

The new role of teachers today: Being a trauma-informed teacher

Günümüzde öğretmenlerin yeni rolü: Travma bilgili öğretmen olmak

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Öz: Travmatik olayların çocuklar üzerindeki etkilerinin daha fazla fark edilmeye başlanması ile dünya literatüründe travma bilgili eğitim yaklaşımlarına olan ilgi artmıştır. Böylece travmanın çocuklar üzerindeki fizyolojik, sosyal, duygusal ve akademik etkilerini anlamak ve eğitim sistemlerinde değişiklikler yapmak gerektirdiğini vurgulayan bir anlayış oluşmuştur. Travma bilgili eğitim anlayışı, güvenli ve destekleyici bir sınıf ortamı yaratmayı, tetikleyicilere ve travma tepkilerine karşı dikkatli olmayı, öz düzenlemeyi teşvik etmeyi ve travma yaşayan öğrencilere uygun destek sağlamayı içermektedir. Bu anlayış doğrultusunda, eğitimcilerin travmanın çocuk üzerindeki etkilerini tanıyıp en aza indirmek için nasıl tepki vereceklerini bilmeleri ve uygun desteği sağlama konusunda bilgi ve becerilere sahip olması gerekmektedir. Böylece travma bilgili öğretmen çocukların yaşadığı zorlukları erken dönemde tanımlayabilir, yeniden travma yaşama riskini azaltabilir, uygun destek ve kaynakları sağlayarak sıkıntının artmasını engelleyebilir ve iyileşme için güvenli bir ortam sağlayabilir. Ancak Türkiye travma açısından kırılgan bir ülke olmasına rağmen, Türkiye'de travma ve eğitim ilişkisi yeterince ele alınmamıştır. Bu çalışmada travma bilgili öğretmen anlayışı kapsamlı bir şekilde ele alınmıştır. Çalışma sonucunda ise kültürel hassasiyetimizi yansıtan, duyarlı, kanıta dayalı uygulamalar ve araştırmalar yapılarak travma bilgili okul sistemlerinin oluşturulması, travma bilgili öğretmenlerin bu konudaki yetkinliklerinin artırılması ve desteklenmesi önerilmektedir.

Anahtar Kelimeler: Travma, Erken Çocuklukta Travma, Travma Bilgili Okul, Travma Bilgili Öğretmen.

Abstract: With the increasing recognition of the impacts of traumatic events on children, interest in trauma-informed educational approaches has grown in the global literature. This has led to the development of an understanding that emphasizes the need to comprehend the physiological, social, emotional, and academic effects of trauma on children and the necessity of making changes in educational systems. The concept of trauma-informed education involves creating a safe and supportive classroom environment, being attentive to triggers and trauma responses, promoting self-regulation, and providing appropriate support to students who have experienced trauma. Accordingly, educators must be knowledgeable and skilled in recognizing the effects of trauma on children, reducing these effects, and providing appropriate support. Thus, a trauma-informed teacher can identify the difficulties children face at an early stage, reduce the risk of re-traumatization, prevent the worsening of distress by providing suitable support and resources, and create a safe environment for healing. However, despite Turkey being a vulnerable country in terms of trauma, the relationship between trauma and education has not been adequately addressed in Turkey. This study comprehensively examines the concept of trauma-informed teaching. As a result of the study, it is recommended to establish trauma-informed school systems that reflect our cultural sensitivities, to develop sensitive and evidence-based practices and research, and to increase and support the competencies of trauma-informed teachers in this regard.

Keywords: Trauma, Childhood Trauma, Trauma-Informed School, Trauma-Informed Teacher.

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INTRODUCTION

Over the past twenty years, interest in trauma-informed educational approaches has grown significantly with the increasing awareness of the profound effects of traumatic events on children (Kim & Venet, 2023). Understanding the physiological, social, emotional, and academic impacts of trauma and stress on children has necessitated changes in our educational systems (Dye, 2018). Considering the widespread effects of trauma on a child's neurobiology, development, and learning, it has become crucial for educators to know how to recognize the formation of trauma and how to respond in ways that minimize its effects (Berson & Baggerly, 2009). Additionally, creating a classroom environment sensitive to the needs of traumatized children can prevent the escalation of distress and provide a space for healing (Cook et al., 2018; Koslouski et al., 2023). A trauma-informed approach includes equipping teachers with trauma knowledge; creating a safe and supportive environment; being attentive to triggers and trauma responses; promoting self-regulation and emotional well-being; and providing appropriate support and resources to students who have experienced trauma (Jacobson, 2021; Miller & Flint-Stipp, 2024). In early childhood, a trauma-informed approach can identify early signs of a child's reactive distress, provide appropriate interventions to minimize worsening issues, and potentially alter the life trajectory of a young child facing challenges (Cole et al., 2013; Crosby, 2015; Leschied et al., 2018; Luthar & Mendes, 2020). For all these reasons, the role of the trauma-informed teacher in early childhood is of critical importance. However, the relationship between trauma and education has not yet been adequately addressed in the educational literature in Turkey (Avcı & Tunç Omar, 2023; Karadağ et al., 2018). In this regard, it is believed that new publications on the subject added to the field will highlight the need for a trauma-informed perspective in our educational system.

Considering Turkey's vulnerability to trauma, to support the needs of traumatized children and their families, it is recommended to establish trauma-informed school systems, to increase teachers' competencies in a trauma-informed perspective, to support teachers' well-being, to re-evaluate pre-service teacher education from a trauma-informed approach, to make necessary adjustments with this perspective, and to conduct culturally sensitive, evidence-based practices and research, adding them to the literature. Considering all these thoughts, this article aims to define trauma, explain its prevalence, and highlight its impact on children's development and learning, as well as explain the trauma-informed approach to education and the role and importance of trauma-informed teachers.

Understanding Trauma

Trauma is defined as the profound anguish that arises when a person is exposed to severe and unexpected experiences that negatively affect their life, causing their coping mechanisms to be

insufficient, their functionality to deteriorate, and their defense mechanisms to fail or be challenged beyond control. This can occur in situations such as direct harm to bodily integrity, loss of a loved one, or similar events (American Psychiatric Association, 2013; Briere & Scott, 2016; Carlson & Dalenberg, 2000). The Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States (2014, p. 7) has defined trauma as a single event, multiple events, or a series of conditions that can deeply impact a person's life, causing physical and emotional harm or threats in a harmful manner, with lasting negative effects on various aspects of well-being, requiring a time-consuming healing process. Individuals can exhibit a wide range of responses to traumatic events, greatly influenced by factors such as personal characteristics, current circumstances, past life experiences, perception of trauma, coping skills, and available support resources (Pfefferbaum & Allen, 1998). Especially in children, whose coping mechanisms are limited compared to adults, traumatic life events may require adult support for understanding and coping (Shaw et al., 2007).

Adverse childhood experiences encompass various forms of direct and indirect abuse, exposure to violence, neglect, parental incarceration, parental separation, growing up with substance abuse or mental health issues, and being with family members who attempt suicide, among others (Felitti et al., 1998). In 2013, Finkelhor and colleagues expanded the scope of adverse childhood experiences to include events that could occur outside the home, such as domestic violence, peer rejection, peer victimization, and exposure to community violence. Additionally, traumatic events children may be exposed to include community or school violence (such as fights, bullying, or armed attacks), witnessing or experiencing domestic violence, natural disasters or terrorism, commercial sexual exploitation, sudden loss of a loved one, refugee or war experiences, stressors related to military families (such as parental loss or injury), child soldiering, physical or sexual assault, serious accidents, life-threatening illnesses, natural disasters, etc. (Substance Abuse and Mental Health Service [SAMHSA] 2023, UNICEF 2009, WHO 2013). Given the prevalence of multiple victimizations, it is likely that a significant portion of children experience multiple types of traumatic events (Finkelhor et al., 2007). At this point, Terr (1991) divided trauma into two types. Type I refers to events that occur at a specific time and place, such as natural disasters, car accidents, loss of a loved one, assaults, and terrorist attacks, which are usually short-lived. Type II, on the other hand, refers to prolonged events such as child abuse, neglect, domestic violence, and chronic illnesses (Terr, 2003). These traumatic experiences have diverse and destructive negative effects on children, both during their childhood and into adulthood.

Traumatic experiences are widespread in many societies worldwide (Magruder et al., 2017). Childhood trauma is a common and serious public health issue (Baker, 2016; Lambert et al., 2017; Fondren et al., 2020). Turkey, being prone to natural disasters such as earthquakes, fires, and floods,

has a notable prevalence of trauma. For example, a study conducted in 2009 found that the most common traumatic events experienced by participants were natural disasters, unexpected death of a loved one, and serious accidents, fires, or explosions (Karancı et al., 2009). Additionally, among university students, the most frequently reported traumatic events include unexpected loss of a loved one, accidents, childhood sexual abuse, and natural disasters (Ateş, 2019). The COVID-19 pandemic has also been identified as a traumatic stressor that has affected the world recently (Bridgland et al., 2019; Kira et al., 2021). Furthermore, Turkey's proximity to war zones results in individuals from these areas often not receiving any psychological support before reintegrating into society. Children, like adults, can face numerous traumatic life events. Children are more exposed to traumatic events such as parental divorce, abuse and neglect, bullying at school, or suicide at school. For example, according to data from the Turkish Statistical Institute (TÜİK) in 2022, the rate of children bullied by their peers is 13.8%, and this rate may be even higher. Also, according to TÜİK's 2023 data, 171,213 children have been affected by divorce. According to TÜİK's 2021 data, 41.7% of children brought or referred to law enforcement agencies have been victimized due to reasons such as injury, sexual offenses, crimes against family order, or threats. According to UNICEF's 2023 data, approximately 4.6 million children were affected by the simultaneous earthquake in 11 provinces in Turkey in 2023. Additionally, according to EuroStat's 2021 data, the number of children under the age of 14 injured in traffic accidents was reported as 560,796.

The Impact of Trauma on a Child's Neurobiology, Development, and Learning

Experiences of trauma in children can lead to post-traumatic stress disorder (PTSD) and various psychiatric issues (Lubit et al., 2003). Furthermore, children with childhood trauma experiences have been observed to have lower academic achievements compared to their peers, exhibit more behavioral and emotional problems such as aggression, sadness, and depression (Perfect et al., 2016), and consequently receive more disciplinary actions in school (Fantuzzo et al., 2011). They also have higher rates of grade repetition and school dropout (Duplechain et al., 2008). Chronic stress can negatively affect brain functions, weaken memory, and increase sensitivity to perceived threats (Ogden et al., 2006; Porges, 2009; Schore, 2001). Research suggests that trauma experiences can impact executive functions such as memory, attention, emotional regulation, planning, goal setting, and problem-solving, which are crucial for language, writing skills, and academic achievement in a developing brain (Blaustein & Kinniburgh, 2019; Cole et al., 2005; DePrince et al., 2009; Mezzacappa et al., 2001). Additionally, it is noted that the trauma a child is exposed to and the traumatic stress responses that develop as a result can negatively affect the child's academic performance in school as well as their relationships with peers, teachers, and other school staff (The National Child Traumatic Stress Network, 2017; Jacobson, 2021).

Trauma symptoms vary by age, for preschool children, symptoms may include fear of separation from parents or caregivers, excessive crying and/or screaming, poor nutrition and weight loss, and nightmares. For elementary school children, symptoms may manifest as anxiety or fearfulness, feelings of guilt or shame, difficulty concentrating and sleeping, among others (SAMSHA, 2023b). The classroom manifestations of trauma symptoms can be exemplified as follows (Bell et al., 2013):

- *Recurring physical complaints:* Repeated complaints of psychosomatic illness such as stomachaches, dizziness, headaches, etc., in response to different stimuli at various times, like group work or bad weather.
- *Hypervigilance/increased startle response:* Displaying an unusually high level of alertness, constantly checking the surroundings or behind them in class, appearing startled by small sounds.
- *Sleep disturbances/recurrent nightmares:* Frequently being late to class due to oversleeping or not getting enough sleep, appearing tired/lethargic, resting their head on the desk during class.
- *Weight changes:* Sudden weight gain or loss, making significant changes in clothing choices, such as wearing baggy clothes despite normally wearing clothes that fit well.
- *Regression:* Showing regressive behaviors like thumb-sucking or exhibiting separation anxiety from parents.
- *Changes in play:* Engaging in repetitive play, incorporating themes of traumatic experiences into play, choosing repetitive themes, not participating in play, choosing games that can be built and destroyed repeatedly, disrupting others' games, opting to play in different play areas, disengaging from play.
- *Social isolation:* Sitting alone, not talking to anyone, avoiding interaction.
- *Risk-taking:* Increased behaviors that can harm themselves or others.
- *Attention-seeking:* Engaging in actions that attract attention, such as suddenly becoming very successful or unsuccessful, frequently changing their hair, using inappropriate language, lying.
- *Increased aggression:* Shouting, getting angry quickly, being unable to control aggression.
- *Difficulty in regulating emotions:* Rapid mood swings, inconsistent emotions, lacking a logical flow of emotions.
- *Fear:* Fear of trauma reoccurrence, fear of not being able to heal, visibly or invisibly linked phobias related to the trauma.
- *Stress:* Feeling easily overwhelmed by new projects/assignments, submitting assignments late or not at all.

- *Insecurity*: Keeping distance from classmates, avoiding collaborative work.
- *Lack of self-confidence*: Believing they are not sufficient or capable.
- *Inability to focus*: Constantly fidgeting, wandering around the classroom, not completing assignments.
- *Learning difficulties*: Learning problems accompanied by other trauma symptoms, issues in participating in learning, difficulty remembering and organizing new information.
- *Flashbacks of traumatic memories*: Involuntary visual, auditory, and/or sensory memories of the traumatic event, which can manifest in the classroom as low energy/motivation, sleep deprivation, anxiety, etc.
- *Dissociation*: Appearing as if they are not present, having weak memory, detaching from the current consciousness, behaving as if they are not hearing.
- *Overall changing attitudes towards people, life, and the future*: Perceiving humanity as generally 'bad,' lacking expectations and planning for future challenges.
- *Social relationship problems*: Inability to establish healthy interpersonal relationships with teachers and peers.

Trauma-Informed Education

Trauma-informed approach involves understanding the prevalence and impact of trauma, recognizing its signs, and responding appropriately. According to this approach, all institutions/systems are obligated to acknowledge the effects of trauma and work to mitigate them. Additionally, this approach emphasizes the importance of preventing re-traumatization through trauma-informed policies, procedures, and practices within institutions. This approach goes beyond merely intervening in existing trauma; it includes universal and targeted prevention services (SAMHSA, 2014; Fondren et al., 2020). Instead of applying trauma-specific interventions in response to a particular traumatic event, this model requires integrating trauma-sensitive care and practices into the broader structure of an organization (i.e., trauma-sensitive approach). Trauma-informed education aims to help educators develop ways to understand, believe, plan, and act to minimize or alleviate the harm caused by trauma to learners. It not only focuses on improving the well-being of individuals directly affected by trauma but also seeks to enhance the mental health and personal/professional well-being of school staff working with traumatized children (Christian-Brandt et al., 2020; SAMHSA, 2014; Maynard et al., 2019). Using a trauma-informed approach in education is a comprehensive strategy that recognizes the widespread and profound impact of trauma on students' lives and learning experiences, prioritizing principles of safety, trustworthiness, collaboration, empowerment, and cultural competence (SAMHSA, 2014). In the field of education,

this understanding extends to a better comprehension of how trauma affects students' learning abilities, emotional regulation skills, and capacity to engage in relationships (Felitti et al., 1998).

Trauma-informed schools are institutions committed to integrating the principles of trauma awareness into their culture, policies, and practices. Educators focus on understanding how various types of trauma experienced by students can affect their brain, behavior, and learning (Felitti et al., 1998; Russell et al., 2023). In this educational setting, schools prioritize physical, emotional, and psychological safety, encouraging emotional regulation through trust-based relationships, awareness, and social-emotional learning (Perry, 2006). Elements such as regular routines, clear expectations, and flexibility provide structure and predictability, while also empowering students by offering choices (Hodas, 2005). Furthermore, the emphasis on strengths, building resilience, and focusing on problem-solving skills aims to enhance students' resilience, helping them to overcome challenges and achieve success (Masten, 2014). By adopting these principles, trauma-informed schools create an inclusive environment that supports students' academic success and addresses their individual needs and experiences.

Trauma-informed schools also ensure that staff are trained to recognize the signs of trauma, implement trauma-sensitive discipline policies, and provide access to mental health support services (Minahan, 2019). At the heart of the success of trauma-informed schools lies the role of teachers. Teachers become vital partners in creating supportive classroom environments where students feel understood, valued, and respected (Chudzik et al., 2022; Douglass et al., 2021). By receiving training on trauma awareness, trauma-sensitive teaching strategies, and self-care, teachers acquire the skills needed to effectively support students affected by trauma (Guarino & Chagnon, 2018). The role of the teacher in a trauma-informed school goes beyond imparting academic skills; it includes creating a safe environment, recognizing and responding to students' emotional needs, developing trustworthy relationships, and promoting resilience. By fostering a culture of understanding, compassion, and empathy, teachers significantly contribute to the well-being and academic success of their students in a trauma-informed educational environment (Berger et al., 2021; Luthar & Mendes, 2020).

Trauma-Informed Teacher

A trauma-informed teacher is an educator who consciously integrates the widespread effects of trauma into their pedagogical practices (Koh et al., 2020). Teachers acknowledge that students may have encountered various traumas such as abuse, neglect, violence, or loss; they recognize that these experiences can deeply impact students' cognitive, emotional, and behavioral responses within the educational environment (Felitti et al., 1998).

Children who have experienced trauma may struggle to express their emotions healthily, leading to various problematic behaviors. Behaviors such as aggression, avoidance, or withdrawal may reflect the effects of trauma experienced by these children. However, such responses can be challenging to understand for teachers who lack awareness of the underlying causes of trauma. This lack of understanding can lead to misunderstandings and ineffective interventions, potentially affecting the learning process of children. Teicher et al. (2003) suggest that trauma-based behaviors are significant coping mechanisms that a child may develop to cope with extremely stressful experiences and focusing on eliminating these behaviors may harm the child, especially in the context of ongoing trauma. Understanding the effects of trauma can assist teachers in better interpreting the behaviors of these children and providing appropriate support without missing early intervention opportunities. This can prevent further deterioration of issues within the school environment (Cole et al., 2013; Crosby, 2015; Luthar & Mendes, 2020).

Traditional school approaches to "negative behaviors" rely on punitive and behavioral strategies such as punishment and student removal from the classroom. However, a trauma-informed approach suggests that institutions respond with kindness, compassion, flexibility, and adaptability to avoid re-traumatization (Cafaro et al., 2023; Winninghoff, 2020). Strategies central to this approach include reducing potential triggers in the classroom; interpreting disturbing or withdrawn behaviors as signs of student distress; responding calmly to the child's behaviors; implementing pedagogical strategies to compensate for the neurological effects of trauma; establishing a routine-based classroom, creating a democratic atmosphere involving choice and empowerment, integrating exercise and movement to reset the stress response system, and developing social and emotional skills (Brummer, 2021; Jennings 2018). However, since the impact and manifestations of trauma are diverse (SAMHSA, 2014), and students have various strengths and capabilities they can benefit from, there is no one-size-fits-all solution to supporting students who have experienced trauma (Koslouski et al., 2023). These approaches typically aim to increase teachers' knowledge about trauma, create safe and predictable learning environments, foster consistent and meaningful relationships, enhance students' strengths and capabilities, establish scaffolds to support learning difficulties caused by trauma, and promote social and emotional learning within the classroom. Furthermore, trauma-informed practices benefit not only children exposed to trauma but all students (Dorado et al., 2016; Koslouski et al., 2023).

Creating a classroom environment that prioritizes safety, trust, and respect is an integral part of the moral understanding of a trauma-informed teacher (Cook et al., 2018). They employ strategies to promote emotional regulation, stress management, and resilience in children (Brymer et al., 2006). These may include implementing mindfulness techniques, providing opportunities for creative

expression, and fostering supportive interpersonal relationships (Treleaven, 2018). Moreover, a trauma-informed approach requires sensitivity to potential risks and a commitment to preventing re-traumatization (Harris & Fallot, 2001). Competent teachers prioritize clear and consistent communication, establish firm yet compassionate boundaries, and avoid punitive discipline measures by preferring re-regulation practices (Branson et al., 2020). By creating an atmosphere of trust, empathy, and empowerment, they strive to instill a sense of representation and belonging in each student (Van der Kolk, 2014). Embracing the principles of trauma-informed education requires a commitment to continuous professional development, internal assessment, and meeting the multifaceted needs of trauma-affected students (McCann & Pearlman, 1990). It embodies inclusivity and equality principles, aiming to ensure that all students have opportunities for academic, social, and emotional development within the educational environment (SAMHSA, 2014).

As a trauma-informed teacher, commitment to specific principles is crucial for effectively supporting children who have experienced trauma. The following points outline the key elements of this approach:

1. *Empathy and Compassion:* The foundation of trauma-informed teaching lies in developing empathy and compassion towards students. This involves deeply understanding students' experiences and requires an empathetic response characterized by sensitivity and understanding (Smethurst & Craps, 2015).
2. *Sensitivity to Triggers and Treatment:* Teachers should have sharp awareness of potential triggers and symptoms of trauma covering emotional, behavioral, and academic dimensions. Such sensitivity ensures timely recognition of distressed students and facilitates easy referrals for appropriate interventions, treatment, or support (Cook et al., 2017).
3. *Creating Safe and Supportive Environments:* At the core of trauma-informed teaching is the creation of safe and supportive learning environments. This involves fostering a culture where students feel genuinely able to express themselves and where judgment or punishment is shielded against (Sweeney et al., 2016).
4. *Collaboration with Other Professionals:*
 - 4.1. *Working with School Counselors:* Effective collaboration with school counselors is essential to address students' mental health needs. This partnership ensures that comprehensive support systems are in place and maximizes the effectiveness of interventions and resources (Brock et al., 2019).

4.2. *Interaction with Parents:* Establishing strong communication and collaboration with parents is crucial. Such involvement fosters alignment between home and school environments and provides a unified approach to supporting student well-being (Ferguson & Hartman, 2018).

4.3. *Collaboration with Field-Related Experts:* Collaboration with mental health professionals is vital in cases where students require specialized interventions. Teachers should communicate with these practitioners to ensure comprehensive support tailored to individual student needs (Shernoff et al., 2016).

Challenges to Teachers Intervening in Trauma

Teachers play a critical role in providing support to students who have experienced trauma, but there are several challenges that may hinder their ability to provide effective intervention:

Education Deficiency: Teacher training programs often focus more on academic education rather than meeting students' social and emotional needs. Teachers may not receive adequate education on recognizing the symptoms of trauma, understanding its impact on learning and behavior, or implementing trauma-informed practices in the classroom during their undergraduate education or when they enter the profession. Without this training, they may struggle to identify and effectively support students who have experienced trauma (Berger & Samuel, 2020; Bierman et al., 2016; Koslouski & Stark, 2021; Avcı & Tunç Omar, 2023).

Time Constraints: Teachers have many responsibilities such as lesson planning, grading assignments, and attending meetings. This leaves limited time, especially for providing individual support to students who require extra attention due to trauma. Pressure to cover curriculum content may make it difficult for teachers to prioritize addressing students' emotional needs (OECD, 2018).

Limited Resources: Schools may not have enough school psychologists to meet the needs of students, especially those who have experienced trauma. Without access to these resources, teachers may feel overwhelmed and ill-equipped to support students who have experienced trauma (Lewis et al., 2017; Avcı & Tunç Omar, 2023).

Stigmatization: Mental health issues, especially trauma, are often stigmatized in society, and this stigma may also exist within school communities. Teachers may be concerned about how they or their students will be perceived if they openly discuss mental health. They may fear negative judgments or reactions from students, parents, colleagues, or administrators, which may deter them from addressing trauma-related issues in the classroom (Parker & Srichan, 2020).

Burnout: Providing support to students who have experienced trauma can be emotionally exhausting for teachers, especially if they lack sufficient support themselves. Constant exposure to students' trauma stories and emotional struggles can contribute to teacher burnout (Sutherland et al., 2008; Luthar & Mendes, 2020; O'Toole & Dobutowitsch, 2023).

Legal and Ethical Concerns: Teachers must navigate legal and ethical boundaries when intervening in trauma situations. They may be uncertain about their responsibilities regarding reporting suspected abuse or neglect, or they may be concerned about violating students' privacy rights by sharing sensitive information (Parker & Srichan, 2020).

Cultural and Language Barriers: Students from diverse cultural or linguistic backgrounds may express and cope with trauma differently from their peers. Teachers may encounter difficulties in understanding and addressing trauma in culturally and linguistically diverse students due to differences in norms, values, beliefs, and communication styles (Gillborn, 2006).

Overcoming these challenges requires a comprehensive approach that includes:

- Providing ongoing professional development and training for teachers on trauma-informed practices.
- Increasing funding and resources for mental health support services in schools.
- Prioritizing preventive mental health initiatives.
- Promoting discussions about mental health and reducing stigma surrounding it.
- Implementing policies and procedures that prioritize student well-being while respecting legal and ethical boundaries.
- Providing culturally sensitive education and resources to help teachers better understand and support students from different cultural backgrounds.

Addressing these challenges and implementing supportive strategies allow schools to create environments where teachers feel competent and equipped to effectively intervene in trauma situations, ultimately promoting the well-being and academic success of all students.

The well-being of teachers working with traumatized children - Trauma-informed approaches emphasize the importance of self-care for teachers and other school staff members in order to promote their health and well-being (Kim & Venet, 2023; O'Toole & Dobutowitsch, 2023). Supporting teachers working with traumatized children is crucial for both educators and students. Teachers need training in trauma-informed practices, understanding the effects of trauma on child development, and recognizing trauma-related behaviors (Berger et al., 2021; Cook-Cottone, 2020). Additionally,

teachers should be supported in developing self-regulation skills and resilience to cope with challenges (Brock et al., 2017; Koslouski & Stark, 2021). Creating manageable workloads, reasonable class sizes, and access to resources such as counselors is important for establishing a manageable work environment (Jennings & Greenberg, 2009). Schools need to adopt trauma-informed policies for discipline and problem resolution (SAMHSA, 2014). Collaborating with colleagues and experts, organizing regular team meetings, and providing opportunities for sharing strategies and problem-solving can be beneficial (Baker, 2019). Recognizing trauma symptoms enables teachers working with trauma to prevent emotional burnout and encourages them to intervene (Figley, 2002). It's important to appreciate teachers' achievements and establish teacher support groups to motivate them (Kern et al., 2016). Prioritizing teachers' well-being ultimately fosters a more supportive and effective learning environment for all students (Christian-Brandt et al., 2020).

CONCLUSION

Considering the proven harmful effects of trauma on the developing brain, adopting a trauma-informed approach in early childhood is vital for maintaining the mental health of both children and teachers and promoting well-being. A trauma-informed approach involves empathy, sensitivity, compassion, and collaboration, focusing on creating safe environments that consider the past experiences of all students. Being a trauma-informed teacher means looking through a lens of trauma awareness, being sensitive to the impact of trauma on others and oneself, understanding and utilizing tools for self-regulation and supporting others during times of stress, as well as identifying and supporting the necessary systemic changes to reduce re-traumatization (NCTSN, 2020). Trauma-informed teachers, by recognizing and responding appropriately to the impact of trauma, can break the cycle of negative psychological experiences for vulnerable children and support them in being healthier and more successful.

Therefore, considering the situation regarding trauma in our country, it is recommended to support the needs of traumatized children and families by:

- Establishing trauma-informed school systems,
- Enhancing the competence of teachers in trauma-informed perspectives,
- Providing necessary support to remove barriers to teachers' well-being,
- Revisiting teacher candidates' undergraduate education with a trauma-informed approach and making necessary adjustments accordingly,
- Conducting culturally sensitive, evidence-based practices and research to contribute to the literature.

REFERENCES

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association Press (2013).
- Ateş, Z. (2019). *Üniversite öğrencilerinde travmatik yaşantı türü ve travma sonrası stres belirtileri ilişkisinde travma sonrası bilişler ve algılanan desteğin aracı rolünün incelenmesi* (Yayınlanmamış Yüksek Lisans Tezi). Hacettepe Üniversitesi, Sosyal Bilimler Enstitüsü, Ankara.
- Avcı, M. ve Tunç Omar, A. (2023). Öğretmenlerin Travmaya İlişkin Bilgi ve Deneyimleri: Niteliksel Bir Değerlendirme. *Türk Psikolojik Danışmanlık ve Rehberlik Dergisi*, 13(71), 532-545. https://doi.org/10.17066/tpdrd.1311594_10
- Avcı, M., & Tunç Omar, A. (2023). Teachers' Knowledge and Experience on Trauma: A Qualitative Evaluation. *Turkish Psychological Counseling and Guidance Journal*, 13(71), 532-545. https://doi.org/10.17066/tpdrd.1311594_10
- Baker, C. N. (2019). Trauma-informed schools. *American Psychologist*, 74(7), 825–827.
- Baker, C.N., Brown, S.M., Wilcox, P.D. *et al.* (2016). Development and Psychometric Evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC) Scale. *School Mental Health* 8, 61–76 (2016). <https://doi.org/10.1007/s12310-015-9161-0>
- Bell, H., Limberg, D., & Robinson III, E. M. (2013). Recognizing trauma in the classroom: A practical guide for educators. *Childhood Education*, 89(3), 139-145.
- Berger, E., & Samuel, S. (2020). A qualitative analysis of the experiences, training, and support needs of school mental health workers regarding student trauma. *Australian Psychologist*, 55(5), 498-507.
- Berger, E., Bearsley, A., & Lever, M. (2021). Qualitative Evaluation of Teacher Trauma Knowledge and Response in Schools. *Journal of Aggression, Maltreatment & Trauma*, 30(8), 1041–1057. <https://doi.org/10.1080/10926771.2020.1806976>
- Berson, I. R., & Baggerly, J. (2009). Building Resilience to Trauma: Creating a Safe and Supportive Early Childhood Classroom. *Childhood Education*, 85(6), 375–379. <https://doi.org/10.1080/00094056.2009.10521404>
- Bierman, K. L., Greenberg, M. T., & Abenavoli, R. (2016). Promoting social and emotional learning in preschool: Programs and practices that work. *Edna Bennet Pierce Prevention Research Center, Pennsylvania State University*.
- Blaustein, M. E., & Kinniburgh, K. M. (2023). Comprehensive interventions to foster resilience in children with complex trauma. *Handbook of Resilience in Children*, 281-301. doi:10.1007/978-3-031-14728-9_15
- Branson, C. E., Baetz, C. L., Horwitz, S. M., & Hoagwood, K. E. (2020). Trauma-informed schools: Child and adolescent mental health advances. *Child and Adolescent Psychiatric Clinics of North America*, 29(2), 237–252.

- Bridgland, V. M., Moeck, E. K., Green, D. M., Swain, T. L., Nayda, D. M., Matson, L. A., ... Takarangi, M. K. (2021). Why the COVID-19 pandemic is a traumatic stressor. *PLOS ONE*, *16*(1), e0240146. doi:10.1371/journal.pone.0240146
- Briere, J. N., & Scott, C. (2016). *Traumata terapisinin ilkeleri belirtiler, değerlendirme ve tedavi için bir kılavuz* (2. baskı). (B. D. Genç, Çev.). İstanbul Bilgi Üniversitesi Yayınları.
- Brock, L. L., Nishida, T. K., Chiong, C., Grimm, K. J., & Rimm-Kaufman, S. E. (2017). Children's perceptions of the classroom environment and social and academic performance: A longitudinal analysis of the contribution of the Responsive Classroom approach. *Journal of School Psychology*, *61*, 59–76.
- Brock, S. E., Nickerson, A. B., Reeves, M. A., Jimerson, S. R., Lieberman, R. A., & Feinberg, T. A. (2019). School counselors' involvement in trauma-informed approaches: A national study. *Professional School Counseling*, *22*(1), 2156759X19831742.
- Brummer, J. (2021). Effects of a democratic approach to managing student behaviors. *Journal of Educational Management Research*, *35*(4), 451-467.
- Brymer, M., Layne, C., Jacobs, A., Pynoos, R., Ruzek, J., Steinberg, A., & Watson, P. (2006). *Psychological first aid: Field operations guide (2nd ed.)*. National Child Traumatic Stress Network.
- Burgess, A. W., et al. (2013). *Trauma-Informed School Strategies: A Policy Advocacy Document*. National Center for Child Traumatic Stress.
- Cafaro, C. L., Gonzalez Molina, E., Patton, E., McMahon, S. D., & Brown, M. (2023). Meta-analyses of teacher-delivered trauma-based and trauma-informed care interventions. *Psychological Trauma: Theory, Research, Practice, and Policy*, *15*(7), 1177–1187. <https://doi.org/10.1037/tra0001515>
- Carlson, E. B., & Dalenberg, C. J. (2000). A conceptual framework for the impact of traumatic experiences. *Trauma, Violence, & Abuse*, *1*(1), 4-28. <https://doi.org/10.1177/1524838000001001002>
- Christian-Brandt, A. S., Santacrose, D. E., and Barnett, M. L. (2020). In the trauma-informed care trenches: Teacher compassion satisfaction, secondary traumatic stress, burnout, and intent to leave education within underserved elementary schools. *Child Abuse Negl.* *110*(3). <https://doi.org/10.1016/j.chiabu.2020.104437>
- Chudzik, M., Corr, C., & Wolowiec-Fisher, K. (2022). Trauma: Early childhood special education teachers' attitudes and experiences. *Early Childhood Education Journal*, *51*(1), 189-200. doi:10.1007/s10643-021-01302-1
- Cole, S. F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). *Helping traumatized children learn: Creating and advocating for trauma-sensitive schools*. Massachusetts Advocates for Children. Retrieved from <http://www.traumasensitiveschools.com>
- Cole, S. F., O'Brien, J. G., Gadd, G. M., Ristuccia, J., Wallace, L. D., & Gregory, M. (2005). A report and policy agenda. Massachusetts Advocates for Children.

- Cook-Cottone, C. P. (2020). *Yoga and mindfulness in schools: A guide for teachers and practitioners*. Guilford Publications.
- Cook, A., Blaustein, M., Spinazzola, J., & Van der Kolk, B. (2018). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390–398.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2017). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390-398.
- Crosby, S. D. (2015). An ecological perspective on emerging trauma-informed teaching practices. *Children & Schools*, 37(4), 223-230. doi:10.1093/cs/cdv027
- DePrince, A. P., Weinzierl, K. M., & Combs, M. D. (2009). Executive function performance and trauma exposure in a community sample of children. *Child Abuse & Neglect: The International Journal*, 33(6), 353- 361
- Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy environments and response to trauma in schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe, and supportive schools. *School Mental Health*, 8(1), 163–176. <https://doi.org/10.1007/s12310-016-9177-0>
- Douglass, A., Chickerella, R., & Maroney, M. (2021). Becoming trauma-informed: a case study of early educator professional development and organizational change. *Journal of Early Childhood Teacher Education*, 42(2), 182–202. <https://doi.org/10.1080/10901027.2021.1918296>
- Duplechain, R., Reigner, R., & Packard, A. (2008). Striking differences: The impact of moderate and high trauma on reading achievement. *Reading Psychology*, 29(2), 117–136.
- Dye, H. (2018). The impact and long-term effects of childhood trauma. *Journal of Human Behavior in the Social Environment*, 28(3), 381–392. <https://doi.org/10.1080/10911359.2018.1435328>
- EuroStat, (2024). *trauma on children: An educator's guide*. Springer. https://ec.europa.eu/eurostat/databrowser/view/hlth_cd_aro_custom_11143_394/default/table?lang=en
- Fantuzzo, J. W., Perlman, S. M., & Dobbins, E. K. (2011). Types and timing of child maltreatment and early school success: A population-based investigation. *Children and Youth Services Review*, 33(8), 1404-1411.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245–258. doi:10.1016/S0749-3797(98)00017-8.
- Ferguson, S., & Hartman, S. (2018). *Supporting trauma-exposed students: A guide for schools*. Routledge.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, 58(11), 1433-1441.

- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child abuse & neglect*, 31(1), 7-26.
- Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2013). Improving the adverse childhood experiences study scale. *JAMA pediatrics*, 167(1), 70-75.
- Fondren, K., Lawson, M., Speidel, R., McDonnell, C. G., & Valentino, K. (2020). Buffering the effects of childhood trauma within the school setting: A systematic review of trauma-informed and trauma-responsive interventions among trauma-affected youth. *Children and Youth Services Review*, 109, 104691. doi:10.1016/j.chilyouth.2019.104691
- Gillborn, D. (2006). Critical race theory and education: Racism and anti-racism in educational theory and praxis. *Discourse: Studies in the Cultural Politics of Education*, 27(1), 11-32. doi:10.1080/01596300500510229
- Guarino, K., & Chagnon, E. (2018). Leading Trauma-Sensitive Schools Action Guide. Trauma-Sensitive Schools Training Package. *National Center on Safe Supportive Learning Environments*.
- Harris M. E., Fallot R. D. (2001). *Using trauma theory to design service systems*. San Francisco, CA: Jossey-Bass.
- Haynes, S., et al. (2023). The impact of implementing social and emotional learning strategies in schools. *Journal of Educational Sciences*, 55(1), 87-104.
- Hodas, G. R. (2005). *Responding to childhood trauma: The promise and practice of trauma-informed care*. Pennsylvania Office of Mental Health and Substance Abuse Services.
- Hodgson, C., Berry, M., Scarlett, H., & Cameron, C. (2017). *Understanding the impact of*
- Jacobson, M. R. (2021). An exploratory analysis of the necessity and utility of trauma-informed practices in education. *Preventing School Failure: Alternative Education for Children and Youth*, 65(2), 124-134. <https://doi.org/10.1080/1045988X.2020.1848776>
- Jennings, M. (2018). Teacher strategies for students with post-traumatic stress disorder. *Journal of Psychology and Education*, 25(3), 301-317.
- Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*, 79(1), 491-525. doi: 10.3102/0034654308325693
- Karadag, E., Samancioglu, M., & Ozden, M. S. (2018). A sociocultural perspective on teacher candidates' experiences of childhood trauma. *Education and Science*, 43(194), 1-14.
- Karancı, N. Aker, T., & Işıklı, S. (2009). Yetişkinlerde Travmatik Olay Yaşama Yaygınlığı, Travma Sonrası Stres Bozukluğu ve Travma Sonrası Gelişim'in Değerlendirilmesi. TUBİTAK. Proje No: 107K323
- Kern, M. L., Waters, L. E., Adler, A., & White, M. A. (2014). A multidimensional approach to measuring well-being in students: Application of the PERMA framework. *The Journal of Positive Psychology*, 10(3), 262-271. doi:10.1080/17439760.2014.936962

- Kim, R. M., & Venet, A. S. (2023). Unsnarling PBIS and trauma-informed education. *Urban Education*, 00420859231175670.
- Kira, I. A., Shuwiekh, H. A., Ashby, J. S., Elwakeel, S. A., Alhuwailah, A., Sous, M. S. F., & Jamil, H. J. (2021). The impact of COVID-19 traumatic stressors on mental health: Is COVID-19 a new trauma type? *International Journal of Mental Health and Addiction*, 1-20.
- Koh, C., Chen, S., & Schore, A. N. (2020). An attachment perspective on traumatic experience and developmental healing: A dyadic psychotherapy model for trauma survivors. *Attachment & Human Development*, 22(5), 535–558.
- Koslouski, J. B., & Stark, K. (2021). Promoting learning for students experiencing adversity and trauma: The everyday, yet profound, actions of teachers. *Element. Sch. J.* 121(3), 430–453. doi: 10.1086/712606
- Koslouski, J. B., Stark, K., & Chafouleas, S. M. (2023). Understanding and responding to the effects of trauma in the classroom: A primer for educators. *Social and Emotional Learning: Research, Practice, and Policy*, 1, 100004. doi:10.1016/j.sel.2023.100004
- Koslouski, J. B., Stark, K., & Chafouleas, S.M. (2021). Understanding and responding to the effects of trauma in the classroom: A primer for educators, *Social and Emotional Learning: Research, Practice, and Policy*, 1, 100004, <https://doi.org/10.1016/j.sel.2023.100004>.
- Lambert, H. K., Meza, R., Martin, P., Fearey, E., & McLaughlin, K. A. (2017). Childhood trauma as a public health issue. In M. A. Landolt, M. Cloitre, & U. Schnyder (Eds.), *Evidence-based treatments for trauma-related disorders in children and adolescents* (pp. 49–66). https://doi.org/10.1007/978-3-319-46138-0_3
- Leschied, A. W., Saklofske, D. H., & Flett, G. L. (2018). *Handbook of school-based mental health promotion*. Cham, Switzerland: Springer International Publishing.
- Lewis, T. J., McIntosh, K., Simonsen, B., Mitchell, B. S., & Hatton, H. L. (2017). Schoolwide systems of positive behavior support: Implications for students at risk and with emotional/Behavioral disorders. *AERA Open*, 3(2), 2332858417711428. doi:10.1177/2332858417711428
- Lubit, R., Rovine, D., DeFrancisci, L., & Eth, S. (2003). Impact of trauma on children. *Journal of Psychiatric Practice*, 9(2), 128–138. <https://doi.org/10.1097/00131746-200303000-00004>
- Luthar, S. S., & Mendes, S. H. (2020). Trauma-informed schools: Supporting educators as they support the children. *International Journal of School & Educational Psychology*, 8(2), 147–157. <https://doi.org/10.1080/21683603.2020.1721385>
- Magruder, K. M., McLaughlin, K. A., & Elmore Borbon, D. L. (2017). Trauma is a public health issue. *European Journal of Psychotraumatology*, 8(1), 1375338. <https://doi.org/10.1080/20008198.2017.1375338>
- Masten, A. S. (2014). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238.

- Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews*, 15(1-2). doi:10.1002/cl2.1018
- McCann, L., & Pearlman, L. A. (1990). *Psychological trauma and the adult survivor: Theory, therapy, and transformation*. Brunner/Mazel.
- Mezzacappa, E., Kindlon, D., & Earls, F. (2001). Child abuse and performance task assessments of executive functions in boys. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 42(8), 1041-1048.
- Miller, K., & Flint-Stipp, K. (2024). The unintended consequences of integrating trauma-informed teaching into teacher education. *Teaching Education*, 1–19. <https://doi.org/10.1080/10476210.2024.2307360>
- National Child Traumatic Stress Network, Schools Committee. (2017). *Creating, supporting, and sustaining trauma-informed schools: A system framework*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
- National Child Traumatic Stress Network. (2020). *Child welfare trauma training toolkit*. The National Child Traumatic Stress Network. Retrieved August 1, 2022 <https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit>
- O’Toole, C., & Dobutowitsch, M. (2023). The courage to care: Teacher compassion predicts more positive attitudes toward trauma-informed practice. *Journal of Child & Adolescent Trauma*, 16(1), 123–133. <https://doi.org/10.1007/s40653-022-00486-x>
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the Body – A Sensorimotor Approach to Psychotherapy*. New York: W.W. Norton and Company.
- Organisation for Economic Co-operation and Development (OECD). (2018). *Teachers' workload and salary in Europe*. Organization for Economic Co-operation and Development. OECD Publishing. Available at: <https://gpseducation.oecd.org/revieweducationpolicies/#!node=41734&filter=all> (accessed 15 March 2024).
- Parker, E. M., & Srichan, P. (2020). Teachers' perceptions of discussing mental health in the classroom: The role of stigma and fear. *Journal of Child and Family Studies*, 29(2), 458-467.
- Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Saint Gilles, M. P. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. *School Mental Health*, 8, 7-43.
- Perry, B. D. (2006). *Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapeutics*. In N. B. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 27-52). Guilford Press.
- Pfefferbaum, B., & J. R. Allen (1998). Stress in children exposed to violence. Reenactment and rage. *Child and Adolescent Psychiatric Clinics of North America*, 7(1), 121-135.

- Porges, S. (2009). *Reciprocal influences between the body and brain in the perception and expression of affect: A polyvagal perspective*. In D. Fosha, D.J. Siegel and M. Solomon (Eds.), *The Healing Power of Emotions: Affective Neuroscience, Development, and Clinical Practice*, (p.27–55). W.W. Norton and Company, New York.
- Russell, B. S., Wink, M. N., & Hutchison, M. (2023). Mixed methods illustration of teachers' trauma-informed attitudes and practice. *Journal of Child & Adolescent Trauma*. doi:10.1007/s40653-023-00583-5
- Schore, A. N. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1-2), 201-269. [https://doi.org/10.1002/1097-0355\(200101/04\)22:1<201::aid-imhj8>3.0.co;2-9](https://doi.org/10.1002/1097-0355(200101/04)22:1<201::aid-imhj8>3.0.co;2-9)
- Shaw, J.A., Espinel, Z., & Shultz, J.M. (2007). *Children: Stress, trauma, and disaster*. Florida: Disaster Life Support Publishing.
- Shernoff, E. S., Mehta, T. G., Atkins, M. S., Torf, R., & Spencer, J. (2016). A qualitative study of the implementation of trauma-informed care in schools. *School Mental Health*, 8(1), 5-17.
- Substance Abuse and Mental Health Services Administration [SAMSA](2023b). Recognizing and Treating Child Traumatic Stress. <https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress>
- Substance Abuse and Mental Health Services Administration [SAMSA]. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: SAMHSA.
- Substance Abuse and Mental Health Services Administration[SAMSA](2023). *Understanding child trauma*. <https://www.samhsa.gov/child-trauma/understanding-child-trauma>
- Sutherland, K. S., Lewis-Palmer, T., Stichter, J., & Morgan, P. L. (2008). Examining the influence of teacher behavior and classroom context on the behavioral and academic outcomes for students with emotional or behavioral disorders. *The Journal of Special Education*, 41(4), 223-233. doi:10.1177/0022466907310372
- Sweeney, D. P., Van Velsor, P., & Dier, K. H. (2016). *Creating a trauma-sensitive classroom: Quick reference guide*. Free Spirit Publishing.
- Teicher, M.H., Andersen, S.L., Polcari, A., Anderson, C.M., Navalta, C.P., & Kim, D.M. (2003). The neurobiological consequences of early stress and childhood maltreatment. *Neuroscience & Biobehavioral Reviews*, 27(1), 33–44.
- Terr, L. C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*, 148(1), 10-20. doi:10.1176/ajp.148.1.10
- Terr, L. C. (2003). Childhood traumas: An outline and overview. *Focus*, 1(3), 322-334.
- Treleaven, D. A. (2018). *Trauma-sensitive mindfulness: Practices for safe and transformative healing*. W. W. Norton & Company.

- Türkiye İstatistik Kurumu [TÜİK] (2023). Türkiye Çocuk Araştırması, 2022. (YAYIM TARİHİ: 22 Mart 2023). SAYI: 49744
- Türkiye İstatistik Kurumu [TÜİK] (2024). Güvenlik Birimine Gelen veya Getirilen Çocuk İstatistikleri, 2021.YAYIM TARİHİ: 02 Ağustos 2022, SAYI: 45586
- UNICEF (2009). *Machel study 10-year strategic review: Children and conflict in a changing world*. New York: Office of the Special Representative of the Secretary-General for Children, & Armed Conflict.
- UNICEF (2023). UNICEF: Yıkıcı depremlerin birinci haftasında, milyonlarca çocuk acil insani yardıma ihtiyaç duyuyor. <https://www.unicef.org/turkiye/bas%C4%B1n-b%C3%BCltenleri/unicef-y%C4%B1k%C4%B1c%C4%B1-depremlerin-birinci-haftas%C4%B1nda-milyonlarca-%C3%A7ocuk-acil-insani-yard%C4%B1ma#:~:text=Geni%C5%9F%20%C3%A7ap%C4%B1%20y%C4%B1k%C4%B1ma%20yol%20a%C3%A7an,6%20milyon%20civar%C4%B1nda%20%C3%A7ocuk%20ya%C5%9F%C4%B1yor>.
- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.
- Winninghoff, A. (2020). Trauma knowledge in schools: The impact of a teacher-participatory program. *Journal of Education and Psychology Research*, 40(2), 201-215.
- World Health Organization (2013). *Mental Health Action Plan 2013-2020*. Geneva: World Health Organization.