Trauma-Informed Care

Practical guide for refugee organisation staff & volunteers

This guide was developed within the framework of the Erasmus+ project *Caring to Include* (2024–2027), co-funded by the European Union

Preface

This practical guide was developed within the framework of an Erasmus+ project called *Caring to Include: Reflections on Trauma-Informed Services for Refugees*. Caring to Include (2024–2027) is designed to support organisations working with refugees, migrants, and culturally diverse communities. It aims to reduce the negative effects of trauma and other stressors on the social inclusion of refugees and migrants. At the same time, this initiative aims to improve the mental health of NGO staff and volunteers working with these vulnerable groups.

This initiative is led by the Dutch Council for Refugees[1] in partnership with six European organisations from Croatia[2], Cyprus[3], Estonia[4], Greece[5], Hungary[6] and Malta[7]. This guide reflects the collective knowledge, research and experience of professionals across this consortium, grounded in years of direct work with migrants and refugees.

The purpose of this guide is to offer practical, accessible tools that help organisations integrate trauma-informed principles into everyday practice. It is intended for frontline staff, volunteers, managers and anyone involved in supporting refugees and migrants. The content emphasises safety, empowerment, cultural sensitivity and staff/volunteer well-being, which are core elements of trauma-informed care.

We hope this guide serves as a supportive resource for strengthening compassionate, effective and sustainable services.

DISCLAIMER

This guide supports Trauma-Informed Care practice and was prepared for guidance only. Staff and volunteers are not expected or permitted to act as mental health professionals, nor does this guidance qualify them to conduct psychological assessments, provide diagnoses or deliver therapy. Always refer to a licensed mental health professional when needed.

[1] For more information about the Dutch Council for Refugees (VluchtelingenWerk Nederland), visit: https://www.vluchtelingenwerk.nl/en
[2] For more information about the Centre for Peace Studies, visit: https://www.cms.hr/en/
[3] For more information about the Cyprus Refugee Council, visit: https://www.cyrefugeecouncil.org/
[4] For more information about the Estonian Refugee Council, visit: https://pagulasabi.ee/en
[5] For more information about the Greek Council for Refugees, visit: https://gcr.gr/en/
[6] For more information about the Hungarian Helsinki Committee, visit: https://helsinki.hu/en/
[7] For more information about the Aditus Foundation, visit: https://aditus.org.mt/

Content

1. Introduction

This guide was created for civil society organisations (CSOs), including refugee-led organisations (RLOs), working with refugees and migrants, to support staff, volunteers, and practitioners in understanding and applying Trauma-Informed Care (TIC) in their daily work. It begins with an overview of what TIC is and outlines its core principles, providing a foundation for why this approach is essential in humanitarian settings. The guide then explains the importance of TIC by highlighting the complex and ongoing nature of trauma experienced by refugees, as well as the need to prevent re-traumatisation, build trust, and support long-term well-being and integration. It introduces the 4 Rs framework — Realise, Recognise, Respond, and Resist Re-traumatisation — as a practical model for understanding and addressing trauma.

Further sections focus on deepening understanding of trauma and offer practical tools, including scripts and communication techniques for explaining trauma in a sensitive and accessible way. The guide also emphasises how to put TIC into practice through everyday interactions, covering aspects such as creating safe environments, practising empathy and active listening, working at the individual's pace, and responding appropriately to distress. In addition, it addresses the importance of staff/volunteer well-being by providing guidance on preventing burnout and vicarious trauma, while promoting a healthy and supportive work culture. Finally, the guide includes case examples and grounding exercises to help translate theory into practice, ensuring that organisations can deliver care that is respectful, effective, and centred on the dignity and needs of those they support.

2. What is Trauma-Informed Care

Trauma-Informed Care (TIC) is an approach that recognises the widespread impact of trauma and understands how it shapes a person's emotions, behaviour, and ability to engage with others. It is based on the understanding that many of the reactions we see in people are not signs of unwillingness or resistance, but natural responses to overwhelming experiences. TIC encourages us to ask, "What has this person been through?" and to respond with empathy, respect, and sensitivity.

Trauma is not only about what happens to a person, but how their body and brain respond to the experience. Two people can go through the same event, yet one may develop trauma while the other does not. Trauma arises when a situation feels overwhelming and leaves a person feeling powerless and unable to cope.

From a biological perspective, our brain is designed to protect us from danger. The amygdala acts as an alarm system, quickly detecting threats and activating a fight, flight, or freeze response. In these moments, the prefrontal cortex, the part of the brain responsible for rational thinking, decision-making, and language, becomes less active. This is why a person who is traumatised may struggle to think clearly, find words, or stay calm, even in situations that may seem safe to others. After repeated or intense stress, individuals may also develop a narrower "window of tolerance," meaning they can become overwhelmed more easily. Some may experience hyperarousal, reacting with anxiety, anger, or panic, while others may experience hypoarousal, appearing withdrawn, numb, or unresponsive. These reactions are often misunderstood but are, in fact, protective survival responses.

Trauma is often invisible. People may not speak about their experiences, yet their bodies and behaviours can reflect what they have been through. It is also important to recognise that trauma is subjective; different people respond in different ways to similar events. Some individuals may appear strong and functional while feeling distressed internally, while others may show more visible signs of struggle. For this reason, trauma-informed care avoids judgement and comparison, and instead focuses on understanding each person's unique experience.

In practice, TIC means creating environments and interactions that promote safety, trust, and empowerment. This includes clear and respectful communication, attention to personal boundaries, cultural sensitivity, and providing individuals with choice and control wherever possible. It also means being aware of potential triggers and actively working to prevent re-traumatisation during everyday procedures or conversations. Ultimately, trauma-informed care aims to "calm the alarm system," allowing individuals to regain a sense of stability and gradually rebuild their capacity to cope, connect, and recover.

Importantly, trauma-informed care also recognises the impact of this work on staff and volunteers. Listening to and supporting people who have experienced trauma can lead to secondary traumatisation, vicarious trauma, or compassion fatigue. Therefore, working in a trauma-informed way includes caring for one's own well-being, setting boundaries, and ensuring

access to support and supervision. Sustainable care for others is only possible when staff and volunteers themselves feel supported, safe, and resilient.

2.1 TIC principles

The TIC principles provide a foundation for creating supportive, respectful, and effective environments for traumatised people.

Six widely recognised principles guide trauma-informed practice:

- **Safety:** Physical and emotional safety are at the core of TIC. Individuals should feel secure in their surroundings and in their interactions with staff and volunteers. This includes creating calm, predictable environments, ensuring privacy, and communicating in ways that reduce fear or uncertainty.
- **Trust (and Transparency):** Building trust requires openness and consistency. Organisations, staff, and volunteers should clearly explain processes, decisions, and expectations, so individuals know what will happen and why. Transparency helps reduce anxiety and strengthens a sense of reliability.
- **Choice:** Providing choice is essential in restoring a sense of control that may have been lost through traumatic experiences. Whenever possible, individuals should be given options and involved in decisions that affect them, whether in services, communication, or next steps. Even small choices can help increase feelings of autonomy and safety.
- **Collaboration:** TIC emphasises partnership rather than hierarchy. Staff, volunteers, and people they serve work together, recognising that each person brings valuable knowledge and experience. This helps reduce power imbalances and promotes respectful, two-way relationships.
- **Empowerment:** Individuals should be supported to make their own decisions and express their needs. TIC focuses on strengths rather than deficits, encouraging autonomy and helping people regain a sense of control over their lives.
- **Cultural Mindfulness:** Being aware of, respecting, and adapting to each person's cultural background and experiences, recognising that culture shapes how trauma is understood, expressed, and healed. Cultural mindfulness also includes gender differences and how trauma is perceived and expressed.

3. Why is Trauma-Informed Care important for humanitarian organisations?

Refugees may experience potentially traumatic events before, during, and after displacement. Fleeing from conflict, discrimination, or abuse is only one of the adversities they may encounter, as they often face difficult and dangerous journeys where manipulation and exploitation may occur. Furthermore, reaching safety does not always mean being free from traumatic experiences, as settling and feeling secure is a gradual process that can bring its own challenges. Therefore, adopting Trauma-Informed Care (TIC) in refugee organisations is essential for responding appropriately to these complex and ongoing experiences.

Many refugees carry the psychological impact of these events, which can lead to conditions such as Post-Traumatic Stress Disorder (PTSD), anxiety, and depression. TIC helps staff and volunteers understand how trauma shapes behaviour and emotional responses, allowing them to respond with sensitivity rather than misinterpreting distress, withdrawal, or frustration as unwillingness to engage.

Another important reason for implementing TIC is to prevent re-traumatisation. Routine procedures, including interviews, legal processes, or medical assessments, may unintentionally trigger painful memories. By prioritising emotional safety, clear communication, and respect for personal boundaries, organisations can ensure that individuals are not further harmed while seeking support.

In addition, trauma-informed approaches help build trust between refugees and service providers. Due to past experiences with authority or persecution, many refugees may feel hesitant to engage with institutions. When organisations emphasise transparency, consistency, and respect, individuals are more likely to access and benefit from services such as healthcare, education, and legal assistance.

TIC also improves long-term well-being and integration. When refugees feel safe, understood, and supported, they are better able to participate in language learning, employment opportunities, and community life. This approach therefore contributes not only to mental health recovery but also to social and economic stability.

Equally important is the support it provides to staff and volunteers. Working with trauma-affected populations can lead to stress or secondary trauma among professionals. Trauma-informed organisations address this by offering appropriate training, supervision, and support systems, helping staff and volunteers maintain their well-being and effectiveness. Finally, TIC promotes dignity, human rights, and cultural sensitivity.

3.1 The 4 Rs

In order to understand how to integrate TIC in your work, it is imperative to look at the framework introduced by the Substance Abuse and Mental Health Services Administration, which incorporates the TIC principles. This framework applies not only to beneficiaries, but also to staff,

volunteers, interpreters, and communities affected by prolonged stress and secondary trauma. The 4 Rs framework[8] — Realise, Recognise, Respond, and Resist Re-traumatisation — offers a practical and compassionate approach to understanding and addressing trauma, especially in sensitive settings such as working with refugees:

- **Realise:** Focuses on understanding the widespread impact of trauma. It emphasises that trauma can affect anyone, regardless of their background or experiences, and highlights that individuals may respond to trauma in very different ways depending on personal, cultural, and situational factors.
- **Recognise:** Involves identifying the signs and symptoms of trauma. This includes being aware of emotional, physical, and behavioural indicators such as anxiety, depression, withdrawal, or heightened stress responses. It also requires understanding that certain triggers, situations, sounds, or environments can cause individuals to relive traumatic experiences or feel overwhelmed.
- **Respond:** Centres on providing appropriate support and interventions. This means actively listening with empathy, validating the individual's feelings, and creating a safe space where they feel comfortable expressing their experiences. It may also involve guiding individuals towards professional support services when necessary, ensuring they have access to the help they need.
- **Resist Re-traumatisation:** Focuses on preventing further harm. This involves creating a safe, respectful, and supportive environment while being mindful of language, behaviour, and actions that could unintentionally trigger distress. It also means empowering individuals by giving them control over their healing process, ensuring they feel respected, heard, and not pressured.

[8] *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. SMA 14-4884, 2014).

4. Understanding trauma

Learning about trauma and recognising the signs is important for staff members and volunteers to be able to apply TIC practices.

When we say psychological trauma, we refer to a set of behavioural, mental, emotional and physical symptoms that are caused by the person going through a traumatic experience. These symptoms are not the same for everyone, and every person may have some and not others.

Below, you can see a list of signs that may help you recognise that a person has been through trauma:

Behaviour	**Mental symptoms/ thoughts**	**Emotions**	**Physical symptoms**
Isolation	Hopelessness	Fear	Headaches
Being on edge	Intrusive thoughts	Anxiety	Sleep difficulties
Being distant	Suspicious	Sadness	Nightmares
Reluctance	Worthlessness	Insecurity	Loss/gain of weight
Low tone of voice	Negative self-talk	Hypervigilance	Dizziness
Slow speech		Numbness of feelings	Loss of concentration
Incoherent speech			Gastrointestinal symptoms
Closed body posture			Muscle stiffness
Flat face/ empty look			Slow movements
Dissociation			

IMPORTANT! *The above are signs to help you recognise trauma, not criteria for diagnosis.*

4.1 Scripts about explaining trauma to refugees

During your consultation or interview with refugees, it is important to help them understand trauma and its effect on their body. The following scripts can help you get started.

"*When a person goes through an experience where they feel intense fear for themselves or people they care about, their brain finds it difficult to process the situation. If you felt that you were in danger, your body and brain went into a survival situation as an automatic response.*"

"After the fearful situation finishes and the person is now safe, it takes some time for the brain and body to go back to how they were functioning before. For many people, these reactions lessen over time. For others, they may last longer and additional support may be helpful."

You may also want to show this video from Trauma Company[9] that explains with animations what happens to the brain. that explains with animations what happens to the brain.

4.1.1 One-on-one session script

Professional: *"Hello [name], thank you for meeting with me today. I want to create a safe space where you can share anything that's on your mind. How are you feeling today?"*

(Pause and listen actively to their response.)

Professional: *"I appreciate you sharing that with me. I want to talk about trauma and how it can affect us.*

- ***Understanding Trauma:*** *Trauma can happen when we go through very difficult experiences, such as loss, violence, or displacement. It's completely normal to feel overwhelmed or confused after such events.*
- ***Your Feelings Matter:*** *I want you to know that whatever you're feeling is valid. It's okay to feel sad, anxious, or even angry. How have you been feeling about your experiences?"*

(Listen and validate the person's feelings.)

Professional: *"It sounds like you've been carrying a lot. It's important to acknowledge these feelings.*

- ***Physical and Emotional Effects:*** *Sometimes, trauma can affect our bodies and minds in different ways. You might notice changes in your sleep, appetite, or energy levels. Have you experienced any of these?"*

(Encourage people to share experiences.)

Professional: *"Thank you for sharing that. It's helpful to talk about these effects.*

- ***Coping Strategies:*** *There are ways to cope with these feelings. Talking to someone you trust, journaling, or even practising deep breathing can be beneficial. Have you found anything that helps you feel a little better?"*

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[9] Trauma Company is a Dutch knowledge center for trauma-sensitive support (*kenniscentrum traumasensitieve ondersteuning*) that provides practical trauma training and specialised education for professionals in education, healthcare, refugee work, social services, and defense.

You can explore and sign up for their programmes directly on the Trauma Company Training Overview page.

(Listen and offer support based on responses.)

Professional: *"I'm glad you've found some things that help. Remember, healing is a journey, and it's okay to take your time.*

- ***Seeking Professional Support:*** *If you ever feel overwhelmed, reaching out for professional help is a strong step. There are psychologists who understand trauma and can provide support tailored to your needs. Would you be interested in exploring that option?"*

(Discuss thoughts on seeking help.)

Professional: *"Thank you for being open and sharing your thoughts with me today. Remember, you are not alone, and I'm here to support you.*

- ***Follow-Up:*** *Would you like to schedule another session to continue our conversation? We can talk more about coping strategies or anything else that's on your mind."*

(End the session on a positive note, ensuring they feel supported.)

4.1.2 Basic phrases to explain trauma

- *"Trauma is a response to distressing experiences."*
- *"It's normal to feel overwhelmed after going through something difficult."*
- *"Many people experience a range of emotions after trauma, including sadness, anger, and confusion."*
- *"Your feelings are valid, and it's okay to talk about them."*
- *"Trauma can affect both our minds and bodies."*
- *"Healing is a journey, and it's okay to take your time."*
- *"You are not alone in your experiences; many people feel this way."*
- *"Seeking help is a sign of strength."*
- *"There are ways to cope, like talking to someone you trust or practising self-care."*
- *"It's important to create a safe space to express your feelings."*

5. Practising Trauma-Informed Care

Understanding what Trauma-Informed Care (TIC) means in theory is essential, but the true impact comes from how these principles are applied in everyday practice. TIC is not a set of techniques or a checklist; it is a way of working, interacting, and making decisions that consistently promotes safety, dignity, and empowerment for every person who walks through the door.

In refugee settings, where individuals have often experienced multiple layers of trauma, loss, and ongoing uncertainty, TIC becomes a foundation for building trust and supporting recovery. A trauma-informed approach helps staff and volunteers create environments where people feel respected, understood, and in control of their own experiences.

The 4 Rs introduced in Chapter 3 — Realise, Recognise, Respond, and Resist Re-traumatisation — form the core of trauma-informed practice. These components guide service providers in understanding trauma, identifying its effects, responding in supportive ways, and preventing practices that may inadvertently cause harm.

However, effective TIC requires more than knowledge of the 4 Rs. It also involves personal awareness, relational skills, and organisational habits that shape how staff and volunteers interact with clients and with each other. Every individual working within a trauma-informed framework must consider:

- How their communication style affects safety and trust.
- How power dynamics influence interactions.
- How cultural and gender factors shape experiences of trauma.
- How their own stress, emotions, and well-being impact their work.
- How to create predictable, respectful, and empowering environments.

Following this, we will see in more detail how to practise TIC in terms of communication, pace, and environment.

5.1 Adjusting the environment

How the space looks in an organisation plays an important role in the sense of safety and trust the refugee feels. It is the first thing they will see, and the ambience will guide the emotions they will feel. Therefore, the environment should reduce stress, minimise triggers, and support a sense of calm. This involves thoughtful adjustments to both the physical space and the way staff and volunteers interact within it.

Some tips for ensuring the environment is trauma-informed:

- Keep spaces clean and organised so that they do not feel chaotic.
- Provide private spaces for meetings, especially when sensitive information will be given.
- Ensure there is not a lot of noise or crowding when possible.

- Have chairs that face the door so that individuals will have a sense of control.
- Conduct a general safety check of meeting spaces and remove items that pose an unnecessary safety risk, in line with organisational safeguarding procedures.
- When possible, remove anything that could act as a trigger. Examples could be a picture, a strong smell, or intense colours.
- Sit at the same level as the person. This creates a sense of respect and prevents the feeling of intimidation someone may feel with people in power.

5.2 Practising empathy and active listening

When supporting refugees or displaced persons, empathy and active listening help restore a sense of dignity, safety, and trust. Many people have experienced loss, uncertainty, trauma, or repeated situations where they were not heard.

We all know what active listening and empathy mean, but it is very common for people not to practise it, especially when workload is increased and stress is high. Checking and reminding ourselves often is essential. The following are some easy instructions:

Be fully present. Give full attention, reduce distractions, and maintain calm, respectful body language.

Listen to understand, not to fix immediately. Do not rush into advice. Listen actively; this means listening without thinking of how to respond but taking in what the person is saying first. Let the person tell their story in their own way.

- **Validate emotions:** Use phrases such as,
  - *"That sounds very difficult."*
  - *"Anyone in that situation might feel overwhelmed."*
  - *"I'm glad you shared this with me."*
- **Reflect and summarise:** For example,
  - *"So, right now you feel stuck and unsure what to do next."*
  - *"It sounds like housing and safety are your biggest concerns."*
- **Allow silence:** Some people need pauses to think or regulate their emotions.
- **Respect cultural differences:** Eye contact, emotional expression and communication styles vary across cultures.
- **Avoid:**
  - Interrupting.
  - Minimising (*"At least you are safe now"*).
  - Interrogating.
  - Comparing stories.
  - Forcing disclosure.
  - Making promises you cannot keep.

5.3 Working at the pace of the refugee

Trauma often involves a loss of control. Working at the person's pace helps rebuild autonomy and reduces overwhelm.

Suggestions:

Let them choose what to share: Do not pressure someone to disclose traumatic details.

- **Follow their readiness:** Some people need practical support first (housing, documents, food) before emotional conversations become possible.
- **Offer small steps:** Instead of trying to solve everything at once, ask,
  - *"Would you like to focus on today's problem first?"*
  - *"What feels most urgent right now?"*
- **Watch for overwhelm:** Slow down if the person becomes confused, shuts down, dissociates, grows agitated or is unable to continue.
- **Give choices whenever possible:**
  - *"Would you prefer to speak now or later?"*
  - *"Would you like a break?"*
  - *"Would you like help contacting services?"*
- **Accept pauses and setbacks:** Progress is rarely linear.
- **Helpful mindset shift:** Move from *"What is wrong with you?"* to *"What has happened to you, and what do you need right now?"*

You may choose to have a break during a meeting or suggest rescheduling if the person is overwhelmed. In some cases, you may decide that this process needs to resume after the person has a meeting with a psychologist or a psychiatrist to be stabilised emotionally.

5.4 How to ask questions

Questions should create safety, clarity, and collaboration, not pressure.

- **Use open and gentle questions:** Instead of only yes/no questions, ask,
  - *"How have things been for you recently?"*
  - *"What feels hardest right now?"*
  - *"What support would be most helpful today?"*
  - *"How are you coping at the moment?"*
  - *"What concerns do you have about the next few days?"*
- **Start practical before personal:** It is often better to begin with immediate needs,
  - *"Do you have a safe place to stay?"*
  - *"Do you have access to food, medicine, or transport?"*
  - *"Is there anything urgent you need help with today?"*

  Then move to an emotional check-in,

  - *"How have you been feeling through all this?"*

- *"What has helped you get through difficult days?"*

- **Trauma-sensitive questioning:** Ask permission before going deeper,
  - *"Would it be okay if I ask about what happened?"*
  - *"You only need to share what feels comfortable."*

  Offer control:

  - *"You can stop at any time."*
  - *"We do not need details."*
- **Avoid:**
  - *"Why did you…?"* (can feel blaming)
  - Rapid-fire questioning
  - Requests for graphic trauma details
  - A sceptical tone
  - Repeatedly asking someone to retell the same painful story
- **Replace "Why?" with safer alternatives:**
  - Instead of *"Why didn't you leave sooner?"* use: *"What made it difficult to leave at that time?"*
  - Instead of *"Why are you so upset?"* use: *"What feels most upsetting right now?"*
- ***Example of a supportive mini-conversation***
  - Worker: *"Welcome. I'm glad you came. What would feel most helpful to talk about today?"*
  - Person: *"I don't know. Everything is too much."*
  - Worker: *"That makes sense. There's a lot happening. We can go step by step. What feels most urgent right now?"*
  - Person: *"Housing."*
  - Worker: *"Okay. Let's start there."*
- ***Quick formula***
  - Listen → Validate → Clarify → Offer choices → Next small step

5.5 How to respond to the person's distress

When a client feels overwhelmed, anxious, or emotionally destabilised, the priority is to help the nervous system settle, reconnect the person with the present moment, and reduce rumination. Use a calm, steady tone. Speak slowly and simply. Avoid arguing with emotions or forcing solutions.

IMPORTANT! *The following exercises are derived from different psychological therapies. Use these techniques only when they are appropriate to your role, training and your organisation's procedures, and only if you feel comfortable and have practised them before. They are not a substitute for psychological treatment. You can ask someone in your organisation to assist you or refer the person to a mental health professional if needed. If a person is at immediate risk or requires specialised support, follow your organisation's safeguarding and referral procedures.*

- **Immediate grounding techniques**
  - ***Cold water:*** Invite the client to wash their hands in cold water. Ask them to focus attention on the sensations, the temperature, the feeling of water on the skin, and the movement of their hands. This helps stabilise the body and bring attention back to the present moment.
  - ***Name five things around you:*** Ask the client to look around and name five objects they can see in the room or their surroundings. This shifts attention away from distressing thoughts and into the here-and-now.
  - ***5–4–3–2–1 sensory grounding:*** Effective during sudden spikes of anxiety or dissociation. Ask the client to name: 5 things they can see; 4 things they can feel; 3 sounds they can hear; 2 things they can smell; 1 thing they can taste.
- **Safety and resource imagery**
  - ***Safe place visualisation:*** If this image has been prepared in advance, invite the client to mentally go to a place where they feel calm and safe. Ask them to notice details: colours, sounds, smells, temperature, and physical sensations in the body.
  - ***Safe person imagery:*** Invite the client to imagine someone who gives them a sense of safety, steadiness, or protection. This can be a real person, a memory, a spiritual figure, or a symbolic presence.
- **Cognitive defusion / working with thoughts**
  - ***Thoughts on a river:*** Invite the client to imagine distressing thoughts floating away on leaves in a river or stream. Simply observe them passing without grabbing onto them. Allow 1–2 minutes of quiet observation.
  - ***Label the thought:*** Help the client give the thought a name rather than merging with it. For example: *"This is the bad leader thought," "This is the failure story," "This is the panic prediction."* Labelling reduces emotional fusion with thought.
  - ***Passengers on the bus (ACT technique):*** Invite the client to imagine that their thoughts and feelings are passengers on a bus — loud, critical, fearful. Ask, *"who is driving right now? Which value, intention, or wiser part of you should be driving instead?"*
- **Body-based regulation**
  - ***Feet into the ground:*** Ask the client to notice both feet on the floor and press them firmly downward. Invite them to imagine stress, anger, or fear draining down through their legs into the ground. This often produces quick nervous system stabilisation.
  - ***Shape, colour, and weight of the feeling:*** Ask, *"what colour is this feeling? What shape does it have? How heavy is it? Where is it in the body?"* This creates distance between the client and the experience and often softens its intensity.
- **Mindfulness in everyday activities**
  - ***Mindful routine actions:*** Use ordinary activities as a form of grounding — brushing teeth, making tea, washing dishes. Invite the client to notice each movement, texture, smell, sound, and sensation as it happens.
- **Containing rumination**
  - ***Scheduled worry time:*** Invite the client to write the distressing thought on paper and put it in a drawer. Together, choose a specific time to return to it (for example,

Wednesday at 10:00 AM for two minutes). Until then, the phrase is: *"Not now, later."* This technique reduces intrusive, looping thoughts.

- **Example of a supportive response**
  - *"I can see this is a really hard moment for you. Let's not try to solve everything right now. First, let's help your body settle. Place both feet on the floor. Notice five things around you. Take one slow breath. You are here, at this moment, and we can take this one step at a time."*
- **Principles**
  - Stay calm and regulated yourself
    - Use short, simple sentences
    - Do not overload the client with advice
    - Offer choice (*"What would help more right now — cold water or breathing?"*)
    - Validate the emotion without reinforcing catastrophic thinking
    - If there are signs of serious risk, suicidal ideation, psychosis, or medical danger — escalate to a professional or emergency services immediately
- **Three best tools for acute distress**
  - Cold water + feet on the floor
  - 5–4–3–2–1 sensory grounding
  - Label the thought + slow breathing

6. How to protect yourself from stress

Stress, burnout, and vicarious traumatisation are common risks in professions that involve sustained emotional engagement, high workloads, or regular exposure to other people's distress. Protecting yourself involves recognising early signs of strain, maintaining healthy professional boundaries, building supportive peer connections, taking regular recovery breaks, and making space for reflection and self-care.

Self-care is personal and ongoing. What works for you may not work for others. Here are some practical tips to get you started:

- **Keep a predictable routine** for breaks, snacks, and for coming into and leaving from work. Consistency helps you to plan your work and protects your nervous system.
- **Pause for breathing and grounding yourself:** 60-90 seconds is enough.
- **Set clear boundaries about what you can and cannot do:** You are not expected to solve all problems.
- **Talk to your colleagues:** Regular debriefing and checking in helps to prevent isolation and stress.
- **Monitor yourself:** Notice early warning signs like irritability, exhaustion, numbness, or difficulty concentrating, and take action.
- **Balance work and personal life:** Engage in pleasurable activities outside work and socialise with others.
- **Make sure you sleep well and eat healthy food.**
- **Seek supervision or consultation** when a case feels difficult to navigate.
- At the end of the day, **reflect on the positives of the day.**

7. Case examples

IMPORTANT! *Names and identifying details in the case examples have been changed to protect privacy.*

Case example 1

Hope, 20 years old, asylum seeker

Hope was referred to the organisation by a government officer at the social welfare services. The reason for referral was that she reported being a victim of sexual assault.

When Hope arrived at the office for an appointment with the social adviser, she appeared scared and uncomfortable. The administrator greeted her and asked her to wait in the reception area. She sat at the far end of the couch, her eyes wide open, scanning the door and closely observing everyone in the room. She kept her body tense and her hands tightly clasped.

The administrator noticed her distress and immediately informed the social adviser. As she needed to wait a little longer, the adviser introduced herself and said,

"You are welcome to wait in a quieter room if that feels more comfortable."

Hope nodded with visible relief. She was escorted to an empty room and offered some water.

✔ **TIC Principles Demonstrated:**

- Creating physical and emotional safety
- Offering choice and reducing exposure to potential triggers
- Noticing signs of distress and responding proactively

When the adviser, Mary, was ready, she invited Hope into her office. She offered her a seat facing the door, allowing her to feel less trapped. Mary sat opposite her, with a calm and grounded presence.

With a soft tone, Mary explained,

"Thank you for coming in today. My name is Mary and I am a social adviser at the organisation. Today's meeting has the purpose of getting to know you and any difficulties you may have so we can support you as best we can. I will ask you some questions today; you do not have to answer a question if you don't want to. We have time, so feel comfortable speaking at your own pace."

Hope nodded and began describing her difficulties: trouble sleeping, nightmares, fear of being around people, and isolating herself in her room. As she spoke, she suddenly began crying, her breathing became rapid, and she stopped talking.

Mary immediately paused the conversation and said: *"It's okay. Let's stop for a moment. You are safe here. Take your time. Let's take a moment to do some slow breaths together. Follow my pace..."* When Hope seemed grounded and calm, Mary asked if she felt ready to continue, and she nodded.

✔ **TIC Principles Demonstrated:**

- Avoiding re-traumatisation by pausing overwhelming content
- Supporting regulation before continuing
- Reinforcing safety, pacing, and control

After gathering enough information to understand Hope's immediate needs, Mary explained how trauma can affect a person's daily life and reassured her that her reactions were understandable.

Then, Mary suggested that Hope meet with a psychologist. "*I think that it would be very helpful for you to meet with a psychologist who can support you with these emotional difficulties. We can arrange that together, and you can decide what feels right for you*."

Hope agreed and expressed appreciation for the support.

✔ **TIC Principles Demonstrated:**

- Providing psychoeducation to normalise trauma responses
- Offering collaborative decision-making
- Ensuring continuity of care

Case example 2

Ingrid and Mani, a couple, asylum seekers

Ingrid and Mani, a couple from Cameroon, came to Greece in 2019 requesting asylum. They are survivors of multiple forms of trafficking, coercion, loss of autonomy, and violence. They reported the trafficking only after six years of therapy.

When they first arrived at the organisation, they had a meeting with the social and legal adviser together. The woman, Ingrid, looked very uncomfortable and scared.

The couple was informed about the purpose of the meeting and asked gentle questions about their asylum case. Ingrid had repeated outbursts of crying, difficulty in verbal expression, and intense physical symptoms.

The professionals stopped the flow of the process, gave her time to unwind, and maintained a calm tone of voice.

"We can stop here for now—there's no need to continue if this feels too intense." "Let's pause for a moment and come back to this only if and when you feel ready."

Where possible, the professionals used mild humour to reduce tension and restore a sense of safety.

The conversation temporarily shifted to neutral topics (everyday life, practical issues, cooking), before gradually returning to the issue of trafficking, only if she allowed it.

✔ **TIC Principles Demonstrated:**

- Ensured physical and emotional safety.
- They clearly explained their role and the purpose of the communication, so that the beneficiaries had an overview and control of the process.
- They were given space and choice for what they wanted to share, without pressure for details or 'probing' questions.

Mani was calmer and more composed. The professionals' approach was based on continuous adaptation to the couple's reactions and feedback. There was no pressure for details, choices were given, pauses were observed, and the boundaries of each person were recognised. In moments of intense stress, the intervention focused on regulation rather than deepening: offering water, a small snack, changing the subject, light humour, confirmation that they could stop or continue later.

The use of humour was perhaps what worked best.

"Would you like to take a few minutes to breathe or have some water before we continue?" "We can slow things down; there is no pressure to rush; we are following you, your needs."

When the wish to continue communication without an interpreter was expressed, this choice was respected, despite the difficulties, reinforcing the victims' sense of control over the process and their trust in the professionals.

"You decide the way and who you want to be around. We will continue this discussion only if you feel comfortable." "You are in control of what happens in this conversation."

The professional demonstrated a flexible, humane and stabilising intervention, which gives space, time and dignity to survivors.

They are in close cooperation with the organisation that originally referred them, where a psychologist works with this couple.

"We will continue to support you, together with the other professionals you are working with." "We can pick this up again next time, at your pace."

✔ **TIC Principles Demonstrated:**

- Avoiding re-traumatisation by pausing overwhelming content
- Supporting regulation before continuing
- Reinforcing safety, pacing, and control
- Offering collaborative decision-making
- Ensuring continuity of care

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8. Closing Reflection: Putting Trauma-Informed Care into Practice

Trauma-Informed Care is not about having the perfect response in every situation. It is about creating a way of working that consistently promotes safety, trust, choice, collaboration and empowerment.

Small actions can make a meaningful difference: explaining what will happen before a meeting, offering someone a choice, allowing time and silence, recognising when a person is becoming overwhelmed, respecting boundaries, and knowing when specialised support is needed. These practices help reduce the risk of re-traumatisation and support people in regaining a sense of control and dignity.

Trauma-informed practice also requires organisations to care for the people providing support. Staff and volunteers need appropriate training, clear boundaries, supervision, opportunities for reflection and access to support. Caring for others sustainably also means creating working environments in which staff themselves feel safe and supported. This is already an important message in Chapter 6.

Ultimately, becoming trauma-informed is an ongoing process rather than a final destination. It requires reflection, learning and adaptation at both individual and organisational levels. We hope this guide provides practical starting points that organisations can adapt to their own context, services and communities.

The question to keep asking is not only, "What happened to this person?" but also, "What can we do, in this moment and within our role, to create more safety, choice and dignity?"

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9. Further Caring to Include resources

For further guidance, the *'Caring to Include'* project developed the *'Toolkit on Work and Wellbeing'* to support professionals, staff, and volunteers working in demanding care, inclusion, and support settings. The toolkit provides practical resources on recognising stress, preventing burnout, responding to vicarious trauma, and strengthening both individual and team resilience. You can find training materials, reflective exercises, wellbeing strategies, and organisational tools designed to help create healthier, safer, and more sustainable working environments.

It is available through the European Council on Refugees and Exiles and the Dutch Council for Refugees websites, where the project resources are published.

You can access the toolkit here.