

Play as Protection: How Fun Builds Resilience in Children Experiencing Adversity

An evidence-based case for using play to help trauma-exposed children regulate, engage, and heal.

Play is a fundamental right of every child, yet for many, it is the least accessible.
(UN Convention on the Rights of the Child, Article 31)

Pamela Green, Founder
Genna Green, Director
Ela Green, Program Support



For caseworkers, social workers,
educators, service providers,
managers, advocates, policymakers,
and anyone working with youth

Meet Our Team



Pamela Green – Founder

Pamela is the Founder of Abundance of Hope Center, founded in 2008, advancing trauma-informed, culturally responsive support for at-risk youth.

Her work focuses on ending youth homelessness and disrupting the school-to-prison pipeline through community-based programming grounded in lived experience.



Genna Green- Director

Genna is an international nonprofit leader and trauma-informed practitioner with over a decade of experience supporting children and families impacted by domestic abuse and adversity.

She specializes in engaging children who do not access traditional services through play-based, low-pressure approaches.



Ela – Program Support

Supports program coordination and delivery at Abundance of Hope Center, contributing to youth engagement and community-based initiatives.

Focused on creating stable, supportive environments that allow trauma-informed and play-based programming to operate effectively.

What Participants Will Learn

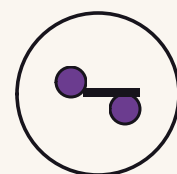


By the end of this session, attendees should be able to explain why play belongs inside trauma-responsive practice.



Name the mechanism

Connect ACEs and trauma responses to the regulation and engagement challenges children bring into services.



See practical application

Use real case examples to show how play-based, low-pressure approaches increase participation, disclosure, and readiness.



Apply it in systems

Identify practice, programming, and funding decisions that treat play as infrastructure rather than enrichment.

Why This Matters (ACEs / prevalence)

Trauma is prevalent in young people's lives, yet many systems often default to standardized, crisis driven, clinical approaches that don't always align with how children actually regulate, connect, and recover.

63.9%

U.S. adults report at least 1 ACE

CDC MMWR 2023

17.3%

U.S. adults reported four or more ACEs

CDC MMWR 2023

1 in 5

High school students reported four or more ACEs

Highest state estimate in CDC BRFSS 2011-2020

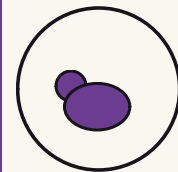
How Trauma Present Without Adequate Support

Trauma often presents through adaptive coping behaviors that are frequently misinterpreted as resistance



Increase Risk of Self Harm In Youth

- According to The Center for Disease Control, In 2023, Suicide was the second leading cause of death for people age 10- 34
- 20% considered suicide; 9% attempted



Increase in Addiction

WHO (2024) found problematic social media use rose from 7% to 11% among adolescents, with 12% at risk of gaming addiction. According to the Centers for Disease Control and Prevention, youth vaping increased to **1.63 million U.S. students in 2024**, with nicotine, alcohol, and cannabis remaining the most commonly misused substances.



Avoidance, Withdrawal & Disengagement

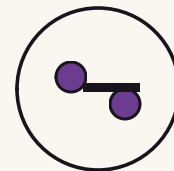
40% of U.S. high school students report persistent sadness or hopelessness (CDC, 2023)
Disengagement (school avoidance, withdrawal, refusal) is rising across systems

When the Brain Is in Survival Mode, Engagement Is Not Possible



What's happening in the brain

The brain is scanning for danger, not learning
The “alarm system” (amygdala) is overactive
Thinking and reasoning are reduced



What that looks like

Avoidance, shutdown, or withdrawal
Aggression, impulsivity, or defiance
Difficulty focusing, trusting, or communicating



What this means for practice

The child is not “choosing” not to engage
Talking, reasoning, or questioning won't work yet
Regulation must come before intervention

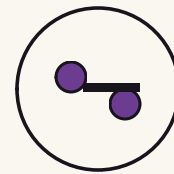
Why Many Children Do Not Access Traditional Therapy

Most systems are designed for children who are already ready to engage. This leaves out the very children we're most concerned about.



Surface Barriers (what systems usually focus on)

Waitlists, cost, transportation
Limited providers, long delays
Stigma or lack of awareness



System barriers

Services require readiness (talking, trust, compliance)
Narrow referral pathways delay early support
Environments feel clinical, unfamiliar, or unsafe



Child-level barriers

Low trust, anxiety, or past negative experiences
Nonverbal or not ready to talk
The environment itself feels overwhelming

If Therapy Is Not Accessible, We Use What Regulates the Brain

A young person cannot benefit from therapy if they cannot access, trust, or tolerate it.



Play Regulates the Nervous System

- Reduces cortisol (stress hormone)
- Activates the parasympathetic “calm” response
- Allows the brain to shift out of survival mode
- Play helps a dysregulated child become ready for therapy

Play Builds Safety & Connection

Releases dopamine and oxytocin (reward + trust)
Strengthens attachment and social bonding
Increases openness to interaction and support



Play Supports Processing Without Words

- Engages non-verbal brain systems (sensory, emotional)
- Allows expression without pressure to explain or disclose
- Helps integrate experiences before language is available

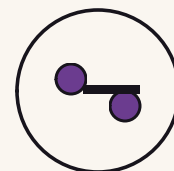
Why Play Works as a Protective Factor

Play supports regulation, connection, and agency at the same time.



Safety

Fun and shared activity lower emotional threat and make connection feel possible.



Agency

Choice restores control for children whose bodies and worlds have often felt unpredictable.



Resilience

Playful interactions build executive function, relationships, and the foundations of resilience over time.

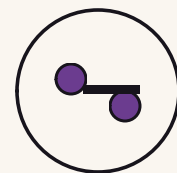
Teen Engagement Through Interest-Led Play

Presentation -> approach -> outcome



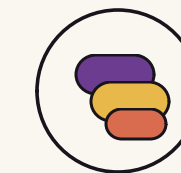
Presentation

Low mood, nonverbal presentation, school refusal, and limited response to direct support while waiting for mental health access.



Approach

Low-pressure, youth-led contact centered on interests such as coding, with clear expectations and real choice.



Outcome

Engagement increased from withdrawn to participatory, affect improved, and the young person re-engaged with learning and therapy readiness.

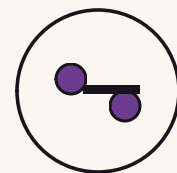
Group-Based Play Opened the Door to Disclosure

Presentation -> approach -> outcome



Presentation

Bullying-related distress and pressure to talk directly made some children reluctant to disclose.



Approach

A mixed-age group used a parallel activity like food prep in a low-demand, optional setting.



Outcome

Peer modeling increased safety, pressure decreased, and indirect conversation made disclosure and processing possible.

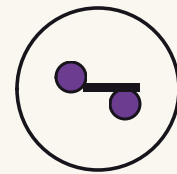
Financial Literacy Landed When It Became Playful

Presentation -> approach -> outcome



Presentation

Traditional workshop delivery produced low energy, passive participation, and uneven retention.



Approach

Content was turned into game-based challenges, collaborative tasks, and active problem-solving.



Outcome

Attendance, participation, and information retention improved across different learning styles.



**We've examined the science,
the data, and real-world
application...**

So, what are the long-term outcomes of protective factors?

What Protective Factors Made Possible Over Time

It wasn't the absence of hardship; it was the presence of relief that changed the trajectory.

ay's ePaper

The Columbian

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The Oregonian/KELLY JOHNSON

igs are looking up for the Pamela and Virgil Green family. They are staying temporarily in a motel and Virgil Green has a job. From left: Their children Virgil, Mallissa, Cynthia, Genna, Vanessa, Marissa, Pamela, Kristina and Valenna.

Family of 11 moves into motel; father gets job offer

he change beats sleeping in a station wagon and Virgil Green will try out as a driver

Virgil Green got ready to try out a new job Wednesday after he and his wife Pamela moved their 11 children out of the family car into a Portland motel.

The 11-member family had been living in their station wagon for two weeks while Virgil found jobs washing windows and delivering furniture. The Greens still haven't found permanent housing, Pamela Green

said Tuesday.

After a newspaper story detailed the family's plight Saturday, the community did get the family out of the weather. Virgil Green also got one job, and the offer of a second one.

The Greens received a voucher for a temporary stay in a motel from the Albina Ministerial Alliance.

As readers telephoned The Oregonian over the weekend, offering to help, Green got an offer to try out for work as a truck driver or fork lift operator for a Portland cannery. He

planned to begin the \$9-per-hour job Wednesday.

The US National Bank established a Green Family Account where donations can be deposited to help the family.

"We've been getting a call every 10 minutes on that account this morning," said US Bank's Cheri Tolman, who is handling the account at the Martin Luther King Jr. branch. She said she has no tally of donations, but added she also took down a job offer for Green. "I know he already has a job," she said, "but

this one is 8:30 a.m. to 5 p.m., and I hope he checks it out."

The family is still looking for permanent housing. They were negotiating Tuesday to see if they can stay in the motel for a few more days.

"Our biggest concern now is housing, since Virgil has a job," Pamela Green said. The Green children range in age from 13 years to 20 months. They were not enrolled in school for the first day Tuesday, she said, because the family is still too unsettled.

News / Clark County News

Years after generous strangers helped a homeless family find housing in Vancouver, the Greens help others struggling with instability

"It really is a full circle," Genna Green said.

By Mia Ryder-Marks, Columbian Staff Reporter

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Published: March 8, 2025, 6:14am



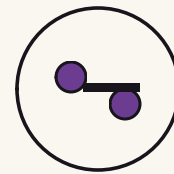
Community connection shapes whether adversity becomes lasting harm or resilience.

Short-term, community-based support created stability, safety, and a sense of belonging.



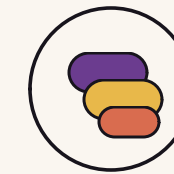
Community response

Temporary housing provided moments of stability, enough to reduce chaos and create space to recover.



What That Became

Pamela Green founded Abundance of Hope, and Genna and siblings now help children and families facing instability.



Practice lesson

Small interventions can scale into hope, resilience, and community leadership across decades.

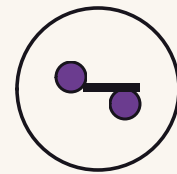
Pop-Up & Play as Protective Infrastructure

Play is not only an activity; it can be designed as low-barrier community infrastructure.



What it offers

Free, accessible, engaging experiences that create safe moments of fun and connection.



Why it matters

Children affected by trauma often have the least access to positive play, despite needing it the most.



How it supports systems

Pop-up programming creates flexible entry points before, beside, or beyond formal therapy.

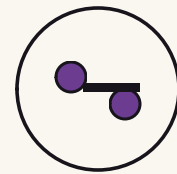
What Systems Must Do

Small shifts in delivery can create disproportionate gains in safety and participation.



Make each interaction useful

Build one moment of fun, choice, or competence into routine contact.



Map community resources

Match children to existing local play, recreation, and enrichment opportunities with intentional follow-through.



Advocate as part of the role

When budgets are tight, relationship-building and resourcefulness become part of trauma-responsive practice.

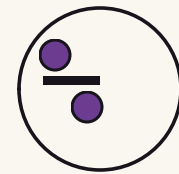
Reaching the Kids Who Don't Show Up

Every interaction with a child is an opportunity for safety, connection, and relief, and for some; it may be their only one



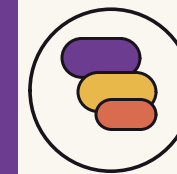
Design for the Children Who Don't Show Up

- Bring engagement to them (schools, homes, waiting rooms, intake)
- Start with 1:1 or small, low-pressure entry points before group settings
- Pair play with existing contact (appointments, check-ins, court days)



Lower the Barrier to First Engagement

- Remove pressure to talk, disclose, or “participate properly”
- Offer simple, immediate options: game, drawing, music, movement
- Let the child observe or engage on their terms first



Build Engagement Before Expectation

- Do not start with forms, generic questions, or instructions
- Use play, dialogue or choice to create connection first
- Expect regulation and trust before compliance or outcomes.

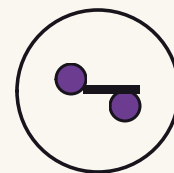
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Abundance of Hope Center | abundanceofhopecenter.org | info@aofhcenter.org
| (206) 693-9605



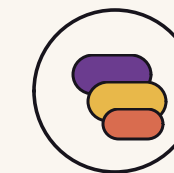
Core takeaway

For many trauma-exposed children, play is the pathway to regulation, relationship, and readiness for healing.



Why this panel matters

The evidence base, case examples, and lived experience all point in the same direction: integrate play earlier and more intentionally.



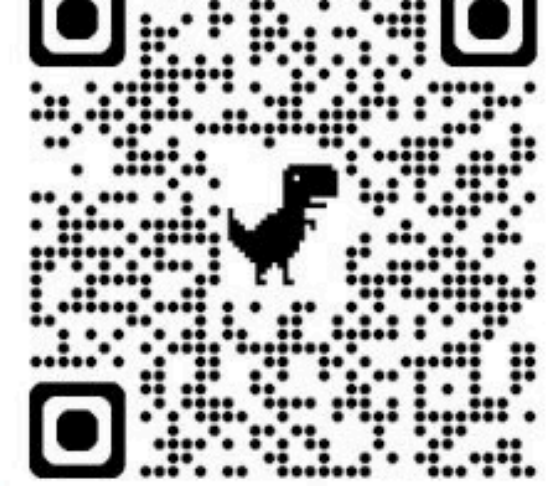
Selected evidence base

CDC ACEs data; Harvard Center on the Developing Child; AAP The Power of Play; SAMHSA child trauma guidance; The Columbian, March 8, 2025.

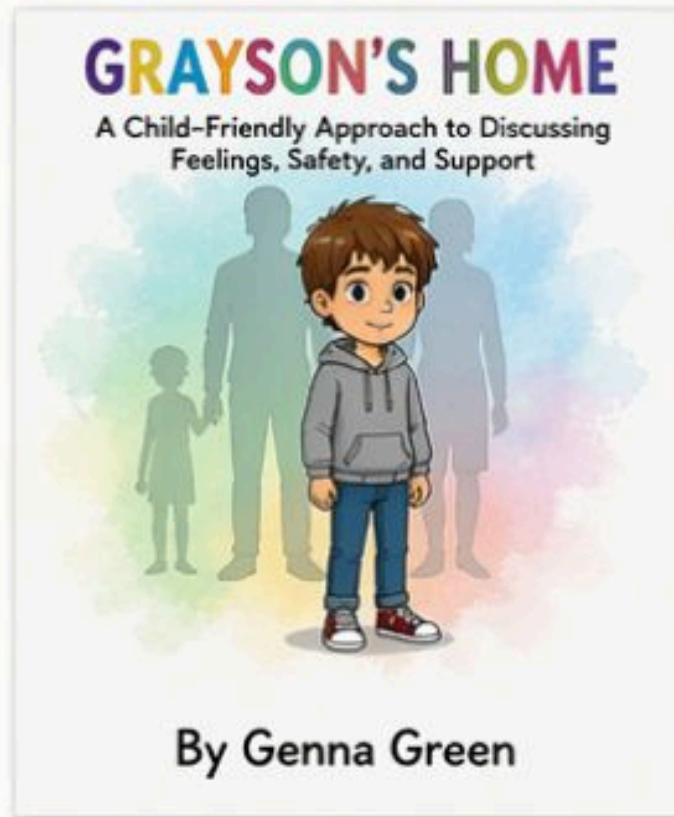


TOOLS FOR PRACTICE & CONTINUED LEARNING

Resources to support children, families, and community healing.



CHILD-FOCUSED TOOLS
For Safe, Supportive
Conversations

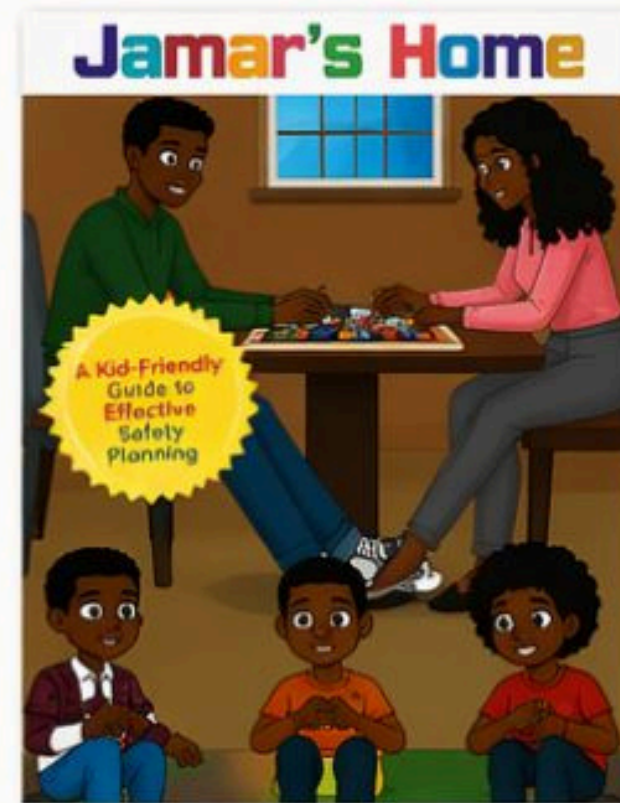


GRAYSON'S HOME

A child-friendly resource to help children understand feelings, safety, and support. Developed with input from children, a child therapist, CPS worker, and survivors.



CHILD-FOCUSED TOOLS
Culturally Responsive
Support

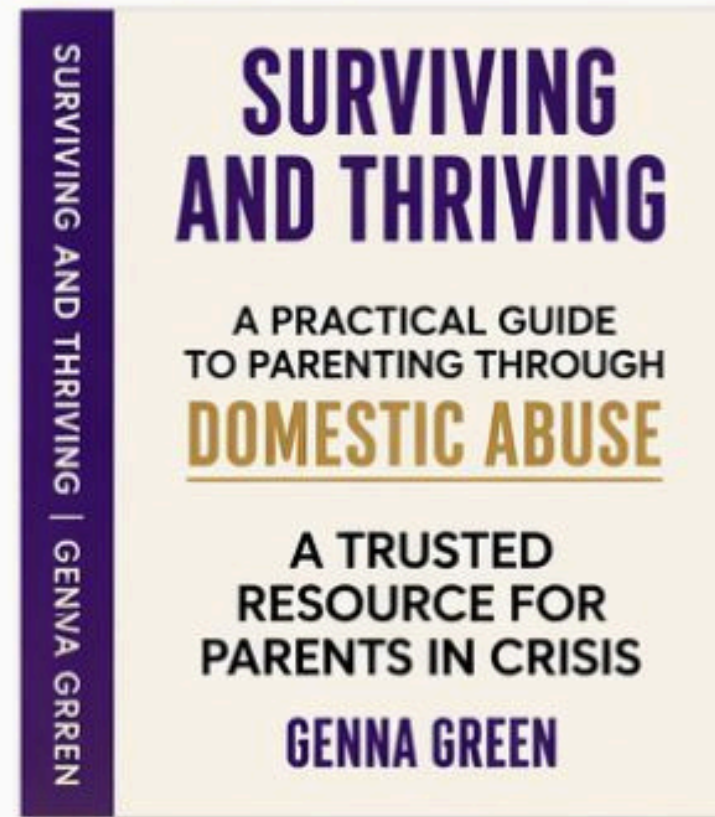


JAMAR'S HOME

A culturally responsive guide created for African American children to support identity, safety planning, and conversations about hard topics.



PARENT & CAREGIVER SUPPORT
Practical Guidance for
Parents in Crisis

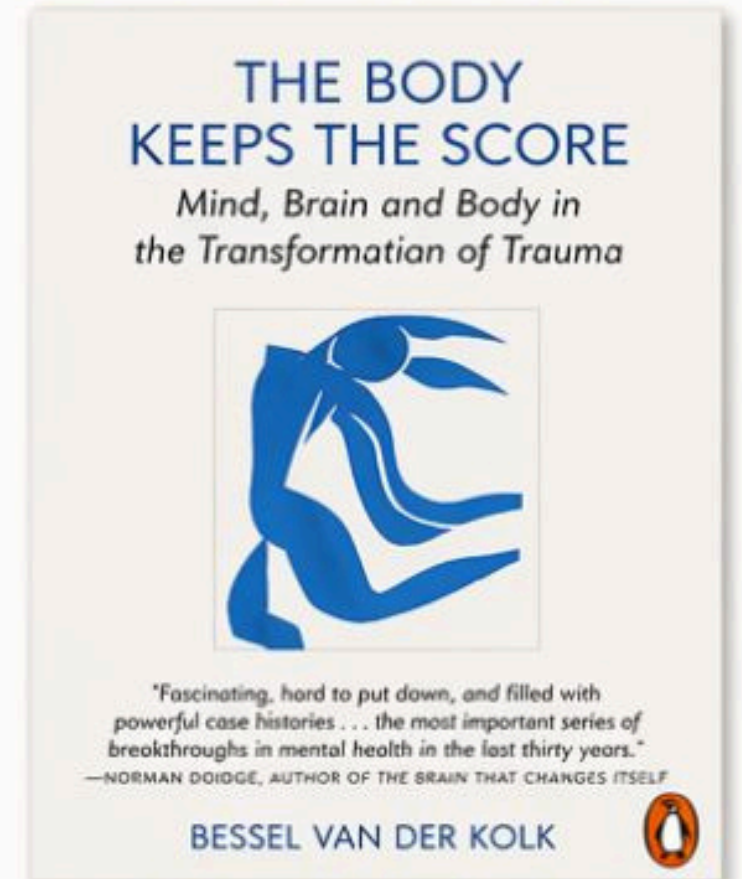


SURVIVING AND THRIVING

A practical guide to help parents navigate parenting through domestic abuse with tools, strategies, and encouragement for a safer, stronger tomorrow.



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Supporting Healing.



THE BODY KEEPS THE SCORE

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