Hamburg, 25.08.2026

Trauma Support for Children and Adolescents

Maintaining Human Dignity in the Midst of Crises
44th Annual Conference of Human Dignity and Humiliation Studies

Dr. med. Kerstin Stellermann-Strehlow

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About me

Dr. med. Kerstin Stellermann-Strehlow

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- Child and Adolescent Psychotherapist
  (Hamburg – Cape Town - London)

- Founder and Director, Institut: **KST-Traumahilfe** children-stress-trauma
  - Lecturer and Clinical Supervisor
  - Trainer Child Trauma Therapists
  - Psychotherapist (Psychodynamic and Systemic Therapy)
- **Senior Trainer in EMDR Therapy** for Children and Adolescents

University Saarland - Germany
- Dep. of Child and Adolescent Psychiatry(childhood Haus)
- Senior Researcher

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"Much of the violence that plagues humanity
is a direct or indirect result of unresolved trauma
that is acted out
in repeated unsuccessful attempts
to re-establish a sense of "DIGNITY"."

James Gilligan, Violence

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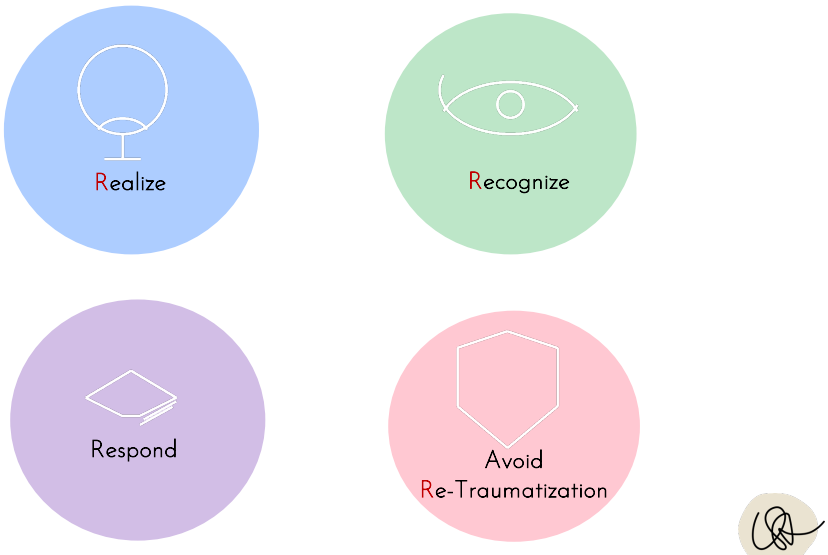
4-Rs of trauma-sensitive Care



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1. R of trauma-sensitive Care

Knowing about the reality that children are victim of humiliation.

Humiliation can be traumatic—especially when it is:

- repeated
- public
- identity-based
- inflicted by people
- institutions with power

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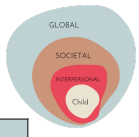
Children are Victims of Humiliation



Interpersonal	Societal	Global
Ridicule, insults, and public shaming	Racism, sexism, ableism, and other forms of discrimination	War, occupation, displacement, and colonial domination
Bullying, exclusion, and rejection	Poverty, unequal opportunities, and social exclusion	Genocide, ethnic cleansing, and systematic oppression
Disrespect, contempt, or being ignored	Institutional injustice and degrading treatment	Extreme global inequality and exploitation
Loss of autonomy and control	Stigmatization of individuals or groups	Dehumanizing political rhetoric
Betrayal or abuse by trusted people	Denial of participation, recognition, or belonging	Disregard for human rights and international law
Discrimination based on identity	Media stereotypes and hostile public discourse	Climate injustice and unequal exposure to crises
Being treated as inferior, powerless, or invisible	Forced assimilation or devaluation of cultural identity	Public portrayal of nations or peoples as inferior or threatening

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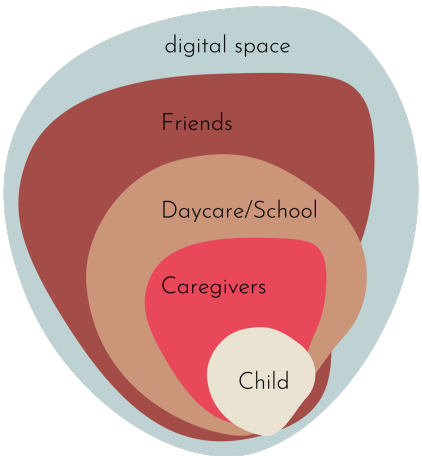

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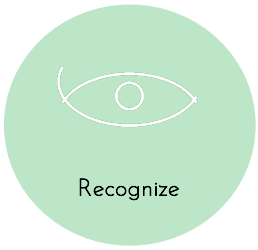
2. R of trauma-sensitive Care



Recognizing symptoms of trauma

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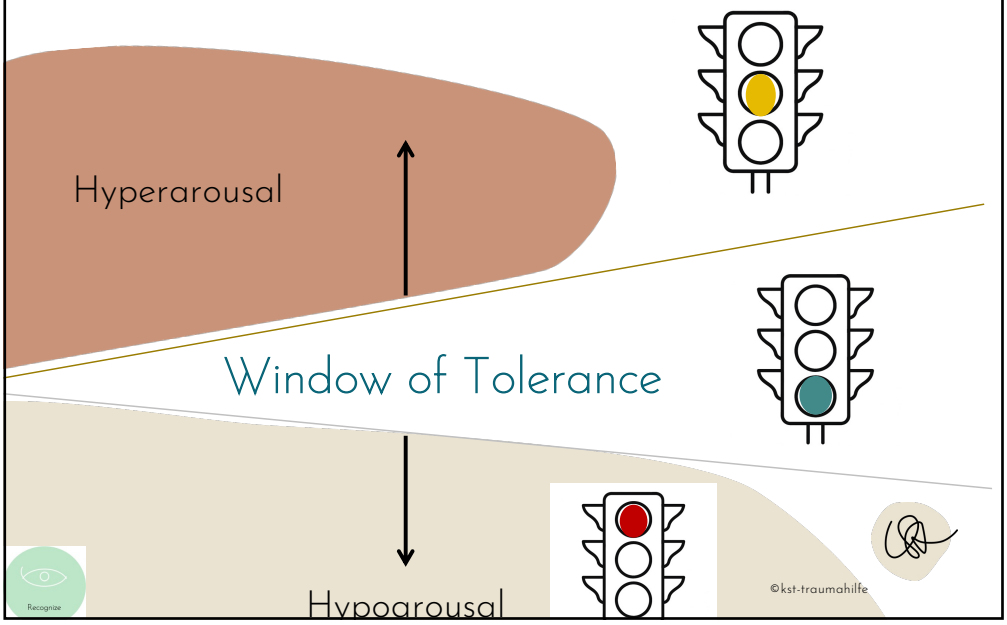
Trauma is extreme stress.



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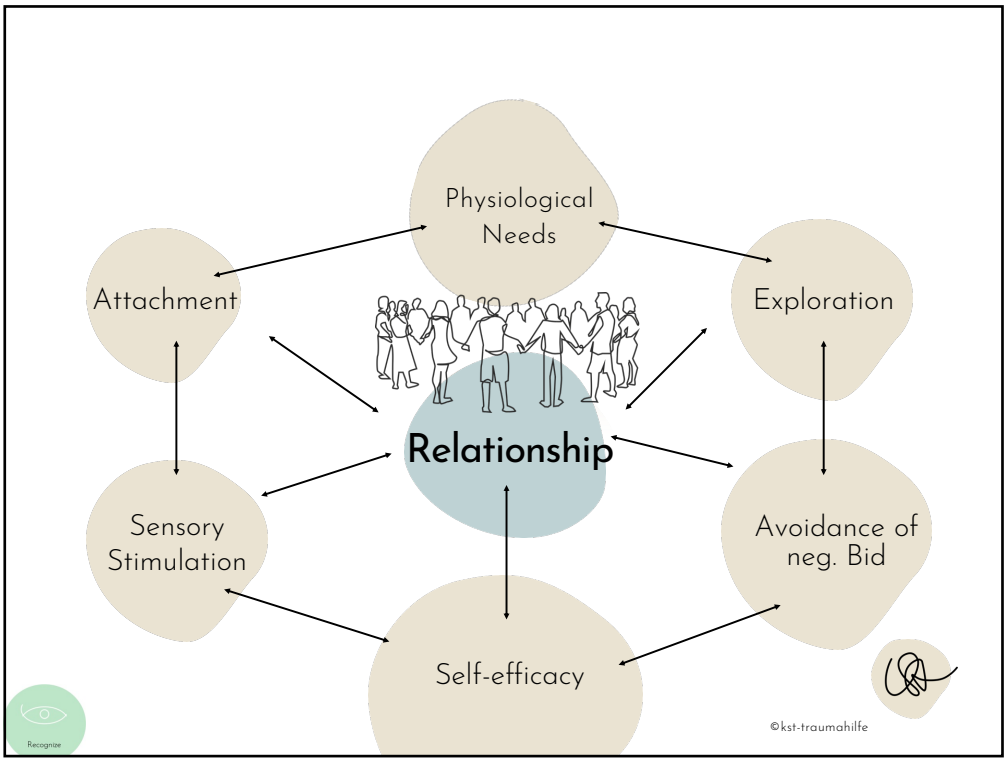
Physiological Needs
Attachment
Exploration
Relationship
Sensory Stimulation
Avoidance of neg. Bid
Self-efficacy
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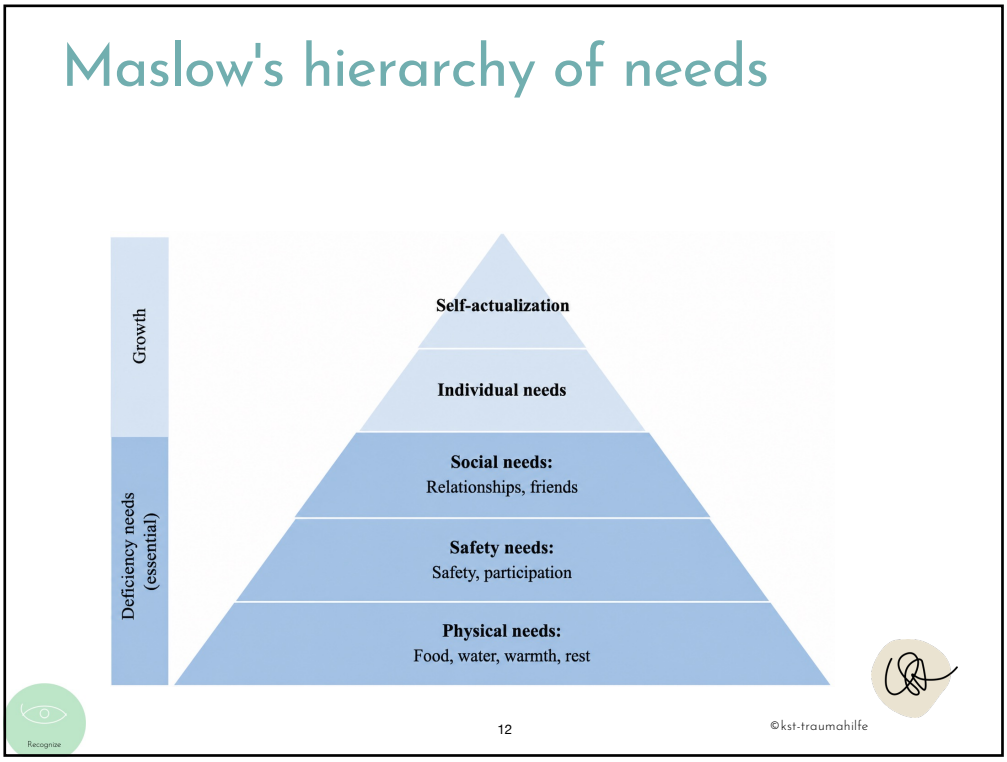
Maslow's hierarchy of needs
Growth
Deficiency needs (essential)
Self-actualization
Individual needs
Social needs:
Relationships, friends
Safety needs:
Safety, participation
Physical needs:
Food, water, warmth, rest
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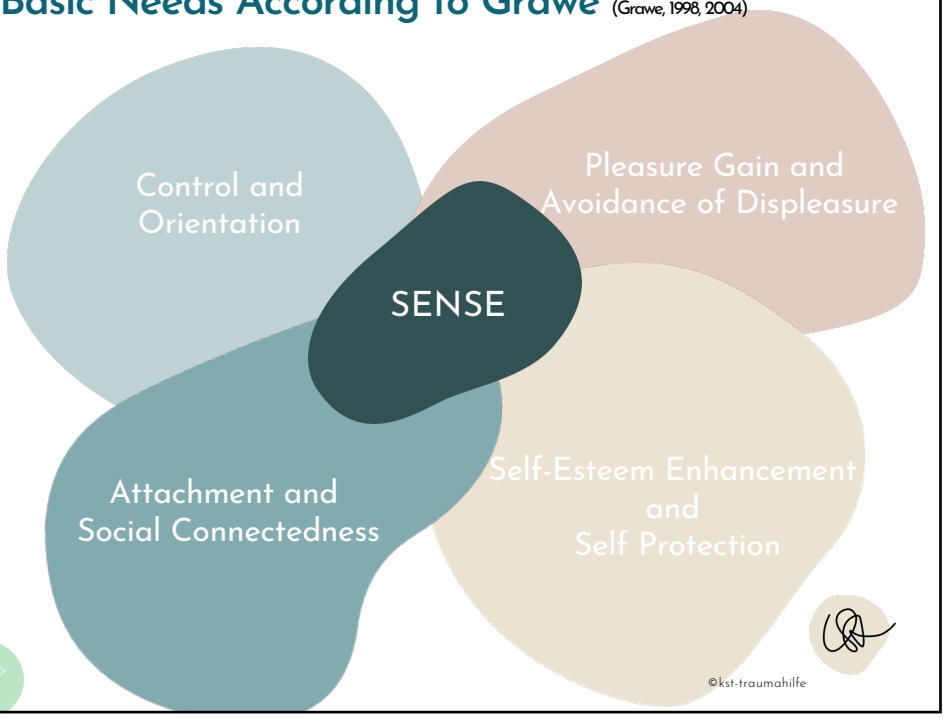
Basic Needs According to Grawe (Grawe, 1998, 2004)



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Defintion: Psychological Trauma

„ Vital discrepancy experience between threatening situational factors and individual coping capabilities, which is accompanied by feelings of helplessness and defenseless abandonment, resulting in a lasting shake-up of self-understanding and understanding of the world."

Riedesser, Lehrbuchpsychotraumatologie

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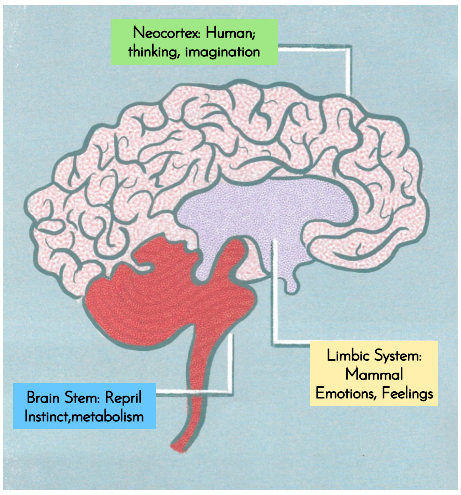
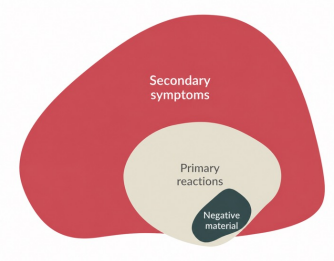


Symptoms:

- cognitive
- emotional
- physical



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Key symptoms

- Physical
- emotional
- Cognitive

Notice possible signs of humiliation and trauma:

- Shame and withdrawal
- Anger, resistance, or aggression
- Hypervigilance and fear of judgment
- Avoidance, perfectionism, or compliance
- Loss of voice, trust, and belonging

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Trauma-stress reactions

Flight

Workaholic
Over-thinker
Tension, panic
Perfectionism
Coercion
Unrest

Fight

Outbursts of anger
Control
Bully
Narcissist
Impulsive

Don't make decisions
Stuck
Dissociation
Isolation
Numbness

Freezing

People like
Lack of identity
No limits
Overwhelmed
Dependent

Fawn

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Symptoms often have a Good Reason

They help to keep living.

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Abnormal reactions
to abnormal situations
are **NORMAL**

Today's Takeout

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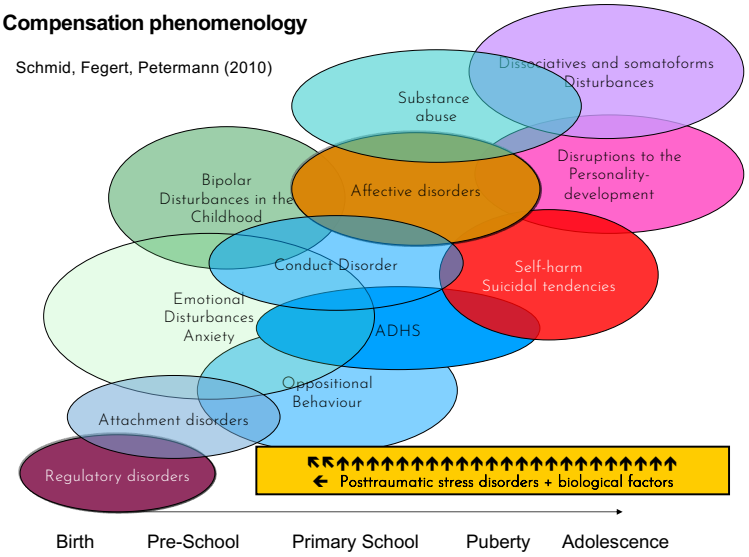
Compensation phenomenology

Schmid, Fegert, Petermann (2010)



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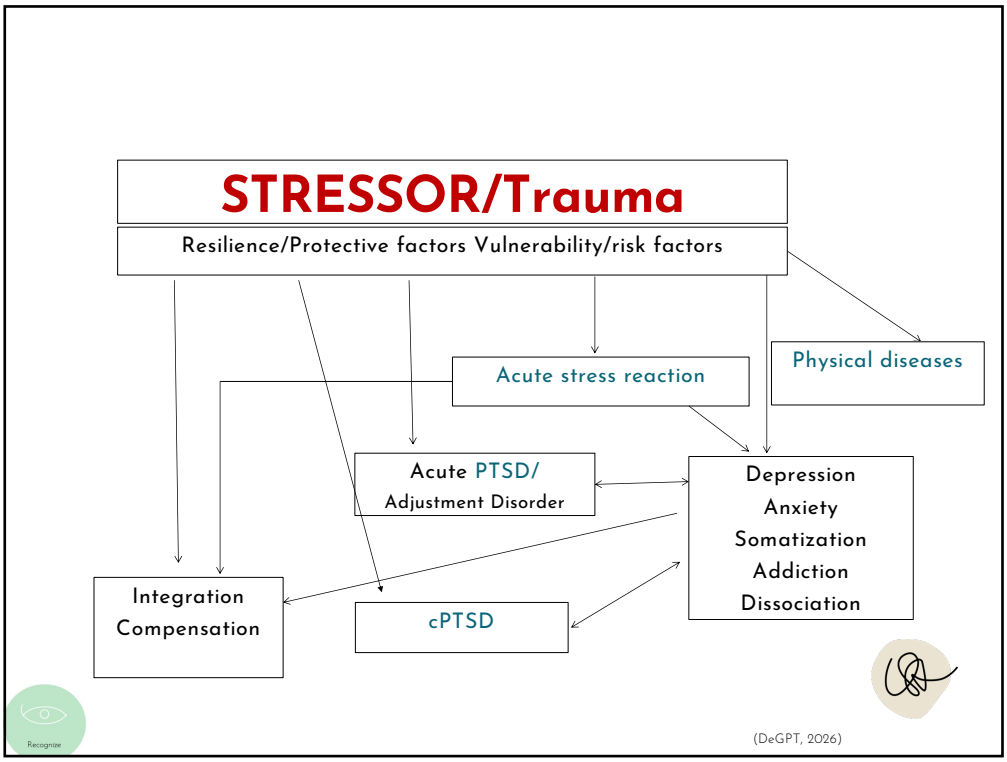

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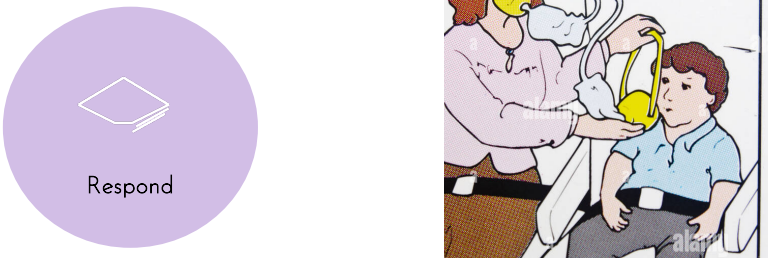
3. R of trauma-sensitive Care



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Psychological First Aid:

WHAT TO DO:

1) Ensure Safety (own and others)
2) Regulate yourself
3) Help regulate
4) Listen and validate
5) Assess immediate needs
6) connect and short term plan

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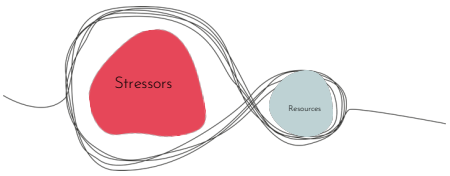
- Positive arousal patterns are counterbalance to the arousal pattern activated by the problem
- They are RESOURCES!



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Humiliation occurs in relationships—and dignity can be restored through relationships.

Integrate dignity into relationships and procedures:

- Listen without judgment
- Offer understandable information
- Provide meaningful choices
- Respect boundaries and identities
- Support connection and participation
- Recognize strengths and competencies

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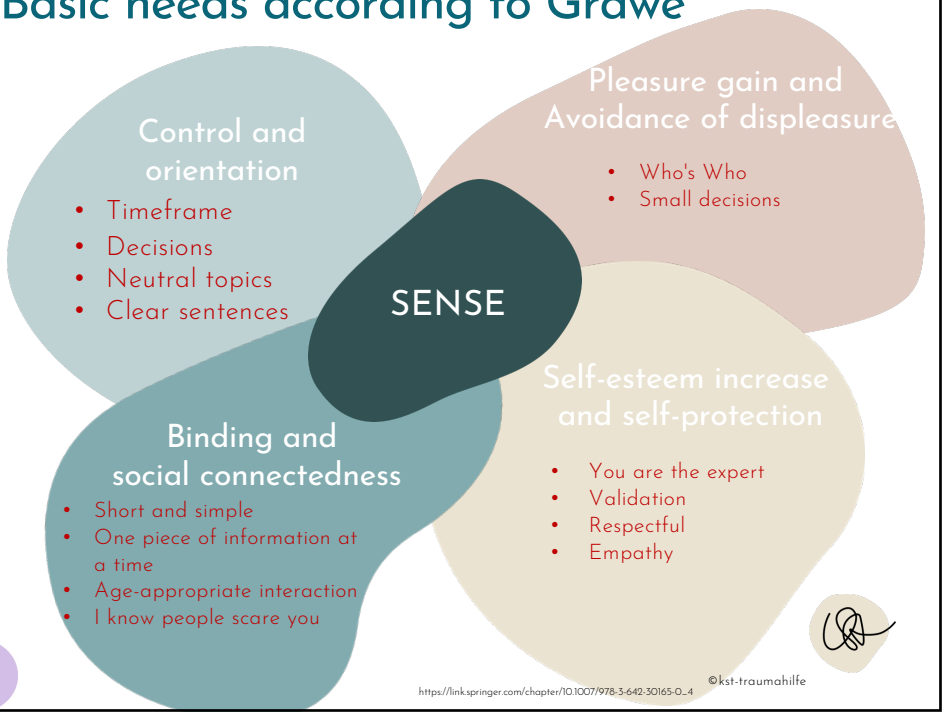
Basic needs according to Grawe



https://link.springer.com/chapter/10.1007/978-3-642-30165-0_4

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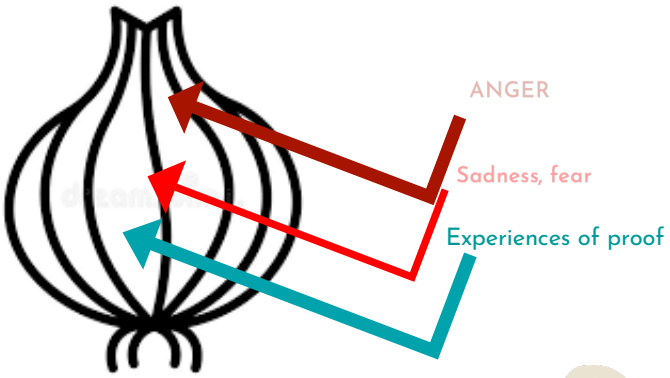
The principle of a good reason



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What happened to you was not right. You matter. Your feelings make sense. You have choices—and you do not have to face this alone.

Trauma-informed communication

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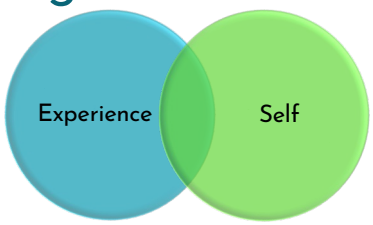
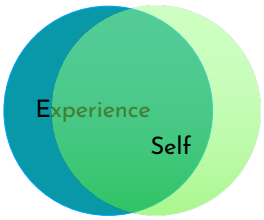
Understanding resistance to change

Incongruence



Congruence



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Understanding resistance to change

The self-concept of children who have survived violence is characterized by:

- Rigid
- lack of openness to experience
- existential self-devaluation
- Distrust of caregivers
- Lack of solution strategies in dealing with (interpersonal) stress
- lack of coherence with regard to one's own life story
- The concept of the "inner working model" of attachment research (Bowlby) is very similar to this model.

New things cause anxiety/stress regardless of the content of the new

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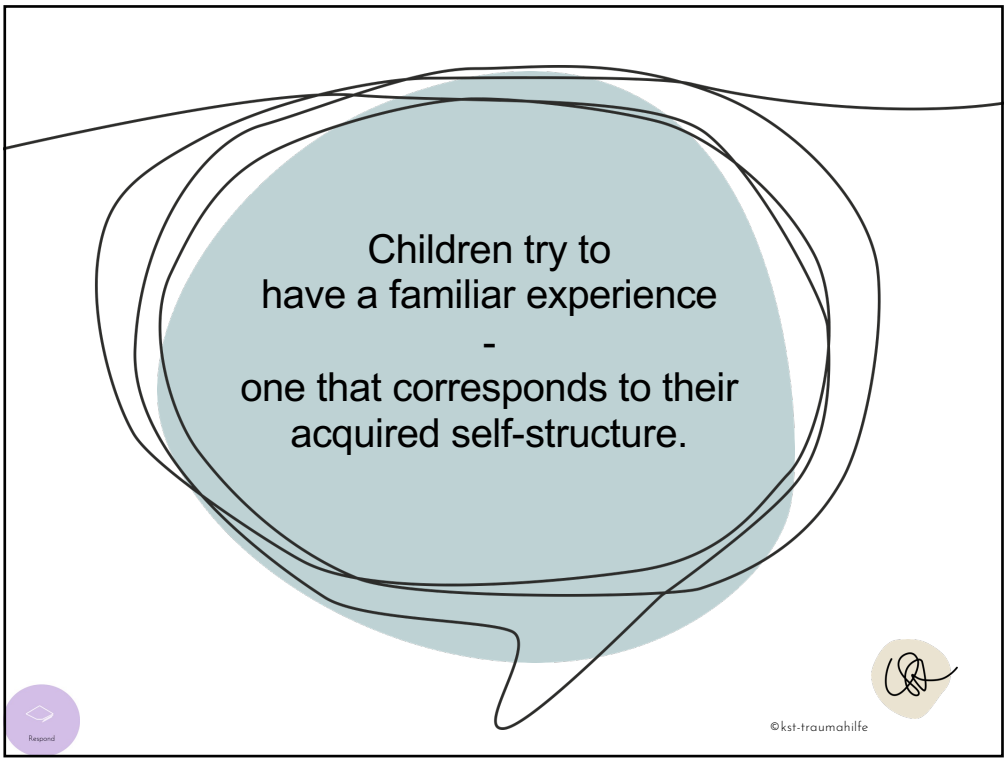

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Accept the need for one's own change

- Caregivers play the decisive role in the **emotional regulation** of complexly traumatized children.
- In order to be able to help these children constructively, the central prerequisite is that caregivers can **modulate their own feelings** well in "high-risk situations" with the children (outbursts of anger, etc.).
- If they themselves react reactively with anger and anger, they confirm the dysfunctional relationship pattern of the child

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Accept the need for one's own change

The caregivers must practice and train:

- Perceive their **own signals** for violent feelings more accurately and mindfully
- develop **self-soothing skills** (deep breathing) and
- learn **adequate (non)verbal behavior** in role plays

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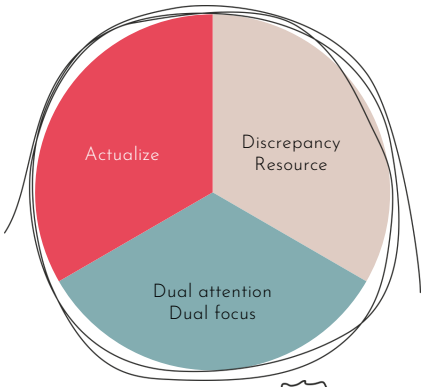
Many Forms of Trauma-focussed Therapy



- EMDR
- tfCBT
- Kid-Net
- Prolonged Exposure

- Somatic Experiencing
- DBT-PTSD
- TRIMB
- ...

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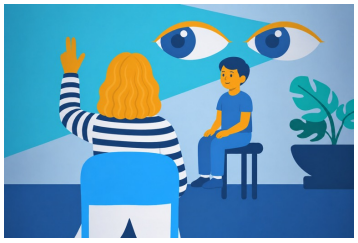
WHO recommends:

WHO, 2024

Eye Movement Desensitization and Reprocessing (EMDR)



Trauma-Focussed Cognitive Behavioral Therapy (tfCBT)

AI-generated illustration | OpenAI, 2026

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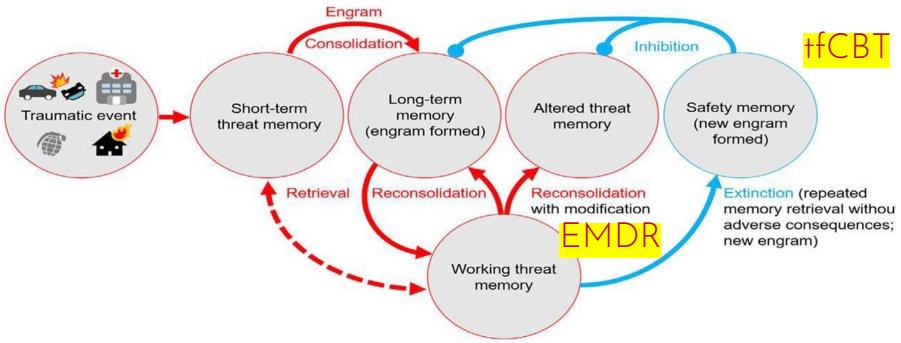
Alteration of memories - Reconsolidation



(Nadel et al., 2012)

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Reconsolidation Research

The Resource Activation

Ecker (2015):

- speaks of a mismatch experience.
- meaning, that as a second focus, a quality of experience of the client is actualized that is incompatible with the core theme of the traumatic experience
- which is experienced by the client as so discrepant that both experiences cannot be perceived as true at the same time.

Discrepancy Experience

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Trauma-focused Therapy in Groups:

WHO, 2024

Eye Movement Desensitization and Reprocessing (EMDR) – Group Protocols

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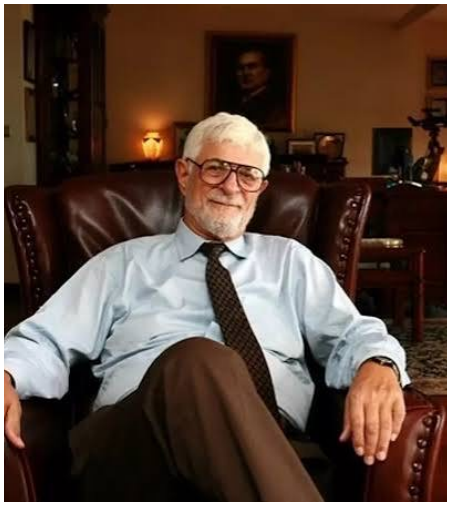
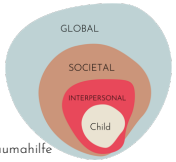
Lare Group Identity – Vamik Volkan



Unprocessed collective humiliation can turn dignity into a demand for dominance.

Peacebuilding seeks to transform it into recognition, mourning, agency, equality, and coexistence.



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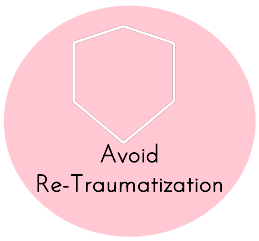
4. R of trauma-sensitive Care



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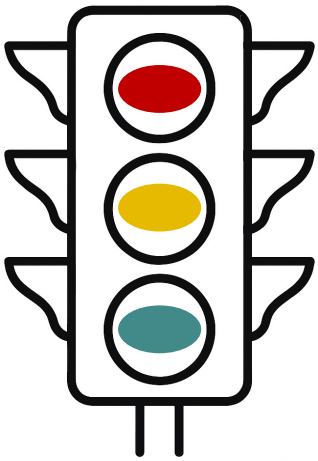
Humans

Relationship



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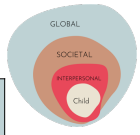
Triggers of Humiliation



Interpersonal	Societal	Global
Public criticism, ridicule, sarcasm, contempt, eye-rolling, or infantilizing language	Discrimination based on ethnicity, race, religion, gender, sexuality, disability, class, migration status, or language	Graphic news, images, sounds, sirens, uniforms, flags, weapons, aircraft, explosions, or particular languages and slogans
Blaming questions as "Why didn't you leave?" or "What did you do?"	Unequal treatment, corruption	Denial or minimization of collective suffering
Disbelief, interrogation, moral judgment, or demanding proof	Long unexplained waits, contradictory decisions	Forced political discussion or pressure to take a position
Pressuring someone to disclose or repeatedly recount of trauma	Being identified publicly as a "victim," "refugee," "offender," "mentally ill"	Stereotyping an entire population as dangerous, primitive, dependent, or responsible for a conflict
Speaking about the person as though they are absent	Police, military, institutional used in an intimidating way	Comparing suffering competitively: "Others have it worse"
Unwanted touching, crowding, blocking exits, prolonged staring, or standing over them	Separating people from family, community, interpreters, mobility aids, cultural practices, or spiritual support without necessity	Speaking of affected people only as numbers, burdens, or passive recipients
Shouting, threats, sudden movements, commands, restraint	Decisions being made "for their own good" without consultation	Making unrealistic promises about evacuation, asylum, reunification, justice, or aid
Taking photographs, recording, or sharing information without informed permission	Requiring people to demonstrate helplessness or disclose degrading details to receive assistance	Celebrations, announcements, or media coverage that expose people to reminders without warning/choice
Removing choices that could safely remain available		

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Prevention
of humiliation is the BEST
thing we can do!
Avoid Re-Traumatization
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GLOBAL
SOCIETAL
INTERPERSONAL
Child
Prevention needs interdisciplinary and international cooperation
Avoid Re-Traumatization
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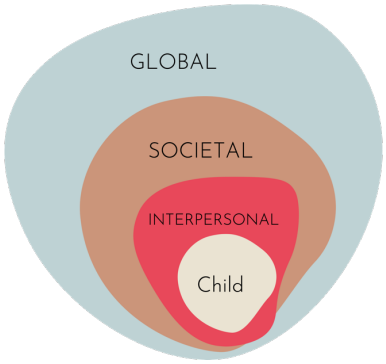

Trauma-informed care becomes dignity-informed care when every interaction on every level communicates:

"You matter, your voice counts, you have choices— and you are not alone."

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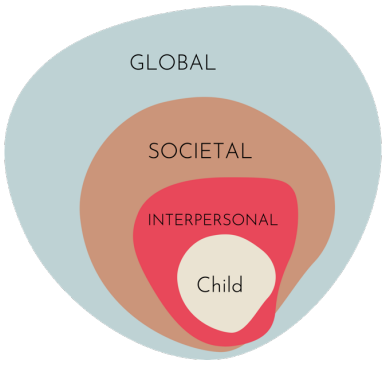

- **Privacy:** speak quietly and protect personal information.
- **Choice:** "Would you prefer to sit here or somewhere quieter?"
- **Permission:** "May I ask about what happened?"
- **Transparency:** explain who you are, what will happen, and what cannot be guaranteed.
- **Validation:** "What happened was degrading, and your reaction makes sense."
- **Dignity:** emphasize strengths and survival rather than helplessness.
- **Collaboration:** include the person in every safe decision.
- **Cultural humility:** ask what respect, safety, and support mean to them.
- **Predictability:** warn before touching, moving, examining, or introducing new people.

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Most Important Take Out:

Only when we stand firmly in our own dignity

can we protect the dignity of others!

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Thank you.

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