm may also be an attempt to control feelings in order to avoid danger.

That's why it's important that, as professionals, we look beneath the surface and understand that visible behaviour is usually just the tip of the iceberg. And that underneath the surface are the emotions, thoughts, experiences and trauma episodes that have shaped the child's mental journey and led to behaviours that are indicative of survival mode. (So, **if we can change the perspective and ask "what's wrong with you?" instead of "what's wrong with you?", then we will empower ourselves as professionals to better understand the child's behaviour and also support the child in managing the behaviour.**

## How does a child react to trauma? Symptoms of post-traumatic distress

A child who has recently experienced trauma may show certain symptoms of acute trauma that are different from the symptoms of long-term trauma that we have talked about before. It is important to be able to recognise these symptoms and to recognise the trauma event that has occurred or is ongoing.

## Changes in physical arousal and reactivity

The traumatic event triggers an internal alarm system and therefore the child may be more anxious, reckless, vigilant and easily startled; he or she may have trouble sleeping and concentrating and may behave in self-destructive ways.

- Vigilance to spot danger;
- Startled by trifles, startled, staggered;
- Irritability/anger;
- Careless and self-destructive behaviour;
- Difficulty sleeping or concentrating;
- Jonnihood

***Trauma memories***

The child may have *flashbacks* of the traumatic event, intrusive thoughts and *flashbacks*. During sleep, the same manifests as nightmares. This can be deeply frightening and disturbing.

- Unwanted images, sensations, dreams;
- Unwanted memories of a traumatic event;
- Frequent repetition of an event in a game.

***Avoidance***

Everyone tries to forget, not think about, not talk about bad experiences, but for a child, avoidance can hinder normal development. For example, a teenager who has been sexually abused in a car may start to avoid driving, meeting friends and making new acquaintances for fear of the abuse happening again. He or she may start to avoid all places, people and situations that remind him or her of what happened.

Avoidant behaviour can be internal or external:

1. Avoiding people, places and things that remind you of the traumatic event;
2. an attempt to block out thoughts, feelings or memories of the traumatic event.

***Change of mindset and mood***

The trauma experience can lead to more negative thought patterns, beliefs and darker expectations of life. Usually, the bad thoughts are about the child, about others and about the future. Many children may think that they were to blame for what happened, that they are worthless, broken, and that they cannot trust anyone. A child who has experienced trauma may have difficulty remembering, learning and concentrating.

- It's hard to remember things;
- Disengagement from activities and relationships, including play;
- Getting caught up in negative thoughts and feelings;
- Blaming yourself for bad things happening.

## Effect of trauma according to age

In addition to the type, the impact of trauma varies according to the age of the child - it depends on his or her level of development. Below are some possible age-related signs.

| **Toddlers (0-5)** | |
|---|---|
| *Main development tasks* | *Impact of trauma* |
| *Physical development, speech development, control of body reactions* | A young child may lose the ability to speak because of trauma.<br>Neglect experienced in early childhood leaves language development in a poor state. |
| Development of vision and hearing | Sound sensitivity |
| Recognising emotions and responding to perceived feelings | Avoiding contact |
| Commitment to the primary carer | Mild startle |
| | Lack of understanding about what is dangerous and from whom to seek protection |
| | Fear of being separated from a familiar place/person |
| **School children (6-12)** | |
| *Main development tasks* | *Impact of trauma* |
| Fear, anxiety and aggression management | Mood swings |
| Development of learning skills; persistence in learning and problem solving skills | Learning difficulties<br>Developing reading, writing and numeracy skills;<br>Deficiency;<br>Communicating with peers;<br>Acquiring morals and values |
| Managing impulses and bodily reactions in the event of danger | Specific anxiety and fears |
| | Seeking attention |
| | Behaviour of a younger person than the actual age |

| | |
|---|---|
| **Toddlers (0-5)** | |
| **Murdeiga (13-21)** | |
| *Main development tasks* | *Impact of trauma* |
| Abstract thinking | Difficulties with imagining or planning for the future;<br>Preparing for relationships and careers;<br>Gender role formation |
| Anticipating and dealing with the consequences of behaviour | Over- or underestimation of risk |
| Correctly assessing risk and safety | Inappropriate aggression |
| Changing and controlling behaviour to achieve long-term goals | Careless and/or self-destructive behaviour |
| Building relationships | Difficulties in forming relationships with peers, including romantic relationships;<br>Emotional independence from parents; |

# 2. PART Trauma-informed care guidance

## Introduction

In the previous section, we looked at how to better understand childhood trauma and how to identify some of the signs that may indicate a trauma event. Childhood trauma can lead to certain behavioural patterns and problems[58] and this guidance material provides suggestions on how prevention can reduce potential 'stressors'. In the following, we would like to offer ways to integrate trauma knowledge into strategies, action plans and behavioural norms to avoid re-traumatisation.

This component will help professionals to jointly develop interventions for minors who have experienced violence and trauma; based on agreed understandings; taking into account the prevalence of trauma and its impact.

Understandably, full adoption of a trauma-informed approach and integration of services may not be immediately possible in everyone's work context. Therefore, the focus will be on what everyone can do to improve awareness and trauma-informed care, given the constraints of the current working arrangements. It will also seek to encourage participants to take on those work-related activities that could be done despite the lack of an integrated, trauma-informed and child-friendly system.

## US Substance Abuse and Mental Health Services Administration (SAMSHA)

The concept of Trauma-Informed Care was born out of the need to better take trauma into account when providing services. Initial research was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The "plethora of theories, models, articles and trainers"[59] put practitioners in a position where they struggle to find an approach that fits the circumstances of the case at hand and to put theory into practice. This introduction to trauma-informed care highlights the basics and assumptions of trauma-informed care, rather than addressing a trauma-specific approach.

[58] Perry, B.D.; Winfrey, O.(2022) What happened to you? Conversations about trauma, coping and healing. Helios Publishing.
[59] Johnson, Dan (2017) Tangible Trauma Informed Care: *Scottish Journal of Residential Care*, Vol. 16, pp 1-21.

## Trauma-informed care - a definition of the concept

SAMHSA drew on research, practitioners' experiences and victims' knowledge to develop the concept of trauma-informed care[60] and defines **a trauma-informed unit as**:

> *"A trauma-informed programme, organisation or system **understands the** pervasive consequences of trauma and knows possible solutions leading to recovery; **is able to recognise the** signs and symptoms of trauma in clients, families, staff and others in contact with the system; and **responds** by integrating trauma-informed knowledge into strategy, action plans and behavioural norms, while seeking to **prevent re-traumatisation**".*[61]

## Areas of intervention and main assumptions

SAMHSA distinguishes a trauma-informed approach from trauma-specific services. While a trauma-informed approach uses trauma-specific interventions such as assessment, therapy or support services, understanding trauma also becomes part of the organisational culture.[62] Trauma-informed care can be applied to a wide range of services, including those related to behavioural or mental health disorders, child and family welfare, criminal and youth justice, primary health care, homeless shelters and the defence force.

Trauma-informed care is rooted in the realisation that **agencies and public services and the people who work in them sometimes create their own experience of trauma** by treating a patient's or client's behaviour as if in a vacuum (e.g. substance abuse, diagnosis of a child with a behavioural disorder) and 'accidentally' traumatising them without considering the impact of the trauma.[63] Recognising the experience of trauma and understanding the consequences of trauma helps to reduce the misdiagnosis that occurs when the focus is only on the symptoms and not on the 'mental *injury'* that causes them[64] .

Children and adolescents are often labelled as being withdrawn, misdiagnosed as having ATH or bipolar disorder.[65] **Shifting to a trauma-informed approach means recognising that many people have experienced trauma, which in turn is reflected in their behaviour, and that an incompetent response from a service provider or carer can make the situation worse**.

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[60] See also the US Federal Study on Women, Co-OccurringDisorder, and Violence, "Women, Co-Occurring Disorder, and Violence Study" https://pubmed.ncbi.nlm.nih.gov/15780539/, which provided direction for federal work on trauma-informed approaches.

[61] SAMHSA, https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf , page 9

[62] SAMHSA, https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf, p. 9

[63] http://www.traumainformedcareproject.org; DeCandia, Camelia & Kathleen Guarino (2015).

[64] Stenius, Vanja & Bonita Veysey (2005): It's the Little Things. Women, Trauma, and Strategies for Healing: *Journal of Interpersonal Violence*, p.2; For example, the documentary "Cracked Up: the Darrell Hammond Story" (2018) tells the story of the failure to acknowledge psychological trauma and of misdiagnosis and false treatment.

[65] DeCandia, p. 15

## Prerequisites for a trauma-informed organisation

An organisation is trauma-informed if it fulfils the four 'Rs'[66] It is important for any trauma-informed organisation to monitor and reflect cultural change both within the organisation and in its interactions with the people it serves.

**The key prerequisites for a trauma-informed organisation are:**

1. *REALIZES:* All people working in an organization or system have a **basic knowledge of trauma and the impact of trauma on families, groups, organizations, communities and individuals**. There needs to be an awareness that trauma should be addressed in a systemic way in the context of prevention, general treatment and recovery;
2. *RECOGNIZES:* All people in an organization or system **can recognize the symptoms of trauma**;
3. *RESPONDS:* A programme, organisation or **system implements the principles of a trauma-informed approach in** every area of its activities, including staff, leadership, strategy, guidelines and organisational culture;
4. *RESISTS:* Trauma-informed care **avoids repeated traumatisation for both** client and worker.

## The basics of Trauma-Informed Care

SAMHSA formulated **six basic principles of** trauma-informed care, the practical implementation of which requires commitment from the whole organisation. They are all equally important and the list below is not necessarily in order of importance.[67]

- ***Safety***: employees and the people they serve feel physically and psychologically safe. Safety is the foundation of everything. In addition to a sense of physical safety, there must also be a sense of psychological protection.

- ***Trustworthiness and*** **Transparency** Representatives of the organisation strive to build trust between customers, family members and employees.

- ***Peer*** **Support:** Peers or survivors of trauma are seen as very important in supporting healing and recovery. Peer support is important in helping children to cope with trauma. A child's peer may be a family member who has experienced trauma from their own childhood.

[66] SAMHSA, pp 9-10
[67] SAMHSA, p. 11

- ***Collaboration and Mut*uality:** to achieve a trauma-informed approach, every member of the organisation must contribute. A hierarchy of power between worker and client is diffused, rather than entrenched, where the worker is the all-knowing expert and the client has to listen.

- ***Empowerment,* Voice and Choice:** Organisations believe in resilience and the capacity of individuals and communities to heal and recover from trauma. Empowerment, empowerment and the capacity of people and communities to heal and to be empowered and empowered. The ability to advocate for one's own interests is supported and employees are seen as facilitators of healing, not as controllers.

- **Cultural, Historical and Gender Issues:**[68] Organizations respond to cultural needs and are gender sensitive and take into account past trauma.

## Becoming trauma-informed

Trauma awareness must be fully embraced and reflected in all activities, including:

- **Leadership.** Must show commitment and set clear expectations;
- **Staff training and development.** Professional helpers often suffer from high levels of stress, burnout, compassion fatigue and secondary trauma.[69] Organisations need to train staff on topics such as post-traumatic stress, how to recognise it, how to recognise it and how to use signs and symptom assessment tools;
- **Involving people who have experienced trauma, clients and family members who use services.**[70] In all areas of the organisation's activities, including programming, service delivery, quality assurance, staff training, cultural competence and evaluation.[71]
    - The balance of power is changing, as the focus is not on the specialist 'expert', but on valuing and using the experience of people who can identify;
    - Restoring dignity to service users. [72]

[68] According to Stenius and Veysey (2005), there is an acute lack of trauma-informed gender-sensitive treatment for women, p. 2.
[69] Levy-Carrick. In a recent study, Schmid et al. found that trauma-informed care and training reduce mental distress for both staff and clients. Staff are significantly more satisfied due to better client engagement and benefit from being more aware of the potential risk of (unintentionally) re-traumatising clients and patients and triggering memories of the traumatic event.
[70] If the service is intended for children, this role could be filled by an adult with experience of trauma. Save the Children Sweden uses this approach in its recruitment. https://www.raddabarnen.se/rad-och-kunskap/arbetar-med-barn/tmo/
[71] SAMHSA, p. 13
[72] Stenius and Veysey (2005), p. 16

- **Cross-sectoral and sectoral cooperation** between providers and across systems: lack of inter-agency cooperation can lead to misdiagnosis, wrong medication and re-traumatisation.[73]

    - Cooperation must be supported by management.
    - Employees and clients benefit from the added value of joint analysis of the case and shared responsibility.[74]

- **It is necessary to address the intersection of trauma and culture, history, race, gender, location and language**; to embrace the cumulative impact of structural inequalities and to be sensitive to the specific needs of different communities. This is particularly pertinent given the large numbers of refugees and migrants in Europe. Create a supportive environment where people communicate with dignity, respect and sensitivity.

- **Be a partner for young people and families**: partnership is stressed every time a child's post-traumatic stress is discussed. The traumatic event is accompanied by feelings of powerlessness and isolation, which makes young people and families mistrustful and reluctant to cooperate with authorities or professionals. A trauma-informed system aims to reverse this dynamic by empowering children/young people and families as partners rather than adversaries.

- **Children/young people and their families are involved in decision-making, planning and implementation of services**. They are given a voice and freedom of choice. When we talk about trauma-informed care, we often focus on adults (e.g. adult training, adult assessment, etc.), but we also need to involve the child/young person, ask for their views, involve them in the process of implementing interventions, ask for feedback, etc. At the same time, knowing that the young person is part of the family system and that when working with young people, the family must also be involved. Therefore, when helping young people, it is very important to find ways to establish good contact with the family.

[73] Ibid, p. 2

[74] Heinrich, Svenja and Galina Missel (2018): Young, delinquent and mentally disordered. Ein multidisziplinärer Lösungsansatz der Hilfekoordinierung und der Versorgung: *ZJJ* 2/2018, pp. 119-125. Article on the bottlenecks of interagency cooperation for the EU-funded project "Fact for Minors".

## Trauma-informed care and the application of an integrated approach in a specific situation

The National Child Traumatic Stress Network ([75] ) has prepared model tables with suggestions on how to integrate in practice the requirements developed by SAMHSA into the legal and educational systems. Each institution, within its own capacity and resources, can (sometimes with little effort) become trauma-informed.

## Trauma-informed treatment of young people in the justice system[76]

| Safety: a safe and predictable atmosphere and physical environment is created for the treatment of young people in the justice system. A safe, predictable and secure environment and a physical and psychological environment are created and maintained. Relationships between people are supportive of emotional, social and mental safety. Young people feel protected and supported in the institution. | |
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| **Categories** | |
| Creating a sense of security | Ensuring the immediate safety of the young person, family and staff by preventing threats or physical/physical harm, including avoiding direct coercion or harsh measures (e.g. restraints, seclusion, use of special equipment) or using them only in extreme cases of need. |
| Security plan | Draw up a trauma-informed safety plan with effective individual coping strategies for the young person who can identify the triggers of the traumatic event. |
| Creating safe places | Provide safe places for the young person and family to meet in the event of a post-traumatic stress reaction that interferes with participation in the proceedings and support the fulfilment of the obligations of the criminal procedure. |

[75] The National Children's Traumatic Stress Network (NCTSN) was established in the US in 2000 by Congress as part of the Children's Health Act to raise standards of care and increase access to services for children and families who experience or witness traumatic events. This unique network of primary care providers, family members, researchers, and national partners is committed to transforming the lives of children by improving their care and rapidly translating research findings into practice across the United States. NCTSN is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and coordinated by the National Center for Child Traumatic Stress at UCLA-Duke University. https://www.nctsn.org/

[76] Essential Elements of a Trauma-Informed Juvenile Justice System. NCTSN

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| Reliability and clarity: Young people are introduced to the legal system of the organisation's activities and decisions affecting people, so that a long-term common understanding is maintained and everyone knows who is responsible for what. | |
| Categories | |
| Clarity on monitoring, evaluation, etc. | Well-timed post-traumatic stress screening is common in the treatment of young people in the justice system. Discuss the results with young people (and families) and identify young people with mental, behavioural, learning or communication difficulties resulting from persistent post-traumatic stress. |
| Communication, contact | Take sufficient time and opportunities to explain, according to the child's maturity and age, the justice processes they will have to participate in; what their rights and obligations are; what programmes, learning activities and rules await the young person entering the justice system in (detention) facilities. |
| Trauma-informed partnerships with young people and families | The traumatic event is accompanied by feelings of powerlessness and isolation, making young people and families distrustful and reluctant to cooperate with authorities or professionals. Trauma-informed treatment of young people in the justice system aims to reverse this dynamic by empowering young people and families as partners rather than adversaries, while respecting the rules and authority of the justice system. Young people and families are more likely to cooperate and take responsibility if they are treated as partners in decision-making, including in the design and implementation of services. |

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| Peer support and mutual self-help: young people have the opportunity to help and support each other by sharing their own experiences of healing and recovery. Providing opportunities for staff, young people and external partners (people with the same experience) to exchange knowledge and information and learn new skills. | |
| Categories | |
| Making a decision | Involve young people and their families in decision-making. For example, holding information sessions, free-form group discussions after learning activities, support groups, etc. |
| Learning activities | Creating opportunities to learn and teach from other young people in the community. For example, organising educational lectures by voluntary organisations, where young people in the justice system can interact with and receive support from peers from different educational and cultural backgrounds. |
| Providing clarity of focus | Ensure that, as a professional, your communication with parents and young people is clear and sincere, open to their views and understanding. |

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| Cooperation and reciprocity[77] : Collaboration within the system promotes the consistent delivery of integrated services to young people in contact with the justice system who are experiencing post-traumatic stress. | |
| Categories | |
| Enter into partnerships | Systems serving young people and families are based on trauma-informed strategy and planning, as they build and maintain partnerships with schools, law enforcement, child protection, health care, courts, community organisations and adult and youth opinion leaders and advocates. |
| Successful progress | Support young people and families who have experienced trauma to move successfully through the system, different settings and stages of development (e.g. adjudication; return to family, school or community; adulthood). |
| Inter-agency cooperation | Create the possibility for information to be exchanged between institutions, while at the same time protecting the confidentiality of young people. |

[77] In Estonia, the Circular Field (RV) model was developed and is being piloted. Based on the RV model, more effective interventions will be developed using increased and more effective multidisciplinary cooperation, a youth-friendly approach and the development of a sense of responsibility among young people, based on restorative justice principles. Read more: https://sotsiaalkindlustusamet.ee/et/ohvriabi-ennetustoo/ringist-valja

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| Enforcement, voice and choice: Young people in the justice system often feel they have no choice and nothing depends on them. The justice system tries to give young people (and workers) freedom of choice and an understanding that each person's experience is unique and requires a personal approach. Each young person's skills, abilities and talents are recognised and self-development supported. | |
| Categories | |
| Asking for input | Interventions are planned by asking young people and participating family members about their needs in order to mitigate the adverse effects of post-traumatic stress symptoms and related behavioural problems. |
| Teaching new skills | Young people are offered the chance to learn new life skills. Learning social skills and emotions takes place with a counsellor, either in a group or individually. |
| Enforcement | Trauma-informed services aim to achieve development and change - supporting a safer environment and a better life - not just symptom relief. This is why self-advocacy skills are supported and staff accept the young person's protest and arousal rather than seeing it as pathology. |

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| **Cultural, historical and gender-specific needs:** a trauma-informed justice system will ensure that practice and strategy focus on the multi-faceted and specific needs of different groups of young people and do not lead to unequal treatment on the basis of race, ethnicity, gender, gender identity, sexual orientation, age, intellectual and developmental level or socio-economic status. | |
| Categories | |
| Justice | Ensure that young people who come into contact with the justice system are not stigmatised, excluded or traumatised by their peers or by the adults they live with. This is the case whether in informal or compulsory activities or when serving a sentence. |
| Support | Creating opportunities for prosocial support from young people and adults of the same gender, sexual identity, age and developmental equality. |
| Available at | Ensure that language skills and cognitive impairments do not hinder post-traumatic stress monitoring, assessment and therapy, and that all young people have access to appropriate trauma-informed and trauma-specific services. |

## Trauma-informed care at school[78]

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| **Safety: the** school has a safe and welcoming atmosphere and physical environment. Interpersonal relationships support a sense of emotional, social and spiritual security and well-being. Children and adults alike feel welcome and well. The layout and design of the rooms, the notices and pictures displayed, and the security measures have a welcoming effect. | |
| **Categories** | |
| **Creating a sense of security** | Physical security is guaranteed; security and accessibility are considered equally important. Where physical security measures are tightened, care will be taken to ensure that they do not impede accessibility. Physical security will not be increased at the expense of a less inclusive and welcoming environment. |
| **Welcome and reception** | Welcoming family members arriving at school is part of the daily routine.<br>There are a number of places/possibilities on school premises where family members can ask for help and guidance. |
| **Inclusive environment** | Art (drawings, crafts, etc.) by students and community members hang on the walls. |

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| **Reliability and clarity:** The organisation's activities and decisions that affect people are communicated to the school family so that there is a long-term common understanding and everyone knows who is responsible for what. | |
| Categories | |
| Making a decision | Involve and invite parents to meetings to give their views on important decisions. Hold meetings, surveys and studies to involve parents in the decision-making process. |
| Communication, contact | Set up different ways of communication (calling, chat apps, etc.) and make sure that ALL families have access to all the information on an ongoing basis. |
| Leading by example in clarity | Ensure that the school staff communicate clearly and sincerely with parents, and that their message and communication is clear and understandable. |

[78] Barker, A., Danna, L., Fitzpatrick, N., Foreman, C., Giroux, C., Graham, M., Grossman, H., Kane-Howse, G., Lanni, D., Merkel-Holguin, L., Packard, J., Seymour, M., & Simon-Roper, L. (2021). A Trauma-Informed Resource for Strengthening School Family-School Partnerships.

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| **Peer support and mutual self-help:** how families can work together and help each other is decided jointly, not the school telling families how to meet and help each other. It is not up to the family or the group to decide how to work together. The system should be set up so that people who have been through similar situations can share knowledge and experience to help healing, improve resilience and cooperation, and instil hope. | |
| Categories | |
| Making a decision | Involve and invite parents to meetings to give their views on important decisions. Hold meetings, surveys and studies to involve parents in the decision-making process. |
| Communication, contact | Set up different ways of communication (calling, chat apps, etc.) and make sure that ALL families have access to all the information on an ongoing basis. |
| Leading by example in clarity | Ensure that the school staff communicates clearly and sincerely with parents, and that the message and communication are clear and understandable. |

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| **Cooperation and reciprocity:** it is known that healing takes place in relationships with others and through meaningful power-sharing and shared decision-making. Collective and personal accountability is essential, together with a harmonisation of the balance of power between staff and pupils and between staff at all levels of the school. | |
| Categories | |
| The role of carers | Understand the important role parents play in a child's life. Understand how much influence a parent has on a child's development and education. Communicate this message clearly to carers, recognising and empowering the parent in their important role. |
| Collaborative learning | Involve parents in the curriculum, the choice of topics and extra-curricular activities. |
| School as part of a wider community | To share what is happening in the community; to allow parents to present their views and contribute to how the school addresses these issues. For example, parents can be asked how the school could help the community during a coronal pandemic. |

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| **Empowerment, Voice and Choice:** The school strives to give employees and family members freedom of choice and to understand that each person's experience is unique and requires a personal approach. Each individual's strengths are seen, recognised and built upon within the school, students and families, and new skills are developed where necessary. | |
| Categories | |
| Collection of views | Collect parents' views through surveys and suggestion boxes. This way, feedback is received and the views of the community are heard. |
| Making your voice heard | If necessary, translate school information into the parents' mother tongue and assign the child to a class according to his/her learning needs. |
| To | Inform parents about how children are disciplined. |

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| **Cultural, historical and gender-specific needs:** the school challenges cultural stereotypes and prejudices (e.g. based on race, ethnicity, sexual orientation, age, region, etc.) and provides gender-sensitive services, exploits the healing effects of traditional cultural connections, recognises and addresses the consequences of historical and racial trauma. | |
| Categories | |
| Justice | Review discipline and graduation records and make corrections to prevent injustice and drop-outs. |
| Inclusion | Encourage families, together with school staff, to promote their culture and value cultural diversity. Create opportunities to promote traditions. |
| Valuing all sources of knowledge and competence | Give parents, carers and community members the opportunity to contribute to the school's messages, events and activities by involving them in the planning process. |

## What next? The benefits of trauma-informed care

### Benefits

- The benefits of addressing the needs of the trauma-experienced client and patient strongly outweigh the relatively low costs.[79]
- Understanding the consequences of the trauma experience will reduce misdiagnoses and the prescription of wrong medicines.
- Inclusive approach - the participation of people with trauma experience creates the preconditions to better tailor services to the needs of the client and increases the overall completion of the programme.
- Trauma-informed care creates closer cooperation between agencies, which in turn creates the opportunity for earlier detection of trauma. It also prevents the repetitive traumatisation that comes from interacting with different officials and retelling your story.
- Mental tension and secondary trauma among staff is reduced through training and an understanding of the shared responsibility of colleagues and systems.[80]

*N.B.: Inter-agency cooperation is an indispensable part of trauma-informed care, which will reduce re-traumatisation. This is particularly important when working with children who have experienced violence, who come into contact with the justice system, and who have to undergo medical examinations or give evidence in different places and to different people. Trauma-informed care is also based on the understanding that the fewer times and to fewer people the victim has to testify, the better for the victim.*

[79] DeCandida (2015)
[80] Levy-Carrick, Nomi C. and others, p 105

## What next? Trauma-informed care concerns

Concerns:

- Trauma-informed care is not a panacea to alleviate the pain of all children who have experienced trauma.
- There is insufficient evidence to confirm the effectiveness of trauma-informed care.
- Practical application of trauma-informed care theory can be difficult. [81][82]
- The danger of focusing on treating disability and pathology instead of supporting well-being. [83][84]
    - Trauma-informed care needs to be shifted to a critical part of the system in order to break with current practices and not "continue to blame, silence, shame and repeatedly traumatise the victim.".[85]
- It must be understood that the wider societal link of trauma to social inequality and oppression is an integral part of service delivery in the context of trauma-informed care.

*It is essential that the principles and assumptions can be translated into practice. It is also important to look at the individual according to his or her current capabilities and strengths, and to avoid victim-blaming, which is often the case in criminal proceedings.*

[81] Johnson, Dan (2017).*Tangible trauma-informed care*: Scottish Journal of Residential Child Care, No. 16, No. 1, 1-22; Berliner, Lucy & David Kolko (2016).*Trauma-Informed Care: A Commentary and Critique*: Child Maltreatment, Vol. 1, No. 1, 1-22; Berliner, Lucy & David Kolko (2016). 21 (2), 168-172. Hanson RF, Lang, J. (2016): *A Critical Look At Trauma-Informed Care Among Agencies and Systems Serving Maltreated Youth and Their Families*. Child Maltreatment; 21(2): 95-100.

[82] In the words of Becker-Blease, "even the most experienced doctor or investigator cannot provide trauma-informed care based on gut feeling alone." Although a wide range of expensive trauma-informed care training courses are offered, there is almost no research on their quality or on the ability of participants to apply what they learn in their own work. It has been suggested that dealing with the trauma experience opens up a Pandora's box, revealing needs that current services cannot meet.

[83] Berliner & Kolko (2016)https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c

[84] While this is a legitimate concern, it should be noted that one of the main focuses of trauma-informed care is healing and recovery from the traumatic experience.

[85] Becker-Blease, Kathryn (2017), p 132

## Summary

*The above criticisms of trauma-informed care can be broadly summarised as follows:*

- There are no evidence-based data yet;
- Misunderstandings around the basics of convergence, and;
- The complexity of putting it into practice.

In the transition to trauma-informed care in Europe, those involved need to be aware of these concerns and to adapt trauma-informed care to their specific situation, as a one-size-fits-all approach is by no means appropriate given the sensitivity of trauma-related issues. However, if these realities are taken into account, creative and empowering trauma-informed care offers considerable opportunities for both trauma victims and helping professionals.


# INTIT

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