IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

"EDUCATOR'S KNOWLEDGE IN SUPPORTING TRAUMA EXPOSED CHILDREN": A QUANTITATIVE PERSPECTIVE

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Abstract: The idea that schools should assist students who have suffered from trauma and adversity has gained acceptance globally. However, opinions on what constitutes a trauma-informed school remain contested. This study investigates educators' attitudes, knowledge, and practices regarding trauma-informed education to equip them with the skills and information they need to serve children in school who have experienced trauma effectively. The emotional, behavioural, and cognitive difficulties that trauma survivors frequently suffer adversely affect their general well-being and academic achievement. However, existing research indicates that many educators are unsure of how best to assist children affected by traumatic stressors.

The main research topics discussed here are teacher self-efficiency, opportunities for professional development, and behavioural integration to help traumatised pupils gain resilience and emotional control. The study uses a data-driven methodology to investigate how focused interventions and positive learning environments can be produced through inclusive educational approaches.

This quantitative study utilised the Attitude related to trauma-informed care (ARTIC 10 SCALE) to evaluate their prior understanding and attitude toward trauma-informed practices and investigate their viewpoints, difficulties, and life experiences about the use of trauma-sensitive teaching methods in the classroom, with a focus on the school context in Kerala.

The researcher collected data from 100 teachers in both urban and rural schools in and around Kothamangalam Municipality, Ernakulam District, Kerala. The quantitative analysis's findings show that the mean score was 4.31 (SD=0.49), ranging from 3.00 to 5.30. According to this distribution, most teachers scored somewhat around the average, indicating that the sample group was moderately aware of trauma-informed treatment. However, it was observed that administrative resistance and inadequate training were significant obstacles to the practical consequences. The ratings indicate that there is potential for progress in reaching higher levels of trauma-informed understanding, which emphasises the requirement for more training to improve educators' ability to effectively handle the difficulties presented by children who have experienced trauma**.**

Key Words: Trauma-informed education, Educator knowledge, Professional development, Teacher Self-Efficacy, trauma-exposed Children, Student Resilience building.

I. INTRODUCTION

Trauma is characterised as an incident or sequence of incidents that surpasses a person's capacity for coping, frequently leading to emotions of terror, fear, and helplessness. Trauma includes the person's subjective experience, the incident, and the long-term effects on their body and mind. (Van der Kolk, 2014). Trauma-informed education acknowledges the widespread effects of trauma on children and the critical role that educators play in reducing those effects by incorporating trauma knowledge into instructional strategies. (Simon & Schuster, 2020; J. Siegel, 2019).

Elementary and secondary school teachers significantly influence kids' social, emotional, and academic growth (Hamre & Pianta, 2001). Because the schools have regular programs and schedules and a diverse student body, it is an ideal setting for trauma-informed care. (Perry and Daniel 2016). The teachers spent so much time with students that they were in a unique position to identify behavioural abnormalities linked to trauma and offer crucial coping support, such as emotional processing and routine restoration (Prinstein et al., 1996). This is vital for students experiencing trauma as their emotional stability directly impacts their ability to learn.

Many instructors lack the resources and training necessary to adequately serve students who have experienced trauma despite their crucial role. The inability of many educators to strike a balance between their demands and those of traumatised children is shown by Alisic's (2011) unpublished study. Teachers prepared with trauma-informed teaching techniques can help their students better control their emotions and interact with the educational material productively. Teachers expressed their need for more information and direction to help these students. This disparity emphasises the need for studies on how to equip educators to deal with trauma in the classroom.

I.1 SIGNIFICANCE OF THE STUDY

Among the most crucial elements of trauma-informed teaching methods is making schools safe, supportive, and attentive to the needs of all children, including those who have experienced trauma. Jennings, PA (2019) Abuse, neglect, and violence during childhood can cause trauma that can significantly impact a child's social, emotional, and cognitive development.

According to Kumar's (2017) research, a significant percentage of children in Kerala experience different forms of maltreatment. Trauma impairs children's ability to focus, remember, and regulate their emotions, which frequently leads to behavioural issues like chronic absences, animosity, and disengagement. Educators need to be aware of the warning signs of trauma, which include behavioural abnormalities, withdrawal, hostility, and difficulty establishing and maintaining relationships. Supporting these students requires knowledge of early detection and interventions. Trauma-informed disruptive behaviour is a manifestation of underlying trauma rather than disobedience. Given its prevalence and adverse effects, addressing trauma within Kerala" 's educational system is imperative.

I. 2 REVIEW OF LITERATURE

Research shows that emotional regulation and cognitive function are negatively impacted by trauma (Felitti et al., 1998). Children who have been abused or traumatised have been found to have a range of developmental problems, such as trouble understanding stories about complicated situations, speech problems, and a limited capacity to identify visual-spatial patterns. These problems all contribute to reading and writing difficulties. (Streeck-Fisher and Vander Kok, 2000). Trauma can alter the brain's chemical makeup, making it harder for students to concentrate, regulate emotions, and study. (2019, D. J. Siegal) Creating supportive environments enhances students' emotional and academic performance (Craig & McCaffrey, 2014).

I. 3 UNDERSTANDING TRAUMA AND ITS IMPACT ON STUDENTS

Trauma can arise from various sources, such as abuse, neglect, violence, and significant life changes. It affects a student's social and cognitive development and emotional well-being. Adverse childhood experiences are unfortunate for many individuals and determine whether an individual will be functional or dysfunctional. (Damodharan et al., 2018). Long-term alterations in behaviour, emotional control, and brain function can result from trauma. There are two types of trauma: acute and chronic. A single incident causes acute trauma; chronic trauma is caused by repeated exposure to distressing circumstances; numerous traumatic events cause complex trauma; and Developmental trauma transpires across crucial developmental phases. (Van der Kolk, 2014).

I. 4 HOW TRAUMA AFFECTS LEARNING AND BEHAVIOUR

Trauma profoundly affects the brain's information processing, learning, and memory capacity. It causes neurobiological alterations that interfere with memory consolidation and retrieval, including amygdala hyperactivity, hippocampus malfunction, and prefrontal cortex impairment. Cognitive difficulties include trouble focusing, memory issues, and declining critical thinking and problem-solving abilities. (Van der Kolk, 2014)

The Impact of trauma on behaviour is substantial, resulting in maladaptive coping strategies and interpersonal challenges. Among the problems that people may encounter include emotional dysregulation, hyperarousal, hypervigilance, dissociation, and relational difficulties. While hyperarousal and hypervigilance result in constant awareness and a fear of danger, emotional dysregulation involves difficulties controlling and expressing emotions. Dissociation affects one's capacity to interact with the current moment entirely and is characterised by a detachment between thoughts, feelings, and identity. Relationship difficulties include a reenactment of trauma patterns, trust concerns, and trouble forming healthy relationships. (Van der Kolk 2014)

I. 5 PRINCIPLES OF TRAUMA-INFORMED EDUCATION

Mentors are essential in helping people navigate possibilities and obstacles in the complex web of life's journey. Teachers help students learn, teach, and assess students' academic performance. They affect personal development, inspire dreams, instil values, and mould character. Along with fostering inquiry and critical thinking, teachers also offer emotional support. They are uniquely positioned to support pupils who have experienced trauma by cultivating resilience and establishing support relationships. (Jennings, P.A.,2019)

SAFETY

Schools must have well-maintained emergency plans, infrastructure, and processes to ensure physical safety. A calm, organised, regular environment with routines gives students more self-assurance. Emotional safety is essential for students to feel valued, understood, and appreciated. Staff members and educators should receive training on recognising and responding to signs of distress to provide support and step in when needed. For students to share their feelings and experiences, it is essential to encourage open communication and provide a judgment-free environment. Cavanaugh, B. (2016). Emergency protocols and infrastructure must be updated for schools to be physically safe. Students must feel emotionally comfortable to feel appreciated and understood. Teachers should receive training on spotting signs of distress, encourage candid communication, keep pupils secure, and support psychological safety. Diversity is celebrated, and all students are made to feel welcome in an inclusive setting.

TRUSTWORTHINESS

When teachers and other school staff interact with students consistently and trustworthily, trust is built, and students learn to rely on them. Consistency in behaviour, expectations, and responses enhances security and comprehension. Consistent and honest communication is crucial. Consistent structures and patterns reduce fear and build confidence.

Transparency: Teaching kids about the standards for classroom activities, rules, and sanctions builds self-esteem. Additionally, open communication about changes or new procedures improves stability and predictability.

Authenticity: Being genuine and honest with students is essential to authenticity. Genuine teachers have a higher chance of earning students' trust. This entails being vulnerable, admitting faults, and being human. It encourages sincere relationships and shows them that it is okay to be oneself.

Respect and dignity: Treating pupils with dignity and respect, particularly in trying situations, is essential to establishing trust. This means listening to the pupils, respecting their opinions, and graciously addressing their issues.

PEER ASSISTANCE AND COLLABORATION

Encouraging children to interact with their peers healthily helps them feel like they belong. Group projects, peer mentoring, cooperative play, and other activities enhance mental health and lessen loneliness. A comfortable classroom culture creates a safe space with regular limits and predictable classroom norms, which encourages a sense of belonging and support.

EMPATHY AND UNDERSTANDING

Students can better support one another when they are taught empathy and understanding. Students aware of trauma and its effects can show greater empathy and support for their peers. Peer support programs can provide a structured way for students to offer and receive support, enhancing their social and emotional skills.

SAFE SPACES FOR SHARING

Creating safe spaces where students can share their experiences and feelings with peers can be therapeutic. Peer-led support groups or discussion circles can provide these opportunities. Facilitating open, respectful dialogues about emotions and challenges helps normalise seeking peer support.

INCORPORATING TRAUMA-INFORMED TEACHING PRACTICES

Trauma-informed teaching strategies make students feel encouraged and involved in their education. (Jennings, P.A., 2019). Adaptable Teaching enables students to select the most effective way to communicate their knowledge by customising training to meet their needs. Self-regulation techniques such as mindfulness, deep breathing, and guided visualisation are integrated into daily life. Self-regulation skills are taught to help students manage their emotions and conduct. Imparting skills and information in conflict resolution, emotional regulation, and empathy through social-emotional learning (SEL) classes. Role-playing and group projects allow students to practice these skills.

RESPONDING TO TRAUMA-RELATED BEHAVIOUR

To keep a supportive classroom climate, it is essential to recognise and react to trauma-related behaviours. Instead of punitive methods to address behavioural challenges, non-punitive discipline uses restorative ones. Its primary goals are to understand the underlying causes of behaviour and work together to find solutions. Furthermore, de-escalation strategies assist pupils in learning and applying de-escalation ways to soothe themselves when they display elevated emotional states. Create a crisis management plan and assign staff members particular tasks and activities. Students can also see that the teacher appreciates and understands their discomfort through reflective listening and validation. Consider the students' words to show that you understand and agree. (Jennings, P.A.,2019)

COLLABORATION WITH FAMILIES AND COMMUNITIES

Including families and communities in developing a trauma-informed classroom strengthens children's support systems. Teachers can communicate regularly with families through family engagement to discuss and update them on their children's progress. Families can also be encouraged to participate in school events and activities. Through the establishment of community partnerships, educators can collaborate with local organisations to offer additional resources and support to kids and families. Students can be contacted with other resources like counselling or after-school activities. (Jennings, P.A., 2019)

II RESEARCH METHODOLOGY

I1.1 POPULATION AND SAMPLE

The study included 100 teachers selected through purposive sampling from diverse educational settings encompassing urban and rural schools. This approach ensured the inclusion of teachers from schools with known trauma-affected student populations. Participants varied in:

- **Experience Levels:** Teachers with over 4 years of teaching experience
- **Qualifications:** Every participant had a graduate degree in education, and few had attended classes on trauma-Informed practices.
- **Exposure to Trauma-Informed Practices:** Included teachers with formal training in trauma-sensitive pedagogy And those with informal or experiential knowledge.

Collaborations with professional teacher networks and school administrations made recruitment easier and guaranteed a fair representation of schools from various socioeconomic and cultural backgrounds.

II. 2 THEORETICAL FRAMEWORKS

Independent Variable: Teacher's knowledge refers to the level or type of knowledge teachers possess in trauma-informed education to support trauma-exposed children

Dependent Variable, Support for trauma-exposed children This refers to how effectively teachers can brace children who have experienced trauma.

Children who have experienced trauma often struggle in ways that hinder their emotional and intellectual growth. Many teachers lack the necessary skills to address these issues. (Alisic et al., 2016), Which feeds low performance and disengagement cycles. This research aims to assess the knowledge and practice gaps by investigating how trauma-informed principles can enable educators to assist kids who have experienced trauma.

II. 3 BACKGROUNDS OF THE STUDY

Teachers often view problem behaviours as fixed, ignoring the potential for resilience. This traditional, control-focused mindset is influenced by limited training in trauma-informed strategies and institutional emphasis on discipline. Lack of professional development opportunities, insufficient resources, and ignorance of the impacts of secondary trauma make it difficult for teachers to meet the needs of working with traumatised pupils. Teachers who work with traumatised students are isolated because institutional frameworks do not prioritise trauma-informed care (TIC) in Kerala.

II. 4 RESEARCH QUESTIONS

1. How do educators view childhood trauma, and how does it affect students?
2. How do educators recognise children who have experienced trauma and react to them?
3. What strategies do teachers use to support trauma-exposed students academically and emotionally?
4. What challenges do teachers face in implementing trauma-informed practices?
5. What training or resources do teachers need to enhance their support for trauma-affected children?

II. 5 OBJECTIVES

1. To assess educators' knowledge of childhood trauma and how it affects students
2. To investigate the strategies educators use to identify and support trauma-exposed children.
3. To analyse barriers to implementing trauma-informed practices.
4. To evaluate gaps in training and resources for trauma-informed education.
5. To recommend culturally relevant teacher training programs in trauma-sensitive practices.

II. 6 INCLUSION AND EXCLUSION CRITERIA

INCLUSION:

1. Certified teachers currently working in **primary and secondary** schools in Kerala.
2. Teachers with **four or more than four years** of experience.
3. Educators who have **worked with trauma-exposed students**.

EXCLUSION:

1. Teachers with no prior interaction with trauma-exposed students.
2. Teachers not currently employed.
3. Individuals without formal teaching qualifications.

II. 7 Hypotheses

1. Teachers with more excellent trauma-informed knowledge will report higher confidence in supporting trauma-exposed children.
2. Lack of training and resources significantly hinders trauma-informed practices.
3. Participation in professional development programs enhances teachers' ability to support trauma-affected students. Purposive sampling from

4. Teachers' perceptions of their role are influenced by their knowledge and prior exposure to trauma-informed practices.

II.8 METHOD

PARTICIPANTS

The study included 100 teachers selected through purposive sampling from diverse educational settings encompassing urban and rural schools; this approach ensured the inclusion of teachers from schools with known trauma-affected student populations.

II. 9 Materials or Instruments

The study adopted a **quantitative approach**.

1. **ARTIC-10 SCALE** The **Attitudes Related to Trauma-Informed Care (ARTIC-10) Scale**, developed by the Traumatic Stress Institute of Klingberg Family Centres, in collaboration with Dr. Courtney N. Baker, is a Validated tool for education, healthcare, and human services professionals.

- **Areas of Focus:** establishing therapeutic alliances, controlling feelings, and holding oneself to standards of Behaviour and responsibility.
- **Structure:** A seven-point Likert scale is employed to understand participants' perspectives on comprehensively Trauma-informed care.

II. 10 PROCEDURE

1. **Initial Phase**

- **Consent and Introduction:** Schools were notified to obtain administrative approval. The study's goals, scope, Moreover, possible advantages were explained to teachers before their informed consent.
- **Selection of Participants:** Before data collection started, consent forms were obtained from teachers who met The inclusion criteria.

2. **Data Collection**

- **Questionnaires:** Disseminated and finished under supervision to guarantee precision.
- **Classroom Observations:** Two weeks were dedicated to conducting non-intrusive classroom observations of trauma-informed techniques

3. **Data Analysis**

- **Quantitative data:** The data was analysed using statistical software to determine trends in trauma-informed Knowledge and implementation and compute descriptive and inferential statistics**.**

ETHICAL CONSIDERATIONS

- **Informed Consent:** After being informed about the study's objectives, methods, and voluntary nature, participants were offered to discontinue participation at any time without repercussions.
- **Confidentiality:** During transcription and processing, identifiable information was eliminated from the data, making it anonymous. To preserve their privacy, each participant was given a unique identification number.
- **Data Security:** All information was kept on encrypted devices and was only used for the study.
- **Debriefing:** Participants were given an overview of the results to guarantee openness and reciprocity.
- This rigorous approach ensured that the study upheld high ethical standards while collecting reliable and meaningful data.

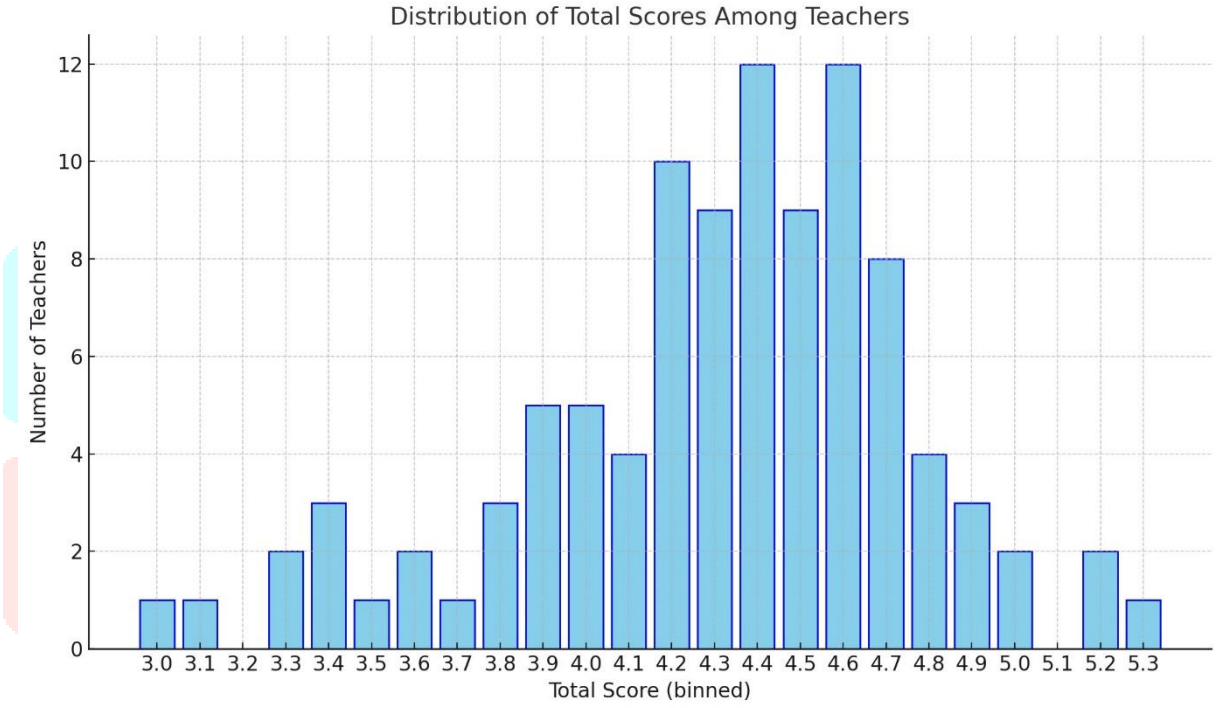
I. RESULTS

III.1 Quantitative Findings

Educators' Knowledge in Supporting Trauma-exposed Children.

TABLE 1 DISPLAYS THE DESCRIPTIVE VALUES FOR THE ARTIC-10 SCALE AMONG 100 TEACHERS.

Statistics	Values
Mean	**4.31**
Standard Deviation	**0.451**
Highest Score	**5.30**
Lowest Score	**3.00**



II. Results

One hundred instructors were evaluated using the ARTIC-10 scale to assess their knowledge and attitudes about helping children who had experienced trauma. The mean score was 4.31 (SD=0.49), ranging from 3.00 to 5.30, from the lowest to the highest.

According to this distribution, most teachers scored somewhat around the average, indicating that the sample group as a whole had a moderate awareness of trauma-informed treatment. The standard deviation of 0.49 implies a reasonably constant degree of knowledge and attitude among the instructor population evaluated, which shows slight variation in the scores.

The ratings indicate that there is potential for progress in reaching higher levels of trauma-informed understanding, which emphasises the need for additional training to increase teachers' ability to help trauma-exposed children successfully. Emphasise how important it is for educators to use trauma-informed practices.

III. DISCUSSION

According to the research, instructors appear to have an essential awareness of trauma-informed techniques, but significant gaps exist in their implementation and understanding. The comparatively low mean scores in domains like identifying symptoms of trauma and comprehending trauma-informed interventions highlight the necessity of more thorough training and professional development. Teachers lack confidence in successfully integrating TIC practices, even if they recognise their significance and potential to enhance student outcomes. This emphasises how vital continuing assistance and direction are in promoting the incorporation of TIC into regular classroom activities.

CRITICAL CHALLENGES IN KERALA'S EDUCATION SYSTEM RELATED TO TIC

1. **Limited training opportunities-** Many teachers are not familiar with the concepts and practices of trauma-informed education since the Indian educational system is not generally accepted or integrated with teacher training programs on the subject. Teachers cannot be trained in trauma-informed care principles through any formal programs. The fundamental knowledge and abilities required to support pupils who have experienced trauma adequately are lacking among teachers. Traditional punitive methods are perpetuated because educators and administrators frequently undervalue the frequency of trauma and its effects on student behaviour.

2**. Absence of administrative assistance—**Indian educators face a high student-teacher ratio, rigid curriculum requirements, and scarce resources. Because of these limitations, meeting pupils' emotional and psychological needs is complex. Schools do not have the support systems to help teachers adopt trauma-sensitive practices, such as counselling services or TIC policies.

3. **Pressure from Workload**: Teachers struggle to balance teaching the subject with the extra duties of determining and meeting their students' emotional needs. Because of the demands of academics and administrative responsibilities, teachers have little time for professional development and specialised student aid.

4. **Social and cultural stigma**- In India, conversations about trauma and mental health deter families and students from candidly discussing these topics. Building trust and preserving a safe classroom are essential components of trauma-informed environments, and teachers play a big part in these efforts. A more comprehensive approach to trauma-informed education, however, appears to require more work, as seen by the limited use of TIC techniques and family participation.

VI. IMPLICATIONS

The results have significant ramifications for practice and policy in education. Samagra Shiksha's special education teachers and Block Resource Centres guarantee inclusive and equitable education in Kerala. However, they must overcome many obstacles to carry out their duties, including a diverse student body, managing a wide range of disabilities with no specialised training, lacking infrastructure, a policy requiring parental collaboration, and financial shortages. At Block Resource Centre, special education teachers can receive excellent training to become trauma-informed educators. To give teachers the information and abilities they need to identify and manage the consequences of trauma on pupils, schools should fund extensive, continuous trauma-informed training programs. Practical methods for determining the signs of trauma, comprehending its long-term impacts, and successfully putting trauma-informed solutions into practice should be the main emphasis of this program. Building teacher confidence in implementing TIC principles should also be a top priority for school administrators, who should do this by offering ongoing assistance, materials, and cooperative learning opportunities. School-wide policies should incorporate the importance of preserving a safe classroom and building trust to establish a supportive, trauma-sensitive atmosphere.

VII. RECOMMENDATIONS

1. Including trauma-informed curriculum in teacher preparation: Teachers require opportunities for professional development to recognise the signs of trauma, express empathy, and create a supportive classroom environment. Encourage educators to become certified in TIC by working with trauma specialists or offering online courses.

2. Reforms in administration: Create trauma-informed policies and procedures for the entire institution. Bring mental health specialists into classrooms to assist educators and kids. Promoting cooperation among educators to exchange tactics and insights can increase their ability to meet the needs of all pupils.

3. Campaigns for Awareness: Inform all parties involved—teachers, parents, and administrators—about the value of trauma-informed treatment and how it improves student outcomes. Raising awareness among communities and parents about trauma and how it affects kids can foster an environment conducive to trauma-informed schooling.

4. Systems for Supporting Teachers: Give educators access to peer support groups to exchange stories and coping mechanisms. Assign non-teaching duties to ease the strain of the burden.

5. Systemic Change: Through partnerships with NGOs and the government, seek funding for TIC programs and resources and push for policy changes to incorporate trauma-informed care throughout Kerala's educational system.

VII. CONCLUSION

This study provides significant information about the attitudes, knowledge, and need to implement trauma-informed practice (TIC) among teachers in Kerala. Even though most educators agree that trauma-informed education is essential, the results show that little is known about how trauma affects students' behaviour and how it affects them over time. Many educators claim to have little understanding of trauma symptoms, interventions, and how to refer students for support. Furthermore, despite differing opinions regarding TIC, there is broad consensus regarding the value of training, but there is also a noticeable lack of confidence in applying TIC techniques. Although they report low active implementation and family participation, teachers are more likely to concentrate on upholding a secure school environment and fostering trust. These findings indicate the necessity of focused interventions to raise teacher proficiency and implement trauma-informed teaching methods.

The results show severe deficiencies in trauma-informed care in Kerala's education system. Teachers will be empowered to design safer, more inclusive learning environments that meet the needs of children who have experienced trauma if these gaps are filled via focused training, systemic support, and legislative reforms.

IX. SUGGESTIONS FOR FUTURE RESEARCH

Future studies should examine how well various professional development methods enhance teachers' understanding and self-assurance when implementing trauma-informed techniques. Additionally, longitudinal research might evaluate how trauma-informed training affects teacher attitudes and student results over the long run. The results might be more broadly applied. A more comprehensive picture of the difficulties and achievements in applying TIC in distinct educational environments could be obtained by broadening the study to include a more significant, more varied sample of instructors from different states. Additional studies should look into how systemic support, community involvement, and peer collaboration can improve the use of trauma-informed techniques. Also, investigating students' opinions about trauma-informed practices may offer important insights into how individuals who have been directly affected by trauma experience and see these activities.

X. ACKNOWLEDGEMENT

My sincere appreciation goes out to every educator who took part in the study on educators' knowledge of how to support children who have experienced trauma. The dedication of the special education teachers at the Block Resource Centre, Kothamangalam, to caring for and educating children with special needs is incredibly admirable. Your assistance was essential to the success of this study. Your time, effort, and insightful opinions are greatly appreciated.

Financial support and sponsorship

Nil

Conflicts of interest

There are no conflicts of interests

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