

Trauma-Conscious Childcare Institutions and Education System: How Can We Create a System for Both Childcare and Education That Recognises and Handles Developmental Trauma?

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ABSTRACT

Development of trauma-conscious childcare institutions and education systems represents a pivotal shift in how we approach the well-being and development of children who have experienced trauma. By recognising the effects of developmental trauma and implementing strategies that prioritise safety, empathy, and individualised support, we can create environments that foster healing, growth, and resilience. The journey towards trauma-conscious childcare and education is an ongoing process that requires collaboration, dedication, and a shared commitment to the well-being of every child.

KEYWORDS

developmental trauma, trauma-conscious childcare system, trauma-conscious education system

Introduction

Childhood experiences significantly shape an individual's physical, emotional, and cognitive development. Unfortunately, many children worldwide encounter adverse

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events^{1,2} that can lead to developmental trauma. These experiences, which range from neglect and abuse to witnessing violence and enduring loss, can have long-lasting effects on a child's mental health, behaviour, and ability to learn. As our understanding of trauma deepens, it becomes imperative to create childcare institutions and an education system that not only recognises but also effectively addresses developmental trauma.

This chapter delves into the concept of trauma-conscious childcare and education and the essential principles underlying this approach, exploring guidelines to create a system that fosters healing, resilience, and healthy development. By examining such guidelines of trauma-informed practices, especially related to childcare institutions and the education system, we aim to equip the reader with the basic and available current information that must be accounted for when attempting to create safe and supportive environments for children who have experienced trauma. However, it must be considered that practice and scientific research are continuously, vividly, and actively interwoven in this area, which constantly results in better and more adequate ways of acting.

By the end of this chapter, we hope that readers will gain a profound appreciation of the importance of trauma-informed practices in childcare and education. We believe that armed with this knowledge, individuals and institutions can play a vital role in nurturing resilience and empowering young minds to overcome adversity and reach for a brighter future.

2. Benefits of Trauma-Informed Practices

In the ever-evolving landscape of mental healthcare, education, and social services, the principles of trauma-informed practices have emerged as a promising approach to better understand, support, and empower individuals who have experienced trauma. There are various advantages of implementing the trauma-informed approach in systems, but they can be summarised as follows.^{3,4}

Trauma-informed practices prioritise the emotional and psychological well-being of individuals who have experienced trauma. By creating safe and supportive

1 Tanyu et al., 2020, p. 8.

2 Adverse events can occur at the interpersonal, community, or larger society level. Moreover, acute events can include natural catastrophes, disease, accidents, violent incidents in the household or society, parental divorce, or death of a loved one. Chronic adverse life events include historical trauma; poverty; marginalisation; institutional racism; and lack of safety in the community, at home, at school, or due to parental neglect or mental illness. They can also include forced labour, homelessness, displacement, or separation from loved ones. Trauma occurs when a traumatic event is exceedingly terrifying, dangerous, or detrimental to one's bodily or mental health: Tanyu et al., 2020, pp. 11-14.

3 Redd, et al., 2017, pp. 170-180.

4 Bunting et al., 2019, pp. 1-22.

environments, these practices can lead to improved mental health outcomes, including reduced symptoms of anxiety, depression, and post-traumatic stress disorder.

Trauma-informed care aims to help individuals build resilience, which is the ability to bounce back from adversity. By fostering a sense of empowerment, choice, and control, trauma-informed practices can enable survivors to develop the coping skills needed to navigate future challenges.

Trauma-informed practices emphasise the importance of avoiding retraumatization. This means that caregivers and organisations are more attuned to potential triggers and stressors that may exacerbate trauma symptoms, thereby reducing the risk of further harm.

Trauma-informed care prioritises empowering survivors to make decisions about their own recovery and well-being. This sense of agency can be transformative, as it allows individuals to regain a sense of control over their lives.

A trauma-informed approach fosters trusting and empathetic relationships between caregivers, educators, and survivors. These relationships are built upon mutual respect and understanding, which can facilitate healing and create a supportive network for individuals.

Organisations that adopt trauma-informed practices often observe improved staff morale and reduced burnout rates. Employees in such organisations tend to feel more valued and supported, which can lead to better job satisfaction and retention.

These practices are founded on a profound recognition of the prevalence and impact of trauma in our society, emphasising the creation of safe and empathetic environments that prioritise healing and resilience.

Accordingly, the following sub-chapters consider the relationship between the child and his/her environment in the context of developmental trauma and then considers aspects of the trauma-informed system.

3. Development of the Child and His/Her Social Environment in the Context of Developmental Trauma

As already explained in more detail in a previous chapter, developmental trauma refers to complex and pervasive exposure to life-threatening events that takes place during critical stages of infant and child development; interferes with interpersonal bonds; jeopardises a person's safety and security; alters basic capacities for cognitive, behavioural, and emotional control; and frequently contributes to the emergence of complex post-traumatic stress disorder in adults.^{5,6,7,8,9} Adversity and/or trauma in children can stem from a wide range of sources such as abuse, neglect, loss of a

5 Cooke, et al., 2019, pp. 27–37.

6 Cruz, et al., 2022, pp. 1–14.

7 Jowett, et al., 2022, pp. 52–67.

8 Karatzias et al., 2022, pp. 1–6.

9 Lewis et al., 2021, pp. 448–455.

caregiver, witnessing of violence, experience of a natural disaster, poverty, and war. Poverty, caregiver neglect or absence, and risks to bodily and psychological safety are the most common causes.¹⁰ Poverty negatively impacts children's developing brains, bodies, and emotional and behavioural health.^{11,12} When adults who are supposed to take care of children do not or cannot do so, the children end up in adverse situations.^{13,14} Millions of children globally face physical risks to their safety because of natural disasters or political issues such as war and conflict.^{15,16} Numerous children also face various interpersonal risks that jeopardise their physical and psychological well-being.^{17,18}

Healthy development involves a regulated balance between the child and the social environment, so the latter is well-equipped to support the child, as you have already learned in-depth in previous chapters and other child development literature. Impaired emotional and behavioural control and failure to preserve the natural systemic balance between the developing child and his/her social environment (e.g. family, school, peer group, and neighbourhood) are two important features of developmental trauma.¹⁹ This regulatory balance then encompasses the care system once children enter the service system.

Considering the topic of interest of this manual (social and personality development in childhood) and the topic of this chapter (trauma-conscious childcare institutions and education system), the first two sub-chapters largely introduce some key

10 Tanyu et al., 2020, pp. 11–14.

11 cfr. Murphy and Redd, 2014.

12 Children who live in poverty are more likely to live in neighbourhoods with concentrated community poverty, which increases their risk of exposure to crime, violence, and environmental toxins. Poverty also increases the psychosocial stress parents and other caregivers experience, making it more difficult for many of them to provide a safe and nurturing environment for their children. It is also more difficult for parents and other caregivers to provide for the material requirements of their children when they are poor; cfr. Murphy and Redd, 2014.

13 Tanyu et al., 2020, p. 12.

14 Parental substance misuse, inadequate coping mechanisms, feeling of being overburdened by parental responsibilities, and other factors such as parental physical or mental health issues can all lead to child neglect. When parents neglect to take their children to school regularly or fail to offer proper supervision, it can interfere with the children's healthy development. Certain forms of neglect are related to the physical needs of the child; these include inadequate medical attention, inadequate nutrition (if the caregiver can afford to feed the child enough), insufficient material resources (e.g. clothing and school supplies), or an unhygienic or unsafe environment; Tanyu et al., 2020, p. 12.

15 Tanyu et al., 2020, p. 12, p. 25.

16 Over 13 million school-aged children were refugees or internally displaced as of 2019, with 7.9 million of them aged between 5 and 11 years and 5.2 million aged between 12 and 17 years; Tanyu et al., 2020, p. 25.

17 Tanyu et al., 2020, p. 12.

18 Besides coming from the community, school, or larger society, these threats—which include peer aggression, physical abuse, psychological abuse, and sexual abuse—often start in the child's household; Tanyu et al., 2020, p. 13.

19 Saxe, Ellis and Kaplow, 2007, p. 6.

ideas that present the trauma systems therapy approach²⁰ in an interesting, practical, clear, and evidence-based^{21,22} manner. Presenting the entire approach, which involves a comprehensive treatment, exceeds the goal of this chapter and topic. Nevertheless, we consider the basic starting ideas to be concrete and applicable (without diminishing the complexity of the dynamics) and therefore significantly useful in understanding the mentality required for creating trauma-conscious childcare institutions and education system.

3.1. Considering the Fundamentals of Child Development

The fundamentals of child development must be considered when intervening with a child who has suffered developmental trauma. Understanding that the appropriate interventions for infants and adolescents are different is important, as is the fact that a treatment plan for a child with developmental delays would differ from one for a child without such delays. At different ages, we must think about how to handle issues such as attachment, emotional control, identity, and cognition in interventions. These concepts are crucial for a child who has suffered developmental trauma.

The fundamental cause of traumatic stress is survival. The brain interprets potentially lethal events and converts this information into actions that keep the body alive. This mechanism is known as survival circuits.²³ When faced with life-threatening circumstances, our brain processes information emotionally and takes over our awareness. Such processing is typically fast, fragmented, decontextualised, stimulated, moment-to-moment concentrated, and accompanied by survival behaviour. One characteristic that makes child traumatic stress distinct is dysregulation of emotional states.²⁴ Emotional states are characterised by unique patterns of thinking, feeling, and behaviour that are comparatively stable and strongly associated with an individual's self-concept and interpersonal relationships. Even though awareness

20 In addition to individual-based methods, trauma systems therapy is a complete strategy for treating traumatic stress in children and adolescents that directly addresses the children's social context and/or system of care. Trauma systems therapy was created to offer a comprehensive and well-coordinated system of services, all of which are based on in-depth knowledge of the characteristics of child traumatic stress. By improving the children's ability to regulate emotions and reducing continuing stresses and threats in the social environment, trauma systems therapy aims to assist the children learn control over their emotions and conduct. Trauma systems therapy was created to increase the ability of important people in a child's surroundings to support him/her in managing his/her emotional and behavioural responses. In addition to providing a unique and innovative clinical model trauma systems therapy offers a framework for setting up trauma-informed services. The four main intervention modules that make up the phase-based treatment approach for trauma systems therapy are (1) home and community-based care, (2) services advocacy, (3) emotion regulation skills training, and (4) psychopharmacology. Depending on the child's level of emotional dysregulation and stability of his/her social environment, different modules may be therapeutically necessary; Saxe, Ellis and Kaplow, 2007.

21 Redd, Malm, Moore, Murphy and Beltz, 2017, pp. 170–180.

22 Murphy, Moore, Redd and Malm, 2017, pp. 23–34.

23 cfr. Sullivan and Opendak, 2018, pp. 50–55.

24 cfr. Andrewes and Jenkins, 2019, pp. 220–243.

operates moment by moment, the brain blends moments together to create a continuous sense of self. This basic neural ability to combine events is essential to our ability to develop a consistent identity or sense of self across time.²⁵ Early interpersonal relationships children experience shape their brain's survival circuits, which in turn affects their ability to control their emotions under pressure.²⁶ It is crucial to remember that correct experiences (safe relationships) have the power to modify the survival circuits of children who have undergone traumatic stress as well as their social surroundings.²⁷ When approaching this with a developmental mindset, we might think about many questions to ask for establishing safe and supportive surroundings, such as the following:²⁸ What type of attachment bonds might a child who has a depressed mother and a very aggressive father form? What impact does his father beating him up have on his sense of self, self-worth, and sense of control? How do these experiences impact a child's capacity for emotion regulation, and how do they affect attachments and identity formation? What kinds of peer groups does he typically join? How do cognitive growth and academic achievement differ for children who experience terror?

3.2. Considering the Social Ecology and Adopting a Systemic Mindset

The social environment's responsibility after a trauma (in the context of the previously highlighted dynamics of traumatic stress) is to help the child regulate abilities so that he/she may successfully control the resulting emotions. Members of the child's social environment must recreate a sense of stability, control, and order, which requires engagement of a lot of people: parents, guardians, relatives, friends, teachers, social service workers, therapists, psychopharmacologists, and advocates.

In shaping a child's development, larger organisations, and cultural surroundings play critical roles, according to Bronfenbrenner.²⁹ Each level of social ecology is crucial to some part of a child's healthy development and, as a result, may be crucial to the child's recovery after experiencing traumatic stress. The Bronfenbrenner model³⁰ gives us a means to comprehend how children affect and are influenced by their environment as they grow. These interactions, or mutual impacts, show how healthy development can either be aided or hindered.

The *individual* level includes all that a person contributes to any circumstance, including their biology and the knowledge and abilities they have acquired up to that point in their development.³¹ The emotional, cognitive, and behavioural resources (i.e. strengths and weaknesses) children have available to them as they engage with the world around them are determined by their experiences, and these experiences

25 cfr. Music, 2018, pp. 71–93.

26 cfr. Schore, 2001, pp. 201–269.

27 Saxe, Ellis and Kaplow, 2007, pp. 23–45.; Shonkoff, Phillips, 2000.

28 Saxe, Ellis and Kaplow, 2007, pp. 60–61.

29 Bronfenbrenner, 1979, pp. 109–295.

30 Bronfenbrenner, 1999, pp. 3–28.

31 Ibid.

are crucial in deciding how they will react to traumatic situations. Children who have established good adaptive resources will be fairly resilient in the face of trauma, whereas children who do not have such resources may not be able to adapt well to stressful situations and even end up with psychopathology. The child's capacity for emotional control "houses" itself at this specific level of social ecology.³²

The *microsystem*, which includes the family environment and factors such as parenting styles, family dynamics, developmental histories, psychological resources of every family member (e.g. their strengths and weaknesses), financial strains, and family members' own experiences with and reactions to traumatic events, is the next level of the social ecology.³³ It includes the family environment. These elements affect not only how the family functions but also how parents teach their kids to control their emotions and behaviour. A child's ability to adjust to stressful events will be greatly influenced by how his/her family handles them. The degree of the child's discomfort will also impact how the family copes.³⁴

The *exosystem* is the next level, and it consists of both formal and informal social structures, including schools, peer groups, social networks, churches, presence of structured support systems and services, and career opportunities that impact the children's immediate surroundings.³⁵ The risk and resilience characteristics of these environmental components have significant effects on development. Children's development will be impacted very differently by an exosystem that offers them a suitable educational setting, a secure neighbourhood with opportunities for prosocial peer and support network interactions, and long-term employment opportunities for caregivers, compared with an exosystem wherein children do not receive proper education or support in school, neighbourhood conditions are violent and residents feel unsafe, peer and social support networks are weak, and so on.³⁶ These environments, as one might expect, will also have diverse effects on how children heal from traumatic experiences.

The *macrosystem*, which is the final component, includes cultural beliefs and values that influence how the society functions in general and how families work in particular.³⁷ In essence, this level of culture shapes how individuals and families interact with other levels of the social ecosphere, and it surrounds and imbues every other level of the child's reality with meaning. The members' understanding of trauma, proper and inappropriate responses to it, and the therapies required to address it are all influenced by these cultural factors.³⁸

The topic of our chapter focusses, in accordance with the previous description, on the last two levels.

32 Saxe, Ellis and Kaplow, 2007, pp. 70–71.

33 Bronfenbrenner, 1999, pp. 3–28.

34 Saxe, Ellis and Kaplow, 2007, p. 71; p. 76.

35 Bronfenbrenner, 1999, pp. 3–28.

36 Saxe, Ellis and Kaplow, 2007, p. 71; pp. 77–80.

37 Bronfenbrenner, 1999, pp. 3–28.

38 Saxe, Ellis and Kaplow, 2007, p. 72; pp. 80–82.

3.3. *Importance of Early Childhood Experiences*

Relationship quality determines the success or failure of care interventions. The traumatised child usually becomes the focus of professional interest because of some sort of relationship issue, and the strength of the relationship the professionals build with the child (and family) offers the only chance for rehabilitation.³⁹ Therefore, as professionals, we shall either carry out our task knowing or ignoring this basic fact.

Relationships act as a bridge between a child's capacity for emotional regulation and the social environment's ability to support that capacity. The level of quality of interpersonal relationships impacts how emotions are controlled. In very early stages of development, regulatory responsibilities are understood as interactions between the infant and caregiver rather than as capacities of the individual infant. Regulating the infant's distress is the main focus of the caregiver's response. As the infant grows older and gains the ability to control his/her own distress, these developments are continually improved through interactions with caregivers. These concepts are heavily influenced by the attachment theory,^{40,41} and the nature of these connections can be characterised as signals of caring within care systems. This critical mass of care signals from people within the system must serve as the foundation upon which systems of care are constructed.⁴² The child (or any human) will feel uneasy, uncomfortable, and unsafe if enough care signals are not present. The literature and research distinguish between developmental and interpersonal trauma and consider their combined effects. The many manifestations of affective, behavioural, cognitive, relational, somatic, and self/identity dysregulation are combined to form developmental trauma disorder. Interpersonal or complex trauma—intentional acts by other people that endanger children's life or physical integrity, as well as their primary support systems and caregivers—have particularly severe and pervasive negative effects on children's psychosocial functioning and neurodevelopment.⁴³ The

39 Central to the relational dynamic approach is the acknowledgement that transformation of the self and others occurs within relationships and can potentially continue throughout one's life. For theoretical and research-based accounts of infant-caregiver intersubjectivity underpinning the relational dynamic approach, and for understanding how the practices of therapy, supervision, and education provide a potential matrix for transformation, one can consult works such as Macaskie, Meekums and Nolan, 2013, pp. 351–362.

40 Schore and Schore, 2008, pp. 9–20.

41 Attachment theories postulate that the physical bond between a parent (typically the mother) and child fosters a sense of both physical and psychological security. Nonresponsive or rejecting interactions with caregivers can induce feelings of anxiety, insecurity, and low self-esteem in the child. These psychological insecurities can impede the child's ability to form fulfilling relationships with others, including, ultimately, their own offspring. Therefore, attachment theorists posit that neglectful and abusive behaviours are transmitted across generations. However, the attachment theory has been critiqued for its limited conceptualisation of family dynamics beyond the mother-child dyad and for its failure to incorporate social and cultural factors such as poverty and unemployment. Nonetheless, the theory's emphasis on psychological security and interpersonal relationships constitutes a significant contribution to the understanding of the psychodynamics of abuse; Anderson, 2008, p. 243.

42 Saxe, Ellis and Kaplow, 2007, pp. 84–86.

43 Spinazzola, Van der Kolk and Ford, 2018, pp. 631–642.

formation of attachment bonds between young children and their primary caregivers can also be affected or disrupted when children and their caregivers experience interpersonal trauma. Interpersonal trauma and primary attachment disruption have been demonstrated to impede children’s ability to master critical life skills such as emotion regulation, autonomy, and age-appropriate prosocial skills.⁴⁴ These skills are essential for learning and thriving in relationships and activities that are essential to psychosocial development. However, as discussed in subsection 1.1, emotional processing and, consequently, the survival circuits, can be regulated by strong, safe, and caring relationships. Such relationships are restorative and healing in all areas of life, but they become even more important when considering the possibility of retraumatisation.⁴⁵

To summarise, as a multifactorial neurobehavioral disturbance, developmental trauma significantly alters children’s cognitive, emotional, physiological, and relational capacities.⁴⁶ Nevertheless, various factors, all of which can lessen the long-term effects of developmental trauma, related psychiatric comorbidities, and functional impairments, mediate and/or attenuate the mental health issues linked to the development of trauma. The Bronfenbrenner socio-ecological model⁴⁷ supports this idea by arguing that multiple levels of influence⁴⁸—individual, interpersonal, organisational, community, and public policies—are required to comprehend the wide range of adaptations associated with interpersonal trauma, because they can either confer additive risks or, conversely, potentiate positive and resilient transformations in response to adverse childhood experiences.

4. Systems of Care

Children, families, and several levels of the social ecology can all suffer from the effects of traumatic experiences. Trauma can also reduce children’s ability to receive support from their environment. Individual-level interventions are insufficient to address all these problems. Comprehensive interventions are needed to assist

44 Ibid.

45 Retraumatisation is defined as one’s reaction to traumatic exposure that is amplified or shaped by one’s reactions and style of adaptation to previous traumatic experiences. Retraumatisation generally refers to the resurgence of symptoms that were previously experienced because of trauma, even though the exposure may not be intrinsically traumatic and may only contain reminders of the initial traumatic event or relationship. This idea is given additional depth by the attachment theory, which places trauma and trauma adaptation in the context of intimate relationships; Alexander, 2012, pp. 191- 220.

46 Recurring traumas become transformative developmental experiences that change the global evaluation of children with traumatic histories and their subsequent reactions to stress (VanMeter, Handley and Cicchetti, 2020, pp. 1-11.

47 Kelley, Curtis and Wieling, 2022, pp. 476-489.

48 Systemic factors such as the state and federal policies, distribution of resources for prevention and intervention, discrimination, and stigma impact how people respond to trauma and how quickly they recover; Cruz, et al., 2022, p. 8.

children, enhance the capacity of the many levels of their social ecology, and aid them in the process of recovering from traumatic events.

4.1. Education System

The setting in which children spend the most of their time is the school environment, which is comparable to the home environment. The school gives children the chance to interact socially; receive career training; participate in sports; and, in certain schools, learn about religion. Additionally, children must attend school. Therefore, schools play a crucial role in every child's social ecology and are crucial to interventions in the lives of traumatised children. Sadly, the same elements that make schools such a significant part of a child's life—being in charge of many aspects of child development for so many children—can make it challenging for teachers or school staff to attend to specific trauma-related needs of individual kids.⁴⁹

Working with the school as part of the child's social environment involves, among other things, assisting teachers in comprehending the central and additional characteristics of traumatic reactions, such as understanding the distinctions between inattention and dissociation, between hyperactivity and the potential for increased arousal and watchfulness (hypervigilance), and between inattention and dissociation.⁵⁰ Teachers could also use assistance that acknowledges the obstacles they encounter when managing the demands of working with traumatised children in the context of their other professional obligations.

Depending on the circumstance, either the classroom needs to be modified or the teachers need additional training to help them deal with traumatised students in the classroom. Through the use of behavioural modification plans, curriculum adaptations, coordinated counselling services, transportation, social skills instruction, assistance with activities of daily living, attendance at summer school, use of in-school respite workers, supportive tutoring, tracking and investigation of the causes of school absence, and other strategies, individualised education plans can be developed for children to specifically address problems of traumatic stress.⁵¹

4.2. Childcare Institutions

Social service agencies are often involved in the lives of traumatised children with the overarching goal of protecting the child. However, underneath that shared goal can be a lot of different opinions about how to best provide that protection and different assessments of what is urgent or important to do for any given child.⁵² The essential elements of trauma-informed child welfare practices to guide caseworkers include the following:⁵³

- maximise the child's sense of safety;

49 Ko et al., 2008, p. 398.

50 Saxe, Ellis and Kaplow, 2007, p. 78.

51 Ko et al., 2008, p. 398.

52 Saxe, Ellis and Kaplow, 2007, p. 80.

53 Ko et al., 2008, pp. 397–398.

- assist children in reducing their overwhelming emotions;
- help children create new meaning of their trauma history and current experiences;
- address the impact of trauma and subsequent changes in the child's behaviour, development, and relationships;
- coordinate services with other agencies;
- utilise comprehensive assessment of the child's trauma experiences and their impact on the child's development and behaviour to guide services;
- support and promote positive and stable relationships in the life of the child;
- provide support and guidance to the child's family and caregivers; and
- manage professional and personal stress.

Some examples of how children's traumatic experiences can result in the involvement of legal or court systems include an investigation into a child's abuse for the purpose of the perpetrator's prosecution, a refugee family's petition for political asylum, or a child's behavioural dysregulation.⁵⁴ To be the most beneficial and least harmful for a child, the legal services system may require support and advice from a trauma-trained clinician, just like any other layer of the social ecology.⁵⁵

In the framework of the quality improvement and quality assurance systems already utilised for integrating and assessing promising new practices, healthcare organisations are well-positioned to adopt evidence-based traumatic stress therapies. Through inclusion into the current quality improvement-assurance activities, trauma stress screening and therapies may gain further traction in healthcare systems.⁵⁶

Numerous families and children have spiritual and cultural ties that influence how they view themselves. Given the significant role these systems can play in the recovery of a child and family from traumatic events, it is crucial to consider how these layers of the social ecology can be incorporated into the child's treatment.⁵⁷

According to Bronfenbrenner's theoretical framework, additional coordinated efforts among leaders and stakeholders in the fields of education, law, medicine, and politics would be feasible if they were aware of the prevalence and range of opportunities for reversing the detrimental effects of developmental trauma disorder. This requires considerable alteration for those who have been diagnosed with it, which necessitates this kind of knowledge. Systems must support formal policies that, at the organisational level, acknowledge, value, and de-stigmatise developmental trauma disorder.⁵⁸ System-wide policies and procedures are advocated, such as enhanced and coordinated evaluation protocols, formal response training, long-term care

54 Saxe, Ellis and Kaplow, 2007, p. 81.

55 Ko et al., 2008, pp. 400–401.

56 Ibid.

57 Saxe, Ellis and Kaplow, 2007, p. 82.

58 Matlin et al., 2019, pp. 451–466.

programmes, and community participation, to identify, support, and treat persons with developmental trauma disorder.⁵⁹

5. Trauma-Informed Approach

A trauma-informed approach is a comprehensive framework that acknowledges the prevalence of trauma in the society and seeks to create a culture of understanding, empathy, and support for individuals who have experienced trauma. Its fundamental principles guide organisations, institutions, and individuals in recognising, responding to, and preventing the effects of trauma. The framework for the trauma-informed approach, along with its key assumptions, principles, and guidance for its implementation, is a product of the work of the Substance Abuse and Mental Health Services Administration (SAMHSA). The SAMHSA document guides worldwide systems that want to implement a trauma-informed approach in their operations. Therefore, the following two sub-chapters are largely guided by these guidelines and data from research that monitored the processes and effects of the implementation of trauma-informed practices.

5.1. Key Assumptions in a Trauma-Informed Approach

Services, programmes, organisations, and systems that include trauma-informed approaches consider what SAMHSA has dubbed the “4 Rs”: the realisation that trauma has a significant impact on the person, but there are multiple pathways to recovery; the recognition that trauma may result in signs and symptoms of significant disruption; a comprehensive and integrative response to the person exposed to trauma; and a reduction in the risk of retraumatisation.⁶⁰

In a trauma-informed approach, everyone in the organisation or system, regardless of level, has a fundamental understanding of trauma and is aware of how it can affect families, groups, organisations, and communities in addition to individuals. People’s experiences and behaviours are interpreted in the context of coping mechanisms intended to help people deal with difficult situations.⁶¹

Individuals within the system or organisation can also identify the symptoms of trauma.⁶² These symptoms may be specific to gender, age, or environment and may be displayed by people who are receiving or giving services in these environments. The

59 Cruz, et al., 2022, pp. 1–14.

60 Tebes, et al., 2019, pp. 494–508.

61 SAMHSA, 2014, p. 13.

62 Some examples of possible symptoms of trauma in childhood are as follows: Preschoolers may experience nightmares, excessive crying or screaming, poor eating and weight loss, anxiety, or fear of being separated from parents or caregivers. Elementary school students may experience anxiety, fear, guilt, difficulty concentrating, difficulty sleeping, or feelings of depression or isolation. Middle and high school students may experience eating disorders and self-harming behaviours, start abusing alcohol or drugs, or start engaging in sexual activity.

identification of trauma is aided by strategies for workforce development, employee assistance, and supervision as well as trauma screening and assessment.⁶³ It is crucial to emphasise that trauma manifests differently for every child because early development is unique. This is especially true for children.

The language, behaviours, and policies used by staff in every area of the organisation—from the person who welcomes clients at the door to the executives and governance board—have been altered to account for the trauma experienced by both children and adults who use the services as well as by the staff who provide them. This is achieved through leadership that recognises the impact of trauma on the lives of their staff and the clients they serve, staff training in evidence-based trauma procedures, and a budget that supports ongoing training. Organisational policies such as mission statements, staff handbooks, and manuals encourage a culture based on ideas of resilience, healing from trauma, and recovery from trauma. The organisation is dedicated to offering a setting that is both physically and emotionally secure.⁶⁴

A trauma-informed approach aims to prevent staff members and clients from experiencing new trauma. Employees who work in a trauma-informed setting are trained to notice how organisational procedures may bring back unpleasant memories and retraumatise clients who have experienced trauma in the past.⁶⁵

5.2. Implementation Domains of Trauma-Informed Approach

SAMHSA's (2014) *Concept of Trauma and Guidance for a Trauma-Informed Approach* also provides a list of domains through which trauma-conscious care is implemented in different organisations. In the following, we provide a brief description of areas for which the concepts were adapted from the work of different authors.^{66,67} Moreover, we are guided by SAMHSA's manual.⁶⁸ It is precisely through the following areas of application of trauma-conscious care that we can observe the progress of the adaptation process as well as spot areas that need improvement.

Regarding leadership and governance of the organisation, it should be considered how, for example, the agency leadership communicates and demonstrates its support and guidance for implementing a trauma-informed approach.⁶⁹

Within the domain of policy, it should be considered how, for example, the agency's written policies and procedures recognise the pervasiveness of trauma in the lives of people using services, express a commitment to reducing retraumatisation and promoting well-being and recovery, and demonstrate a commitment to staff

63 SAMHSA, 2014, p. 13.

64 Ibid.

65 Ibid.

66 Fallot and Harris, 2006, pp. 1–25.

67 Henry, et al., 2010.

68 SAMHSA, 2014, pp. 1–27.

69 Ibid.

training on provision of services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training.⁷⁰

The physical environment must be welcoming, safe, and not a threat to the physical or psychological safety of the organisation's employees and those receiving services.⁷¹

At all levels and in all functional areas of the organisation, those in recovery, trauma survivors, those in need of assistance, and members of their families in need of services should have a significant voice and meaningful choice.⁷²

Within the domain of cross-sector collaboration, it should be considered, for example, if a system of communication is in place with other partner agencies working with the individual receiving services to make trauma-informed decisions, and what mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches.⁷³

Evidence-based, trauma-specific screening, assessments, and therapy should be used effectively, while trauma-informed principles need to be continuously evaluated, tracked, and monitored. This is important regarding trauma education for members of organisational staff and for individuals and families seeking services so that they can choose from a variety of appropriate, efficient, and available trauma-specific interventions.⁷⁴

There are also peer support and procedures in place to support staff who have experienced trauma in the past and/or who are suffering from severe secondary traumatic stress disorder or vicarious trauma from being exposed to and working with people who have experienced complex trauma.⁷⁵

The financing structures should support a trauma-informed approach, including resources for staff training on trauma; creation of suitable and safe facilities; development of peer support networks; provision of supports for screening, assessment, treatment, and recovery from trauma; and creation of trauma-informed cross-agency collaboration.⁷⁶

Finally, it should be considered, for example, how the agency conducts a trauma-informed organisational assessment or what measures or indicators show their level of trauma-informed approach?⁷⁷

Considering the areas of implementation of the trauma-informed approach, below, we take a closer look at some aspects of this application in the field of the education system, child welfare, and legal system, which have been pointed out by research collected in some systemic reviews.

70 Ibid.

71 Ibid.

72 Ibid.

73 Ibid.

74 Ibid.

75 Ibid.

76 Ibid.

77 Ibid.

6. Implementing a Trauma-Informed Approach

When implemented effectively, trauma-informed care has the potential to transform lives, organisations, and communities. It can break the cycle of trauma, promote healing, and empower survivors to regain control of their futures. Additionally, organisations that adopt trauma-informed practices often see improved staff morale, reduced burnout, and better outcomes for the individuals they serve.⁷⁸ Implementing trauma-informed care requires a systemic approach. This means integrating trauma-informed principles into every aspect of care, from policy development and organisational culture to individual interactions. Trauma-informed care should not be viewed as a one-size-fits-all approach but as a flexible framework that can be adapted to various settings, including healthcare, education, and social services.

The main goal of treatment strategies is to lessen the signs and symptoms of psychological, behavioural, social, and spiritual disruption following a traumatic incident for an individual, family, or society. It is the goal of prevention or promotion strategies to lessen the possibility of disruption following trauma. Although evidence-based treatments have been demonstrated to be successful in fostering recovery,^{79,80} their widespread application is constrained since their performance and maintenance necessitate substantial professional training. Contrarily, preventative or promotion strategies provide a larger range of interventions for promoting wellbeing that can be used before experiencing trauma and in various settings.⁸¹ Considering the developmental context in working with children, we want to promote the development of trauma-informed service collaborations that include both treatment/healing and prevention/promotion approaches.

6.1. Some Key Principles of a Trauma-Informed Approach

Instead of following a predetermined set of techniques or processes, a trauma-informed approach demonstrates adherence to fundamental principles. Although terminology and application may be sector- or setting-specific, these ideas may be applicable in various circumstances. Below, we briefly describe the key principles of a trauma-informed approach.

Creating a safe and supportive environment is paramount in trauma-informed care. This involves physical safety, emotional safety, and the assurance that individuals will not be retraumatized or harmed while receiving care. Understanding safety as defined by those served is a high priority.⁸²

78 cfr. Azeem et al., 2017, pp. 170–174; Huckshorn, 2014, pp. 40–47.

79 Branson, et al., 2017, pp. 635–646.

80 Hanson and Lang, 2016, pp. 95–100.

81 Herrenkohl, Leeb and Higgins, 2016, pp. 363–365.

82 SAMHSA, 2014, pp. 14–16.

Building trust is the cornerstone of trauma-informed care. Caregivers and organisations must be transparent, honest, and reliable in their interactions with survivors of trauma, fostering trust and reducing the potential for revictimisation.⁸³

Trauma-informed care recognises the value of peer support and collaboration. Survivors often benefit from connecting with others who have had similar experiences, providing validation, empathy, and shared coping strategies. Healing happens in relationships and in the meaningful sharing of power and decision-making. The organisation recognises that everyone plays a role in a trauma-informed approach.⁸⁴

Strengths and experiences of individuals are acknowledged within the organisation and among the clients it serves, and they are built upon. The organisation promotes the idea that the people it serves come first; that people are resilient; and that people, groups, and communities are capable of promoting healing and recovery from trauma. Giving survivors of trauma a sense of agency and control over their life is important. Trauma-informed care must include empowerment and choice so that victims can decide how they will heal and recover.⁸⁵

The organisation is actively responsive to the racial, ethnic, and cultural needs of those served and rejects cultural stereotypes and biases.⁸⁶

6.2. Trauma-Informed Childcare Institutions

A system-wide awareness of how to recognise and address the effects of traumatic stress, child screening and assessment, data systems, workforce development, and evidence-based and evidence-informed treatments are characteristics of trauma-informed child welfare systems.⁸⁷ However, no particular specified activities or programmes exist because this approach tries to generate a tailored reaction to each child's specific trauma history.⁸⁸ Nonetheless, there is mounting proof that relationally focussed interventions and integrative treatment modalities are successful in treating developmental trauma disorder. The adaptable, component-based intervention known as attachment, regulation, and competency (ARC)⁸⁹ was created for children and adolescents who have undergone complex trauma as well as for their caregiving systems. The four main research domains forming the basis of ARC are risk and resilience, attachment, traumatic stress, and normative childhood development. ARC is intended to be used as not only an organisational framework to support trauma-informed care in service systems but also an individual level clinical intervention in youth and family treatment settings. ARC-identified concepts have been applied successfully to the youth with a wide range of symptom presentations and developmental and cognitive functioning levels, from infancy to young adulthood.

83 Ibid.

84 Ibid.

85 Ibid.

86 Ibid.

87 Child Welfare Information Gateway, 2015.

88 Berliner and Kolko, 2016, pp. 168–172.

89 You can find a comprehensive description in Blaustein and Kinniburgh, 2018.

Considering the people working with children in childcare institutions, we can mention trauma systems therapy. A research-based strategy called the trauma systems therapy was created to help children and young people who have suffered trauma function better emotionally, socially, and behaviourally. According to trauma systems therapy, trauma must be addressed as a barrier to children's self-regulation before they can identify and cope with it through cognitive behavioural therapy and other therapies. It is predicated on the idea that to give children a sense of safety and empower them to identify and process their trauma, the "triggers" in their surroundings that set off "fight, flight, or freeze" reactions must be lessened or eliminated.⁹⁰ When trauma systems therapy was incorporated into child welfare systems, improvements were observed among not only care team members who had the closest contact with children but also those who had a more distant relationship. This suggests that the knowledge, expertise, and coherence of the child's care team as a whole may be more responsible for producing better results than specific individuals.⁹¹

Based on the proposed guidelines and available research, we briefly summarise several guidelines for trauma-informed care in the welfare system:

- Children who have experienced trauma often have heightened sensitivity to their environment. Trauma-conscious institutions should prioritise physical and emotional safety, providing predictable routines and clear boundaries that help children feel secure.
- Staff in trauma-conscious childcare institutions should be trained in recognising signs of trauma and responding with empathy. Teaching children healthy emotional regulation strategies empowers them to manage their feelings in a constructive manner.
- Building secure attachments is vital for children who have experienced trauma. Caregivers should employ attachment-focussed techniques that facilitate trust and emotional connections between children and caregivers.
- Trauma-informed practices involve understanding the effects of trauma and integrating this understanding into all aspects of care. This might include avoiding triggering language or situations and providing sensory tools to help children self-regulate.
- Collaboration with mental health professionals and families is essential. Trauma-conscious childcare institutions should establish partnerships that offer comprehensive support for children's emotional well-being.

6.3. Trauma-Informed Education System

The goal of trauma-informed school approaches is to lessen the effects of trauma and support healing, growth, and change by utilising all facets of the educational system, including policies and procedures that collectively create safe and supportive

90 Redd et al., 2017, pp. 173–180.

91 Bunting et al., 2019, pp. 17–19.

learning environments.⁹² This helps support all students' wellbeing and development and enables them to control their emotions, pay attention, and succeed in school and in their social and academic environments.

Studies identified professional development as a key change agent, essential to developing trauma literacy and enhancing motivation to modify practices. Staff training helped staff members reframe difficult student behaviours to reduce their own potential reactive responses and the risk of punitive measures, which may have prevented future student escalation.⁹³

Adoption of trauma-informed rules and procedures, particularly regarding disciplinary processes, were viewed as important organisational reforms that would help minimise incidents and maximise learning time. Discipline reforms supported “time-in” rather than “time-out” in classes by focussing on developing self-regulation skills, improving empathy, and sustaining relational connection. The literature on evidence-based therapies for trauma provides significant support for swapping out punitive, reactive measures with restorative, strength-based, and skill-building approaches.⁹⁴

Various elements of trauma-informed schools, such as social and emotional wellbeing and strength-based relational practices, have strong evidence linking them to improved learning outcomes.⁹⁵

Approaches including restorative practices, mindfulness, social emotional learning, positive behavioural interventions and supports, and a focus on the school environment and culture have all seen notable increases in popularity and use. Many of these strategies offer learning, healing, support, and connections—all of which are beneficial for students who have experienced trauma.⁹⁶ An evidence-based, tiered framework called positive behavioural interventions and supports is used to support students' academic, behavioural, social, emotional, and mental health. When applied faithfully, this framework enhances academic performance, school atmosphere, and social emotional competency. It also enhances the health and happiness of teachers.⁹⁷ It is a means of establishing learning settings that are encouraging, dependable, fair, and secure so that everyone can succeed.

Based on the proposed guidelines and available research, we briefly summarise several guidelines for trauma-informed care in the education system:

- Educators should receive training in recognising signs of trauma and understanding its effects on learning and behaviour. This could empower teachers to create an inclusive and supportive classroom environment.

92 Bateman, Henderson and Kezelman, 2013, pp. 3–6.

93 Avery et al., 2021, pp. 381–397.

94 Ibid.

95 Ibid.

96 Thomas, Crosby and Vanderhaar, 2019, pp. 422–452.

97 Eber, et al., 2020, pp. 1–17.

- Trauma-informed classrooms should prioritise emotional and physical safety. This involves establishing clear behaviour expectations and fostering a sense of belonging for all students.
- Teaching children self-regulation skills can aid their ability to manage emotions and stress.
- Children who have experienced trauma might have unique learning needs. Trauma-conscious education systems should develop individualised plans to accommodate these needs and provide necessary support.
- Social and emotional learning programmes could be integral to trauma-informed education. They equip students with skills for recognising and managing emotions, building positive relationships, and making responsible decisions.
- Recognising that trauma can be experienced differently across cultures, trauma-conscious education systems should embrace culturally responsive practices that honour students' diverse backgrounds and experiences.
- Adequate training for caregivers and educators is crucial. This requires resources and commitment from institutions and governing bodies.
- Creating trauma-conscious environments may require additional resources, including staffing, materials for sensory tools, and mental health support.
- Effective collaboration between childcare, education, and mental health professionals is essential but can be complex to establish and maintain.
- Limitations in the research and overall lack of studies indicate that more rigorous collaborative research is needed to determine which approaches contribute to what positive outcomes, for which students and under what conditions.

6.4. Trauma-Informed Justice Systems

The juvenile justice system is a complex network of interconnected institutions, including police departments, courts, jails, detention facilities, or “training schools” (along with the educational programmes and medical care provided therein), probation and parole officers, residential facilities such as group homes and residential centres, and community rehabilitation programmes. The juvenile justice system has a widespread understanding that trauma plays a crucial role in the development and rehabilitation of juvenile offenders.⁹⁸

Numerous trauma-informed treatment programmes have been created to lessen the impact of trauma as juvenile justice systems have become more sensitive to the needs of traumatised adolescents. Studies on trauma-informed care show that the symptoms associated with trauma can be lessened with its use. Additionally, earlier studies have shown that trauma-informed therapy can lower behavioural transgressions and institutional violence.⁹⁹

While the fundamental aspects of trauma-informed practice were generally consistent, individual practices and policies showed a great deal of variance. More

98 Ko et al., 2008, pp. 400–401.

99 Zettler, 2021, pp. 113–134.

research is required to evaluate the variety of trauma-informed interventions at each step of the juvenile justice system.¹⁰⁰

Juvenile justice agencies should conduct trauma screening and thorough assessments of trauma-related symptoms for all young people who come into contact with the system to offer tailored therapy to adolescents with traumatic histories. Additionally, juvenile justice personnel should receive training on how to determine what type of therapy would be most advantageous for a certain child based on the outcomes of screening and assessment procedures.¹⁰¹

Additionally, it is crucial that care providers apply evidence-based strategies that have been shown to be successful in treating trauma-related symptoms. While cognitive behavioural and skills-based programmes have been shown to be helpful in lowering trauma-related and other mental health symptoms, little is known about how well they work in preventing other outcomes, such as future violence and recidivism.¹⁰²

In light of the previous general guidelines, guidelines on the school and welfare system, and a few remarks regarding the trauma-informed justice system, we would like to conclude the story with a few ideas about the ways in which professionals in the legal system can contribute in different segments for the implementation of trauma-informed care:

- Professionals in the legal system are instrumental in ensuring that trauma survivors have access to justice. They can help survivors navigate the legal system, providing legal representation, information, and support throughout the process.
- Professionals in the legal system should advocate for the protection of the rights of trauma survivors, including the right to safety, privacy, and dignity. They can challenge systems or institutions that perpetuate retraumatisation or violate survivors' rights.
- Professionals in the legal system could engage in policy advocacy to create and change laws and regulations that impact trauma survivors. This includes advocating for policies that support trauma-informed practices in various sectors, from healthcare to education.
- Professionals in the legal system can play a crucial role in raising awareness about the prevalence and impact of trauma. They can mobilise public opinion, engage with policymakers, and promote trauma-informed approaches in communities and organisations.
- Professionals in the legal system often work in collaboration with other professionals, including lawyers, healthcare providers, educators, and social workers, to promote trauma-informed practices. This collaboration ensures a holistic approach to supporting survivors.

100 Ibid.

101 Ibid.

102 Ibid.

- Professionals in the legal system could facilitate training and education programmes to help communities understand trauma and its effects. They can promote empathy, reduce stigma, and encourage community members to become allies in supporting survivors.
- Professionals in the legal system work to influence policy at the local, state, and national levels. They could lobby for changes that prioritise trauma-informed practices in various systems, including criminal justice, healthcare, and education.
- Professionals in the legal system can incorporate trauma-informed principles into their own legal practice. This involves recognising the trauma history of clients, adapting communication styles, and creating supportive legal environments.

7. Challenges of Trauma-Informed Practices

While the benefits of trauma-informed practices are substantial and promising, it is also essential to acknowledge their inherent limits and complexities. By comprehending both aspects, we can forge a more nuanced and informed path towards supporting and healing individuals who have experienced trauma, ultimately striving for a more compassionate and resilient society. Challenges in implementing the trauma-informed approach in systems can be summarised as follows.^{103,104}

Implementing trauma-informed practices can be resource intensive in terms of time, training, and financial investment. Many organisations may struggle to allocate the necessary resources to fully embrace these principles.

Trauma-informed practices are not universally applicable in the same way across all contexts. What works in one setting may not work in another. This necessitates flexibility and adaptability, which can be challenging to achieve consistently.

While trauma-informed practices are widely recognised as beneficial, the empirical evidence supporting their effectiveness is still evolving. More research is needed to establish clear guidelines and best practices.¹⁰⁵

Without proper training and understanding, there is a risk of misapplying trauma-informed practices, which can inadvertently cause harm. For instance, making assumptions about individuals based on their trauma history can be counterproductive.

Addressing trauma is complex, and the road to recovery can be long and challenging. Trauma-informed practices cannot provide quick fixes and require a long-term commitment to support survivors on their journey to healing.

103 Redd et al., 2017, pp. 170–180.

104 Bunting et al., 2019, pp. 1–22.

105 Berring et al., 2024, pp. 1–26.

Some organisations and individuals may resist the shift towards trauma-informed practices, viewing it as a departure from established norms or practices. Overcoming this resistance can be a significant barrier to implementation.

8. Conclusion

In conclusion, trauma-informed practices offer numerous benefits in terms of improved mental health, resilience, and empowerment, as well as the reduction of retraumatisation. However, their implementation can be resource-intensive, context-specific, and complex. To maximise the benefits and minimise the limits, organisations and individuals must prioritise ongoing education, training, and a commitment to creating environments that prioritise the well-being of trauma survivors. Developing trauma-conscious childcare institutions and education systems represents a pivotal shift in how we approach the well-being and development of children who have experienced trauma. By recognising the effects of developmental trauma and implementing strategies that prioritise safety, empathy, and individualised support, we can create environments that foster healing, growth, and resilience. The journey towards trauma-conscious childcare and education is an ongoing process that requires collaboration, dedication, and a shared commitment to the well-being of every child.

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