

WHITE PAPER SERIES: No. 1

ADDRESSING COMMUNITY VIOLENCE EXPOSURE: A TRAUMA-INFORMED APPROACH FOR SCHOOLS & YOUTH PROGRAMS



**WHAT ACTUALLY HELPS: ETHICAL STRATEGIES,
TRAUMA-INFORMED AND PRACTICAL TOOLS**



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ADDRESSING COMMUNITY VIOLENCE EXPOSURE IN SCHOOLS & YOUTH PROGRAMS

01. EXECUTIVE SUMMARY

Exposure to community violence—including neighborhood shootings, assaults, domestic violence, and chronic threat—significantly alters how young people experience safety, authority, and learning environments. Youth affected by community violence are overrepresented among those experiencing academic failure, behavioral exclusion, special education referrals, and juvenile-justice or child-welfare involvement.

This white paper synthesizes current research, trauma neuroscience, and implementation best practices to provide actionable guidance for schools and youth-serving programs. It includes:

1. Evidence-based strategies that support regulation and learning
2. A one-page staff quick guide
3. A training module with realistic scenarios
4. A policy brief for administrators
5. A caregiver guide designed to align parental/caregiver response with school/organizational practices

The recommendations are grounded in guidance and data from the Centers for Disease Control and Prevention, National Child Traumatic Stress Network, Substance Abuse and Mental Health Services Administration, American Academy of Pediatrics, and the Office of Juvenile Justice & Delinquency Prevention.



ADDRESSING COMMUNITY VIOLENCE EXPOSURE IN SCHOOLS & YOUTH PROGRAMS

02. BACKGROUND: COMMUNITY VIOLENCE AS A CHRONIC STRESSOR

Community violence exposure functions as a chronic traumatic stressor, particularly in neighborhoods impacted by poverty, structural racism, housing instability, and over-policing. Unlike single-incident trauma, community violence often involves anticipatory fear—the sense that danger could happen at any time.

Common impacts on youth include:

- *Hypervigilance and exaggerated startle response*
- *Emotional numbing or dissociation*
- *Difficulty with attention, memory, and executive functioning*
- *Aggression, withdrawal, or shutdown*
- *Increased risk of school exclusion and justice involvement*

Importantly, these are adaptive survival responses, not moral or motivational failures.



ADDRESSING COMMUNITY VIOLENCE EXPOSURE IN SCHOOLS & YOUTH PROGRAMS

03. TRAUMA-INFORMED STRATEGIES THAT ACTUALLY HELP

1. Regulation Supports. Effective environments prioritize nervous system regulation before compliance.

Core strategies

- Brief, predictable regulation rituals at transitions
- Access to calming tools without earning or punishment
- Co-regulation through adult tone, posture, and pacing
- Reduced verbal input during escalation

What the evidence shows: Youth cannot access reasoning or instruction while in a survival state. Regulation restores access to learning and relationship.

2. Predictable Routines. Predictability lowers perceived threat and reduces behavioral incidents.

Key practices

- Visual schedules and consistent daily flow
- Advance warnings for changes
- Standardized staff responses to common behaviors
- Consistent transition language

Predictability is especially protective for **system-involved youth**, who often experience abrupt and uncontrollable changes in caregivers, placements, and authority figures.

3. Crisis Response Planning. Crisis plans should prioritize safety, dignity, and repair, not punishment.

Trauma-responsive crisis plans include

- Identified calming spaces
- Clear staff roles during incidents
- Supportive, non-shaming language
- Post-incident repair conversations



De-Escalation Strategies

from a Trauma-Informed Lens

Strategy	Brain Science
Maintain a calm and reassuring presence	When a person experiences heightened stress, their amygdala becomes highly active. This can lead to a fight-or-flight response, which impairs rational thinking. A calm adult can help regulate the amygdala's activity, signaling safety and promoting a return to a calmer state.
Use a gentle and respectful tone of voice	Harsh or raised voices can further trigger the stress response system, reinforcing a sense of threat and escalating the situation. A gentle and respectful tone, conversely, activates the parasympathetic nervous system (the "rest and digest" system), helping to de-escalate the heightened emotional state.
Validate the student's feelings and experiences	Acknowledging and validating a student's emotions, even if their behavior is challenging, communicates understanding and respect. This validation can help decrease feelings of isolation and activate the prefrontal cortex, enabling more rational thinking and problem-solving.
Offer choices and a sense of control	Trauma often involves a loss of control. Providing choices empowers the student and activates the prefrontal cortex, which is responsible for decision-making. This can help shift the brain from a reactive state to a more regulated one, where the student feels capable of influencing their situation.
Provide a safe and quiet space if needed	A chaotic environment can overwhelm the nervous system. Offering a safe and quiet space allows the student to retreat from triggers and engage their parasympathetic nervous system (body at rest).
Use grounding techniques	Techniques like deep breathing or focusing on sensory details can help bring the student back to the present moment. This shifts attention away from distressing thoughts or memories and engages the prefrontal cortex, enabling better emotional regulation.



ADDRESSING COMMUNITY VIOLENCE EXPOSURE IN SCHOOLS & YOUTH PROGRAMS

04. STAFF QUICK GUIDE (PRACTICE-READY)

Supporting Youth Exposed to Community Violence

DO

- *Speak slowly and calmly*
- *Offer simple choices*
- *Use predictable routines*
- *Normalize regulation tools*
- *Focus on safety first*

AVOID

- *Public confrontation*
- *Power struggles*
- *Threats or ultimatums*
- *Asking “What’s wrong with you?”*

HELPFUL LANGUAGE

- *“Something feels unsafe right now. I’m here.”*
- *“Let’s slow this down together.”*
- *“You’re not in trouble—you’re having a hard moment.”*
- *Remember: Behavior communicates state, not intent.*

WHAT NOT TO DO

Despite their prevalence, the following practices are associated with worse outcomes for violence-exposed youth:

- *Zero-tolerance and exclusionary discipline*
- *Public behavior charts or shaming practices*
- *Forced trauma disclosures*
- *One-time assemblies without sustained support.*



ADDRESSING COMMUNITY VIOLENCE EXPOSURE IN SCHOOLS & YOUTH PROGRAMS

05. TRAINING MODULE WITH SCENARIOS

Youth-serving professionals are often expected to respond to intense behavior in real time, under pressure, and with limited context about what a young person may have experienced outside the classroom or program walls. When community violence is present—whether through direct exposure, neighborhood proximity, or pervasive fear—youth behavior can shift rapidly and unpredictably. Without a trauma-informed framework, these moments are frequently misinterpreted as defiance, manipulation, or lack of motivation, leading to responses that unintentionally escalate harm.

This training module is designed to bridge the gap between trauma theory and day-to-day practice by centering on realistic scenarios that reflect what educators, youth workers, and administrators encounter: sudden escalation, emotional shutdown, group dysregulation, and behavior changes following violent incidents in the community. Each scenario emphasizes nervous system awareness, adult self-regulation, and practical decision-making that prioritizes safety, dignity, and learning.

Grounded in guidance from the **National Child Traumatic Stress Network**, the **Substance Abuse and Mental Health Services Administration**, and the **American Academy of Pediatrics**, this module reflects best practices for trauma-responsive environments. It assumes that effective intervention begins not with control or compliance, but with co-regulation and predictability. Staff responses can either calm or compound a young person's stress response.

By engaging in guided discussion, role-play, and structured debriefs, participants will build confidence in responding to high-stress situations without resorting to exclusion, power struggles, or punitive discipline. The goal is not perfection, but consistency—so that across classrooms, programs, and roles, youth encounter adults who respond with steadiness, clarity, and care, even in the most challenging moments.



TRAINING MODULE WITH SCENARIOS

SCENARIO 1: SUDDEN ESCALATION AFTER A NEIGHBORHOOD INCIDENT

Situation: A student becomes agitated and disruptive after a shooting occurred near their home the night before.

This scenario is intentionally designed to surface a common but high-risk misinterpretation: the assumption that a youth's sudden escalation is willful, attention-seeking, or unrelated to the learning environment. In reality, escalation following a neighborhood violence incident often reflects a state-based survival response triggered by reminders of threat (sirens, loud noises, adult stress, peer conversations, or internal memories).

Ineffective Response

- *"You need to calm down or leave the room."*

Trauma-Informed Response

- *Lower voice, reduce audience*
- *"It looks like your body is on high alert. Let's step over here and breathe."*



TRAINING MODULE WITH SCENARIOS

Youth may arrive at school or programs **already dysregulated**, with stress hormones elevated from the prior evening or night. Sleep disruption, hypervigilance during the commute, and caregiver stress frequently compound the response. Importantly, youth do not need to have *witnessed* the violent act directly. Proximity, perceived threat, or fear of loss can produce similar nervous system activation.

This scenario also highlights the concept of **stress contagion**. Adult anxiety, rushed transitions, or inconsistent responses can unintentionally amplify a youth's distress. It is normal that staff may feel urgency, fear, or pressure to "regain control" while reinforcing that **adult self-regulation is the most powerful de-escalation tool available**.



Key Instructional Takeaways:

- ✓ Escalation is often **predictable**, not surprising, following community violence
- ✓ Regulation must precede instruction, redirection, or consequences
- ✓ A calm adult presence can interrupt the survival response more effectively than verbal commands
- ✓ Reducing audience and sensory input is a protective intervention, not a reward
- ✓ **Successful de-escalation may look quiet and unremarkable**, not dramatic. The goal is not immediate compliance, but restored safety and connection.

As emphasized by the **National Child Traumatic Stress Network**, trauma-informed responses are most effective when they are **consistent, relational, and practiced in advance**—not improvised in crisis. View Scenario 1 not as an isolated incident, but as a **predictable response to community conditions**, and shift from asking "How do we stop this behavior?" to "What does *this nervous system need right now?*"



TRAINING MODULE WITH SCENARIOS

SCENARIO 2: WITHDRAWAL & SHUTDOWN

Situation: A youth refuses to participate, puts their head down, and won't respond.

This scenario addresses one of the most frequently overlooked trauma responses in schools and youth programs: withdrawal and shutdown. While escalation often draws immediate adult attention, shutdown—characterized by silence, immobility, avoidance, or “checking out”—is commonly misread as disengagement, laziness, defiance, or noncompliance. In trauma-exposed youth, particularly those impacted by community violence, shutdown reflects a freeze or collapse response of the nervous system. It is often a response to overwhelm rather than opposition.

Youth may be attempting to conserve energy, avoid perceived threat, or protect themselves from further distress. This response is especially prevalent among youth with histories of chronic trauma, loss, sexual abuse, or system involvement, where remaining unnoticed or emotionally contained has been adaptive.



SCENARIO 2: WITHDRAWAL & SHUTDOWN

Ineffective Responses (What Escalates or Prolongs Shutdown)

These responses are common, often well-intended, and frequently driven by adult discomfort with silence or loss of visible engagement. For trauma-impacted youth, they increase threat, shame, and withdrawal.

- **Repeated verbal prompting or interrogation.** “What’s wrong?” “Answer me.” “Use your words.”
- **Publicly calling attention to the youth.** Calling on the youth, commenting on their silence, or asking peers to engage them
Interpreting silence as defiance or refusal
- **Labeling behavior** as “noncompliant,” “unmotivated,” or “oppositional”
- **Escalating demands** Increasing volume, urgency, or consequences to force engagement
- **Threats or ultimatums.** “If you don’t respond, you’ll get written up / lose recess / be removed.”
- **Forced emotional disclosure.** Pressuring the youth to explain feelings or events while dysregulated
- **Ignoring the youth entirely.** Withdrawing support or assuming the youth will “come around on their own”
- **Immediate disciplinary referral.** Sending the youth out without first addressing safety and regulation.

Trauma-Informed Responses (What Supports Re-Engagement)

These responses prioritize nervous system safety, dignity, and choice, creating conditions for gradual re-entry into participation.

- **Acknowledge without pressure.** “I can see you’re having a quiet moment. I’m here.”
- **Reduce verbal input.** Use brief, neutral language; allow silence without filling it
- **Offer simple, low-demand choices.** “You can stay here, move to the calm space, or take a short walk with me.”
- **Maintain proximity without intrusion.** Stay nearby, at the youth’s level, without hovering or staring
- **Normalize regulation supports.** Quiet tools, movement, or calm spaces offered as options—not consequences



SCENARIO 2: WITHDRAWAL & SHUTDOWN

- **Delay problem-solving.** Address expectations, academics, or behavior after regulation returns
- **Protect dignity.** Avoid drawing peer attention; use private check-ins when possible
- **Follow up later.** Briefly check in once the youth is regulated: "Earlier, your body needed a break. What helped?"

Key Trauma-Informed Reframes for Staff

- ✓ **Silence is communication.** Withdrawal often signals overwhelm, fear, or exhaustion—not disrespect.
- ✓ **Compliance ≠ regulation.** A quiet, motionless youth may still be in a survival state.
- ✓ **Connection comes before correction.** Relationship and safety are prerequisites for engagement.
- ✓ **Less is often more.** Fewer words, slower pace, and predictable presence reduce threat.



Practice Tip

If you feel an urge to **fill the silence**, pause and check your own nervous system first. Adult discomfort can drive interventions that unintentionally deepen shutdown. As emphasized in guidance from the **National Child Traumatic Stress Network** and the **Substance Abuse and Mental Health Services Administration**, trauma-responsive practice often looks quieter, slower, and less directive—but it is far more effective.



TRAINING MODULE WITH SCENARIOS

SCENARIO 3: GROUP CONTAGION AFTER COMMUNITY VIOLENCE

Situation: Multiple youth become dysregulated following rumors of violence.

Scenario 3 is designed to help staff recognize and respond to group-level dysregulation following community violence. Unlike individual escalation or shutdown, group contagion occurs when fear, rumor, and uncertainty spread rapidly through peer networks, overwhelming collective regulation capacity. This scenario reflects real-world dynamics in schools and programs after neighborhood shootings, lockdowns, police activity, or viral social media posts related to violence.

Group contagion is not a failure of classroom management. It is a predictable nervous system response when large numbers of youth perceive threat at the same time, particularly in communities where violence is frequent or unresolved.



The Trauma Science Behind Group Contagion

When youth are exposed to real or perceived danger, the brain prioritizes survival over learning. In group settings:

- Fear spreads through social referencing (youth look to peers and adults for cues)
- Rumors and partial information heighten threat perception
- Adult stress responses are quickly mirrored by youth
- Adolescents, in particular, are neurologically primed to orient toward peers. After community violence, peer conversations can amplify fear more powerfully than adult reassurance—especially when adults appear uncertain or inconsistent.

Common Pitfalls to Avoid

The Group Contagion scenario can surface responses that escalate group dysregulation, such as:

- Attempting to “teach through” widespread distress
- Shutting down all discussion without acknowledging fear
- Providing excessive details that increase anxiety
- Responding inconsistently across classrooms or staff
- Using punitive measures to regain control

It is important to recognize that information overload and emotional invalidation both increase dysregulation.

Trauma-informed Strategies that Help in Group Moments

- 1. Adult Alignment and Role Clarity.**
 - Identify who leads the group, who supports distressed individuals, and who communicates externally.
 - Consistency across adults reduces uncertainty and fear.
- 2. Naming Without Amplifying.**
 - Briefly acknowledge fear or disruption without graphic detail. *“Something scary happened nearby, and people are feeling on edge.”*
- 3. Maintain Structure with Flexibility.**
 - Preserve routines where possible while reducing demands.
 - Familiar structure signals safety; flexibility signals care.



4. **Regulate the Environment.**

- Lower noise levels and lighting when possible
- Reduce transitions and unstructured time.
- Minimize exposure to social media or rumor-spreading

5. **Model Calm and Confidence.**

- Adult tone, pacing, and body language are primary regulation tools.
- Calm presence communicates safety more effectively than verbal reassurance.

Equity and System-Involved Youth Considerations

It is important to be explicitly aware of unintentional bias and how group contagion may be interpreted differently depending on:

- Race, ethnicity, or perceived “threat level” of youth
- Prior justice or child welfare involvement
- Disability or communication differences

Recognize the risk of disproportionate discipline during group dysregulation. Rely on shared protocols to prevent bias-driven responses.



Key Takeaways

Group contagion requires **a systems response**, not individual blame. As guidance from the National Child Traumatic Stress Network and the Substance Abuse and Mental Health Services Administration emphasizes, trauma-informed environments prepare for predictable surges in distress and respond with coordination, predictability, and relational safety.

View Scenario 3 as an opportunity to practice collective regulation—where adult alignment, clear communication, and calm structure help an entire group return to safety together.



ADDRESSING COMMUNITY VIOLENCE EXPOSURE IN SCHOOLS & YOUTH PROGRAMS

06. POLICY BRIEF FOR ADMINISTRATORS

Schools and youth-serving organizations operating in communities affected by violence are increasingly asked to manage complex needs within systems that were not designed for chronic stress exposure. Administrators sit at a critical intersection of policy, practice, and accountability.

This policy brief is intended to support administrators—principals, program directors, superintendents, organizational and system leaders—in translating trauma science into structural, sustainable action. While individual staff training is necessary, it is insufficient without policies that align expectations, resources, and accountability with what research tells us about youth exposed to violence. In the absence of clear guidance, staff often default to exclusionary discipline, inconsistent crisis responses, or informal practices that increase inequity and risk.

Grounded in evidence, this brief outlines policy levers that reduce harm, improve outcomes, and protect both youth and staff. It emphasizes that trauma-informed leadership is not a philosophical stance, but an operational necessity in environments where community violence is a recurring reality.

The recommendations that follow focus on discipline reform, crisis-response standardization, staff training, environmental supports, and data-informed decision-making. When implemented together, these policies create conditions in which trauma-responsive practices are not optional or personality-dependent but embedded within the fabric of the organization—ensuring that youth experience predictability, dignity, and safety regardless of which adult or setting they encounter. They ensure trauma-informed practice is consistent, equitable, and sustainable—particularly in communities impacted by ongoing violence.



1. Replace Exclusionary Discipline with Trauma-Responsive Accountability

Policy Actions

- Revise discipline codes to limit suspension, expulsion, and removal for behaviors linked to stress responses (e.g., verbal outbursts, leaving class, shutdown).
- Require documentation that regulation and de-escalation strategies were attempted prior to exclusion.
- Integrate restorative and relational practices that focus on repair, accountability, and skill-building rather than *punishment*.

Rationale

Research consistently shows that exclusionary discipline increases academic disengagement, dropout risk, and juvenile justice involvement—especially for youth exposed to violence. Trauma-responsive accountability maintains safety while reducing long-term harm, aligning with guidance from the **Office of Juvenile Justice and Delinquency Prevention**.

2. Standardize Crisis Response Protocols Across Settings

Policy Actions

- Develop a clear, written crisis-response protocol that addresses individual escalation, group dysregulation, and post-incident repair.
- Define staff roles and communication pathways during and after incidents.
- Ensure protocols are consistent *across classrooms, programs, and sites*

Rationale

Inconsistent responses increase fear and escalation. Standardization reduces uncertainty for both staff and youth and prevents reactive, bias-driven decision-making during high-stress moments.

3. Require Trauma-Informed Training for All Staff Roles

Policy Actions

- Mandate regular training in trauma-informed regulation, de-escalation, and implicit bias for:
 - Teachers and instructional staff
 - Paraprofessionals and aides
 - Administrators and supervisors
 - Support staff (security, transportation, front office)
- Include scenario-based practice, not just theory.
- Provide coaching and refreshers, not one-time sessions.



Rationale

Youth experience the system, not individual job titles. Inconsistent staff responses undermine safety and trust. Guidance from the **National Child Traumatic Stress Network** emphasizes whole-system training as essential to effective implementation.

4. Allocate Time, Space, and Resources for Regulation

Policy Actions

- Designate **calming or regulation spaces** that are supervised, non-punitive, and accessible.
- Allow flexibility in schedules following community violence incidents (reduced demands, fewer transitions).
- Fund regulation tools (sensory items, movement supports) as **core infrastructure**, not optional add-ons.

Rationale

Trauma-informed practice fails when staff are expected to regulate youth without environmental support. Regulation requires **intentional design**, not improvisation.

5. Embed Equity Safeguards to Prevent Disproportionate Harm

Policy Actions

- *Regularly review discipline, referral, and removal data disaggregated by race, disability, gender, and system involvement.*
- *Establish protocols to **pause and review** decisions during periods of heightened community stress.*



Rationale

Community violence responses often magnify existing inequities. Without explicit safeguards, youth of color and system-involved youth are at increased risk of punitive outcomes, despite comparable behavior.

- *Align language and expectations across systems to avoid conflicting messages to youth and families.*

6. Strengthen Cross-System Coordination

Policy Actions

- *Formalize communication protocols with:*
 - Mental health providers
 - Juvenile probation
 - Child welfare agencies
 - Community-based organizations
- *Require supervisory review for exclusionary actions during crisis periods.*

Rationale

Fragmented systems increase stress and confusion for youth already navigating multiple authorities. Coordination supports continuity and reduces (re)traumatization.

7. Shift Data Use from Surveillance to Support

Policy Actions

- Track indicators of **school climate and stability**, not just discipline:
 - Attendance patterns
 - Staff turnover
 - Use of regulation spaces
 - Student and staff perception surveys
- Use data to guide **preventive supports**, not solely compliance or punishment.

Rationale

Overreliance on disciplinary metrics obscures underlying distress. Public health-oriented approaches, consistent with recommendations from the **Centers for Disease Control and Prevention**, emphasize early intervention and system-level prevention.



8. Support Staff Well-Being as a Safety Strategy

Policy Actions

- *Build in time for staff debriefing after critical incidents.*
- *Provide access to mental health and peer support resources.*
- *Normalize help-seeking and secondary trauma awareness within leadership culture.*

Rationale

Staff dysregulation directly impacts youth outcomes. Policies that support adult well-being are **risk-reduction strategies**, not perks.



Administrators' Takeaway

Trauma-informed leadership is not defined by compassion alone, but by **policy alignment**. When discipline codes, crisis protocols, training requirements, and data practices reflect trauma science, staff are freed from improvisation and youth are protected from harm. Administrators play a decisive role in ensuring that responses to community violence are **predictable, equitable, and healing**—by design, not by chance.

Resource Tool

Annex A, *Leadership Implementation Checklist & Progress Rating Tool*, provides an instrument for comprehensively assessing the readiness of your organizational and/or program policies.





ADDRESSING COMMUNITY VIOLENCE EXPOSURE IN SCHOOLS & YOUTH PROGRAMS

07. PARENT/CAREGIVER GUIDE (ALIGNED WITH SCHOOL PRACTICES)

Parents and caregivers are often a child's first and most consistent source of safety. Yet when community violence occurs, families receive limited guidance on how to support their children in ways that align with school or program responses. Many caregivers are managing their own fear, stress, or trauma while trying to make sense of changes in their child's behavior.

This caregiver guide is designed to bridge home and school by offering practical, trauma-informed guidance that reflects how youth-serving environments respond to community violence. Grounded in child development and trauma research, this section helps parents and caregivers understand what trauma responses look like, why they occur, and how supportive adults can reduce distress and promote healing.

Rather than focusing on "fixing" behavior, this guide emphasizes predictability, connection, and regulation—the principles used in trauma-responsive classrooms and programs. When caregivers and schools use shared language and strategies, children experience greater consistency across environments, which strengthens their sense of safety and trust.

By partnering with caregivers as essential allies, schools and programs can create a more cohesive, compassionate response—one that recognizes healing as a shared responsibility.



07. PARENT/CAREGIVER GUIDE (ALIGNED WITH SCHOOL PRACTICES)

Community violence can disrupt a child's sense of safety long after the immediate danger has passed. The strategies below expand on key supports caregivers can use at home, aligned with trauma-informed practices used in schools and youth programs.

1. Maintain Predictable Routines at Home

- After violence, a child's nervous system is often scanning for danger. **Predictable routines signal safety** and help the body settle.
- Keep wake-up times, meals, homework, and bedtime as consistent as possible.
- If routines must change, **preview the change in advance** ("Tonight will be different because...").
- Use simple visual or verbal schedules for younger children or those who benefit from reminders.
- Focus on connection over perfection—routines do not need to be rigid to be regulating.

Why this helps: Predictability reduces anxiety and helps restore a sense of control, a key protective factor identified in trauma research summarized by the National Child Traumatic Stress Network.

2. Offer Calm, Honest, Developmentally Appropriate Answers

- Children often know more than adults realize. Avoiding the topic entirely can increase fear and confusion.
- Answer questions truthfully, using **simple, non-graphic language**.
- It is okay to say "I don't know" or "Adults are still figuring that out."
- Reassure without making promises you cannot keep (avoid "Nothing bad will ever happen").
- Check what your child has already heard before adding information.

Why this helps: Honest, contained information reduces imagination-driven fear and builds trust between caregiver and child.

3. Normalize Emotional and Behavioral Reactions

- After community violence, children may show changes that worry caregivers: clinginess, anger, withdrawal, regression, or physical complaints.
- Let your child know their reactions make sense after something scary.
- *Avoid labeling behaviors as "bad" or "dramatic."*



- Separate the child from the behavior: “You’re not in trouble—your body is having a hard time.”
- Watch for patterns rather than single incidents.
- Guidance from the **American Academy of Pediatrics** emphasizes that these responses are often **stress reactions**, not mental health disorders.

4. Support Regulation Before Problem-Solving

- When children are upset, their brains are not ready for lectures, consequences, or long discussions.
- Help the body calm first: deep breathing together, movement, quiet time, or holding a comforting object.
- Keep your voice slow and low; your calm helps regulate your child’s nervous system.
- Save teaching moments or rule discussions for later, once your child is settled.

Why this helps: Regulation restores access to thinking, learning, and communication.

5. Limit Exposure to Violent Media and Adult Conversations

- Repeated exposure to violent images, videos, or intense adult discussions can retraumatize children.
- Monitor news and social media use, even for teens.
- Avoid replaying videos or discussing details within earshot.
- If older youth are engaging with social media, talk about how to step away when content becomes overwhelming.
- Repeated exposure—even indirectly—can intensify stress responses.

6. Coordinate With School or Program Staff

- Children benefit when adults across settings respond in similar ways.
- Share changes you notice at home (sleep, mood, behavior).
- Ask what regulation strategies are used at school or in programs.
- Reinforce the same calming language or tools at home when possible.
- Reach out early if concerns increase—don’t wait for a crisis.
- Consistency across environments strengthens a child’s sense of safety.

7. Take Care of Yourself, Too

- Children are deeply attuned to caregiver stress.
- Acknowledge your own reactions and seek support when needed.
- Model healthy coping (pausing, breathing, asking for help).
- Remember: *you do not have to have all the answers to be a source of safety.*



Reassurance for Caregivers

Healing after community violence is a **process, not an event**. Small, steady actions—predictability, calm presence, and connection—are powerful protective factors. When caregivers and schools work together using shared trauma-informed strategies, children are better able to regain stability, confidence, and hope.

When to Seek Additional Help

Most children show some stress reactions after community violence, and many will improve with time, support, and predictable routines. However, some children may need additional help to recover fully. Seeking support is not a failure; it is a protective step that can prevent longer-term difficulties.

Consider reaching out for professional or school-based help if you notice any of the following lasting more than a few weeks, increasing in intensity, or interfering with daily life:

- *Emotional & Behavioral Signs*
- Persistent fear, sadness, anger, or irritability
- Frequent emotional outbursts or aggressive behavior
- Ongoing withdrawal, numbness, or loss of interest in activities
- Excessive worry about safety or separation from caregivers
- *Sleep & Physical Changes*
- Nightmares or frequent night waking
- Trouble falling or staying asleep
- Headaches, stomachaches, or other physical complaints with no medical cause
- Changes in appetite or energy levels
- *School or Program Concerns*
- Declining grades or refusal to attend school
- Difficulty concentrating or following routines
- Increased disciplinary issues or repeated shutdowns
- Reports from teachers or staff that behavior has significantly changed



Risk Indicators (Seek Help Immediately)

- Talk of self-harm or wanting to die
- Threats of harm toward others
- Use of drugs or alcohol to cope
- Re-enactment of violence in play; or behavior that feels unsafe

Where Caregivers Can Turn for Help

Start with the School or Program

- School counselors, social workers, psychologists, or administrators
- Ask about trauma-informed supports or referrals and share specific behaviors you're noticing at home

Primary Care Providers

- Pediatricians can screen for stress-related concerns
- They can help rule out medical issues and provide referrals
- Guidance aligns with recommendations from the American Academy of Pediatrics

Mental Health Professionals

- Therapists trained in trauma-focused approaches
- Look for experience with children exposed to violence
- Evidence-informed treatments are highlighted by the National Child Traumatic Stress Network

Community Resources

- Community mental health centers
- Victim assistance programs
- Faith-based or culturally specific organizations
- Public health resources supported by the Centers for Disease Control and Prevention

What to Say When Asking for Help

You do not need a diagnosis to ask for support. Caregivers often worry about saying the “right” thing. It's okay to keep it simple:

- “My child has been different since the violence in our community.”
- “I'm seeing changes in sleep, mood, and behavior.”
- “I want help supporting my child before this gets worse.”



Needing additional help does **not** mean your child is broken—or that you have done something wrong. It means your child's nervous system may need extra support to recover from something overwhelming. Early, trauma-informed intervention is associated with better emotional, academic, and long-term outcomes. If you are unsure whether to seek help, it is appropriate to consult and ask questions. Trust your instinct; you know your child best.

Resource Tool

Annex B, ***Support Decision Guide for Caregivers***, provides a step-by-step guide to help parents/caregivers determine how and when to proceed with obtaining and escalating services and support for a child/youth who may be struggling.



ADDRESSING COMMUNITY VIOLENCE EXPOSURE IN SCHOOLS & YOUTH PROGRAMS

08. FINAL THOUGHTS

Implications Across Youth-Serving Systems

Community violence exposure does not affect young people in a single setting—it follows them across **schools, juvenile justice systems, residential placements, and community-based programs**. When responses are fragmented or punitive, youth experience repeated disruptions to safety and relationship. When responses are **aligned, predictable, and trauma-informed**, these same systems can become powerful stabilizing forces.

This white paper underscores a central truth: **behavior shaped by violence exposure is a systems issue, not an individual failure**. The implications extend well beyond traditional classrooms.

Implications for Juvenile Justice Settings

Youth involved in the juvenile justice system experience some of the **highest rates of community violence exposure**, often layered with family violence, loss, and systemic harm. In these settings:

- Escalation, shutdown, and group contagion are frequently misinterpreted as “criminal thinking” rather than stress responses.
- Trauma-informed regulation supports reduce incidents, use of force, and isolation.
- Predictable routines and clear, relational responses improve safety for both youth and staff.

Aligning facility policies with trauma science—consistent with guidance from the **Office of Juvenile Justice and Delinquency Prevention**—helps interrupt cycles of re-traumatization and supports rehabilitation rather than containment.

Implications for Alternative Schools

Alternative and disciplinary schools often serve youth with extensive trauma histories and prior school exclusion.

- These environments benefit most when trauma-informed approaches are **embedded at the policy level**, not left to individual staff discretion.



- Regulation-first responses and restorative accountability reduce repeated removals and dropout risk.
- Staff alignment is critical; inconsistency quickly undermines trust for youth already disengaged from traditional systems.

Alternative schools that prioritize predictability and dignity can become **re-entry bridges**, not dead ends.

Implications for Residential Programs

Residential and congregate care settings face unique challenges related to group living, limited privacy, and high exposure to peer stress.

- Group contagion following community violence or internal incidents is **predictable and preventable** with coordinated adult responses.
- Crisis plans that emphasize role clarity, environmental regulation, and post-incident repair reduce reliance on restraint or seclusion.
- Staff well-being policies are essential; secondary trauma and burnout directly affect program safety.

Trauma-informed residential care recognizes that **control does not equal safety**—relationship and regulation do.

Implications for Community-Based Youth Programs

Community-based organizations often serve as the **most trusted and accessible supports** for youth and families after violence.

- Programs benefit from adopting the same regulation language and routines used in schools to reduce confusion for youth.
- Staff training in trauma-informed de-escalation protects both participants and programs during moments of crisis.
- Strong coordination with schools, caregivers, and mental health providers strengthens continuity of care.

When community programs are aligned with trauma-responsive practices promoted by networks such as the **National Child Traumatic Stress Network**, they play a critical role in prevention and early intervention.



A Systems-Level Takeaway

Across all settings, the most effective responses to community violence share common elements:

- *Regulation before compliance*
- *Predictability before punishment*
- *Repair before removal*
- *Equity before expediency*

Trauma-informed practice is not a temporary response to crisis—it is an **operational framework** for working with youth whose lives are shaped by chronic stress and exposure to harm. When systems commit to these principles consistently, they reduce exclusion, improve safety, and support long-term healing and development.

Final Reflection

Community violence is a reality many youth cannot escape—but how systems respond is a choice. Schools, justice settings, residential programs, and community organizations can either reinforce harm or become anchors of stability. This white paper offers a roadmap for choosing the latter—through policy, practice, and partnership grounded in dignity, science, and care.



09. ABOUT PEI KIDS

Established in 1985, PEI Kids is a 501(c)3 nonprofit dedicated to *fostering child-safe communities by delivering expert crisis, preventative, and intervention programming addressing personal safety, sexual abuse, and the overall wellbeing of vulnerable children*. PEI Kids is highly regarded as the regional provider and thought leader on issues related to child- and youth-focused safety, delinquency intervention, and wellbeing.

Implemented in Mercer County (NJ) since 1985, PEI Kids' school-based Prevention Education programs are designed to reduce children's vulnerability to violence and abuse. PEI Kids' Intervention programs address the needs of impacted youth through evidence-based Juvenile Intervention Services for at-risk, adjudicated, and court-involved youth, the Crisis Intervention for Child Victims of Sexual Abuse program, and Family Support Services for children in foster care and families under DCPD supervision.

Additionally, through PEI Kids' Community-based Violence Intervention (CbVI) initiative, we've expanded our school-based Violence Intervention Groups (VIGs) for youth identified as at-risk of violence, delinquency, and/or gang activity due to violence exposure, dysregulation, and/or victimization. This is part of a comprehensive counterprogramming measure against environmental conditions and exposure to violence which, in tandem aggressive gang grooming strategies, have led to entanglements with community violence, juvenile justice, and victimization.

10. ABOUT THE WHITE PAPER SERIES

PEI Kids' White Paper series is a thought-leadership tool designed to educate readers about problems and present specific, data-driven solutions or approaches. White Papers typically explain a complex issue, analyze trends, provide evidence, and propose solutions, often with a benefits overview.

Unlike a position paper, PEI Kids' white papers do not argue for a particular viewpoint or aim to influence policy or opinion on a debatable subject. They are geared toward a broader audience of youth-serving adults and professionals, administrators and decision-makers, or anyone needing in-depth understanding.





Leadership Implementation Checklist & Progress Rating Tool

Rating Scale (circle one): 0 = Not Started | 1 = Planning | 2 = Partially Implemented | 3 = Fully Implemented & Consistent

1. Leadership & Accountability

Item	0	1	2	3
Executive sponsor identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-functional implementation team established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear crisis decision-maker designated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-informed expectations communicated to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Discipline & Policy Alignment

Item	0	1	2	3
Discipline policies reviewed for exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation required before removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restorative/repair responses embedded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidance for crisis periods clarified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Crisis Response Protocols

Item	0	1	2	3
Written crisis-response protocol exists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roles defined (individual, group, repair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-informed language standardized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protocols consistent across settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4. Training & Staff Capacity

Item	0	1	2	3
Trauma training required for all roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenario-based practice included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onboarding & refresher training scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors trained to coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Regulation Supports & Environment

Item	0	1	2	3
Calming/regulation spaces available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spaces are non-punitive & supervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation tools funded as core supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule flexibility after violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Equity & Safeguards

Item	0	1	2	3
Data reviewed by race/disability/gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pause-and-review for exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bias-awareness training implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disproportionality monitored in crises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Cross-System Coordination

Item	0	1	2	3
Key partners identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication protocols established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/expectations aligned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-incident supports coordinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



8. Data & Continuous Improvement

Item	0	1	2	3
Success indicators beyond discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseline data collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular leadership data reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data used to guide supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Staff Well-Being

Item	0	1	2	3
Post-incident debriefing available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health/peer supports accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary trauma acknowledged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burnout indicators monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Family Communication

Item	0	1	2	3
Consistent caregiver messaging prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidance aligned with school practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designated family contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials accessible & translated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Leadership Snapshot

- **Highest Priority Gaps (score 0–1):** _____
- **Immediate Action Items (30–60 days):** _____
- **Areas of Strength (score 3):** _____

Review Schedule: Quarterly Post-Incident Annual

Completed by: _____ **Date:** _____





ANNEX B

Support Decision Guide for Caregivers

After Community Violence: How to Know What Your Child Needs

Purpose: This Decision Guide helps caregivers determine when home-based support is enough and when to seek additional help after community violence. It is not a test or diagnosis—just a practical tool to support timely, caring decisions.

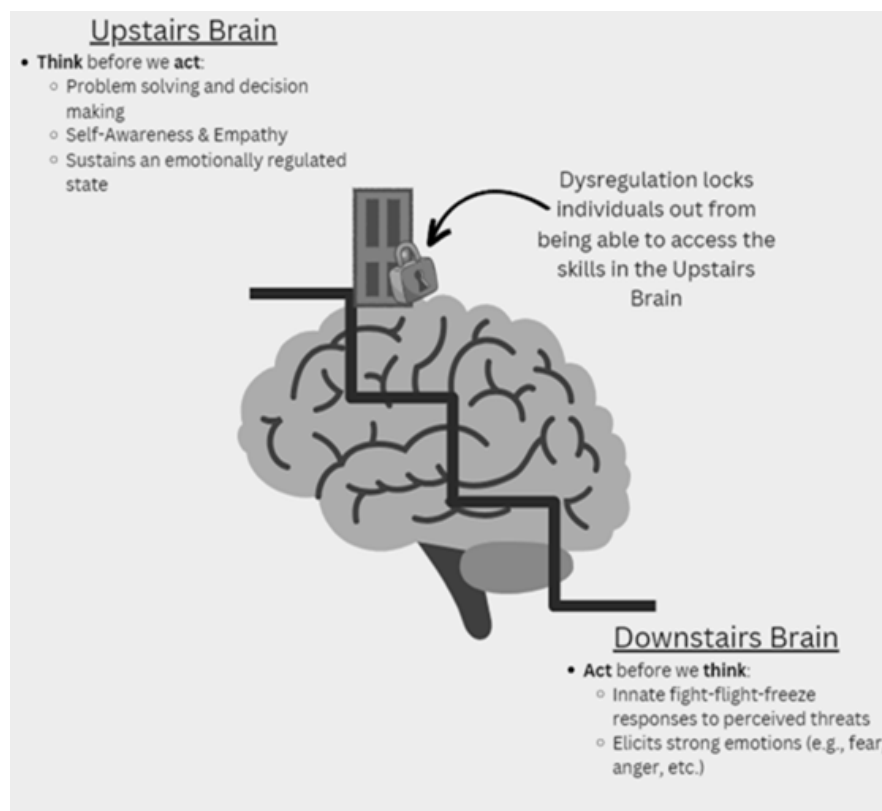
STEP 1: Notice What You're Seeing

Ask yourself: What changes have I noticed since the violent event?

- Trouble sleeping or nightmares
- Increased fear, worry, or clinginess
- Anger, irritability, or emotional outbursts
- Withdrawal, quietness, or loss of interest
- Physical complaints (headaches, stomachaches)
- School refusal or declining performance

➔ If you notice mild changes that come and go, continue to Step 2.

➔ If changes are intense, worsening, or alarming, skip to Step 4.



STEP 2: Try Trauma-Informed Home Supports (1–3 Weeks)

Continue daily routines and add:

- Predictable schedules and calm transitions
- Honest, age-appropriate conversations
- Extra connection and reassurance
- Regulation supports (breathing, movement, quiet time)
- Reduced exposure to violent media

Ask:

- Is my child able to calm with support?
- Are there moments of relief or enjoyment?
- Is school or daily functioning mostly intact?

If YES, continue these supports and monitor.

If NO or unsure, move to Step 3.



STEP 3: Consult and Coordinate (Early Support)


Reach out for **guidance**, even if you're not sure help is needed yet.

Who to contact first:

- School counselor, social worker, or administrator
- Pediatrician or primary care provider
- Trusted youth program staff

What to say:

"My child has changed since the violence in our community, and I'd like support."

 Many children benefit from **short-term, school-based or community supports** at this stage, consistent with guidance from the American Academy of Pediatrics and the National Child Traumatic Stress Network.


STEP 4: Seek Professional Support Promptly

Seek additional help if **any** of the following are present for more than a few weeks or are escalating:

- Persistent nightmares or severe sleep disruption
- Ongoing withdrawal or emotional numbness
- Frequent aggressive or unsafe behavior
- Significant school refusal or decline
- Repeated physical complaints with no medical cause

Seek immediate help if you notice:

- Talk of self-harm or wanting to die
- Threats of harm toward others
- Use of substances to cope
- Unsafe reenactment of violence in play or behavior

 Early intervention improves outcomes, as emphasized by the **Centers for Disease Control and Prevention**.



STEP 5: Stay Engaged and Reassess

Support needs can change over time.

- Continue communication with school or providers
- Revisit strategies that help your child regulate
- Ask for adjustments if supports aren't working
- Trust your instincts and check in again if concerns return

There is **no single “right” response** to community violence. Some children recover with time and support at home; others need additional help—and many move between these needs. Asking for support early is a sign of **strength and care**, not failure.

You don't need certainty to ask for help. Concern is enough.

