CASE STUDY

When Good Intentions Harm: Shifting to Trauma-Informed Practice in a Brussels Youth Centre

Level 2 – Application | Module 3 – Trauma-Informed Youth Work | Belgium (Brussels)

Country	Belgium (Brussels-Capital Region)
Title	When Good Intentions Harm: Shifting to Trauma-Informed Practice
Organiser / Provider	Youth centre – composite case based on practices in Brussels (fictitious)
Target Group	Youth workers & coordinators working with highly vulnerable youth aged 15–25
Theme / Focus Area	Trauma-informed approach, secondary traumatic stress, ACEs, co-regulation, organisational change
Training Level	Level 2 – Application | Module 3 – Trauma-Informed Youth Work

1. Context & Challenge

A youth centre in northern Brussels worked daily with a population of 15–25 year-olds characterised by complex, overlapping vulnerabilities: precarious housing, family breakdown, histories of abuse and neglect, and involvement with the justice system. Workers were highly committed and experienced — yet increasingly frustrated by what they described as "unpredictable" or "manipulative" behaviour from young people.

The critical incident that prompted change was a routine confrontation: a youth worker, attempting to hold a young man accountable for aggressive behaviour toward peers, escalated the exchange — with the best of intentions — into a full crisis requiring emergency services. The young man had an undisclosed history of violent domestic abuse. What the worker experienced as de-escalation, the young man experienced as threat.

In the aftermath, the team recognised that their training had never adequately addressed trauma. They knew young people were affected by difficult pasts. But they had no shared framework for understanding how those pasts lived in the body — and could be triggered by ordinary interactions.

2. Intervention

Objectives

- Develop a shared organisational understanding of trauma and its behavioural manifestations
- Equip all staff with the five SAMHSA trauma-informed principles: safety, trustworthiness, peer support, collaboration, empowerment
- Reduce crisis incidents by changing how workers interpret and respond to distressing behaviour
- Build sustainable wellbeing practices to address secondary traumatic stress in the team
- Establish a regular reflective supervision structure embedded in the work schedule

The 6-Month Organisational Shift

The centre adopted a phased trauma-informed transformation model:

Phase 1 – Awareness (Months 1–2): Full-team training on trauma neuroscience, ACEs, and behaviour-as-communication. External trainer facilitated. All staff attended (including reception and admin).

Phase 2 – Practice Change (Months 3–4): Workers reviewed their most challenging cases through a trauma lens. Supervision structures redesigned. A “truma lead” role created within the team.

Phase 3 – Embedding (Months 5–6): New intake protocols introduced. Workers began using a co-regulation toolkit in sessions. Monthly reflective circles established. Worker wellbeing assessed via validated survey (ProQOL scale).

Throughout: peer supervision pairs, fortnightly team debriefs, access to external psychological consultation for critical incidents.

Duration, Actors & Tools

- Duration: 6 months (full organisational transformation process)
- Team: 9 youth workers, 1 coordinator, 1 administrative officer
- External support: trauma-informed trainer (4 days) + external supervisor (bimonthly)
- Tools used: ProQOL wellbeing scale, ACEs wheel, Window of Tolerance diagram, co-regulation toolkit, reflective circle protocol

3. Outcomes & Results

Outcomes were measured at 3 and 6 months against baseline data collected before the intervention. The following results were documented:

Indicator	Result (at 6 months)
Crisis incidents requiring external intervention	70% reduction vs. baseline (from 8 to 2 incidents over 6 months)
Worker secondary traumatic stress (ProQOL)	Average STS score reduced from high-risk to moderate range
Staff confidence interpreting behaviour through trauma lens	87% reported improved confidence (post-training survey)
Team cohesion & communication	Significant improvement reported in all bimonthly team assessments
Young people’s engagement continuity	Drop-out rate fell from 42% to 27% over the period
Uptake of co-regulation toolkit	All 9 workers using at least 2 tools regularly by month 5

4. Learning Points

1. Good intentions are not enough: The incident that triggered change was caused by a skilled, motivated worker. Trauma-informed practice is not about being a "better person" — it is about having a framework that overrides well-meaning but harmful default responses.
2. Behaviour is always communication: Every act of aggression, withdrawal, dissociation, or refusal in a young person can be re-read as a trauma response once workers have the conceptual tools. This shift in interpretation is transformative for the worker–youth relationship.
3. The whole organisation must shift, not just individuals: Isolated training sessions do not create trauma-informed organisations. The transformation only took hold because intake protocols, supervision structures, and team communication all changed together.
4. Worker wellbeing is not a soft add-on: Secondary traumatic stress was widespread and unrecognised before this process. The organisation's effectiveness was being eroded by an invisible occupational hazard that no one had named.
5. Reflective supervision is the backbone: The monthly reflective circles and peer supervision pairs were consistently cited by workers as the most valuable element. Creating structured space to process emotional experience is essential, not optional.

5. Reflection Questions

For individual reflection or group discussion

1. Have you ever had a well-intentioned interaction with a young person that, in retrospect, may have re-activated a trauma response? What would you do differently now?

2. The workers in this case were experiencing secondary traumatic stress without naming it. What are the signs in your own practice that you may be accumulating this kind of burden?

3. What would a trauma-informed shift look like in your own organisation? What would need to change first — in training, supervision, intake, or team culture?

6. Transferability & Innovation

This case is transferable to any youth work setting where staff work with vulnerable populations — regardless of country or organisational type. The core model (phased shift: awareness → practice change → embedding) is adaptable to smaller teams and shorter timelines, though the minimum recommended process is 3 months.

The innovative element is the dual focus: on changing how workers interpret young people's behaviour AND on protecting worker wellbeing. Most trauma-informed training programmes address one or the other. This case demonstrates that both must be addressed simultaneously, as they are structurally connected.

⚠ Ethical & Data Protection Notice

This case study is a fictional composite constructed for training purposes. The critical incident described is illustrative, not an account of a real event. No real individuals, youth workers, or young people are identified. When documenting real incidents for training purposes, organisations must anonymise all identifying details and obtain consent in accordance with GDPR requirements. The ProQOL scale referenced is a publicly available validated tool (Stamm, 2010).

7. Additional Resources

• Nadine Burke Harris – “How Childhood Trauma Affects Health Across a Lifetime” TED Talk (16 min) | ted.com

• SAMHSA – “Trauma-Informed Approach: Key Assumptions and Principles” | samhsa.gov

• Stamm, B.H. (2010) – ProQOL Manual (Professional Quality of Life Scale) | proqol.org

• WHO Europe – “Adverse Childhood Experiences and Their Relationship to Youth Social Exclusion” (advanced report)

• Scottish Government – Trauma-Informed Practice: A Toolkit for Scotland (adapted for youth work) | gov.scot