



Understanding the impact of trauma on children to become trauma- informed

Lubos Tibensky
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Tallinn



SOS CHILDREN'S
VILLAGES

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Content of the presentation

01

Mental health and resilience

02

Definition of trauma and it's impact on children and adolescents

03

Becoming trauma-informed





Mental health is a “state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community.” (WHO)

Mental health in childhood means:

- having **positive thoughts and emotions** such as hopefulness, calm, self-esteem and self-confidence,
- **secure and nurturing relationships** with significant adults and peers, sense of belonging,
- reaching **developmental milestones**, having the capacity to learn, effectively responding to life challenges and acquiring **social and emotional skills**.

Mental health: a right for all children

The 1989 **Convention on the Rights of the Child** article 27: the “right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development”.



Prevalence of mental health disorders



1 adolescent out of 7

Around **8%** of the world's young children (aged 5–9 years) and **14%** of the world's adolescents (aged 10–19 years) live with a mental disorder



A number of **mental disorders** present in adulthood have their **onset during adolescence**




Depression, anxiety, ADHD and behavioural disorders are **particularly common** among adolescents.



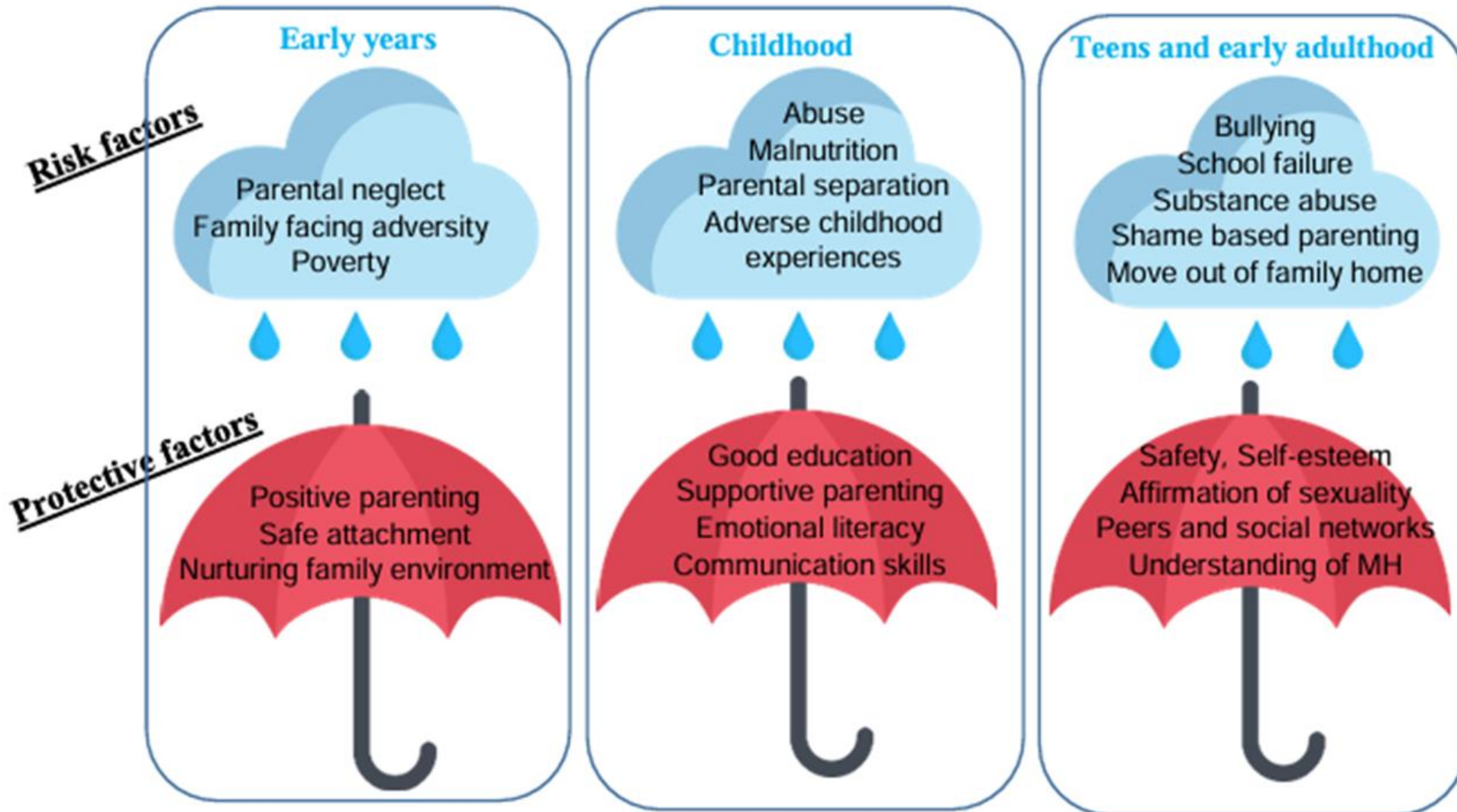
The COVID-19 pandemic has **severely impacted people's mental health** all over the world



A child's drawing of a space scene. It features a large purple planet with horizontal lines in the top left, a yellow star in the top center, a red planet with a yellow ring in the middle left, a yellow star in the middle left, a yellow star in the bottom left, a blue planet with a yellow ring in the bottom center, and a large orange planet with a yellow ring in the bottom right. There are also several yellow stars scattered throughout the scene.

**"Resilience is the ability
to overcome adversity
and positively adapt after
challenging experiences."**

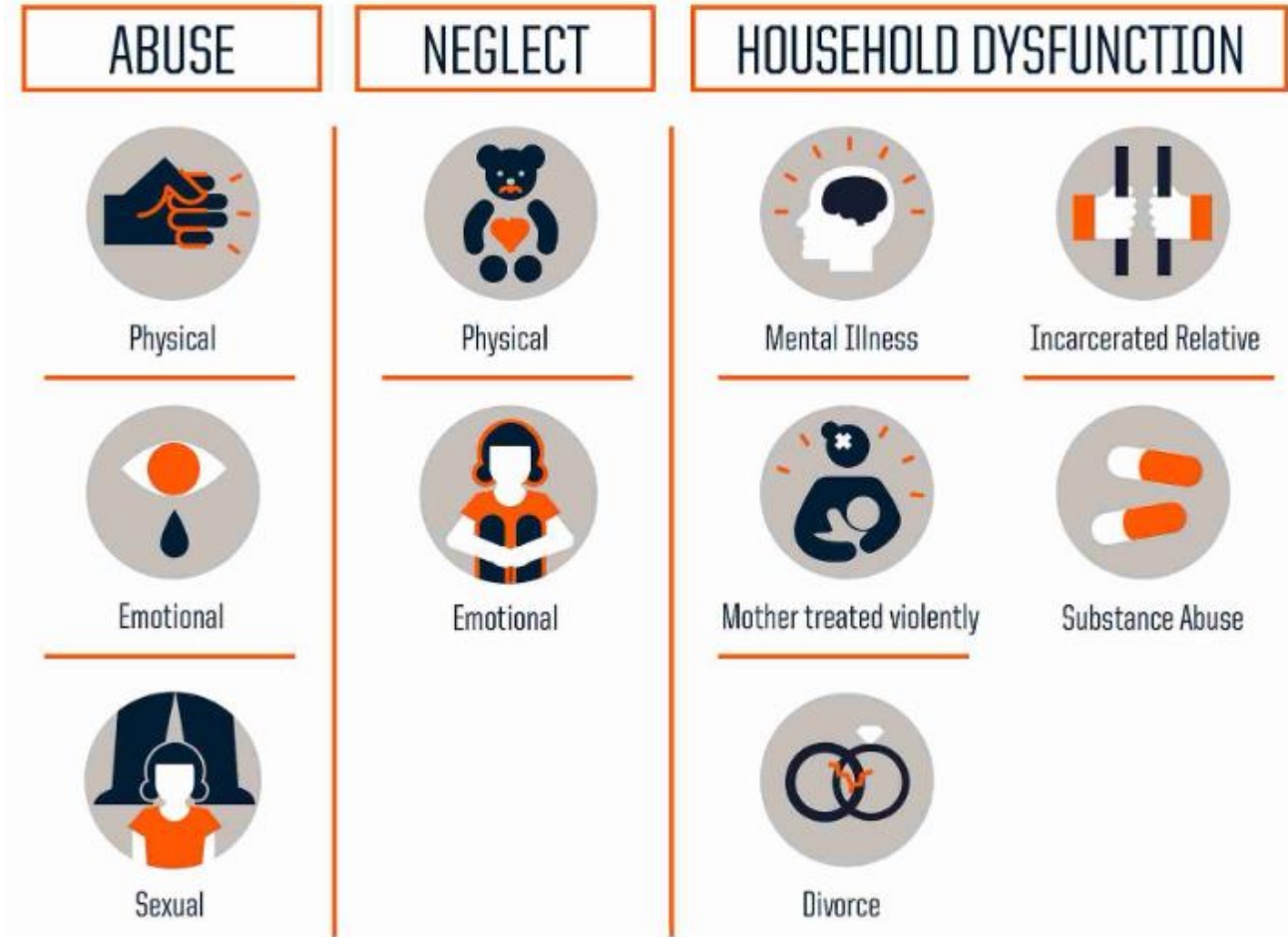
Factors influencing mental health



Adverse childhood experiences

Adverse Childhood Experiences may **severely affect** the mental health of children and adolescents, with impacts that can persist into adulthood

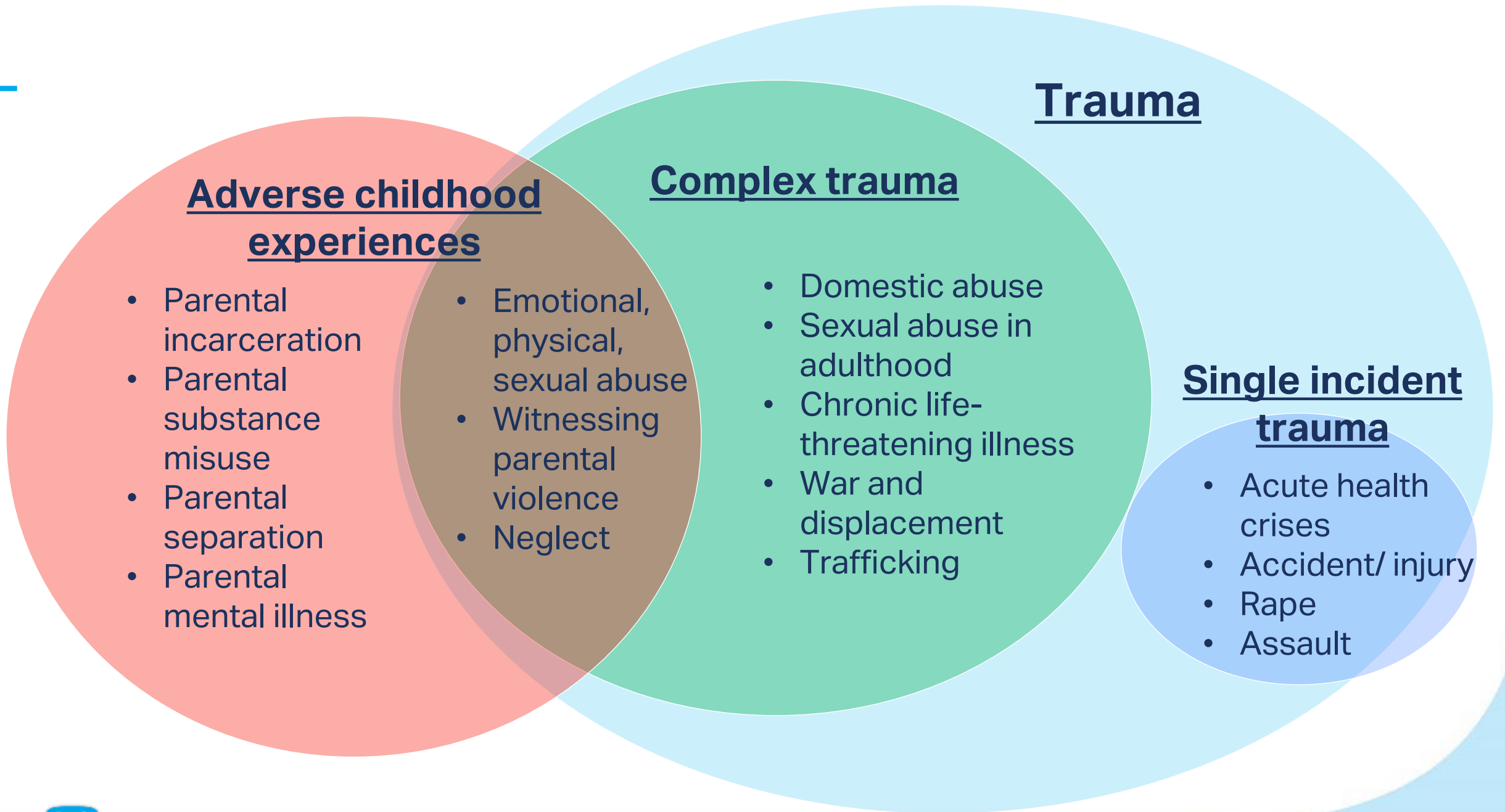
They are common in the population, and they often do not occur alone.



Traumatic event

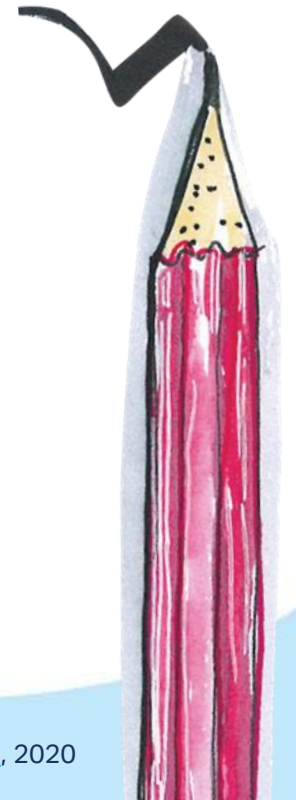
- A single event, multiple events, or a set of circumstances,
- that is experienced by an individual as physically and emotionally harmful or threatening,
- that exceeds the capacity of the individual to cope and results in feeling of helplessness,
- that has lasting adverse effects on the individuals physical, social and emotional wellbeing.





Post-traumatic Stress Disorder

- Exposure to a traumatic event or events,
- Re-experiencing the trauma in repeating frightening thoughts, nightmares, flash backs, intensive emotional and physical reaction to reminders,
- Avoidance of trauma-related thoughts and reminders,
- Negative thoughts or mood changes that began or worsened after the trauma, including trouble remembering the traumatic event,
- Trauma-related arousal and reactivity,
- Potential dissociative experiences.



Complex Post-traumatic Stress Disorder

- Exposure to an event or series of events that are extremely threatening, ongoing and/or repeated,
- that happened in the context of relationships (often during childhood),
- Symptoms of **Post-traumatic Stress Disorder**:
 - re-experiencing of the traumatic event in the present,
 - avoidance of traumatic reminders and a sense of current threat
- Disturbances in **self-organization** that occur across various contexts:
 - emotion regulation difficulties (for example problems calming down),
 - negative self-concept (for example beliefs about self as worthless or a failure),
 - relationship difficulties (for example avoidance of relationships).

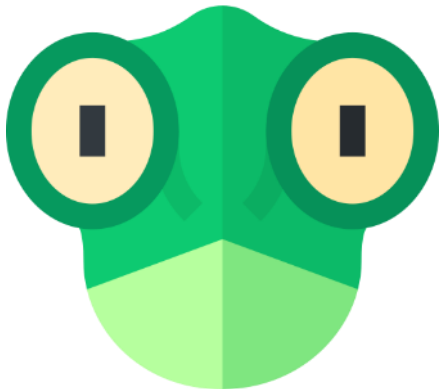


Impact of trauma on the brain

Brain in a calm state

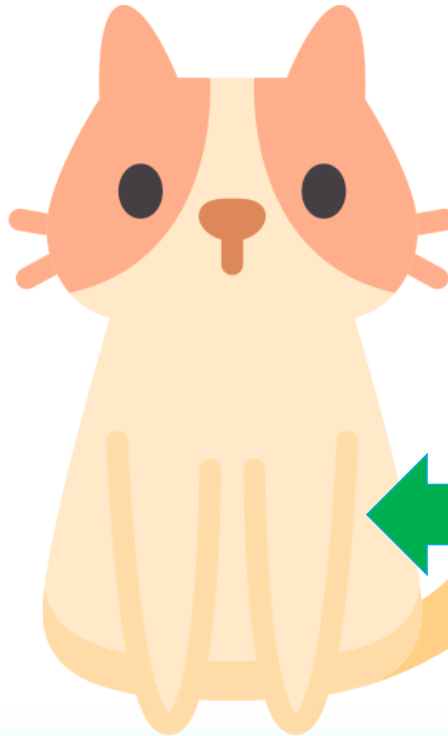
Lizard brain (Brainstem)

Sensory motor input
and survival



Cat brain

(Limbic system)
Attachment and
emotions



Professor brain

(Neocortex)

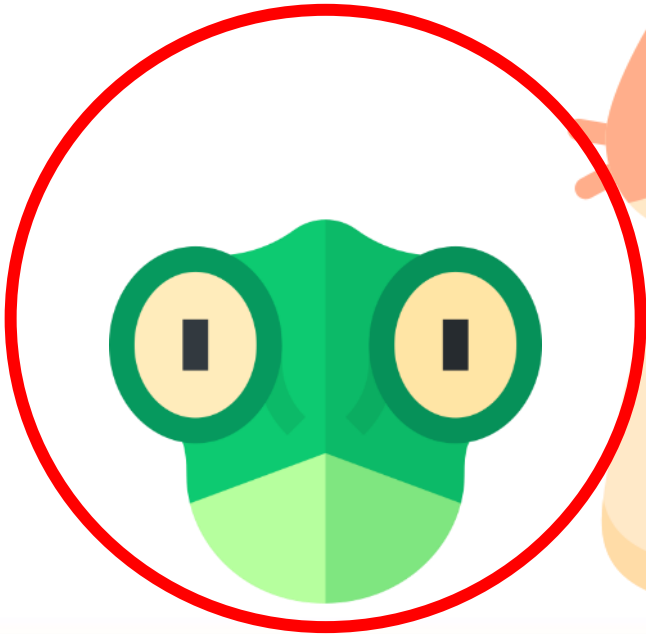
Thinking, learning,
language and inhibiting



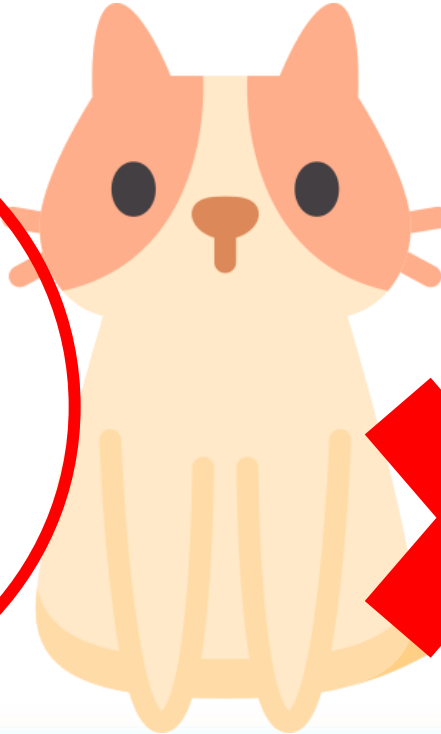
Impact of trauma on the brain

Brain in state of
perceived danger

Lizard brain
(Brainstem)
Sensory motor input
and survival



Cat brain
(Limbic system)
Attachment and
emotions



Professor brain
(Neocortex)
Thinking, learning,
language and inhibiting



Coping with trauma



hyper-arousal

- constant activation, fight or flight



avoidance

- protects from next traumatic experience



flash backs

- warning signs caused by triggers – similarity with traumatic situation
- as if the traumatic event was happening again



hypo-arousal, dissociation

- states of absentness
- protects from overload, recovery



Supporting a child

3. Reason

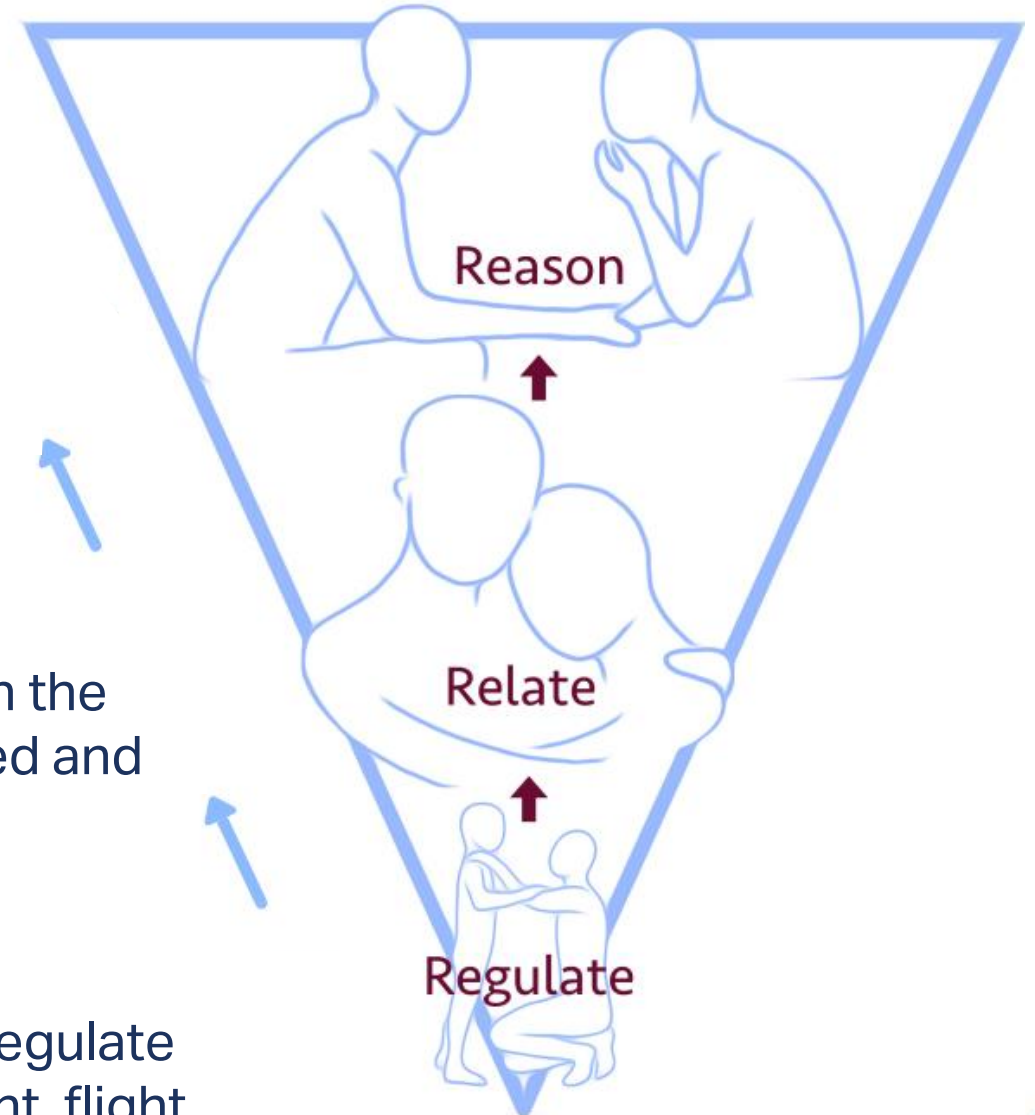
support the child to reflect, learn, remember, articulate and become self-assured

2. Relate

relate and connect with the child through an attuned and sensitive relationship

1. Regulate

help the child to regulate and calm their fight, flight or freeze responses



What are trauma-informed practices?

Trauma-informed practices incorporate 3 key elements:

Acknowledgement of the **prevalence and impact of trauma** on lives of people and understanding potential paths for healing.

Recognizing how trauma affects all clients, staff and others involved with the program, organization, or system.

Responding by **integrating knowledge about trauma** into policies, procedures, practice, and settings.



Principles of trauma-informed practices

1. Trauma-informed practices are grounded in **children's rights**.
2. Trauma needs to be understood from a **child developmental** and **ecological perspective**.
3. Trauma recovery is only possible within **consistent caring relationships**.
4. The trauma recovery journey should be a **partnership**.
5. The understanding of children's trauma needs to be **reframed** from a "deficit" model to an "**adaptive**" model.



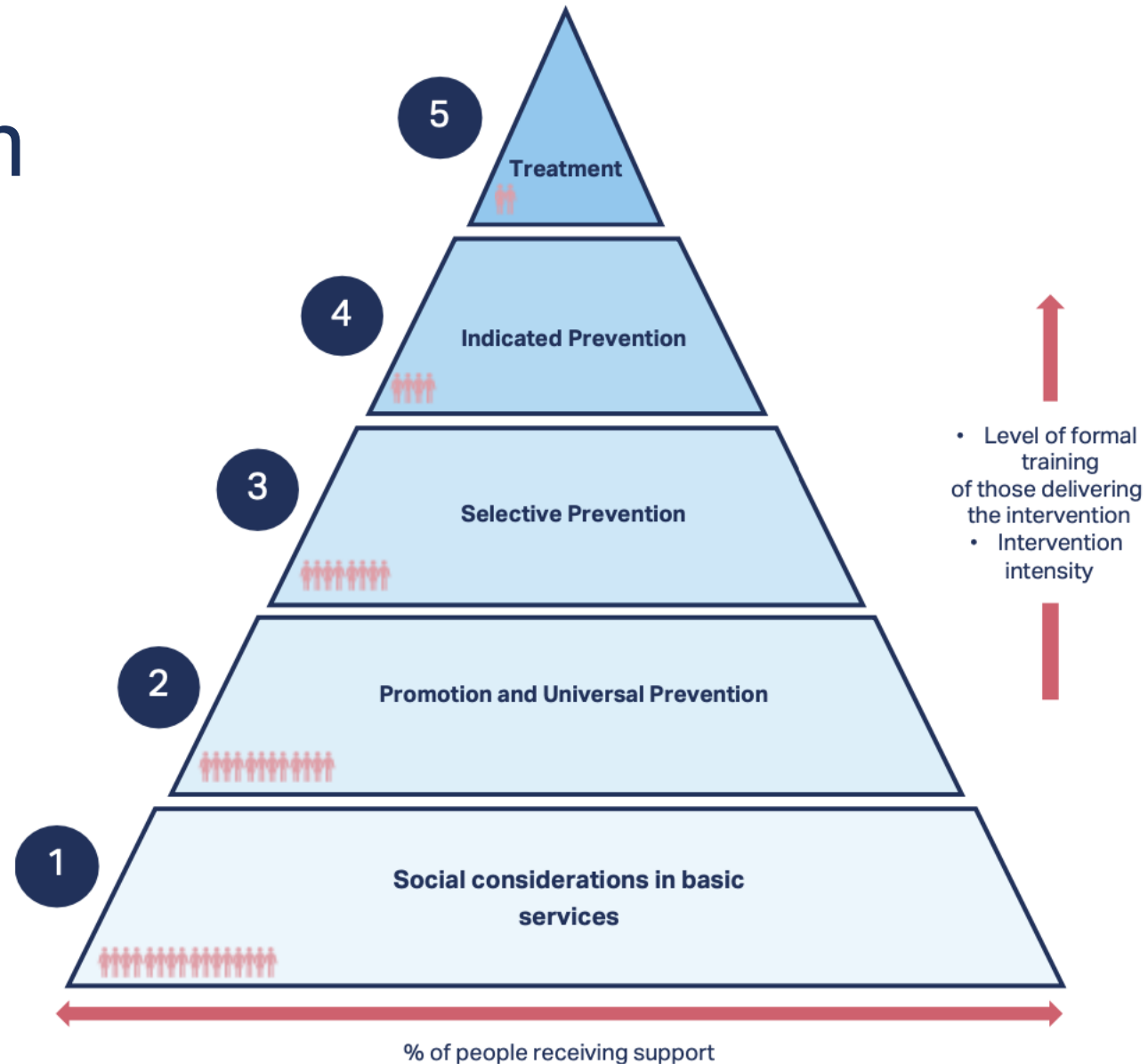
An integrated support system

MHPSS: any activity aimed at **protecting** or **promoting** mental health and psychosocial wellbeing of people as well as **treating** mental disorders



MHPSS interventions:

- Different **target populations**
- Multiple **components**



(Quote from young person, scoping exercise, 2020)

(Quote from young person, scoping exercise, 2020)

(Quote from professional, scoping exercise, 2020)



Project: Safe Places, Thriving Children:

Embedding Trauma-Informed Practices into Alternative Care Settings

Project coordinator

SOS Children's Villages International

Time frame

March 2020 – July 2022

Project partners

- SOS Children's Villages Belgium
- SOS Children's Villages Bulgaria
- SOS Children's Villages Croatia
- SOS Children's Villages Greece
- SOS Children's Villages Hungary
- SOS Children's Villages Serbia
- Centre for Excellence for Children's Care and Protection (CELCIS)

Funding

The project is co-funded by the Rights, Equality and Citizenship (REC) Programme of the European Union and SOS Children's Villages.



Project objective

To embed a trauma-informed care approach into child protection services, so as to better support children and young people affected by ACEs, and thereby increasing their chances to develop to their fullest potential.

How we achieve this:

**Face-to-face
trainings**

**Online
awareness-
raising modules**

**Organisational
Development
workshops**

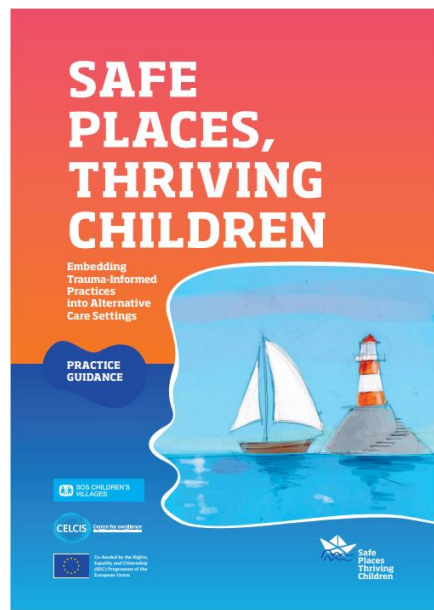
**Policy
recommendations**

Participation of young adults with alternative care experience

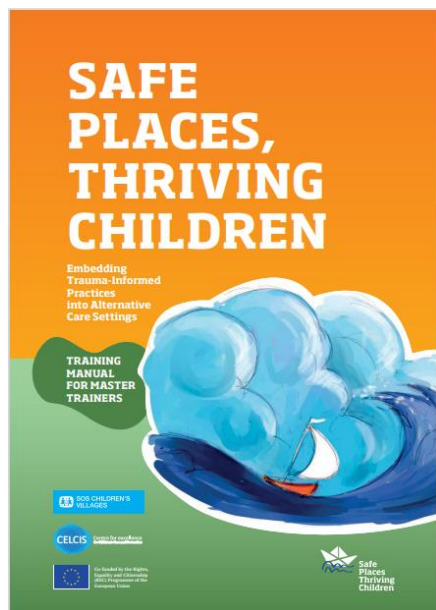


Key project outputs

Practice Guidance



Training Manual



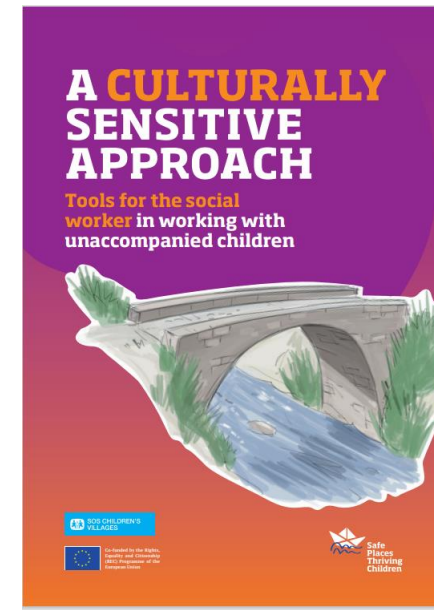
E-learning modules



Organizational Development



A Culturally Sensitive Approach



Available on <https://www.sos-childrensvillages.org/trauma-informed-practices> in English, Bulgarian, Croatian, Dutch, French, Greek, Hungarian and Serbian.



Key messages of young people

Watch video:

[Safe Places, Thriving Children –
Key messages from Young People](#)



— Thank you for your attention

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www.sos-childrensvillages.org/trauma-informed-practices

