Healing the Hidden Wounds

Three-Day Trauma Healing Training Programme

Trauma in Children and Youth

Las Anod · April 2025

85 participants | Three full days | Diplomas awarded

Implemented by Nordic Hope Foundation

A three-day learning programme designed around local realities

Nordic Hope Foundation implemented Healing the Hidden Wounds in Las Anod in April 2025. The programme brought together 85 participants for three full days of structured learning focused on trauma in children and young people.

The training combined facilitated teaching, guided reflection, small-group analysis, participant presentations and practical exercises. The programme concluded with formal recognition and diploma distribution for participants who completed the learning process.

85 participants

3 full days

Diplomas awarded

Trauma can remain hidden while shaping a young person’s daily life

Why the programme mattered

Children and young people affected by conflict, displacement, loss, family separation or prolonged insecurity may experience distress that is not immediately recognised. Trauma may influence concentration, sleep, emotional regulation, trust, relationships and participation in school or community life.

A community capacity gap

Parents, teachers, youth leaders and community actors are often the first to notice changes in behaviour. They need practical language and safe response principles so that distress is not misunderstood as disobedience, weakness or lack of motivation.

Three days built knowledge step by step

DAY 1 · UNDERSTAND

Participants developed a shared understanding of trauma, stress and adversity, and explored how difficult experiences can affect children and adolescents.

DAY 2 · RECOGNISE

The group examined possible signs of distress, common triggers, risk and protective factors, and the importance of observing behaviour within context.

DAY 3 · RESPOND

Participants practised supportive communication, emotional safety, safeguarding awareness, referral thinking and realistic community action.

The sequence moved from knowledge to recognition and then to safer first-line action.

DAY 1 — UNDERSTANDING TRAUMA

Participants established a shared foundation for trauma-informed thinking

The first day introduced trauma as a response to overwhelming or threatening experiences rather than a sign of personal weakness. Participants explored how stress can affect the body, emotions, thinking and behaviour.

The sessions considered how children and adolescents may communicate distress differently from adults. Attention was given to developmental stage, family relationships, cultural context and the role of safety and trust.

A clear boundary was maintained between supportive community roles and clinical diagnosis or treatment.

Observation, context and careful interpretation were central to the second day

Participants discussed how trauma-related distress may appear through withdrawal, fear, irritability, aggression, changes in sleep, reduced concentration, avoidance, physical complaints or difficulty trusting others.

Group work encouraged participants to look beyond a single behaviour and ask what may have happened, what the young person needs, which protective relationships are available and whether there are immediate safeguarding concerns.

The emphasis was on curiosity, dignity and avoiding labels.

Learning through dialogue, participation and peer exchange

Participants tested ideas, raised questions and developed shared understanding through facilitated group processes.

DAY 3 — RESPONDING SAFELY

The final day translated knowledge into practical first-line support

Participants practised listening without judgement, acknowledging feelings, communicating calmly and helping a distressed child or young person regain a sense of safety and control.

The training also addressed what not to do: forcing disclosure, making promises that cannot be kept, questioning in a blaming manner or attempting to provide treatment beyond one's competence.

Safeguarding concerns, serious symptoms and urgent risks require appropriate referral to health, protection or specialist services.

PARTICIPATORY METHODOLOGY

The programme treated participants as active contributors, not passive listeners

Facilitated learning

Core concepts were presented in accessible language and connected to the realities faced by children, families, schools and communities in Las Anod.

Collaborative practice

Small-group work, plenary discussion, guided questions and participant presentations created space to compare perspectives and translate concepts into practical responses.

WHAT PARTICIPATION LOOKED LIKE

Three full days of active learning

Participants worked with written questions, group analysis, facilitated discussion and presentations. The room was organised to support peer exchange and ensure that both women and men could contribute through structured learning groups.

The photographs document an engaged learning environment in which participants were speaking, writing, presenting and reflecting together.

COMPLETION AND RECOGNITION

The programme concluded with diplomas after three full learning days

85

participants completed the programme

Formal diploma distribution marked the conclusion of the programme and recognised the time, participation and learning commitment demonstrated across the three days.

The diploma confirms programme participation; it does not constitute a clinical qualification.

DOCUMENTED PROGRAMME OUTPUTS

The implementation produced a clear set of verifiable delivery results

REACH	**85 participants took part in the completed three-day programme.**
DELIVERY	Three full days of facilitated trauma-healing education were implemented in Las Anod.
LEARNING	Participants engaged with trauma awareness, recognition, supportive response and referral principles.
PRACTICE	The programme included group work, guided exercises, presentations and peer reflection.
RECOGNITION	The learning process concluded with formal diploma distribution.

CONNECTION TO N360

The 2025 programme provides the awareness foundation for a wider support pathway

This training represents an early capacity-building layer within the N360 trauma-healing and MHPSS approach. It strengthened community understanding and introduced safer first-line responses.

A full N360 pathway can build on this foundation by adding structured assessment, safeguarding protocols, referral agreements, access to medical and psychological support, individual case management and measurable follow-up.

Training creates awareness. A functioning system turns awareness into coordinated support and sustained outcomes.

From a successful training programme to sustained regional capacity

The recommended next phase is to establish a local facilitator network, introduce simple pre- and post-learning measurement, strengthen safeguarding and referral arrangements, and connect community-based support with health, education and specialised services.

Within N360, trauma healing should remain connected to youth development, education, vocational pathways, medical support, family engagement, reintegration and community peacebuilding.

Nordic Hope Foundation