



Trauma informed approach

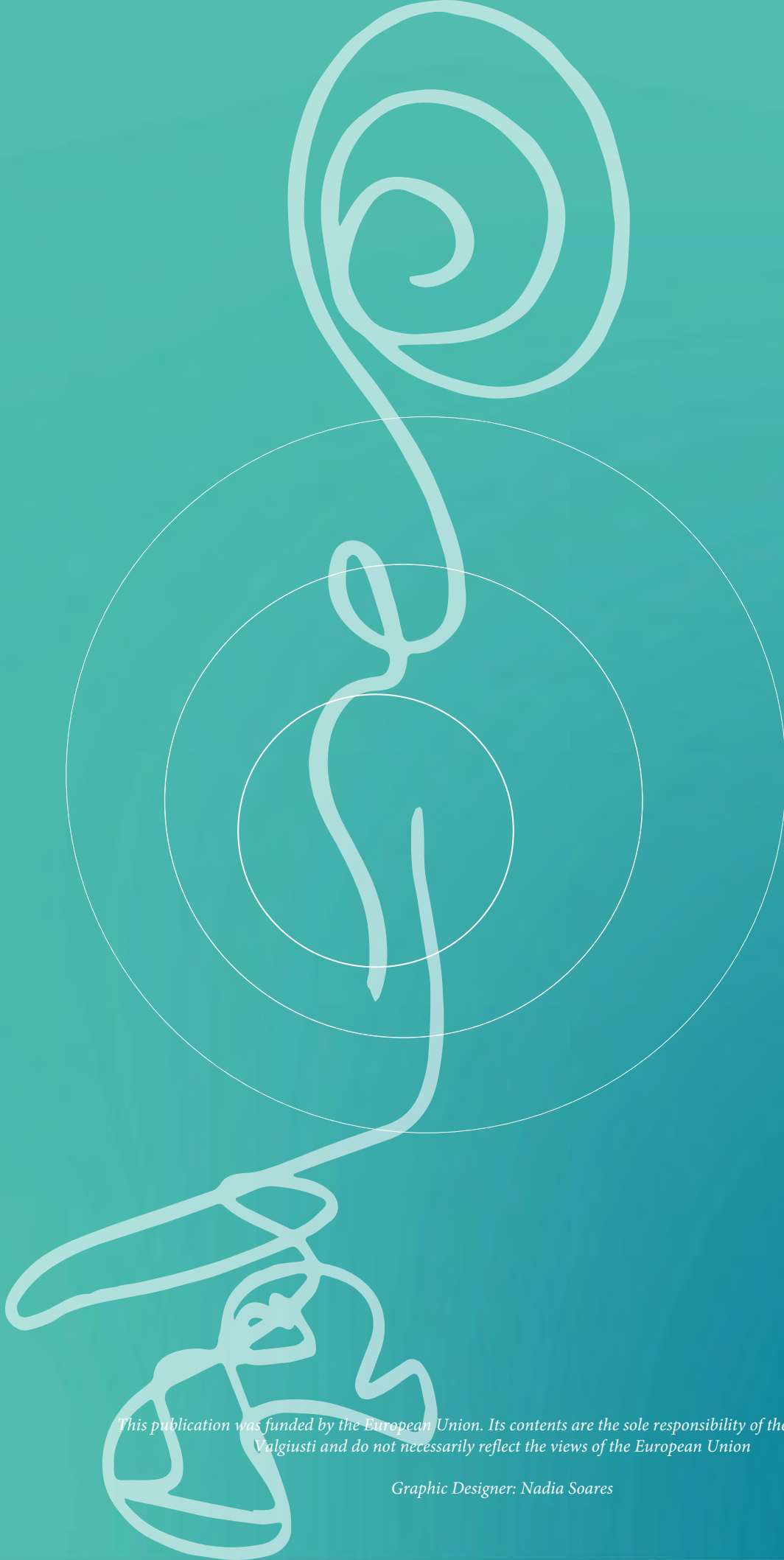


Introductory Handbook



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INTRODUCTION

"In conflict and disaster, children suffer first and suffer most. Today, one in four of the world's children lives in a conflict or disaster zone— a fact that should shake each of us to our core. All of these children face an uncertain future." UNICEF. Humanitarian Action for children 2020.

This global scenario challenges us to a deeper understanding of the complexity of the events we face. Thus, we need the convergence of different disciplines, providing innovative viewpoints and tools for more effective and equitable interventions.

The Trauma informed approach is an emerging transdisciplinary field that offers a more integrated view of trauma and its impact on children's lives.

New fields of knowledge, such as neurosciences, offer us new comprehension for non-retraumatizing interventions for building more sensitive and friendly systems that put the child and their best interests at the center of intervention.

This introductory handbook is part of UNICEF North Macedonia's trauma-informed training program for the judiciary, police, and social services.

Readers will find a broad menu of topics that will show them the key points of discussion and the tools and recommendations in each case. On the other hand, today's world confronts us with collective traumas that have a significant impact on children and youth and require countries, as well as the international community, to have trauma care and prevention programs at all levels.

I hope that this introductory handbook can fulfill its purpose of giving readers a better understanding of the effects that traumatic events have on the lives of children and their families and apply these insights to daily practice.

I congratulate the authorities of North Macedonia for introducing and supporting this innovative approach to Children's Rights.

Flavia Valgiusti

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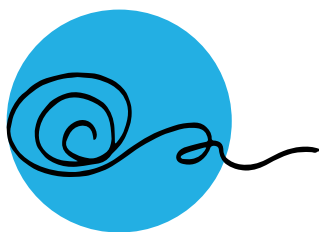
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CHAPTER 1

Trauma-Informed Law





Trauma as a human experience

Trauma is part of our human experience as individuals and as a collective.

It is the very history of humanity and its evolution.

In essence, they are adaptive processes to vital or exceptional circumstances to survive adversity. They are the intelligent response of our brain and our body that, with various strategies, seek to survive.

Traumatic events happen to all people, at all ages, and in all socioeconomic strata of our society. These events may cause terror, intense fear, horror, helplessness, and physical stress reactions. Sometimes the impact of these events does not simply go away when they are over. In contrast, some traumatic events are deep experiences that may change the way children, teens, and adults see themselves and the world. Sometimes the impact of trauma is not felt until weeks, months, or even years after the traumatic event.

The traumatic experience is part of life itself. Accidents, natural disasters, wars, family conflicts, sexual exploitation, child abuse and neglect, and poor social conditions are part of reality. However, how a person responds to these circumstances is unique based on his or her social history, genetic heritage, and protective factors in his or her life at the time.

A traumatic event can be a single experience or long-lasting repeated or multiple experiences that completely overwhelm the individual's ability to cope with or integrate the thoughts and emotions involved in that experience.

Although the event has not caused physical damage, its effects can impact mental health, physical health, and emotional and spiritual well-being.

Trauma and identity are interrelated because trauma is fixed in memory as an organized experience part of personal identity, depending on the social, historical, and cultural context, incidence, intensity, and form of expression.

Finally, although we have the perception that trauma is something personal, from a wider systemic perspective, there are transgenerational and collective traumas; they are the shared ground of the adaptive experiences of our ancestors that are also inscribed in the biological basis. They are different dimensions of the human experience related to each other, although, as we will see later, they present different languages and dynamics.

Trauma informed approach

The trauma informed approach is an emerging transdisciplinary field. It is born from the meeting of different disciplines that, in their dialogue, build bridges to understand trauma in its complexity and point out human-centered approaches and trauma integration. New disciplines, such as neurosciences, provide valuable knowledge to understand the map of trauma in the human brain, its socio-emotional responses to the traumatic event, and its consequences in the medium and long term.

In turn, from practice, restorative processes based on the resilience approach provide participatory methodological frameworks for the healing of trauma at the individual and collective level, including the perpetrator and the community, as part of the transformative process.



Why the trauma informed approach?

Traumatic experiences have an enormous cost in human, social, and economic suffering bringing with them multiple legal interventions and massive loss of social capital.

Unresolved traumas impact psychological, neurocognitive, social integration, and self-awareness capacities and manifest themselves in multiple ways throughout a person's life, requiring the attention of mental health, social and medical services, with frequent police and judicial interventions.

Recent research shows that we have underestimated the role of sexual abuse and neglect in mental illness and addictions and its consequences.

At the same time, new approaches that integrate the mental health and justice systems are being implemented.

Especially in **Justice for children**, restorative approaches are trauma-informed for more humane practices and better outcomes for individuals and communities.

Ultimately, the purpose of **the trauma informed approach** based interventions is not limited to conflict resolution but to transcend it and transform conflict into resilience by building on individuals' and communities' strengths and creativity.



What is expected of professionals in trauma-informed practice?

It is not required to be an expert in disciplines such as psychiatry, psychology, medicine, social work, etc. Rather, at the primary level, it means being aware of the impact of trauma on the body and brain, understanding the language of trauma, adaptive socio-emotional responses to it and active implementation of trauma integration strategies to avoid retraumatization of victims.



What is the purpose?

Concerning professionals

- Learn to recognize the signs and symptoms that indicate that a person may have experienced trauma.
- Understand that trauma is only equivalent to an experience and not a diagnosis; some people with a history of trauma may have mental health problems, and others may not.
- Help victims deal with stressful court proceedings and recognize when people may be having a traumatic reaction.
- Be careful to avoid steps in the judicial procedure that could affect the victim's dignity and family.
- Provide respectful and non-retraumatizing interventions. Act within the professional, ethical standards, including confidentiality and reserve of the identity of the victims, when applicable.
- Understand the trauma of parents and caregivers and its effects on children and young people.
- Contextualize the trauma in the person's cultural environment and help make sense of the process they are going through.

- Provide responses and processes that consider the needs and vulnerability of survivors.
- Help people in contact with the judicial system to feel in control and safe, minimizing the risk of re-traumatization.
- Understand and promote resilience and protective factors for youth and their families.
- Be aware of the processes of trauma integration in its different phases and provide a perspective of it to the victims and their environment.
- Apply an approach based on personal, family, and community strengths and resources.
- Offer new and more creative responses to crime through restorative justice, recognizing the central role of the community.
- Value and integrate the community's cultural resources and expressions as healing tools.
- Integrate new tools to reflect on trauma, emotions, regulation systems, and trauma integration processes.
- Be proactive in self-care and that of professional teams that work with trauma to prevent the effects of burn-out

Concerning the Institutions

- Provide human services and institutional contexts that recognize and understand the impact of trauma and its consequences.
- Reassess, consider and integrate the understanding of violence, abuse, and mistreatment in the lives of victims, perpetrators, and the community itself in all institutional instances.
- Have appropriate referral systems for evidence-based and culturally sensitive assessments and treatment for post-traumatic stress
- Maintain work environments for staff that increase their resilience and address, reduce and treat secondary or indirect traumatic stress.
- Consider the physical and psychological safety of victims and professionals.
- Avoid practices that can re-traumatize youth and their families.
- Evaluate, monitor, and modify potentially stressful judicial procedures.

- Activate alert systems to recognize when the experience of the judicial process can be traumatic.
- Establish clear institutional frameworks about the limits of professional conduct, including confidentiality and ethical considerations, as well as strategic case planning.
- Provide adequate frameworks for intra-institutional operations with protocols and good practice guides.
- Have monitoring and supervision instances.
- Establish practical inter-institutional articulations frequently evaluated and updated.
- Allocate roles and responsibilities within the organization chart, with the careful distribution of the workload of direct assistance to victims.
- Provide institutional support to professionals and agents through an adequate supply of logistics supplies and psychosocial support.
- Include specialized professional human resources, adequate technology, and facilities to take the victim's testimony only once and in a safe environment.
- Promote and plan vertical interdisciplinary articulation within the organization and horizontally with other institutions and manage the flow of information between them.
- Monitoring and assessing the Trauma-informed decision-making process.
- Access to services related to traumatic stress, specifically in youth, must be offered to reduce inequity. Some young people may have specific needs related to their gender and sexual orientation and need careful interventions not stigmatizing.

Concerning Public Policies

- Implement Trauma-informed governance in the different systems and subsystems of national, regional, and local governments.
- Design special attention devices for traumas in emergencies and humanitarian catastrophes.

- Provide logistics, resources, and adequate workload in the most exposed to victim care sectors.
- Provide an Inter-institutional articulation with information flowcharts between institutions that care for victims.
- Give continuous training of professional services and all staff.
- Evaluation and monitoring of the results of the set. Applied research relevance.
- Feedback to the system of the results obtained and the proposal for the necessary reforms to adjust the institutional model of trauma-informed law to the local reality.
- Articulation of the management of the central government and local administrations in the design and implementation of public policies informed by trauma.
- Activate international articulation mechanisms to assist victims of humanitarian catastrophes.
- Running communication and awareness programs for non-governmental organizations, schools, universities, and the community.



The role of law and justice in the healing of trauma

The Ethical Restoration

Moral pain and injustice are relevant dimensions of trauma.

One of the predominant feelings in the victim is the lack of security and support against the feeling of vulnerability.

It is the law, through justice, that can provide a security structure through which correct human relationships can be restored and trauma transcended.

As we have seen, trauma damages personal identity, and one of the deepest pains of the victims is the violation of their dignity. So justice has an essential role through ethical restoration.

The elementary fact of reestablishing what is fair in a given situation re-connects the victim with his identity and sense of dignity. It affects his environment and community, thus reestablishing the natural flow of the human rights experience as protection of life.



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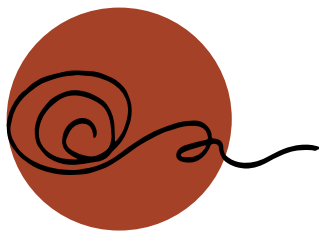
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CHAPTER 2

The intelligence of trauma





The intelligence of trauma

Trauma is essentially frozen life energy. Gabor Maté¹, a specialist psychiatrist, also calls it a "Disconnect disorder" because the emotion and pain are so overwhelming, and devastating, that it is necessary to switch off the feelings in order to survive. It is like activating a protective psychic immune response to an excessive external stimulus that threatens the integrity of the human being. But by doing so, the person disconnects from himself, from his environment, and has less energy available for life.

The response to trauma is an intelligent function of our central nervous system; it is not just a brain response but a neural response of the whole body. Today we know that neurons are in our heart, intestine, and spine and that the entire vagal system responds to trauma, even before we are aware of it.

From this holistic perspective, healing trauma is to integrate the split parts of our mind and emotions which were left out of consciousness, but whose memory and intensity are imprinted in our neural system, in our body.

So, the intelligence of trauma activates these frozen zones to be remembered, felt, and brought back to consciousness.

By doing that, the released energy is available again to nourish the flow of life.

In the internal order, trauma impacts identity, self-perception, and trust and generates vulnerability and instability. That is why the institutions and the legal system often misunderstand the victim's behavior because disconnection, "lack of memory," or apathy do not correspond to the expected attitude of a victim.

It is important to consider that the same traumatic event can impact and have different consequences depending on the person. It's related to various factors, including previous experiences, emotional and neurocognitive resources, and how the socio-cultural environment value and gives meaning to the trauma.

A key concept is to understand that it is only possible to integrate trauma through meaningful human connection.

It is only in a coherent and safe context that the person's neural system can relax and let the emotion, the pain, emerge and transform it back into vital energy.

¹Maté, G. (2011). *When the body says no: Understanding the stress-disease connection*. John Wiley & Sons.

It is offering the victim presence, trust, security, and accompanying the process in its different phases through support and protection during the process.

Another characteristic of trauma is that it challenges the laws of time.

For trauma, time is circular; there is no past, present, or future. The traumatic history repeats itself over and over again in the present, beating and manifesting in its socio-emotional language seeking resolution. And if it is not heard, seen, and let the emotion flow, it becomes destiny. The outcome is that the person has less energy, has less integration of body and feelings, and, therefore, is more vulnerable to physical and mental illness.

Finally, it affects also the freedom to make good decisions to reach expressing human potential.

Talking about trauma deeply touches the field of human rights.

The victim is more vulnerable to suffering new abuses and even being re-victimized due to a lack of understanding of the situation from institutions.

Access to full human development is also hampered if they do not receive the necessary care, seriously affecting their right to a dignified life, also in terms of human happiness.



Definition of trauma



“A single event, multiple events, or a set of circumstances that an individual experiences as physically and emotionally harmful or threatening and that has long-lasting adverse effects on the individual's physical, social, and emotional well-being.” (SAMHSA, 2014)

Another way to define trauma is... a normal response to abnormal circumstances.

The three "E's" of trauma: event, experience, and effect:

● Event:

A significant adverse episode or trauma exposure as a witness.

Circumstances may include the fact or threat of extreme physical or psychological harm (i.e., natural disasters, violence, etc.) or significant neglect that puts a child's life at risk or threatens healthy development. These events and circumstances may occur as a single occurrence or frequently.

● Experience:

The individual's subjective experience determines if it is a traumatic event.

A particular episode may be experienced as traumatic for one individual and not for another.

Trauma does not occur in the event itself, but because of the impact the event and its circumstances have on a person's life and the emotional and physical response it generates. How it "makes sense" of the story behind what happened.

● Effect:

The lasting effects of the event are a critical component of trauma. These side effects may occur immediately or may have a delayed onset. The duration of effects can be short to long term. In some situations, the person may not recognize the connection between the traumatic events and the consequences. Examples of adverse effects include the inability to cope with the everyday stresses and strains of daily life, manage cognitive processes, such as memory, attention and thought, regulate behavior, or control the expression of emotions.

⦿ Post Traumatic Stress (PTSD)

We speak of Post-Traumatic Stress Syndrome (PTSD) to refer to the set of symptoms (what the person reports feeling) plus the set of signs (what is observable) after exposure to an unexpected event, out of control and for which the person is not prepared.

Some scientists affirm that PTSD is not a disorder in itself but a rearrangement of neural networks and sensory patterns to survive a situation that the nervous system has assessed as dangerous for survival and whose response has been activated to protect the system.

It is important to emphasize that not all people exposed to the same trauma can develop PTSD; it will depend on genetic and environmental factors, previous experiences of safety, and emotional and cognitive resources.

⦿ Neurophysiological responses of PTSD

Basically, our brain is formed by three systems that respond to the evolution of the human brain. The most instinctive, the reptilian brain seeks to survive, and its response mode is binary: it activates for defends, attack, or disconnect. Phylogenetically, then comes the limbic system, the amygdala, and the hippocampus, linked to emotions and memory, and, more recently, the neocortex whose predominant functions are reasoning, planning in time, organization, and modulation of impulses.

Trauma affects the three systems in different ways; when they face the traumatic stimulus, the outcome is an adaptive socio-emotional answer to an experience that the brain has perceived as an emergency and risk.

The activated responses may differ throughout the process; they are not voluntary and depend mainly on each person's structure, history, and character.

Types of trauma

○ Simple trauma:

It is a single traumatic event in time. It has a beginning and an end, for instance, an accident, the death of a family member, job loss, a natural disaster, etc. Its resolution will depend on the person's psychic structure and previous experiences. If the context is supportive and warming, the person will return to their everyday life after a period of mourning. But if the environment is threatening and there are multiple previous traumatic experiences, the vulnerability to the effects of trauma is greater.

○ Complex trauma:

Chronic trauma:

Occurs repeatedly over time, for example, chronic abuse and violence in intimate relationships. Victims by witnessing domestic violence, human trafficking, submission to sexual slavery or forced labor, and so on.

Multiple traumas:

Being exposed to different kinds of traumas simultaneously, such as neglect, abandonment, emotional and sexual abuse, among others.

Developmental trauma:

They are also complex traumas; they explain how traumatic events affect regular developments. They occur in childhood and throughout the child's development and adolescence, but their effects are visible throughout their entire life trajectory. Extreme poverty, early abuse, abandonment, neglect, and bullying have long-term physical, psychological, and behavioral effects on a person's life. There are certain developmental moments in a child's life where the affectation leaves even deeper traces in his brain and impact emotional regulation and neurocognition abilities.

Historical and collective traumas

1. Natural and humanitarian disasters.
2. The wars and displacements may cause the loss of family relationships, cultural practices, mother tongue, native laws, myths and narratives, and cultural history.
3. Political violence.
4. Armed conflict, civil war.
5. Displacement for political reasons, armed conflicts
6. Genocide and forced disappearance
7. Nuclear and ecological disasters
8. The death of the younger generations in armed conflicts
9. Pandemics like Coronavirus (COVID-19)

Symptoms of Trauma

- Re-experiencing

The trauma as intrusive memories, nightmares, and flashbacks. Out-of-control emotions assault the person. Any detail can trigger the memory of the trauma and re-experience the feeling that evokes it with intensity.

- Avoidant responses

Like numbness, dullness, disconnection, and emotional numbness.

For example, the person avoids certain places, times, dates, and people that bring back memories.

There may be a disconnection from close affections and family and losing interest in activities and work. There is a pervasive sense of loss of joy in everyday life.

- Hyperactivation:

State of permanent alertness, irritability, anguish, insomnia, lack of concentration.

Complex and chronic trauma's consequences

It can activate neurophysiological responses with significant impact throughout life trajectories, consequences on physical and mental health, neurocognitive capacities, and social integration.

1. Affects emotional regulation. There is difficulty in self-regulating emotionally.
2. Consciousness changes such as dissociation may occur.
3. Alterations of self-perception: shame, guilt, hyper-responsibility.
4. Difficulty maintaining stable relationships and emotional intimacy.
5. Somatization through different physical illnesses.
6. Feelings of discouragement and hopelessness.





Why is it necessary to contextualize trauma?

A traditional approach to trauma fails if it does not take into account the social, cultural, and historical context of the traumatic experience.

That context and its values give meaning and assess the experience.

Behind the event, there is a narrative that acquires different meanings depending on the family, social, cultural, and historical context.

It requires professionals to have contextual and holistic thinking to assess the situation in the context in which it occurs and to understand, from the perspective of the victim, the influence that trauma has on life and their family and social relationships.

In multicultural and multi-religious contexts, it is essential to support the different perspectives and experiences of people to better understand the situation and the resources available for trauma integration.

Suppose we do not adequately understand and contextualize the problem.

In that case, the interventions will not be adequate. Furthermore, we run the risk of stigmatizing the victim by failing to understand her personal experience of trauma in her family, social and cultural dimensions

To work with trauma, theoretical knowledge is not enough, but an open, consistent, patient, and containing attitude is necessary to give security and confidence to the victim.

A trauma-informed approach...

1. Connects with the person, recognizes the trauma, and understands how it expresses itself in that human being.
2. It is related to the family, social and cultural context of the victim, respecting their values and way of seeing life.
3. Does not generalize. It understands that the important thing is not the event but the experience that the person has had and how it affects their life and the victim's perception of himself.
4. Offers a safe floor to the victim and the family with a respectful presence, recognizing the freedom of each human being to make their own choices.
5. Builds trust in the process and the environment.
6. It offers a future perspective connected to life.
7. Helps the victim and her environment to adopt better decisions and regain control over their lives.
8. Have a compassionate, non-judgmental attitude.
9. Offers collaboration, without substituting the will and decisions of those involved.
10. Helps to display strengths and hope for a better future.
11. Makes of truth and equity the basic values of relations with victims and their collaborators.
12. Trust that the victim has their own healing resources and helps visualize their true identity, detaching from the trauma.



[Trauma and the Brain NHS Service](#)



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CHAPTER 3

How to understand trauma
from neurobiology





How to understand trauma from neurobiology?

Neurosciences have given us a new map of how *painful experiences and situations that give us joy and pleasure* shape our brains from our earliest childhood.

Our brain is extremely plastic and responds to experience, adapting in structure and functions through socio-emotional responses that at the same time form or complete it.

The moment of greatest plasticity in a person's life occurs in childhood and then in adolescence. It is the moment of the life cycle when the brain produces the largest number of synapses (connections between neurons) and structures relationship patterns between its different areas.

We know from psychology that the psyche is an articulation of memories that unites the biological with the socio-cultural.

The brain is the biological support and the history of experiences, cognitive and emotional learning, and perceptions of pain and pleasure are inscribed in it.

We mentioned earlier that, broadly speaking, the brain has three systems that correspond to the evolution of the human being: the reptilian brain, the oldest, of autonomous functions that responds binary to danger, attacks or defends itself and paralyzes; the limbic brain, which processes emotions and memory; the neocortex, the newest, which has functions of the organization, regulation, rationalization, and future planning.

At this point, it is necessary to clarify that child abuse - physical, sexual or emotional - has a high impact on the limbic system, because it produces discharges of stress hormones in times of distress, which if repeated and sustained over time cause alterations in the limbic system of the brain, which is the center of the regulation of emotions and memory.

Within the limbic system, there are two essential structures to understand the mechanism of trauma.

Faced with pain and anguish, cortisol discharges are produced, in addition to other stress hormones, which if prolonged over time, intoxicate the hippocampus and can influence the memory recovery process, also affecting the birth of new neurons.

In turn, the amygdala, when faced with an experience of distress, modifies the ability to regulate the emotional system, affecting the ability to calm the irritability of the psychic system. **25 • Trauma-Informed Law**

Research on the subject informs us that, in women abused in childhood, changes had occurred in the limbic system that affects the formation of memories, their verbal recovery and emotional processing. These changes are correlated with depression, irritability, and difficulty with emotional regulation.

In turn, limbic irritability can produce symptoms of aggressiveness, exasperation, and anxiety, and is associated with self-destructive behaviors.



What is the victim's reaction to the distress?

- Frequently, victims present alterations in their memory and cannot remember the traumatic event, or only remember parts of it.
- The amount of anguish linked to the memory is so overwhelming that it threatens to destroy his psychic defenses; therefore, that person blocks his emotions before and after the event.
- Sometimes, faced with the emergency of the memory, the victims are emotionally hacked by anguish and cannot self-regulate emotions.
- They may present difficulties in verbalizing the trauma because the structures that allow them to put words to pain are impoverished.
- The irritability and the inability to placate it is an effect of the trauma.
- Behind the aggression that they show there is a deep pain.
- Containment and security mechanisms are necessary so that the victim can start the healing process.
- The victim's psychological defenses are at the service of self-preservation, these protection barriers must be respected and the victim must be accompanied in the healing process.

Conclusions



- The human brain is highly plastic and shapes its structure and functions through interaction with its physical, emotional, social, cultural, and historical environment.
- Abuse leaves traces in the structure and dynamics of the brain.
- Childhood experiences have a profound impact on children's neurocognitive developments and their ability to achieve their fullest potential as adults.
- For this reason, it is so important to take care of the environments in which children grow up, to detect and intervene early against neglect, abandonment, and abuse in all its forms.
- Understand that parents with parenting difficulties could also be children with painful experiences in childhood.
- The child's brain, due to its high plasticity, is more vulnerable to the impact of abuse and has consequences in terms of mental health and susceptibility to physical illness.

The good news...



Neuroplasticity also explains why a child who has been through a traumatic situation can not only overcome the trauma but transcend it and turn it into resilience: acquire the strength and confidence to face life's challenges.

If we offer children who have gone through difficult situations an environment with experiences of support, attachment, security, and love, the brain rewires the circuits of pleasure and well-being and restores the child's emotional, physical, and cognitive system.



What qualities are needed to accompany the child?

- Provide unconditional presence, in good and bad times.
- Offer experiences of well-being and happiness.
- Guarantee safety, trust, and sincere dialogue.
- Maintain continuity in support.
- Accompany the process, do not force anything, the defenses are at the service of psychological security.
- Offer spaces for play and creativity, they are the best medicine to work through trauma.
- Honoring your cultural environment and your roots is an essential resource for integrating trauma.
- Be patient and humble, open for the healing process to find its own way.
- Teamwork, support, and help to those who accompany the child.

When the inevitable is expected, the unexpected happens...
be open and trust the child to deploy his or her own
resources for healing from the trauma.



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CHAPTER 4

Attachment trauma





What is the importance of attachment in early life?

As we know, human beings are social beings, and therefore the interaction with other people from the earliest age is a foundation for our full development.

Those children who experience situations of trauma due to abandonment or neglect of their parents or who, for economic reasons, armed conflicts, or displacement, are separated from their family may have difficulties generating bonds of trust in the future.



What is attachment?

According to John Bowlby³, attachment is the intimate affective bond that the child establishes with his mother or primary caregivers.

Thanks to attachment, the child has the experience that he has a secure base from which to know the world and that it offers him a refuge where he feels protected from emotions of fear or anguish.

This affective bond marks how a person will tend to relate to others throughout his life.

During the prenatal stage and after birth, children see their needs met through their parents or caregivers, and growth forces them to new experiences that are unknown to them, which generates fears and insecurities.

However, the generation of stable bonds with their caregivers gives children the confidence to explore and undergo new experiences knowing that they can return to a safe haven.

³Bowlby, J., & Ainsworth, M. (2013). *The origins of attachment theory. Attachment theory: Social, developmental, and clinical perspectives*, 45(28), 759-775.

Who can generate an attachment bond?

In the first place, the parents. But in their absence or when they are facing difficulties, a family member or any other person who takes care of the child can offer affection and security.

What are the characteristics of attachment?

- Attachment can be identified according to four fundamental aspects: the maintenance of closeness, the safe haven, the secure base, and separation anxiety. The first three functions indicate the presence of attachment. The latter suggests the absence of attachment or is still in that development.
- The maintenance of closeness indicates the desire in the boy or girl to maintain proximity with those people with whom a bond has been created.
- The safe haven allows the attachment to provide security and comfort for the child who experiences fear or feels in danger.
- The secure base is the starting point from where the girl or boy can go out to explore the environment, knowing that they can return when needed, thanks to the fact that they have the function of attachment to their caregiver.
- Separation anxiety is an indicator of a lack of attachment. When this happens, it can be considered that there are several causes (immaturity and trauma, among others).

What are key ideas?



- 1) When the child has complete confidence that he or she can always count on his or her caregiver safely, the child is less likely to develop fear.
- 2) This trust is developed in the crucial stages of childhood and adolescence and marks the person's structure for the rest of his life, even if not definitively since it can be modified.
- 3) The existence of secure bonds generates self-regulation or emotional regulation in children, which will allow them to organize their emotions and help them to modulate their fears and insecurities.
- 4) Children may or may not trust their caregiver based on their previous experiences with adults who previously cared for them.
- 5) The trust that develops through early attachment relationships is vital as it lays the foundation for all future learning and social integration. The children perceive the knowledge received through their bonds as trustworthy and integrate it into their lives.
- 6) We know that the absence of loving and constant care can trigger feelings of rejection, abandonment, or shame and can cause the child to see himself as someone who cannot be loved and is worthless. This also affects his developing abilities to calm himself, control impulses, focus attention, or solve problems.

○ How can early attachment failure be repaired?

We know that due to brain plasticity, the lack of attachment during the first stage can be repaired through close, stable and reliable bonds that allow the development of resilience. The community, rewarding social ties, school, community clubs and organizations, and culture in general also play a central role in the child's integration into his or her environment and the feeling of security this creates.

○ What is the importance of attachment at the social level?

Boris Cyrulnik⁴, a specialist in resilience, tells us about the importance of building security and empathy in close bonds and its impact on society.

A child who has suffered a trauma situation and is deprived of affection feels that he is alone in the world. He has no one to trust and has himself along with the experience of a threatening environment that he has to defend himself against. These feelings limit their ability to discover and accept other people from different cultures. On a social scale, attachment trauma affects the integration of a community from diversity.

○ What attitudes and skills are required for a healing approach?

- The adult who accompanies the child in his development must show a state of regulation, calm, with openness and availability, free from value judgments and interested in establishing a space of mutual respect.
- We must offer and convey security so that the child can feel comfortable and rest in the bond with the caregiver; in this way, the child will be able to emotionally self-regulate again.

○ What is the importance of attachment in our practices?

1. It allows us to understand better how the lack of attachment can condition the development of children and gives us tools to guide them in their growth.
2. It gives a new framework to address the adoption process and the accompaniment of the child and the adoptive family from a broader understanding of the child's psychology in that process.
3. Help government agents involved in the development and planning of public policies so that they can offer accompaniment and support programs to parents with difficulties in raising their children and families with a high degree of social and economic vulnerability.
4. Helps to raise awareness in the institutions that influence the child's life on the importance and potential of their role to help to maintain bonds of care with children who have experienced difficulties in their close bonds.

⁴Cyrulnik, B. (2009). *Resilience: How your inner strength can set you free from the past*. Penguin UK.



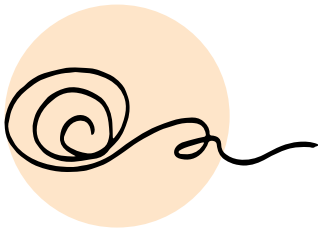
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CHAPTER 5

Poverty and child development





What is poverty?

There are more than 200 definitions of poverty, and all refer to the loss of skills and rights.

The psychological experience of poverty is associated with stress, pain, and sometimes difficulties in being aware of their own rights.

How it is experienced differs between cultures and depends on the appraisal of the social context.

The experience of child poverty is not necessarily represented by the classic indicators of income and unsatisfied basic needs (UBN). Its nature is multidimensional and depends on different factors.

The two main groups of indicators refer to:

- Deprivation of basic services
- Deprivation of rights and capabilities

In "Voices of the Poor's,"⁵ the World Bank presents the experience of poverty in a comparative study of more than 50 countries and has highlighted the main reasons for poverty.

- Precarious means of livelihood
- Unsafe housing
- Hunger, fatigue, and illness
- Gender inequality
- Discrimination and isolation
- Insecurity
- Inequality due to abuse of power
- Institutional exclusion and exploitation
- Weakness of social organizations
- Decrease in capabilities

"Poverty is a painful and stressful experience"

⁵Narayan, D. (2000). *Voices of the poor: Can anyone hear us?*. World Bank.



How does poverty affect development?

The impact of poverty on human development is a complex and multidimensional phenomenon that involves multiple levels:

Individual:

Biological and psychological aspects that each individual possesses from birth.

Environmental:

The relationship with the ecological context and the degree of health or pollution it is exposed to.

Social context:

Contains the regulatory systems, institutions, and values of a society, which are in turn in continuous interaction and change.

Historical and cultural context:

They are the given conditions in a person's life in its development. It is crucial when we refer to intergenerational transmission.

That is why we say that it is not poverty itself but rather the diversity of risk factors associated with poverty that have harmful effects on health and development.



Do we all perceive poverty in the same way?

Despite the high number of people who suffer from its consequences, their experience is not homogeneous due to the diversity of factors that make each person experience it differently. Even two people who live in the same environment, grow up in the same neighborhood and belong to the same family can experience it differently. The individual perception and sensitivity to it can be unlike considering the social network, containment, and ties of each individual, as well as the number of risk factors to which he is exposed and the time in life when deprivation is experienced.

Therefore, families and communities play a central role in providing the supportive relationships and positive learning experiences that children need for healthy development.

Sebastian Lipina⁶, a neuroscientist, affirms that many of the deprivations that poverty entails are non-material.

Some living conditions mean that the opportunities to stimulate cognitive skills and the emotional, intellectual, or social development of children diminish because of the psychological stress and the impotence of adults to achieve minimum standards of daily dignity.

⁶Lipina, S. J., & Posner, M. I. (2012). *The impact of poverty on the development of brain networks*. *Frontiers in human neuroscience*, 6



What factors should we consider to measure the impacts of poverty?

The current consensus in the science of development is that the association between poverty and child development is modulated by the following factors:

- The accumulation of risk factors that generate stress.
- The concurrence of adversities that influence learning.
- The individual susceptibility of each child to contextual factors.
- The moment and time of exposure to adversity.

For example, violent situations in the prenatal stage from the anguish or stress experienced by the mother and the environment in which we grow up after birth. Everything we eat, do, the links we establish, or our lifestyle have an impact on the self-regulatory development of language, cognitive abilities, executive functions (working memory or problem solving), and intelligence.

Childhood poverty influences neural development during the first two decades of life through two pathways: the quality of child-rearing environments and the regulation of the stress response. Therefore, all those adverse situations generated by extreme poverty, abandonment, violence, abuse increase the production of stress hormones; consequently, the release of stressors in a chronic form can cause damage to the physical and psychological health of those who experience it.



Why is it important to know this information?

- So that the institutions responsible for implementing public policies can enhance the factors of promotion, either through necessary care, adequate nutrition, medical care, and protection, such as good emergency services and attention to the psychological needs of children.
- For prevention programs to become aware of the importance of intervention in the first years of life since it is the most extraordinary neuronal plasticity stage.
- To avoid ex-post interventions of public policies, but to commit to preventing poverty in all its dimensions to avoid its intergenerational transmission and guarantee the validity of human rights.

Conclusions



- The experience of poverty differs between different cultures. Even people belonging to the same culture, economic and social stratum may perceive its consequences differently.
- The psychological experience of poverty is associated with stress, pain, and sometimes difficulties in being aware of being rights owners.
- Not all exposures to risk factors of poverty impact our development in the same way; this depends on the type of experience, the moment of life in which it is experienced, the extension in time, and the susceptibility of each individual.

All perceptions of poverty refer to the loss of skills and rights.



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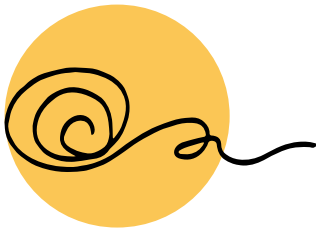
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CHAPTER 6

Developmental Trauma





What is Developmental Trauma?

Developmental Trauma is a complex trauma used in the literature to describe childhood trauma, such as chronic abuse, neglect, or other severe adversities in their own home.

Complex traumas are prolonged chronic interpersonal traumas, which in their course present psychological disorders that are not included in the diagnostic criteria of post-traumatic stress disorder (Van der Kolk B., Roth S., Pelcovitz D., Sunday).⁷

It is clear that when a child is exposed to overwhelming stress and their caregiver does not help reduce this stress or is the cause of the stress; the child can experience a developmental Trauma.

We also know that many children who have been through a traumatic experience do not necessarily develop Post-Traumatic Stress Disorder (PTSD), a term very familiar to victims' services. However, these children are at risk of suffering from a series of complex emotional, cognitive and physical illnesses that last their entire lives.

There are other ways of naming developmental traumas, such as defining adverse childhood experiences, for instance:

"Adverse Childhood Experiences (ACE) are defined as highly stressful events or situations that occur during childhood and/or adolescence. It can be a single event or incident, or prolonged threats to the safety, security, or physical integrity of a child or youth. These experiences require significant social, emotional, neurobiological, psychological, and behavioral adaptations to survive." (Young Minds, 2019)

⁷Van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies*, 18(5), 389-399.



What are the most common types of Trauma in children?

- Abuse and neglect
- Domestic violence
- Community violence
- School violence
- Life-threatening accidents and injuries
- Serious and untreated mental illness of the parents
- Separation loss from a parent or other loved one
- Natural or man-made disasters
- War or terrorist attack
- Forced displacement or refugee status
- Discrimination
- Extreme poverty



What are the criteria to identify developmental Trauma⁸?

1 - Exposure to the traumatic event

- Through direct experience or witnessing of repeated and severe episodes of interpersonal violence.
- For significant interruptions in protective care as a result of repeated changes in primary caregiver; repeated separation from primary caregiver; or exposure to severe and persistent emotional abuse.

⁸Ford, J. D., Spinazzola, J., van der Kolk, B., & Grasso, D. J. (2018). Toward an empirically based developmental trauma disorder diagnosis for children: Factor structure, item characteristics, reliability, and validity of the developmental trauma disorder semi-structured interview. *The Journal of clinical psychiatry*, 79(5), 4337.

2- Affective and physiological deregulation

- Inability to regulate arousal, modulate, tolerate, or recover from extreme affective states (e.g., fear, anger, embarrassment), including extreme and prolonged tantrums, or immobility.
- Alterations in the regulation of bodily functions (e.g., persistent disturbances in sleeping, eating, and bowel movements; hyperreactivity or lack of reactivity to touch and sounds; disorganization during routine transitions).
- Decreased awareness/dissociation of sensations, emotions, and bodily states and impaired ability to describe emotions or bodily states.

3- Attentional and behavioral deregulation

- Impaired ability to perceive a threat, including misreading safety and danger signals.
- Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking.
- Maladaptive attempts to self-soothe (eg, rocking and other rhythmic movements, compulsive masturbation).
- Habitual (intentional or automatic) or reactive self-injury.
- Inability to initiate or maintain goal-directed behavior.

4- Personal and relational deregulation

- Intense concern for the safety of the caregiver or other loved ones (including early care), or difficulty tolerating reunification with them after separation.
- Persistent negative sense of self, including self-loathing, helplessness, worthlessness, ineffectiveness, or flaws.
- Extreme and persistent mistrust, defiance, or lack of reciprocal behavior in close relationships with adults or peers.
- Reactive physical or verbal aggression toward peers, caregivers, or other adults.
- Inappropriate (excessive) attempts at intimate contact (including, but not limited to, sexual or physical intimacy) or over-reliance on peers or adults for safety and comfort.
- Impaired ability to regulate empathic arousal, as evidenced by a lack of empathy or intolerance toward others' expressions of distress, or over-responsiveness to others' distress.



What are the areas in which the trauma impacts?

Physical Health

- ✓ Sleep disorders
- ✓ Eating disorders
- ✓ Poor immune system functioning
- ✓ Cardiovascular disease
- ✓ Shorter life span

Emotions

- ✓ Difficulties controlling emotions
- ✓ Trouble of recognizing emotions
- ✓ Limited coping skills
- ✓ Increased sensitivity to stress
- ✓ Shame and guilt
- ✓ Excessive worry
- ✓ Hopelessness
- ✓ Feelings of helplessness
- ✓ Lack of self-efficacy

Relationships

- ✓ Attachment problems / disorders
- ✓ Poor understanding of social interactions
- ✓ Difficulties relations with peers
- ✓ Problems in romantic relations
- ✓ Intergenerational cycles of abuse and Neglect

Mental Health

- ✓ Depression
- ✓ Anxiety
- ✓ Negative self-image
- ✓ Low self-esteem
- ✓ Post-traumatic stress disorder (PTSD)
- ✓ Suicidality

Behavior

- ✓ Poor self-regulation
- ✓ Social withdrawal
- ✓ Aggression
- ✓ Poor impulse control
- ✓ Risk-taking illegal activities
- ✓ Adolescent pregnancy
- ✓ Drug and alcohol misuse

Cognition

- ✓ Impaired readiness to learn
- ✓ Difficulties problems- solving
- ✓ Languages delays
- ✓ Problems with concentration
- ✓ Poor academic achievement

Brain development

- ✓ Hyperarousal / Impaired stress response
- ✓ Less efficient processing
- ✓ Change in genes expressions



How implement a resilience approach to childhood trauma?

Resilience has been defined as “a dynamic process that encompasses positive adaptation within the context of significant adversity”.

Resilience is not a personal trait that individuals do or do not possess but rather a product of interactive factors—biological, psychological, social, and cultural—that determine how a child responds to traumatic events.

An ecological approach to resilience focuses on the positive processes that the child develops despite exposure to the trauma, the prevention of recurrence, minimizing the risk of re-victimization, or the total avoidance of traumatic experiences in the face of a significant event.

Promoting resilience in children who have undergone traumatic experiences starts from the recognition that there are multiple levels of influence on a child's development (individual, parents, family, school, community, and culture) that can increase/decrease a child's risk and response to experiencing trauma. These various influences are called risk and protective factors.

Risk factors

Risk factors are circumstances, characteristics, conditions, events, or traits at the individual, family, community, or cultural level that may increase the likelihood that a person will experience adversity.

Risk factors for specific types of trauma can vary, but commonly include living in poverty, lack of social support, and a previous history of trauma.

However, the presence of risk factors or belonging to a high-risk group does not necessarily mean that a child experiences trauma or its most adverse effects.

○ Protective factors

Protective factors are characteristics, conditions, or events that promote healthy development and minimize the risk or likelihood that a person will experience a particular disease or event, or its related negative outcomes.

Research shows that the strongest protective factor related to resilience to childhood trauma is the reliable presence of a sensitive, caring, and responsive adult. The presence of such a figure can help children to restore a sense of security, predictability, and control, giving them the feeling of security; in this way, it's possible to process traumatic events; they are protected from re-traumatization; they are supported in developing self-regulation, and they are helped to heal.

The National Child Traumatic Stress Network (NCTSN) highlights the following protective factors that promote resilience to childhood trauma:

- Support from family, friends, people at school, and community members.
- A sense of safety at home, at school, and in the community.
- High self-esteem and a positive sense of self-esteem. Self-efficacy.
- Spiritual or cultural beliefs, goals, or dreams for the future that gives meaning to a child's life.
- A talent or ability in a particular area (for example, excelling in school or in a sport).
- Coping skills that can be applied to different situations.



Conclusions



- Developmental trauma is different from other forms of trauma because it occurs within the bonds that should provide care, security, and protection to the child.
- Children can experience trauma both as a result of acts of commission and omission.
- The absence of a loving and constant affective bond can have a high impact on the child's life, generating feelings of rejection, abandonment, and shame, perceiving himself as someone who does not deserve to be loved and who is worth nothing.
- It can affect children's neurocognitive and emotional self-regulation abilities, making them unable to calm themselves, control impulses, and focus their attention.
- Trauma occurs at a stage where the development of the brain is strongly shaped by experiences with the environment. It is a period of exploration where their identity and personality are consolidated, and their belonging to the community is strengthened. Therefore, the traces left by trauma can be deep and can be activated at different times throughout life, even as an adult. That is why early intervention is essential.
- Understanding child development is an essential part of being trauma-informed. In this way, we not only gain a better understanding of how trauma can affect children's development but also show us what children need to heal.
- It also provides us with a compassionate look at adults who carry childhood traumas and who cannot support and accompany their children as they deserve.
- Understanding developmental trauma allows us to listen more attentively and clearly to what the child expresses and allows us to develop strategies for the integration of trauma and its transformation into resilience.
- The different factors: social, political, and cultural, interact with the trauma; this means that the same traumatic experience can be lived in different ways by different people.
- Learning about trauma provides us with an accessible tool to share with children and parents to help them understand their behavior and identify their states of mind.
- It helps us define what strategies could be useful for a person to regain a sense of harmony and balance.

And challenges...



- Early intervention, an interdisciplinary approach and the development of universal public policies for children are of vital importance.
- Develop innovative proposals to help provide responses to the needs of children living in communities with socio-economic disadvantages as a way to avoid the reproduction of traumatic situations.
- Promote programs to foster relational trust and support as key components in people's ability to recover from trauma.





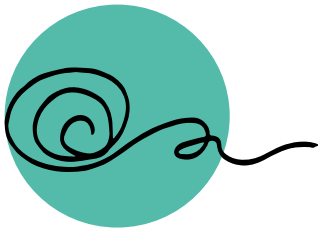
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CHAPTER 7

Vicarious Trauma and Burnout





The vicarious trauma

Working with victims and witnessing the pain, suffering, cruelty, and devastating effects on people's lives has an enormous impact on those who work with these situations because through empathy, our neural system is also activated and often we experience the same emotions as the people we assist.

Vicarious trauma is the transformation that occurs in us when exposed to the suffering of other living beings (Van Dernoot Lipsky 2010)⁹

Vicarious Trauma and Burnout are closely related.

Vicarious trauma describes the state of tension and concern that is experienced in a variety of ways by practitioners when directly or indirectly exposed to their clients' trauma.

On the other hand, burnout addresses the consequences that such exposure to trauma can have, describes its symptoms, and gives us tools to prevent it.



What is Burnout?

Pines and Aronson (1988)¹⁰ define burnout as a state of physical, mental, and emotional exhaustion caused by being permanently involved in emotionally demanding situations.

It is based on three elements: emotional deplete, depersonalization, and distancing which occurs when the professional's emotional reactions are exhausted by chronic needs, demands, and expectations of their clients, superiors, and institutions.

As a result, long-term burnout weakens the professional's internal and emotional system and increases vulnerability to psychological suffering and the development of physical illnesses.

It is essential to understand that it is directly linked to the professional function and that developing it will depend on the institutional context, personal aspects, and conditions.

⁹Van Dernoot Lipsky, L. (2010). *Trauma stewardship: An everyday guide to caring for self while caring for others*. ReadHowYouWant. com.

¹⁰Pines, A., & Aronson, E. (1983). *Combatting burnout*. *Children and Youth Services Review*, 5(3), 263-275.



What are the symptoms?

- Emotional exhaustion.
- Progressive loss of vital energy and disproportion between work and experienced fatigue.
- Loss of joy and the ability to enjoy, both at work and personally.
- Discontent and irritability. Extreme sensitivity.
- Interpersonal relationships are impoverished. It affects the closest ties, couples, and children.
- Feelings of loneliness, impotence, and defenselessness.
- Cognitive problems: forgetfulness, gaps, dullness, memory deficits.
- Hyperactivity that increases exhaustion.
- Depression and sadness or harassment.
- Abandonment of personal fulfillment.



What personal characteristics influence?

- Self-demanding and high ideals.
- Low tolerance to failure and frustration.
- Need for perfection.
- Need for control.
- Feeling of omnipotence.
- The significant personal implication of the task.



What institutional conditions favor it?

- Work overload.
- Rigid institutional designs.
- Inadequate or unhealthy physical spaces.
- Lack of clear rules to operate in the field.
- Lack of collaboration, and competitive environments.
- Lack of external supervision.
- Limited resources needed for victim's assistance.
- Distortions in communication.
- Lack of institutional and community appreciation.



What elements of the context can influence?

- Accelerated changes. Lack of psychological time to process changes.
- Continuous contact with suffering, pain, and death.
- Legislative and institutional changes without adequate training.
- Lack of appreciation for the task.
- Factors of power in interpersonal relations.



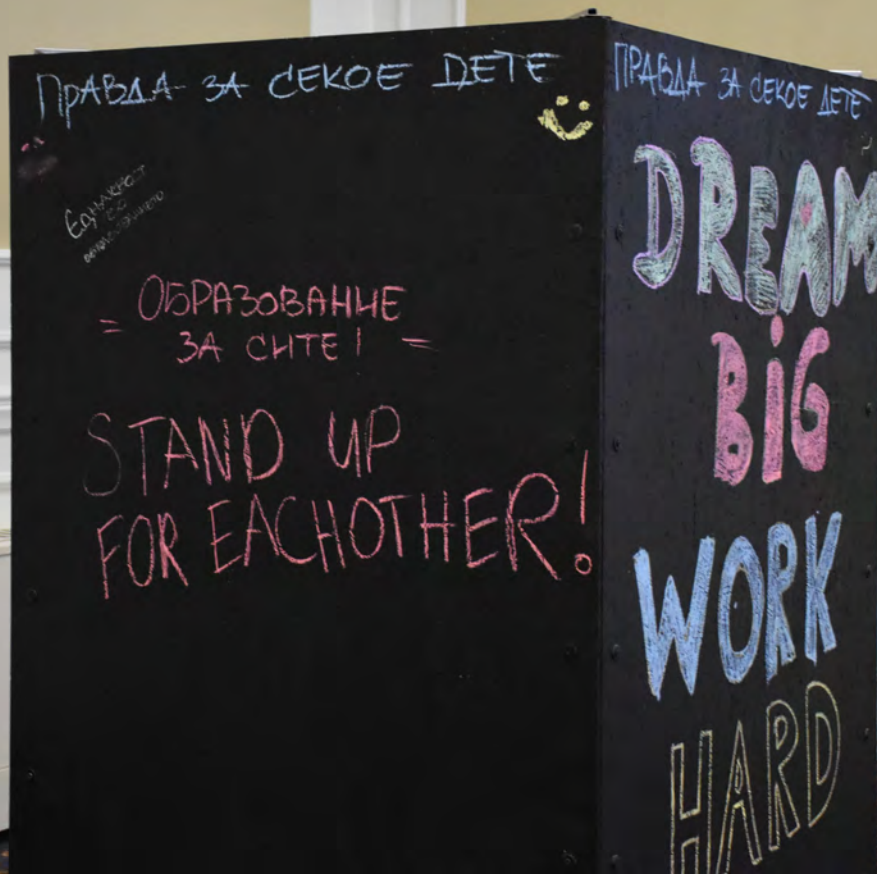
What are the recommendations for professionals?

- Recognize and respect one's own emotional and psychological limits.
- Do not skip vacation periods. Respect the healthy proportions of daily life: limit the amount of work and keep a third for rest, physical activity, recreation, family, and social life.
- Recognize institutional limits and identify situations of tension.
- Maintain spaces for group reflection.
- Share the suffering that the task generates without contaminating family and social spaces.
- Self-reflection and therapeutic space when necessary.
- Do not over involve yourself emotionally in daily work. A balance between empathy and emotional control.
- Establish realistic goals, taking into account our capabilities and limitations.
- Do not take work home.
- Have spaces of silence, limit permanent communication.
- Become aware of the emotional tension and check your resources to reduce it.
- Know yourself, analyze your reactions, recognize your limits and learn from your mistakes.
- Modify routines and search for greater levels of autonomy and creativity.
- Develop physical and recreational activity.



What actions should organizations develop?

- Diffusion of burnout symptoms, causes, and treatment in work environments.
- Containment and balance mechanisms for groups and their members.
- Articulation of the team with the macrostructure and institutional support.
- Task framing through protocols and guidelines.
- Appropriate physical spaces for victims and professionals
- An adequate workload that minimizes risk exposure.
- Assistance programs for professionals with burnout.
- Inclusion of burnout prevention programs at the institutional level.



To reflect ...



In the field of childhood, human resources are key for a sensitive and effective approach to children going through difficult situations.

Professionals in this field require permanent updating and teamwork to improve competencies and soft skills.

On them depends the quality of listening, sensitivity, and the ability to respond to what the child or young person needs at a given moment in his or her life, without losing sight of his or her future projection.

This implies making difficult decisions, with a high impact on the lives of children and their families, as well as, sometimes, witnessing painful situations without being able to give the relief we would like.

It is a high emotional cost for professionals. They deserve care, attention, and accompaniment from the institutions.

In times of global crises like the present, adults are also fragile and exposed to collectively stressful situations.

Very often children's traumas remind them of their own traumas.

However, it is from the recognition of vulnerability that it is possible to protect, care for and support each other.

Today we know that the care of each professional and their environment have an enormous impact on the quality of care for children and their families. It prevents the accumulation of trauma in institutions and promotes the well-being of the entire community.

Ultimately, caring professionals and creating collaborative and supportive work environments are giving children the opportunity to be welcomed by institutions that are child-friendly, child-sensitive, and effective in helping them.



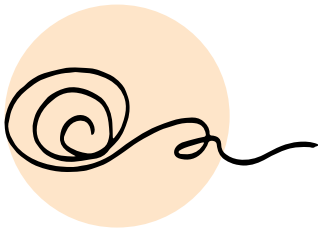
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CHAPTER 8

Interdisciplinary approach





Why do we need interdiscipline?

Faced with the complexity of global phenomena and especially the vulnerable situation of children and young people in contexts of high social turbulence, it is not possible to understand and act from a single discipline.

For this reason, we need the articulated vision of different fields of knowledge to explore and understand the complexity of our societies in a historical context of accelerated mutations.

In this way, interdiscipline reveals itself to us not only as a technology appropriate to the scale of problems we must face but primarily as a psychological attitude of open-mindedness, humility, and cooperation with the disciplines that share our field of work. We need to build new bridges between the disciplines that allow us access to deeper levels of understanding and consequently allow us to be more effective in action.

For Georges Gusdorf¹¹, interdisciplinarity implies the encounter and cooperation between two or more disciplines, each contributing its conceptual schemes, its way of defining problems, and its research methods, while transdiscipline implies that collaboration and the contact that develops between the different disciplines must allow them all to adopt the same method, the same paradigm. Edgar Morin¹² starts from a similar hypothesis when he considers that the study of man from various points of view - genetic, ecological, and sociocultural - can only enrich the idea of human unity and diversity.



What is interdiscipline?

Interdiscipline is the association of two or more disciplines generating multiple intersections and, at the same time, the recognition of the validity of other points of view.

There is exchange, cooperation, a search for correspondence that is no longer at the disciplinary level but rather adaptation to the problem and reciprocal, although not total, fit. The legality of each discipline is respected, but the discipline is declared "open" to the points of view of other disciplines.

¹¹Passé, présent, avenir de la recherche interdisciplinaires. *Revue internationales de sciences sociales* (Paris, Unesco) XXIX (1977).

¹²Morin, E. (1992). *From the concept of system to the paradigm of complexity*. *Journal of social and evolutionary systems*, 15(4), 371-385.



What is transdiscipline?

Transdiscipline¹³ is the process that allows the emergence of new fields of knowledge from the dialogue between disciplines, in the course of which they end up adopting the same paradigm.

The transdisciplinary approach tries to break disciplinary boundaries and articulate science and knowledge in order to solve society's problems in a more comprehensive and participatory manner.

It is related to the epistemology of complexity developed by Edgar Morin and aims to understand social phenomena from a holistic view that integrates different levels of reality.

His approach is from an ecological, human and social commitment perspective.



What functions does the interdiscipline perform?

Interdiscipline fulfills epistemological functions¹⁴. It allows us the necessary openings for the design of the great perspectives from which new theoretical developments are born. It becomes a prospective tool because it will enable us to anticipate and perform the necessary changes.

It also fulfills social functions because it provides the theoretical substrate for resolving complex problems in which society, culture, and technology are articulated. For example, the effectiveness of the design of social policies in childhood will depend, in addition to scientific-technical contributions, on an adequate socio-anthropological reading of the community where it is applied.

All these functions come together in practice because interventions with children present complex situations in constant dynamics. The decisions made regarding a particular child are directed towards that child's future with a personal and social impact that is difficult to determine.

¹³Nicolescu, B. (2002). *Manifiesto of transdisciplinarity*. Suny Press.

¹⁴Smirnov Stanislav. *La aproximación interdisciplinaria en la ciencia hoy. Interdisciplinarietà y ciencias humanas*. Tecnos (1983).



How to build bridges between disciplines?

The starting point is a solid disciplinary formation. From this, we must consider how to build the bases within the discipline itself to go to the interdisciplinary encounter.

Steps for the interdisciplinary encounter:

1. Acknowledge the need for interdisciplinary practice as part of the work within our discipline.
2. Provide time and space for the training of the team. It is necessary to work on the anxieties and defenses that the disciplinary encounter creates.
3. Be clear about the objectives of the discipline itself and the distances that separate us from the interdisciplinary objectives.
4. Develop a clear language to communicate with the other discipline.
5. Reflect on the priorities of the discipline itself and how they are articulated with the priorities of the others in the particular case.



What attitudes do we need to develop?

1. Being aware of one's own emotions when they occur allows us to reflect before acting.
2. Remain open to dialogue and incorporate knowledge and intervention criteria from professionals from other disciplines.
3. Integrate categories of knowledge and contribute to the construction of common ranges from which to act.
4. Respect the specific field of action and the criteria of each discipline.



What emotional skills do we need?

1. Anxiety control and awareness of one's own emotions to avoid projection on others. Promotion of self-control capacity.
2. Postponement of the action. Mediatization through reasoning. Tolerance to frustration: ability to wait and postpone results.
3. Humility and cooperation: Basic ingredients of the interdisciplinary task.
4. Self-knowledge and self-observation: Create mental habits of "vigilant awareness" by simultaneously focusing on the field of observation and our cognitive processes. It is about developing the ability to tune in to different levels of our perception.





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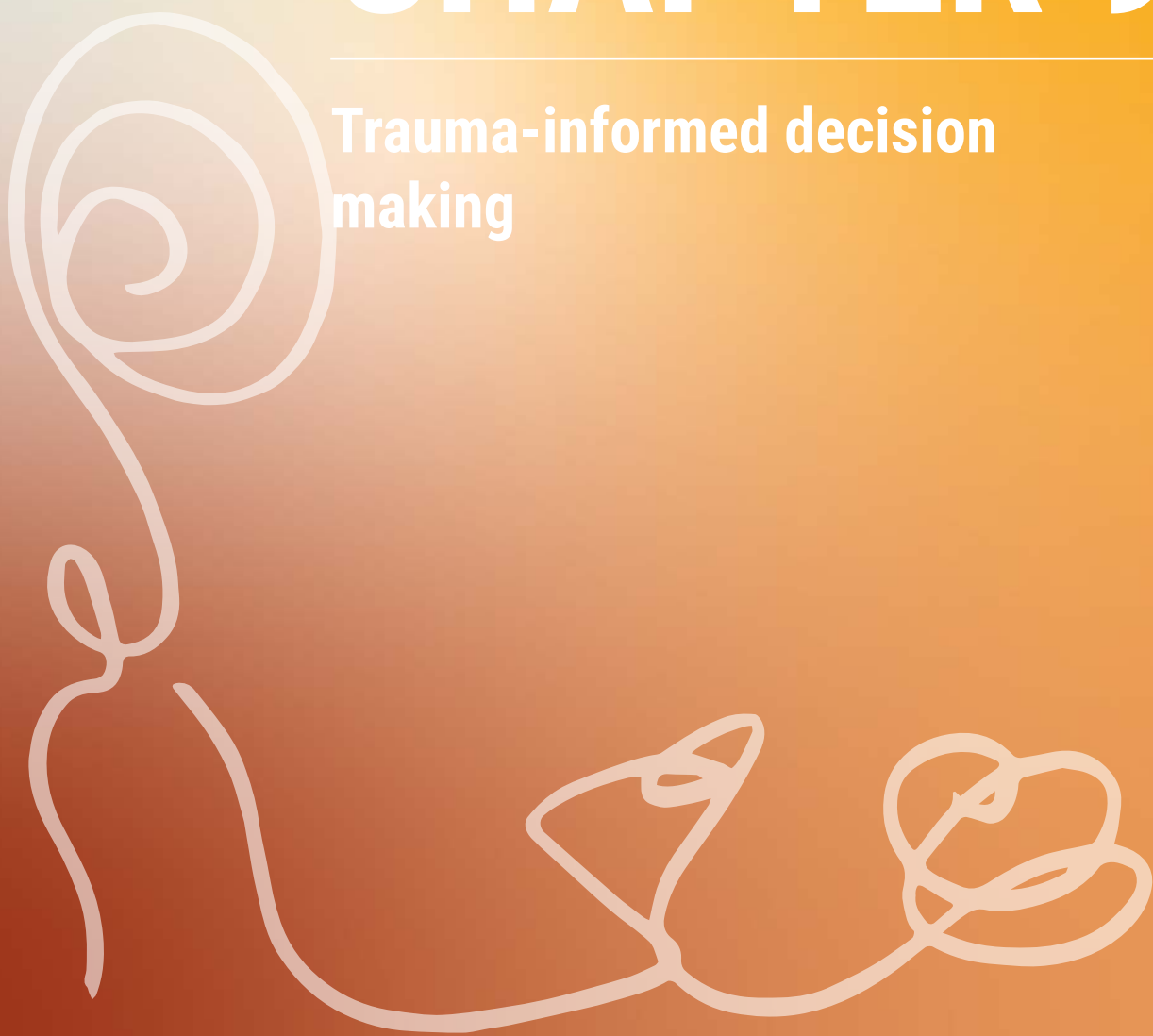


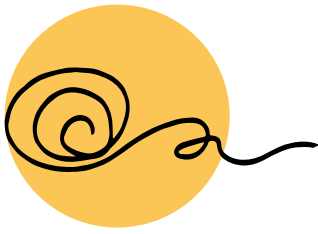
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CHAPTER 9

Trauma-informed decision making





Why trauma-informed decision-making?

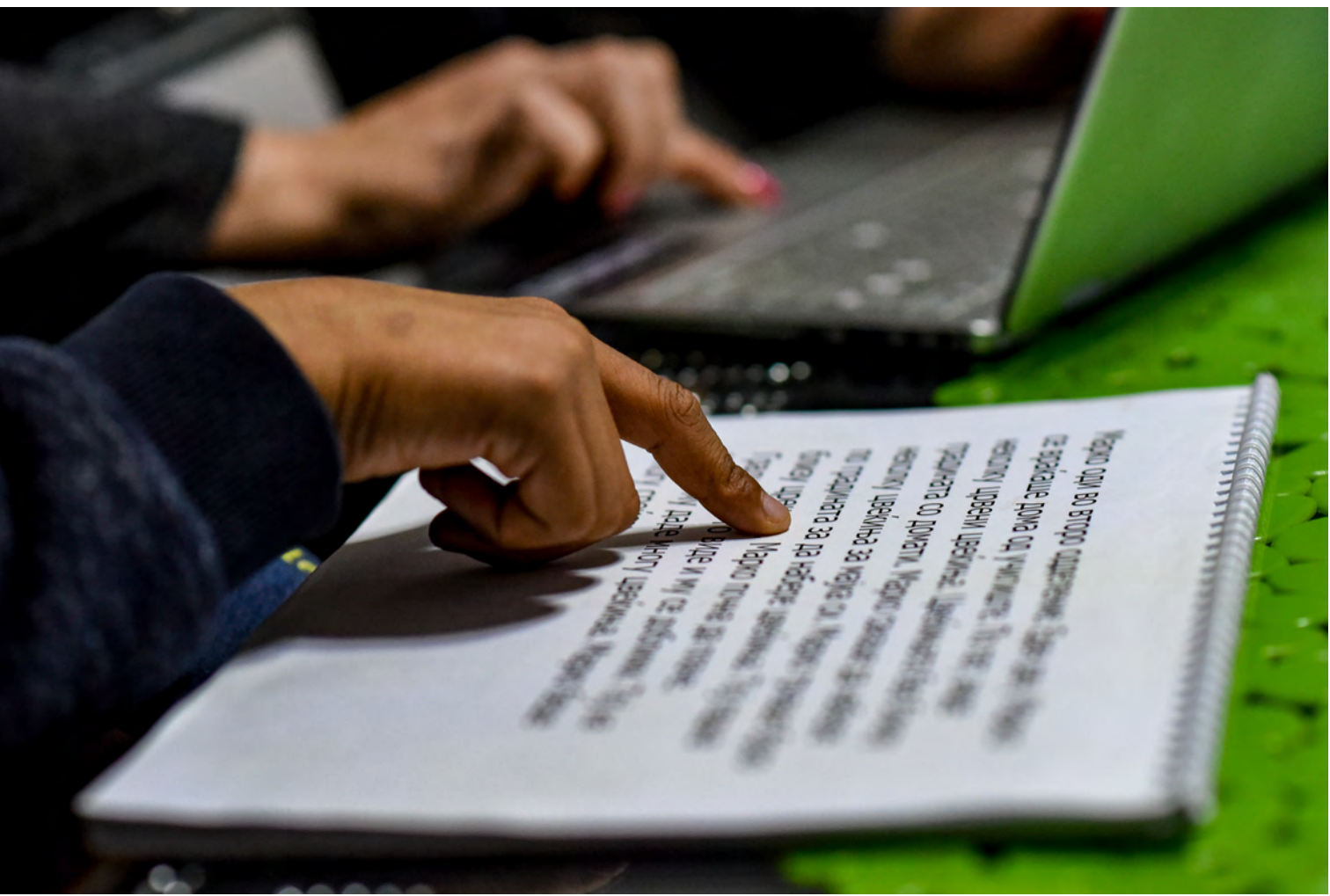
Knowing the traumas and the mechanisms by which it manifests leads us to review how we incorporate the new information to the analysis of the cases, the way of approaching them, the strategies, and the evaluation of the objectives.

This entire process is carried out by interdisciplinary teams, although in the different phases of the process, the role and relevance of each discipline are different.

A trauma-informed perspective means considering trauma throughout the entire decision-making process.

Any observation or professional intervention is carried out based on the primary function of assessment.

What does it mean to value? It is assigning a value or priority to different possibilities. It is to choose among other possible actions. Decision-making is the consequence of a previous process, substantially evaluative, which includes *different stages*.





What are the steps?

- First contact with the situation.

It is a priority to *ensure open listening* to make as many possible matches with the case's complexity. The "floating attention" technique is essential to form an integrated and comprehensive vision. From the expertise of each discipline, the interdisciplinary team will make the diagnosis. Once the work of each one has been completed, a new instance will be opened where the information provided by each discipline is shared, and points of view will be exchanged.

- Evaluation of the indicators.

It has an intradisciplinary level and an interdisciplinary one, which is the moment of sharing. In this instance, a value, positive or negative in its different graduations, is assigned to the objective and subjective indicators and collaborates with the other disciplines to systematize them. It is essentially a diagnostic task, but considering that the indicators are only signals, they are never considered certainties. The results of this evaluation are the hypotheses of the case.

- Design of strategies.

It is a task that requires prospective thinking, integrating different variables depending on the evolution of the case. It considers the contribution of intradisciplinary levels, for example, the technical-legal resolution of the case, and interdisciplinary levels, such as the strengthening of family ties, treatments, or orientation.

- Decision making.

It is related to the function. It depends on the institution where it takes place. In a hospital, it will be the doctor, in a court, the judge, in the school, the teacher. However, the depth of the decision will depend on the maturation process in an interdisciplinary team.

- Follow-up.

The measurement of the objectives must be carried out sequentially throughout the entire process.



What do we feel in front of every possibility that opens up?

Feelings play a fundamental role when weighing decisions because they allow us to reduce the series of possible choices to a more manageable matrix¹⁵. Emotions can be an obstacle if they assault us and drag us into thoughtless actions. But they can be a strength to develop empathic attitudes and understand people's needs better.

It is not about suppressing emotions but achieving an emotional balance that makes it possible to contextualize the problem in its proper dimension, translating into criteria adjusted to the case. Sometimes it is difficult for us to define the criteria; these are precisely the emotional and intellectual substratum distilled from the experience; they are dynamic and require adaptation to each case.

Conclusions



The interdisciplinary methodology needs to be applied to judicial practice.

International guiding standards such as the RIAD Guidelines and the Beijing Rules introduce the issue in *justice for children*, emphasizing institutional practices and permanent training of system operators as the axis of social policies that guarantee an adequate standard of institutional quality of the *justice for children* system.

It must be considered that even having laws that are appropriate to international frameworks, the validity of the law is not always reflected in the performance of practices; they are closely linked to practical institutional modalities and organizational cultures. It's the actual breaking point and battlefield where the paradigm shift promoted by International Humanitarian Law is settled.

That is why it is essential to critically reflect on institutional practices in times of fragmentation and rapid changes in contexts of social vulnerability such as the current ones.

It is needed to improve the organizational design to be "good enough" to hold "the law" as a condition for more effective and equitable practices.

¹⁵Goleman, D. (2001). *Emotional intelligence: Issues in paradigm building. The emotionally intelligent workplace*, 13, 26.



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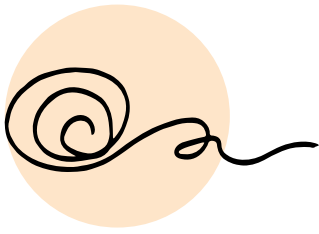
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CHAPTER 10

The adolescent brain





The adolescent brain

“I would like there to be no time between the ages of 10 and 23 or to spend youth sleeping because there is nothing during that interval, there are only pregnant girls, elders are offended, people steal and fight.”
William Shakespeare¹⁶

Adolescence is not a new phenomenon and much has been investigated from different disciplines on the changes that the human being experiences in the passage from childhood to adulthood.

The neuroscientific advances of the last decade have expanded our knowledge and allow us to see in real-time what is happening in our brain; how we think, how we feel, how we remember, how we learn, how we plan, how we decide, and how we relate to each other.

Neurosciences and law comprise two areas of knowledge with different objects of study.

Neurosciences will be in charge of studying the brain and the nervous system. Its mission, in the words of Kandel¹⁷, will be to explain behavior in relation to the activities of the brain.

Law will include a set of legal norms and will be in charge of the normative and institutional order of human behavior in society.

The link that has existed for some years between neuroscience and Law (which has become known as neurolaw) contains another interest in itself. Its purpose is to examine whether the discoveries and advances made in neuroscience may have any impact or implication on legal issues.

One of the areas where the contribution of neuroscience is most important is in *justice for children*¹⁸, based on scientific evidence that shows how the brain of children and adolescents develops, matures, and functions.

Youth or adolescence represents a critical moment in the life of people who go through this stage in which considerable physical and psychological growth occurs, also characterized by biological and hormonal changes.

Thus, several myths have been destroyed, and new ways of understanding youth behavior have been opened, with an impact on the design of laws, legal practices, legal theories, and public policy programs.

We have also understood that the relationship between environment and behavior is essential. Working on changes in context may result in behavior modification.

¹⁶Shakespeare, W. (2019). *The winter's tale*. In *One-Hour Shakespeare* (pp. 196-254). Routledge.

¹⁷Kandel, E. R., Schwartz, J. H., Jessell, T. M., Siegelbaum, S., Hudspeth, A. J., & Mack, S. (Eds.). (2000). *Principles of neural science* (Vol. 4, pp. 1227-1246). New York: McGraw-hill.

¹⁸Jones, O. D., & Shen, F. X. (2012). *Law and neuroscience in the United States*. In *International neurolaw* (pp. 349-380). Springer, Berlin, Heidelberg.



What are the most relevant findings for *justice for children*?

1. The *child brain* around the age of ten reaches the volume of an adult but the different neuronal areas undergo a reconfiguration process with different maturation times that generate new neuronal connections.

We see then that a young person can achieve results equal to those of an adult in terms of mathematical reasoning but does not have the ability to inhibit his actions and modulate his emotions as an adult.

The maturation process lasts until the age of 25 and some areas such as the frontal lobe up to the age of 30.
2. The development of the human brain occurs from the oldest to the most recent phylogenetic areas. The last to mature, the prefrontal cortex, is precisely in charge of planning, regulating emotions, assessing risk, controlling impulses and inhibiting behavior as well as being the processing area of judgment and self-awareness.
3. The structure and functions of the adolescent brain are different from those of an adult. Its structure is less integrated and more unstable because it is undergoing transformation and reconfiguration.
4. Not only does the structure change but also the functioning. The entire reward and pleasure circuit (called the dopaminergic circuit) is more activated than in an adult. This makes the adolescent feel more pleasure, also in taking risks, although he is not unaware of the implications of her behavior. This functioning has an evolutionary sense since the young person is driven to explore the outside world and exogamy.
5. In this stage, learning occurs through peers. This is also a product of human evolution; you need to learn from your context in order to survive adversity. Hence, the importance of interacting with young people their age to learn social skills that allows them to be included in social life.
6. Neurological developments are modulated by the context. It is the experiences with the family, social and cultural environment that stimulate or slow their neurological development.
7. Adverse environments, violence, stress, and deprivation have a negative impact and leave traces on the health and maturation of your brain.
8. Also the impact of drug use is greater the earlier the age of initiation of consumption.

- 9. The development of empathy is still incipient in adolescents. They have difficulty reading other people's emotions and putting themselves in other people's shoes. Their vital energy is focused on their own development and the construction of their personal and social identity.
- 10. Due to the profound transformation that its structure undergoes, it is the moment of greatest plasticity of the human brain. That is why it is said that it is a sponge of rewards and learning.
- 11. This implies the enormous potential for change, reconfiguration, and the ability to incorporate knowledge and develop skills and talents, which will be essential for education, creativity, and social development



What is Synaptic Pruning?

The brain acquires its maximum size at the end of childhood, in later years its structure changes (this means that some areas grow, others shrink and there are those that only reorganize); in a few words, the brain reorders itself.

Neural pruning is the process by which all the connections that were generated since childhood undergo a pruning process; those that were not used are cut out and the most frequent remain.

This process leads to a volume loss of the prefrontal cortex of about 18%, which is in the process of reconfiguration.

These changes often lead the adolescent to develop in a strange or incomprehensible way for adults, and even incomprehensible to themselves.

Something important to consider is the ecosystem in which the brain matures. It will depend on the nurturing experiences or, on the contrary, the adverse ones, which circuits are more active and last because they fulfill an adaptive function.

The evolution of men and women is also different, there is a difference of up to two years in the process of maturation; being faster on women.



Why do young people develop risk behaviors?

- Because *their limbic system*, which processes emotions and rewards, is more active.
- Brain scans revealed that the regions of their brains in which emotions are processed were unusually active, while the areas dedicated to keeping those emotions in check were weak.
- They have greater pleasure in taking risks, although they know the consequences of his behavior.
- They cannot be put in place of others; their empathy capacity is not yet stable.
- Their prefrontal cortex is not yet mature enough to control their emotions and inhibit behavior.

What does this new field of knowledge bring us?

1. Know the factors that influence adolescent behavior for more sensitive, humane, and effective approaches.
2. Discuss with greater foundation and evidence the age from which it is convenient to set the age of criminal responsibility.
3. Have information for approaches that strengthen the introjection of the law and responsibility in young people.
4. Discuss with greater knowledge and depth the design and implementation of public policies on youth.
5. Promote the modification or sanction of specialized laws on the well-being and social integration of victims and perpetrators.
6. Resolve more accurately the cases that are presented at the judicial level.
7. Improve the intervention and jurisdictional approach.
8. Apply more effective restorative procedures based on scientific evidence.



How do neurosciences contribute to informed trauma?

Today we know with more precision how trauma affects the evolution of the brain of children and adolescents in the short, medium, and long term, in addition to the consequences it has on their lives and their behavior.

We can identify post-traumatic stress factors such as violence, lack of food, emotional deprivation, and abandonment and better understand how the context can be a disruptive factor or, on the contrary, a restorative and healing factor. We know that context is essential in the development and evolution of young people.

Trauma has a historical component, it is the circumstances and events that went through the young person's life, but it also has a present component: it teaches us how we can intervene so that the trauma can be integrated and the young person can unleash his development potential and develop a happy life within the given historical context.

The good news is that if trauma is understood and contextualized in its social and cultural environment, and the young person is offered a healthy ecosystem and emotional support to go through the critical moments of their transformation, the brain has the capacity and plasticity to reconfigure and generate new connections that allow them to experience security and well-being, and thus unfold their greatest human potential. Translated into legal language is to make real access to human rights.

Reflections on practice¹⁹



Justice for children represents a multi-causal issue that requires an interdisciplinary approach and intervention.

The evidence obtained and brought together by neuroscience on the development of the adolescent brain allows us to guide differentiated actions in judicial practice, with *seeing adolescents in conflict with the law as victims*.

Bearing in mind the close relationship between environment and behavior is crucial for the exercise of *justice for children*. The modification of contexts can result in changes in behavior.

Understanding the different cognitive processes that intervene in adolescent human behavior is essential for the process of making judicial decisions.

In professional practice, it helps us to guide the solution of the conflict avoiding the re-traumatization of children and young people who are in full biological, psychological, social, and spiritual development.

In practice, it allows us to introduce contributions and neuroscientific evidence on the adolescent brain in legal practice and in hearings to argue the requirements with greater specialization, rigor, and sensitivity.

Also, expand knowledge to request evaluation points and specific expertise and propose programs appropriate to the characteristics and needs of each adolescent, to enhance their skills and abilities.



¹⁹ SUPPORT MATERIAL:

1- The neuroscience of restorative justice | Dan Reisel

2- What would a world without prisons be like? | BBC Ideas

3 - How forgiveness can create a more just legal system | Martha Minow

4- Dan Siegel - "The Adolescent Brain"



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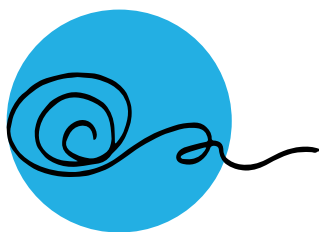
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CHAPTER 11

Refugees Care approach





Present context

Although the phenomenon of refugees is old in history, it was not until the 20th century, characterized by an unprecedented rise in population exodus, when they were for the first time considered persons in need of international legal protection and therefore perceived as differentiated from other classes of emigrants. Thus, the 1951 Convention, of universal application, laid the foundations for the usual distinction that has been made since then in the international system between refugees and other migrants.

At the end of 2020, the number of forcibly displaced people around the world reached more than 82 million, so if we take into account that the Office of the High Representative of the United Nations estimates of the Commissioner for Refugees (UNHCR) pointed out the existence of approximately 68.5 million people displaced by war in 2017, this phenomenon shows us a number affected by the characteristic traumas that accompany war, such as food shortages, civil collapse, organized violence, terrorism and torture (UNHCR, 2018).



Who is a refugee?

A refugee is defined as a person who is forced to leave their country of origin because they have a well-founded fear of persecution because of their race, religion, nationality, membership of a particular social group or political opinion, or because their safety, integrity, or freedom are threatened in that country.



What are the most frequent traumas?

People who leave behind their country, their family, who live persecution or other traumatic experiences linked to organized violence, war, ideological persecution, extreme poverty, community ruptures, develop traumatic impacts at different levels: physical, psychological, emotional, social, and spiritual.

Refugees' obstacles do not end when they leave their land, but they must get used to a new society, learn a new language, and often face the prejudice of those who decide to welcome them.



In what contexts are the practices performed?

In the environments organized for their care, such as refugee camps, hospitals and health centers, schools, community, religious and legal defense organizations.

These places become privileged spaces for the development of trauma-informed programs and practices.

Regarding work with survivors of massive violence, practices on informed trauma are performed primarily by psychologists, social workers, and psychiatrists, but the importance of their practice in non-therapeutic contexts is beginning to be observed.

Experience in societies that have experienced humanitarian catastrophes teaches us that addressing the needs of people traumatized by violence is an essential part of the path to justice and peace.



Who are the professionals and agents involved?

Since the work with refugees implies participation in humanitarian tasks, the range of professionals and agents involved is broad and heterogeneous.

Within the innumerable humanitarian agents, we could point out the personnel who work in refugee camps, medical care, educators, human rights defenders, researchers, and military agents in humanitarian actions.

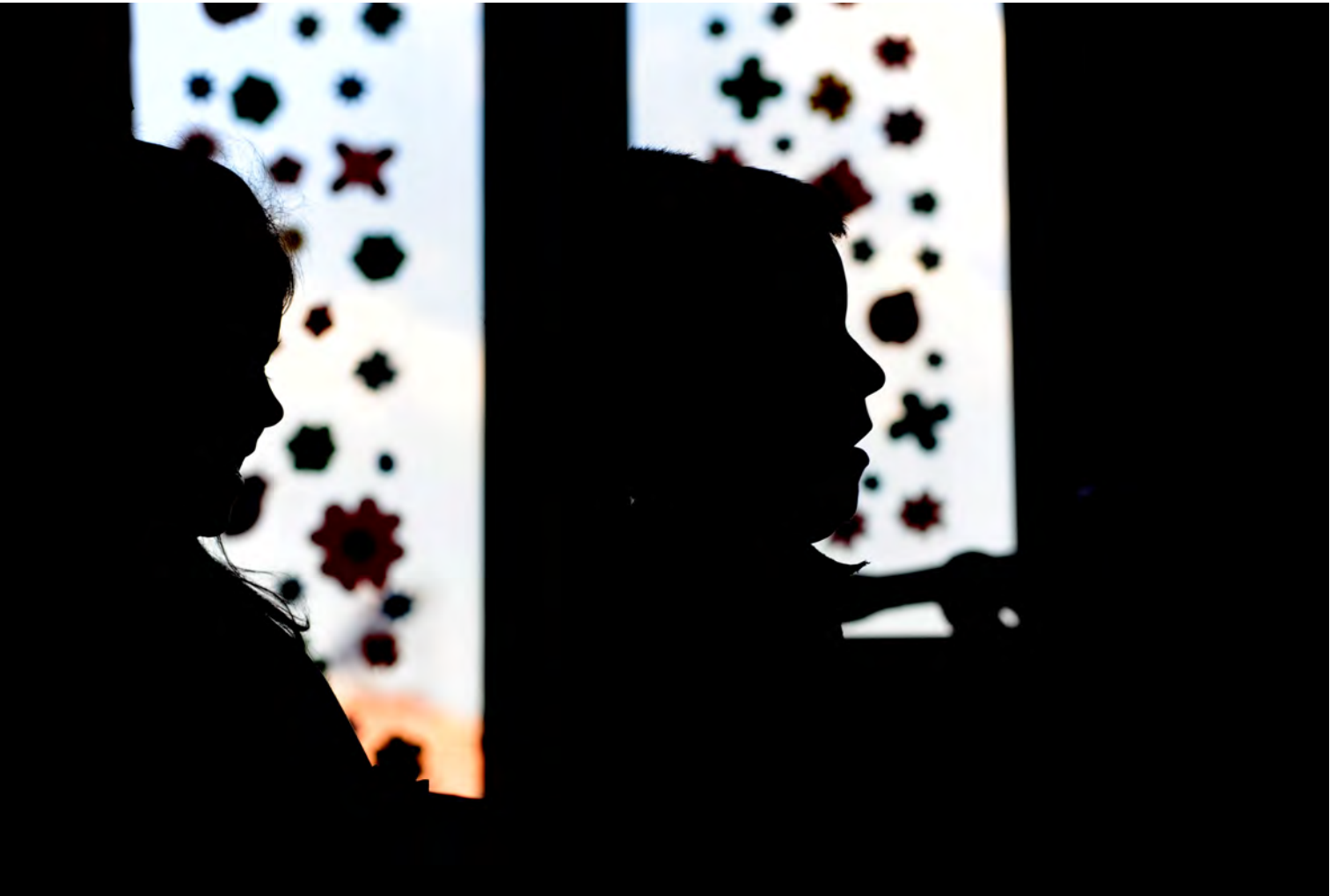
Due to the characteristics of the intervention, there is a high degree of interdependence and the need for coordination between professionals and non-professionals in the task of assistance and humanitarian mission.



What are the trauma-sensitive care principles?

When we speak of sensitive care we refer to a relationship that generates a bond of attachment between those who establish it; a person who suffers should be able to relate to a "caregiver" who is not only physically present but emotionally and psychologically available for their support.

The physical, emotional, and affective contact, the accompaniment in their interests and projects, and the setting up of meaningful relationships allow us to rebuild emotional security.



Katherine Porterfield²⁰ presents clinical principles of care that can be used by *all professionals who work with survivors*.

The principles are: 

- **Safety:**
Assessment and reinforcement of the survivor's safety needs
- **Strength, resilience, and survival:**
Recognition of the survivor's inherent strength from having survived his/her/their trauma
- **Rebuilding of community:**
Provision of opportunity for survivors to connect to a community
- **Telling is acting:**
Recognition of the survivor's agency and power in choosing to tell his/her/their story
- **Cultural competency:**
Engagement with survivors in ways that embrace and reflect their chosen cultural origins and values
- **Meaning-making:**
Validation and acknowledgment of survivors' unique, subjective way of making meaning of their experiences

For reflect ... 

Hanna Arendt²¹ describes the intimate experience of being a refugee, the feeling of losing belonging ... and consequently, the difficulty of imagining a becoming.

"We lost our home which means the familiarity of daily life, we lost our occupation, which means the confidence that we are of some use in this world. We lost our language which means the naturalness of reactions, the simplicity of gesture, the unaffected expressions of feelings"

²⁰Porterfield, K. (2020). *Principles of Care of Survivors of Organized Violence in a Global Society*. *Journal: The Cambridge Handbook of Psychology and Human Rights*, 361-372.

²¹Arendt, H. (2017). *We refugees*. In *International refugee law* (pp. 3-12). Routledge



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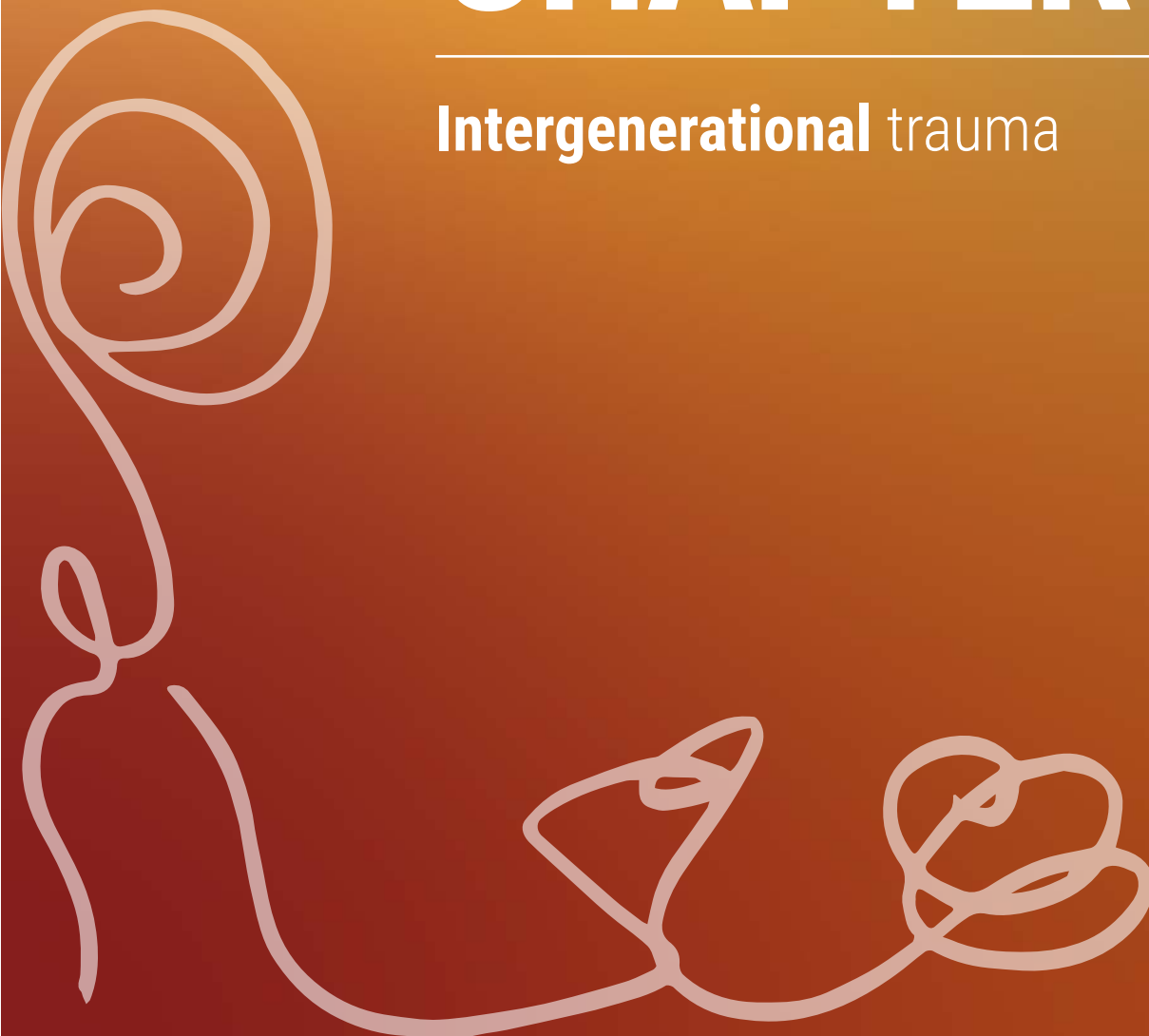


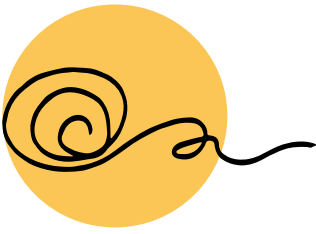
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CHAPTER 12

Intergenerational trauma





The multidimensionality of trauma

As we mentioned in the first chapter, individual trauma is one of the dimensions of trauma.

From a broader perspective, personal traumas have their roots in intergenerational, cultural, social, and historical traumas.

They are different dimensions of trauma that interrelate through resonance and integration processes.

Indeed, today's traumas resonate with the echo of past traumas and are activated to be seen, recognized, and integrated into the individual and collective consciousness to be healed.

Trauma can manifest at the individual, intergenerational, transgenerational, and collective levels²².

Although interrelated, each of them expresses itself in its language and patterns.

We are all individual and collective beings at the same time. The lineage and the heritage of our ancestors live in us, with their gifts and talents but also with their traumas. Traumas whose roots lie in the common family and collective soil.

From psychoanalysis, Freud revealed the existence of the subconscious and unconscious levels of the psyche and included in its content the archaic heritage of the experience of previous generations as well as the presence of feelings that would be transmitted from generation²³ to generation²⁴.

Carl G Jung broadened his gaze by making the collective unconscious and its shadows visible²⁵.

From psychotherapy, Anne Ancelin Schützenberger addressed transgenerational memory and traumatic transmission between generations²⁶.

Recently, a new branch of neuroscience, epigenetics, confirms these views and begins to reveal through which mechanisms the traumatic experiences of ancestors can impact future generations.

²²Thomas Hübl, Julie Jordan Avritt. *Healing Collective Trauma: A Process for Integrating Our Intergenerational and Cultural Wounds*. Sounds True (2020)

²³Sigmund, F. (1939). *Moses and monotheism*

²⁴Freud, S. (2021). *Totem and taboo*. Phoemixx Classics Ebooks.

²⁵Jung, C. G. (2021). *The personal and the collective unconscious*. In *The Basic Writings of CG Jung* (pp. 111-122). Princeton University Press.

²⁶Schützenberger, A. A. (2014). *The ancestor syndrome: Transgenerational psychotherapy and the hidden links in the family tree*. Routledge.



Can trauma be transmitted transgenerationally?

Intergenerational trauma, also known as multigenerational or transgenerational trauma, is defined by the dictionary of the American Psychological Association (APA) as "a phenomenon in which the descendants of a person who has experienced a terrifying event show adverse emotional and behavioral reactions to the event that are similar to those of the person himself."

This subject has firstly been studied after the Second World War. It was then that some works were able to verify how the generations following the Holocaust survivors showed certain symptoms - nightmares, affective and behavioral problems. It was evident that the original trauma of the ancestors continued in different ways in the descendants.

Also, in professional practice, we frequently observe how the same trauma is repeated from generation to generation within the same lineage, although sometimes the family does not perceive it as such or downplays it. Even silent and unconscious, there are traces of his presence.

From a psychological perspective, transgenerational trauma shows us how certain events or experiences that have not been processed in the family and are silenced can be unconsciously transmitted to later generations and cause disturbances in their members.

More recently, numerous researches on descendants of survivors of humanitarian catastrophes such as the Holocaust²⁷, Colonization²⁸, Genocide²⁹, and Famine³⁰ have provided valuable evidence on how trauma effects leave their mark on biology, human behavior, and social dynamics.

²⁷Lehrner, A., & Yehuda, R. (2018). Trauma across generations and paths to adaptation and resilience. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(1), 22.

²⁸Smallwood, R., Woods, C., Power, T., & Usher, K. (2021). Understanding the impact of historical trauma due to colonization on the health and well-being of indigenous young peoples: a systematic scoping review. *Journal of Transcultural Nursing*, 32(1), 59-68.

²⁹Dyregrov, A., Gupta, L., Gjestad, R., & Mukanoheli, E. (2000). Trauma exposure and psychological reactions to genocide among Rwandan children. *Journal of traumatic stress*, 13(1), 3-21.

Bezo, B., & Maggi, S. (2015). Living in "survival mode:" Intergenerational transmission of trauma from the Holodomor genocide of 1932-1933 in Ukraine. *Social Science & Medicine*, 134, 87-94

³⁰Robertson, F., Coall, D., McAullay, D., & Nannup, A. (2019). Intergenerational influences of hunger and community violence on the aboriginal people of Western Australia: A review.

How can it manifest?

People experiencing intergenerational trauma may exhibit emotions, symptoms, reactions, patterns, and psychological effects of trauma experienced by previous generations even without having experienced it in their lifetime.

They may also experience symptoms similar to post-traumatic stress disorder, including hypervigilance, anxiety, and mood dysregulation.

However, because the individual did not directly experience the trauma themselves, there will be no flashbacks or intrusive memories but rather symptoms and emotions of events that did not happen to this person.

In addition, as stress responses are related to physical health problems, intergenerational trauma can also manifest as somatic illnesses.

Some ways of how it's shown

- Recurring, disturbing, and unexplained thoughts and emotions that are usually accompanied by distress, diffuse fear, and anxiety.
- Family events silenced or supposedly forgotten.
- Exclusion and forgetfulness of a family member
- Mournings difficult to process.
- Negative patterns repeated in close links.
- Emotional attachment and fear.
- Disturbing feelings for the possibility of the loss of loved ones.
- Deep feelings of inadequacy and rejection.
- Eating Disorders. Nutrition-related distress.
- Loyalty and complacent attitude toward patterns of family interaction that produce suffering.
- Accidents or exposure to risk situations
- Unjustified feelings of anguish and oppression.
- Unexplained bodily sensations
- Overreaction to low-intensity stress situations

- Compulsive desires. Persistent feelings of anguish, fear, and shame.
- Anniversary syndrome. Dates of accidents and causes of death that recur regularly in the same family line.
- Negative feelings in certain places and situations.
- Longing, estrangement, melancholy, and feelings of loss.
- Difficulty connecting with pleasure.
- Unjustified feelings of guilt.
- Limitations to fulfill goals due to loyalty to ancestors who did not have the same opportunities.
- Feelings of revenge for events that occurred to an ancestor.
- Discouraging or not allowing the elderly to talk about the traumas they have experienced.
- Hiding parts of the family history associated with traumatic or embarrassing events.
- Hyper-vigilance, sleep problems, nervous activation.
- Psycho-somatic illnesses



Can the legacy of trauma be inherited at the biological level?

We all know that we receive genes from our mother and father and that this genetic material defines our physical traits, character, and even the predisposition to inherit certain diseases.

However, in recent years, a new branch, epigenetics, reveals how traumas are transmitted between generations not through genes but through sophisticated chemical mechanisms that modify their expression.

Epigenetics is an evolutionary strategy of human biology which uses information from environmental experiences to promote the adaptation of future generations to the conditions of the context. We all have a genetic code and an epigenetic code that is the memory of our ancestors' inherited experiences and adaptive strategies.



What is epigenetics?

Epigenetics (from the Greek epi, in or on; - genetics) is the study of the mechanisms that regulate the expression of genes without a modification in the DNA sequence. Its function is to mediate the relationship between genetic information and environmental influences for a more efficient adaptation of the living organism.

The lifestyle, the environment in which we live, our diet, and even certain traumatic events can generate changes in the expression of genes in our offspring.

One of the mechanisms is explained by small chemical "tags" called "epigenomes" that activate or deactivate genes, offering a way to adapt to the conditions of the context without causing a permanent change in our genomes. Other chemical mechanisms related to messenger RNA and histone modification are being studied.

Scientists at Mount Sinai Hospital demonstrated that the effects of post-traumatic stress in Holocaust survivors activated the epigenome capable of altering the person's genetic expression. That traumatic imprint was passed on in many ways to the following generations.

The consequences of passing on the effects of trauma are huge, even if subtly modified between generations.

Including the perspective of the context of the experiences of our parents and ancestors helps us better understand how we respond to situations in our lives and make us more aware of the influence that the history of our ancestors can have on our physiology and even our mental health.

However, it is necessary to emphasize that this type of inheritance is not decisive, but rather it will depend on many factors that this epigenetic predisposition materializes in a higher probability of suffering the symptoms.

An encouraging conclusion is the possibility of the reversibility of the changes. As they are highly dynamic adaptation processes, the mutations could be reversed through different therapies and contextual conditions.

Its starting to open a revolutionary idea: being aware of and healing the effects of trauma in the present might prevent its transmission to future generations.

How can we see intergenerational trauma in family stories?

For Anne Ancelin Schützenberger³¹, we are literally driven by a powerful and unconscious fidelity to our family history. It is a systemic field to which we belong and in which we unconsciously participate.

In her therapeutic work and in her personal history, she observed how in some families accidents, deaths, illnesses, and other significant events were repeated over and over again on the same dates and at the same ages. Sometimes even in three, four, or five generations.

It's what she calls "Anniversary Syndrome."

From her perspective, repetition would be an unconscious way of honoring and being loyal to the family system.

"Loyalty" is also a central concept for the Hungarian psychoanalyst Ivan Boszormenyi-Nagy³². From his point of view, the unity of the group depends on the loyalty between them. This loyalty includes the thoughts, motivations, and actions of each other. For him, the goal of therapeutic intervention is the ethical restoration of transgenerational relationships.

Hence another concept is born: family justice. Situations of injustice in family relationships end in bad faith, exploitation of family members among them, illnesses, or repeated accidents.

While in another way, if there is affection, care, and consideration and there is a balance between what is received and what is given among the different family members, a warm feeling of well-being is created that is transmitted to the descendants.

³¹Ancelin-Schutzenberger, A. (2018). *Aïe, mes aïeux!*. Desclée de Brouwer.

³²Boszormenyi-Nagy, I. K. (2013). *Between give and take: A clinical guide to contextual therapy*. Routledge.

Can we free ourselves from the weight of unconscious family loyalties?

Perhaps it should be possible if we dare to take root in our history and name, recognize and make aware of what was excluded and silenced. This is the condition that will make it possible to end the cycle of repetition of the trauma.

«We are not as free as we think, but we have the possibility of conquering our freedom and leaving the repetitive family fate of our history if we understand the complex ties that have been woven in our family and discover the secret dramas, the words that were never said and the unfinished mournings .»

Anne Ancelin Schutzenberger



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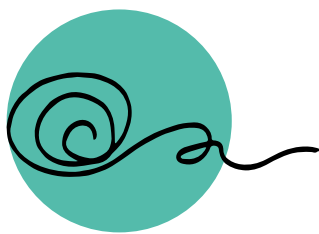
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CHAPTER 13

Resilience and Trauma





What is resilience?

For Boris Cyrulnik³³, the definition of resilience could not be simpler: it is the initiation of new development after a trauma. What is difficult to define are the conditions that make it possible: safe environments, recovery, relationships, and culture.

As old as humanity, resilience was the only way of survival for many people and communities throughout history, who were able to resist destruction and still build something positive.

Resilience is a "process" - which can be promoted and developed - that allows the individual to emerge strengthened and transformed by shock experiences with adversity and trauma, thus achieving the deployment of their emotional, cognitive and social capacities to achieve a life with meaning and creative potential.

They are processes of "active adaptation" insofar as the person does not passively submit to adverse circumstances, but activates their resources and creativity for their own response, fostering the feeling of self-mastery in the face of the situation and reappraising the freedom of choice.

There is a change of perspective of the subject in the face of adversity. The resilient approach places the person not as an object of unavoidable circumstances but as an active subject in the process of personal transformation that pushes him to overcome his own limits and make this experience a resource of strengthening and greater responsibility for himself and others.

It is an ecological model of a comprehensive response, which enhances personal resources through social support and participatory processes in the community. Victor Frankl, a psychiatrist, creator of logotherapy, and concentration camp survivor said:

"Everything can be taken from a man except one thing: the last of human freedoms: to choose one's attitude in any given set of circumstances, to choose one's own path."

The story of Victor Frankl³⁴ is an example of active resistance and resilience.

Even in extreme circumstances, he maintained an internal space of integrity, solidarity, and ethical coherence. The search for meaning allowed him not only to survive but also to transcend pain and offer it as wisdom to humanity.

"When we can no longer change a situation, we are challenged to change ourselves." Victor Frankl

³³Cyrulnik, B., Spire, A., Vincent, F., & Martin, N. (2010). *La résilience. Le Bord de l'eau*.

³⁴Frankl, V. E. (1985). *Man's search for meaning*. Simon and Schuster.



Can trauma be a resource for building resilience?

Trauma and resilience seem to be opposite sides of the same story.

However, by understanding the effects of the traumatic event in a person's life, we can unravel what mechanisms will help them build resilience.

The way and the language in which the trauma is expressed will show us which is the right approach knowing that it is not about suppressing the symptom, but about offering a safe relational space so that one's own resources are activated and then connected and integrated the emotions that were split off in the past in order to survive.

Part of the resilience process is to understand that those past mechanisms are no longer necessary because the psychological immune system has activated its antibodies. Now the person feels that he is in control of his own emotions, and a space opens up that is once again full of vitality. It is the beginning of the recovery process.



Does resilience begin with trauma?

A trauma-informed perspective also reinforces the idea that it is not necessary to wait for the traumatic event to occur to develop the conditions for resilience.

In the chapter on developmental trauma, we have seen that the traumatic event will have a greater or lesser impact on the child depending on previous experiences of affection, security and attachment. These previous experiences are the safe framework for the child's experience and learning to emotionally self-regulate and co-regulate with his/her environment.

Resilience does not begin after adversity, but its construction starts much earlier in the family and social ecosystem of the child.

The family story of how the elders overcame difficult situations is also a point of support for the child, who trusts that he will overcome the test when the time comes.

Previous experiences are a critical factor in coping with the traumatic event from a resilient point of view and reducing its impact in the long term as well.



What resources does culture offer?

Just as trauma has a cultural and historical context that interprets it and gives it meaning, it is also the culture that offers the resources for healing when the trauma is rooted in the social body.

Each town and its culture have different emotional trains. It vibrates with music, colors, flavors, and narratives in tune with each collective body.

It can be perceived in the feeling of belonging and the emotional intensity of shared rituals.

Each culture offers, like the mother-earth³⁵, medicine for healing.

There is much anthropological research on cultural resources as emotional and spiritual nourishment for people to get out of trauma situations through art, community practices, rituals, and narratives of the ancestors.

It is in connection with the roots that the social fabric torn by trauma is repaired.

Some Latin American authors³⁶ distinguish social trauma from social catastrophe.

From trauma, it's possible to come back because the community, although silenced and traumatized, keeps the living memory of the culture.

Through its narrative, it is possible to restore identity and recover dignity. While in the catastrophe, there is no longer any social bond that can transmit the culture; therefore, there is no place to return.

Just as we know that there are different types of intelligence: emotional, corporal, linguistic, interpersonal, logical, etc., in the same way, each culture has its strengths to cope with adversity. There is no single path; conversely, in the richness of cultural diversity are the emotional fibers that are in tune with the pain of each society, and it is in that reconnection with the roots that it is possible to overcome and transform traumatic experiences.

When the trauma is individual, the path of recovery is a personal process accompanied by the help of the closest ecosystem.

But when the trauma is social, the level of resources and reparation is collective.³⁷

³⁵In Latin America it is called "Pacha Mama" in it involves all the native Andean peoples. It has its own ritual date in the month of August.

³⁶Bleichmar, S., Hornstein, L., & Lewkowicz, I. (2003). *Conceptualización de catástrofe social: límites y encrucijadas*. In *Clínica Psicoanalítica ante las catástrofes sociales: la experiencia argentina* (pp. 35-85).

³⁷Pocket Project research. *International Labs*.

The example of the women of Rwanda

In Rwanda, after a long history of violence that culminated in the 1994 genocide, widowed women, orphaned children, and entire families were torn apart.

It was also necessary to build a common future between Hutus and Tutsis, with "hearts still bleeding."³⁸

The women did not want to talk about their traumas alone; they knew that the sound of drums, music, and dance healed their bodies and emotions³⁹.

Some of the dances tell a story, and through these stories, they communicate what is going on in their lives. Through dance, there are programs for children where they can express fear, sadness, joy, and many other emotions that they may not be able to tell in words. They can also communicate non-verbally with other children in the streets, and through imitation, they manage to communicate and integrate⁴⁰.

Dance/movement therapy and other mind-body strategies for genocide victims have been shown to have a significant healing impact and the ability to build social bonds, resilience, unity, and connection.

"The Rwandan recipe to get out of trauma: sun, drum, dance, community."

Quoting Dr. Parlearman, Ndayambaje⁴¹

"If a generation that experienced violence is not treated and cured, the trauma is at risk of being passed on to future generations. It is one of the crucial consequences of intergenerational trauma that, in the long run term, could alienate the whole community and the whole society in general."

³⁸Ndayambaje interview (2007).

³⁹<https://underthebluedoor.org/2014/08/18/the-rwandan-prescription-for-depression-sun-drum-dance-community-we-had-a-lot-of-trouble-with-western-mental-health-workers-who-came-here-immediately-after-the-genocide-and-we-had-to-ask-some/>

⁴⁰Orkand, S. C. (2020). *Dance/Movement as Resilience, Unity and Community in Rwanda: Shared Experience over Difference*. *American Journal of Dance Therapy*, 42(1), 5-15.

⁴¹NIWENSHUTI, T. (2013). *Dance as a Communication Tool. Addressing Inter-Generational Trauma for a Healthier Psycho-Social Environment in Rwanda and the Great Lakes Region of Africa*, *Matatu*, 44(1), 29-37. doi: https://doi.org/10.1163/9789401210546_004

Mourning and resilience:

Professionals working in the social field and in communities that have gone through situations of violence and trauma are often faced with children or adults who have suffered irreparable losses: the death of loved ones and friends, the loss of their homes, their animals, and their work.

Facing Situations that abruptly change their lives and the context in which they develop, they feel dejected and must face a grieving process.

Since 1969 the Swiss-American psychiatrist Elisabeth Kübler-Ross, after years of care in hospitals, has developed the theory of the *five stages of grief*, in her book "*On Death and Dying*,"⁴² where she presented the stages that explain how people feel at different times in their mourning and how they tend to act.



. Denial

This denial can initially lessen the blow of the death of a loved one and postpone part of the pain, but this stage cannot be indefinite because it will collide with reality at some point.



. Anger

In this phase, feelings of anger and resentment are characteristic and the search for those responsible or guilty. Anger appears in the frustration that death is irreversible and projection mechanisms can appear with the environment.



. The negotiation

In this phase, people have fantasies that the fact of death can be reversed or changed. It is common to ask what would have happened if...? or think of strategies that would have prevented the end result, such as what if I had done this or that?

⁴²Kübler-Ross, E. (1973). *On death and dying*. Routledge.

○ . Depression

Deep sadness and a feeling of emptiness are characteristics of this phase that do not refer to clinical depression, such as a mental health problem, but to a set of emotions linked to natural sadness at the loss of a loved one. Some people may feel that they have no reason to continue living their day-to-day life without the person who died and may isolate themselves from their surroundings.

○ . Acceptance

Once the loss is accepted, grieving people learn to live with their emotional pain in a world where the loved one is no longer there. Over time they regain their ability to experience joy and pleasure.



According to experts, people do not necessarily go through all these stages or in that specific order, so grief can manifest itself in different ways and at different times in each person.

Grieving becomes problematic when the person is frozen in any of the phases; in that case, we speak of pathological mourning, and therapeutic assistance is necessary.

In the case of children, a respectful accompaniment of their times and feelings is needed. They must express how they feel; sometimes, through drawings and playing, when talking is difficult for them.

Also, the mourning of one of the parents can significantly impact the child who does not understand the emotional absence of the adult immersed in his grief.

For some specialists, mourning is different for each person, and it is not necessarily something that has to be overcome, probably that pain will continue, but if the person, despite the pain, continues to develop areas of his life where he returns to feel joy and connection with others, mourning will remain in the background. Although inevitably, the pain reappears in some anniversaries or events. It is its nature; they are waves of sorrow and sadness that, from time to time, visit us and remind us of the presence of a loving feeling that is still there.

What is the relationship between mourning and resilience? When the phases of grief have been gone through, there is a moment when the pain is manageable, and we create an inner space of love and gratitude for the person who is no longer there. It appears a feeling of peace, and it is possible to recover the projection of life in the future. Emotional integrity is healed, and with it also appears an expansion of the intimate circle of love to the environment.

Grief and its process are an essential aspect of the care of our communities, especially children and young people. Understanding the process and its resolution phases is sensitive information for professionals and institutions that work with traumatic situations. This will be reflected in friendly and empathetic practices with those in a grieving condition.



What are the pillars of resilience?

Different studies from psychology⁴³ and sociology⁴⁴ develop the conditions that frequently appear in people considered resilient.

The prevalence of one over the other will depend on each culture and historical context, but in general terms, these are the most relevant:

- Introspection is the art of questioning yourself and giving you an honest answer.
- Autonomy is knowing how to set limits between oneself and the environment with problems; it is the ability to maintain emotional and physical distance without falling into isolation.
- Social competence is the ability to establish bonds and intimacy with other people to compensate for one's own need for affection and give the same to others.
- Emotional regulation: ability to self-regulate and co-regulate emotionally with the environment.
- Problem-solving: the ability to focus and look for alternatives to solve problems
- Creativity is the ability to create order and beauty out of chaos and disorder.
- The initiative is the ability to challenge oneself and try in progressively more demanding tasks.
- Humor is the ability to find comedy in tragedy itself.
- Ethics in relationships, to be capable of committing to values.
- A sense of purpose and future.

⁴³Wolin, S. J., & Wolin, S. (2010). *The resilient self: How survivors of troubled families rise above adversity*. Villard.

⁴⁴Hempel, L., & Lorenz, D. F. (2014). Resilience as an Element of a Sociology of Expression. *Behemoth-A Journal on Civilisation*, 7(2), 26-72.



How can the community build resilience?

Social organizations - community, religious institutions, schools - often promote resilience by enhancing individual capacities, attachment, and belonging. They connect children and young people with a greater sense of community, culture, and spirituality.

When communities engage and get involved, the area of interaction and the process of building resilience expands.

Suarez Ojeda⁴⁵ points out the following pillars of community resilience:

- collective self-esteem and dignity
- Cultural identity
- social humor
- Government honesty
- Ability to generate authentic and participatory leadership
- Exercise of effective democracy in daily decision-making
- Inclusiveness of a society without discrimination

⁴⁵Suárez Ojeda, N., Munist, M., & Kotliarenco, M. A. (2004). *Resiliencia, tendencias y perspectivas*.



Why is resilience trauma-informed?

Trauma and resilience are concepts that face the same phenomenon.

Resilience applies to the “unpredictable” and has advanced in discovering and strengthening the capacities and resources of people, communities, and societies to cope with the unexpected in a healthy way.

The trauma approach explains the psychological, biological, and social mechanisms whose understanding is essential to starting the resilience process.

The integration of both approaches gives us a comprehensive vision of the human being and a better understanding of trauma’s individual and social architecture.

This complex vision challenges professionals and institutions to create programs and transdisciplinary approaches adapted to different contexts and cultures. From the richness of this diversity, pain can be transformed into resilience.

"Resilience is the art of navigating torrents, the art of metamorphosing pain to make sense of it; the ability to be happy even when you have wounds in the soul."

"Resilience is more than resisting; it is also learning to live."
Boris Cyrulnik



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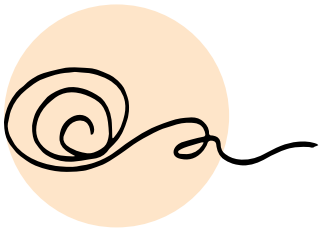
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CHAPTER 14

Restorative Justice -
Trauma informed





What is Restorative Justice?

Restorative justice is a process to involve, to the extent possible, those who have a stake in a specific offense and to collectively identify and address harms, needs, and obligations, in order to heal and put things as right as possible." Howard Zehr in *The Little Book of Restorative Justice*.⁴⁶

It is an evolving approach to justice that seeks a balance between the needs of victims, offenders, and the community. It addresses the causes and effects of crime in the context of a community, solution-based on the assumption of individual responsibilities.

It is a compass and not a map because the forms it can take will depend on each individual and culture.

In anthropological studies, the roots of this approach go back in human history to various types of justice for peoples and cultures of countries such as Canada, New Zealand, Australia, and Latin America.⁴⁷

It is currently considered the most appropriate model for the treatment of adolescents in conflict with the law.⁴⁸

This type of justice is called in different ways: conciliatory, repairing or restorative justice, but there is consensus in preferring to call it restorative because it seeks to re-establish the social bond broken by the act that transgresses the law.



What does restorative justice seek ?

In the words of Howard Zehr, "Restorative justice requires, at a minimum, that we address victims' harms and needs, hold offenders accountable to put right those harms, and involve victims, offenders, and communities in this process."

It is an effort to repair the damage done to the victim and the community, but the objective goes further. It motivates and fosters a learning and transformation process for all parties involved: victims, perpetrators, and the community.

⁴⁶Zehr, H. (2015). *The little book of restorative justice: Revised and updated*. Simon and Schuster.

⁴⁷del Val, T. M. (2012). *Antropología de la mediación: influencia de la justicia restaurativa de antiguas etnias en la actualidad*. *Criminología y Justicia*, (4), 45-55.

⁴⁸del Val, T. M. (2012). *Antropología de la mediación: influencia de la justicia restaurativa de antiguas etnias en la actualidad*. *Criminología y Justicia*, (4), 45-55.



What are the pillars of restorative justice?

- Harms and Needs – Restorative justice is concerned with the needs of the people involved and the relationships that are harmed.
- Obligations: The primary responsibility may be on the part of those who directly caused the damage, but the surrounding community may also have obligations. To the extent possible, those causing the harm should be encouraged to understand, acknowledge, and take action to repair the damage.
- Commitment and participation: Its objective is that all those who have been part of the situation or who have been affected by it are involved in the resolution through a process of dialogue, collaboration, and consensus.



What are the essential elements?

Values

- Participation and strengthening of the participants
- Respect for everyone involved
- Consensus in the processes
- Commitment of the parties to the agreement reached throughout the process
- Flexibility and response of the process and the results
- Strengthening the community
- Respect for cultural differences

Processes

- Effective preparation of all for participation in restorative processes
- Fairness, respect, involvement, and consensus in the decision-making process
- Prevention of stigmatization

Results

- Acknowledgment of responsibility
- Understanding the reasons and consequences of the offense
- Acceptance of the results as appropriate
- Repair of damage and correction of actions
- Sensitivity to pain and suffering
- Prevent recurrence
- Promote reintegration with continuous support
- Reconciliation and reintegration



What attitudes and qualities do operators need to develop?

- Overcome the individualistic vision to achieve a more complex conception of the human being.
- Flexibility in the process.
- Ability to detect resources and activate potentialities.
- Time management.
- Facilitation of communication.
- Pedagogical skills.
- Creative thinking.
- Operate in uncertainty.



What are the guidelines?

- Focus on damages and needs
- Use collaborative and inclusive procedures
- Involve all parties: victim, offender, and community
- Respect the obligations



What are the questions that guide the intervention?

- Who has been hurt?
- What are their needs?
- Whose obligations are these?
- What are the causes?
- Who has a stake in the situation?
- What is the appropriate process to involve stakeholders to address causes and put things right?



What role does the community have?

- Participate in the resolution of inter-individual and collective conflicts.
- Peace-making: participation of those involved and the community to identify the roots of the problems and develop action plans to make all parties jointly responsible.
- Peacebuilding: based on the problems identified in the community, search for both collective and preventive actions.
- Possibility of community actions (clarification campaigns, discussion of values, affirmative actions of discriminated groups)
- Quantification of data for the specification of public policies to the reality of each community: the role of public power (Mayor's Office, State and Justice System).

Two paradigms of conflict:

The following graph⁴⁹ shows us the main axes that differentiate both systems:

PUNITIVE SYSTEM	RESTORATIVE SYSTEM
individual responsibility	collective responsibility
Role of the State, which protects the rights of the offender	Role of the victim, the offender, and the community, with the intervention of the State and its institutions
Adversarial process where the opposition prevails	Relational process where dialogue prevails in search of recognition through sharing stories
Dehumanization. It attends to the law broken, the guilt, the offense to the State and the order that it imposes	Humanization of the process in order to meet the needs and interests of the parties
The look is in the past with the social reproach to criminal behavior. Institutional activity focuses on punishment	Looking to the future with institutional and social interaction. The voices of those who have not been heard and must be heard are brought to the present in order to understand how it is possible to restore the social fabric in solidarity, with the supervision of the State to avoid abuses

⁴⁹http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S1870-69162016000100172



What is its impact on criminal proceedings?

We know that the criminal process and the executive treatment of the sentence are paths that concern both the victim and the offender and must also be approached from the emotions because the victim is not moved by an emotional need for punishment, insensitive to the change of the offender. Recent empirical studies have shown that victims experience a sense of satisfaction related to punishment only when there is feedback, an emotional return, and an effective transformation of the aggressor. Only then will the victims and offenders can achieve justice.

Restorative justice uses the basic biological emotions and the communicative dimension as logic to intervene in the vicious circle created by the crime. The basic idea is to arrive at symbolic and material reparation for the damage caused by criminal behavior and effectively pursue the reintegration of the offending individual into the community.

As Howard Zehr points out, people tend to adapt to social rules not only because punishment is a deterrent but also because of emotional interaction with other individuals.

A process of this nature is the result of hard work that leads to reflecting on the reasons for the violation of the law and on understanding the needs of the offender, providing assistance so that he can reorganize himself psychologically and can actively integrate into the community.

The result of the process reduces the probability that criminal offenses will be committed again, benefiting the whole of society.

From the perspective of the victims, it helps them get rid of their negative feelings of guilt and shame, which, together with others such as anger and revenge, even though considered normal in principle, if they are not managed and transformed into more positive ones, the recovery process will be delayed. This transformation of the victims' feelings is essential to detach themselves from their role as victims.

The reparation takes entity from the word, from putting into play roles, emotions, and responsibilities, from knowing and recognizing the other; The result is that both the offender and the victim will once again feel in "connection" with the people around them, strengthening their belonging - an essential human need - to the community that contains them. It is a path that avoids the re-traumatization of those involved and allows them to transcend the pain and turn it into resilience.



What are restorative programs and processes?

Restorative Justice programs are those that use restorative processes and are oriented towards restorative results.

Restorative process is one in which the victim and the offender, and, when appropriate, other individuals or members of the community affected by an offense, actively participate in the resolution of the issues arising from the offense, usually with the help of a facilitator. Restorative processes may include mediation, conciliation, family or community conferencing, and sentencing circles.



What is the relationship between restorative justice from the perspective of trauma?

A key concept for restorative justice is **responsibility**, the "Ability to respond." This ability, at first glance, appears to be a set condition, a state. But... does everyone have the same ability to respond? This question is related to the concept of agency.

In philosophy and sociology, agency is the ability or capacity of human beings to make decisions and act with the intention of producing an effect. According to Antony Giddens⁵⁰, it is the power to act.

In order to act, it is necessary to carry out a series of cognitive and emotional operations previously. Today, we know through neurosciences that decision-making is strongly determined by the emotional factor and the individual's assessment of their environment. The result of the action, in addition, depends on coherence and pertinence to achieve the goal.

Let's look at this point from the theory of trauma. We have seen that trauma's medium and long-term consequences cause splitting of emotions and sensory numbness. Trauma impacts the limbic system, which is related to empathy. And it has effects on the ability of self-regulation. In this way, the ability to respond could be affected by an external overwhelming stimulus weakening the capacity to modulate the psychic impulses necessary for a proper response. In addition, a current event can resonate with past trauma and trigger overwhelming emotions. So, the action could be a response to the traumatic historical event that left traces in the psyche.

⁵⁰Giddens, A. (1979). *Agency, structure*. In *Central problems in social theory* (pp. 49-95). Palgrave, London.

Many times behind the victim-perpetrator scene, the traumatic history of both is made invisible. Suppose this situation is not considered during the restorative process. Both will probably have difficulties listening to each other and allowing a sincere dialogue culminating in a restorative and healing result.

It is also necessary to attend to the trauma process from the victim's position. It is required to take care and avoid that the reunion with the perpetrator does not traumatically bring emotions that have been silenced and crystallized out of consciousness. That can be very painful to experience again.

On the other hand, the victim-perpetrator meeting could also develop a mirror dynamic process. The trauma of one could be projected onto the other and vice versa, feeding back the spiral of painful emotions for both.

The community is also part of this complex scenario with its heritage of collective trauma. We frequently observe in the news how the conflict between victim and perpetrator is personalized, and the social responsibility for the environmental conditions that could influence the actions is avoided. It is especially seen in cases involving child offenders, where they are identified as responsible for citizen insecurity without addressing the causes that motivate the actions. This does not mean justifying, but it is necessary to understand the behavior so that the response of the institutions and the community will be fair for all.

As we see, a perspective of restorative justice informed by trauma broadens the view, including the past and background of victims and perpetrators and invites the community to be part of this resolution scenario. It gives us a deeper understanding of what must be repaired and the resources each has to begin a transformation process.

Let us remember that trauma can only be healed in a significant bond; restorative processes offer that possibility from respect by enabling the space where this bond can be established and transform the victim, the perpetrator, and the community.

The trauma perspective enriches and enables approaches with more anchors in reality and brings us a deeper meaning of the concept of reparation.



What is the restoration seen from the trauma?

From a *trauma-informed approach* perspective, restoration has a strong ethical component.

One of the main sources of trauma is moral pain, injustice, and the feeling of unworthiness.

These feelings are so strong that they are sometimes associated with shame.

When harm is done to another human being, a law of life is affected, which is broken. To restore is to reconnect with this law and make it your own through its recognition.

In essence, these are processes of construction of internal law.⁵¹ Children build their internal law based on the bond with their parents. When this *link is from love, the parents limit* is introjected and becomes an internal law. But when this bond is traumatic and without love, it could damage the process of internal law building, and then only the external law operates through discipline and violence.

A restorative process reconnects with the law from respect and empathy. Reparation is possible only when the interlocutor recognizes the other as a person.

But to recognize the other as a person, it is first necessary to recognize ourselves as such.

And we know that a child, who does not have the experience of respect, could be a traumatized child. That is why it is necessary, no matter how old she or he is now, that these emotional wounds achieve repair to see and recognize the humanity in himself/herself and in the others.

⁵¹Winnicott, D. W., Winnicott, C., Shepherd, R., & Davis, M. (2015). *Deprivation and delinquency*. Routledge.



What is fair?

This is not just a philosophical question. Much has been written since the earliest times of humanity about the meaning of justice.

However, it is a question that deserves to be renewed in each particular situation, because there is no reparation without justice, in its essential meaning.

James Gilligan⁵² says "all violence is an effort to achieve justice or get rid of it".

Many crimes can be a response to victimization or an attempt to break free from it.

For Sandra Bloom⁵³ it is more useful to speak of "trauma" than "victimization" because trauma is a central experience for the victim but also an experience for offenders.

The violence could be the reproduction of an unprocessed trauma in the past.

And if this trauma is not resolved, a sanction may contribute to further trauma.

Restorative justice aims to seek harmony and balance between the needs of the parties and their right to achieve justice.

In essence, the restorative process is ethical restoration for all those involved in the process: the victim, the offender, and the community.

It is the healing power of law and justice

A vision of how to live together

Restorative justice is not just about responding to a crime or even harm, it is a way of approaching life. It challenges us on how to live together, from a perspective that recognizes our interrelationships and provides some values and principles to maintain and repair damaged relationships.

⁵²Gilligan, J. (2003). *Shame, guilt, and violence*. *Social Research: An International Quarterly*, 70(4), 1149-1180.

⁵³Esaki, N., Benamati, J., Yanosy, S., Middleton, J. S., Hopson, L. M., Hummer, V. L., & Bloom, S. L. (2013). *The sanctuary model: Theoretical framework*. *Families in society*, 94(2), 87-95.

Some recommendations

- Be aware of the impact of your actions on others and the world around you.
- Take responsibility for the offenses you have caused: acknowledge and try to repair the damage.
- Treat everyone with respect, even those who offend you.
- Whenever possible, involve people in decisions that affect them.
- See the conflicts in your life as opportunities.
- Listen to others deeply and compassionately, trying to understand even when you disagree.
- Engage in dialogue with others, even when it is difficult, remain open to learning from them.
- Be careful about imposing your "truths" and views on other people and situations.
- Sensitively confront everyday injustices such as sexism, racism and classism.

Our global village requires a living ethic, capable of integrating differences and learning from them and, at the same time, based on fundamental values that help our communities become more healthily sustainable and more fair for all human beings.

Nothing is magic

Restorative justice should not be considered a model to follow as a recipe. The practices, including the concept, must always be contextualized, as H. Zehr says after decades of work on the subject. It is a journey with many curves and detours, but the path and the destination are clearer than before.

"Restorative justice is not exactly a model, but perhaps it is a compass that points a direction and invites us to question and explore our values, needs, traditions, and visions."⁵⁴

⁵⁴Zehr, H. (2015). *The little book of restorative justice: Revised and updated*. Simon and Schuster.

