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Integrating Trauma-Informed Care into Private School systems: A model for Supporting Out-Of-School Children Resettled through Government Initiatives

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Abstract

This study examines the integration of Trauma-Informed Care (TIC) into private school systems as a strategic model to support out-of-school children resettled through government initiatives. Grounded in Bronfenbrenner's Ecological Systems Theory, the research highlights how layered environmental factors influence the developmental trajectories of displaced children experiencing trauma. The proposed Trauma-Informed Private School Integrated Model (TIPSIM) operationalizes TIC principles across institutional policies, pedagogical practices, and community partnerships to foster safe, trusting, and empowering learning environments. The model addresses unique educational and psychosocial needs by embedding trauma sensitivity into leadership decisions, teaching approaches, and wraparound support systems. A government implementation roadmap outlines phased strategies for policy mandates, capacity building, financing, monitoring, and sustainability to institutionalize TIC within private schools. Despite its promise, TIPSIM faces challenges including limited staff capacity, financial constraints, cultural adaptation needs, stigma, workforce burnout, and governance gaps. The study underscores the necessity of comprehensive, culturally responsive, and system-wide approaches to overcome these barriers. Integrating TIC into private education not only advances academic recovery but also promotes resilience and social integration among resettled learners, aligning with global education equity imperatives. This research contributes valuable insights into operationalizing trauma-informed frameworks in humanitarian education contexts, emphasizing multisectoral collaboration and sustainable policy support.

Keywords: Ecological Systems Theory, Private Schools, Resettled Children, Trauma-Informed Care

Introduction

Widespread displacement, ongoing conflict, and persistent insecurity have led to large populations of children being excluded from formal education for extended periods. When these children are resettled through government-led initiatives, they encounter numerous challenges in re-entering the formal school system. According to the United Nations High Commissioner for Refugees (UNHCR, 2025), prolonged school absence not only causes significant learning deficits but also elevates vulnerabilities such as child labor, early marriage, and other protection risks. Consequently, education emerges as a vital pillar for both recovery and sustainable development among these children. Extensive research consistently demonstrates that traumatic experiences—encompassing violence, forced displacement, loss of loved ones, and chronic adversity—adversely affect children's cognitive, emotional, and social development (Maynard et al., 2019). Trauma can disrupt critical functions such as attention, memory, executive control, and motivation, while also contributing to psychosocial difficulties including anxiety, hypervigilance, and social withdrawal (Lasater et al., 2022). Without deliberate and structured support within schools, these trauma-related effects pose substantial barriers to academic achievement. In response to these challenges, Trauma-Informed Care (TIC) has gained recognition as a comprehensive framework designed to address the multifaceted needs of trauma-affected students. TIC prioritizes the establishment of safe and trusting environments, emphasizes choice and empowerment, and promotes holistic well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

However, as Berring et al. (2024) emphasize, TIC is not a standalone intervention but rather an organizational transformation demanding systemic policy adjustments, ongoing staff capacity-building, environmental modifications, and



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contextual tailoring. Despite the rising adoption of TIC, recent reviews reveal persistent gaps in clear operational definitions, standardized measurement tools, and evidence of sustained impact, particularly in resource-limited or crisis-affected regions. In such humanitarian and resettlement settings, school-based mental health and psychosocial support (MHPSS) programs have shown encouraging results. Realist reviews suggest that consistent daily routines, development of emotional regulation skills, robust teacher support systems, and strong collaboration between caregivers and schools significantly mitigate distress and foster learning readiness (Lasater et al., 2022). Yet, the success of these initiatives heavily relies on strong leadership commitment, adequate funding, and well-functioning referral pathways. Moreover, for children with refugee backgrounds or those returning after prolonged educational disruptions, trauma-sensitive educational approaches must be adapted to accommodate diverse cultural and linguistic backgrounds, as well as the accelerated learning requirements necessary to bridge knowledge gaps. Lembke et al. (2024) observe that while various trauma-sensitive models exist globally, few are specifically tailored for resettled children, and integration with accelerated learning programs remains inconsistent. In contexts where governments engage private schools to absorb and educate resettled children, there is a conspicuous absence of comprehensive operational models that integrate trauma-informed organizational reform with focused academic catch-up strategies. Addressing this gap is essential to ensure that private school systems are equipped to meet the complex psychosocial and educational needs of these vulnerable learners.

Theoretical Framework

Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's ecological systems theory, which later evolved into the bioecological or Process Person Context Time (PPCT) model, offers a comprehensive lens to examine how human development is shaped through dynamic interactions between individuals and their environments. Originally, Bronfenbrenner (1979) conceptualized development as occurring within a set of nested environmental systems: the microsystem, mesosystem, exosystem, and macrosystem. Each of these layers exerts either direct or indirect influence on the individual, while the chronosystem incorporates the dimension of time and historical change. The PPCT model further refines this framework by emphasizing the role of proximal processes those enduring, reciprocal interactions between a person and their immediate environment as the primary drivers of development. These processes are influenced by individual characteristics, broader contextual factors, and temporal dynamics (Bronfenbrenner & Morris, 1998; Tong & An, 2024). Recent scholarship highlights the relevance of the PPCT model for designing educational interventions in settings marked by adversity and displacement. Tong and An (2024) critique that many applications of the theory focus narrowly on its concentric system metaphor without fully exploring how specific daily interactions (proximal processes) foster development or are affected by systemic factors. In situations involving trauma and early adversity, Lopez et al. (2021) argue that both risk and protective factors exist at multiple ecological levels, and interventions that capitalize on strengths across these layers can mitigate the negative consequences of trauma. For children displaced and resettled through government programs, coordinated support spanning home, school, and policy domains is essential to promote both academic achievement and psychosocial wellbeing (Palencia-Ramirez & Mallah, 2024; Mullin et al., 2024).

Applying this ecological framework to the current study provides a strong theoretical basis for embedding trauma-informed care (TIC) within private school systems as part of resettlement initiatives. At the microsystem level, direct interactions such as those between teachers and students, classroom routines, and peer relationships serve as critical proximal processes that can either aggravate or alleviate trauma-related effects. The mesosystem comprises connections between families, schools, and social services, where effective communication and referral mechanisms bolster recovery. The exosystem includes policies and institutional frameworks such as funding mechanisms, enrollment policies, and inter-agency partnerships that indirectly influence a school's ability to respond to trauma. At the macrosystem level, prevailing cultural norms, societal attitudes, and education policies determine whether trauma-informed approaches are embraced or resisted. Lastly, the chronosystem dimension acknowledges that factors like the timing of school reintegration, duration of displacement, and broader sociopolitical changes profoundly impact intervention outcomes. By situating TIC implementation within this layered ecological perspective, the study ensures that program design is sensitive to the complex, interacting environments shaping resettled children's learning and psychosocial adaptation (Bronfenbrenner & Morris, 1998; Lopez et al., 2021; Mullin et al., 2024; Tong & An, 2024).



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Conceptual Framework

Trauma-Informed Care

Over the past two decades, Trauma-Informed Care (TIC) has developed into a comprehensive approach to service delivery that acknowledges the pervasive effects of trauma, identifies its manifestations, and integrates this awareness into organizational policies, practices, and environments to prevent re-traumatization (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Originating in healthcare and social services, TIC has increasingly been adopted in educational settings, especially where students have experienced displacement, violence, or ongoing adversity (Maynard et al., 2019; Berring et al., 2024). Central to TIC is a paradigm shift in understanding student behavior—from asking “What is wrong with you?” to “What has happened to you?” which situates learners’ actions and academic performance within the context of their lived trauma experiences (Chafouleas et al., 2021). The foundational principles of TIC comprise six key elements: safety, trustworthiness, peer support, collaboration, empowerment, and responsiveness to cultural, historical, and gender influences (SAMHSA, 2014). When translated into school environments, these principles manifest as predictable routines, emotionally secure classrooms, staff trained to identify and respond to trauma-related behaviors, and meaningful engagement with families and communities in culturally sensitive ways (Lasater et al., 2022).

Effective implementation demands a whole-school approach, where leadership, policies, physical settings, and instructional methods are cohesively aligned with trauma-sensitive values (Mullin et al., 2024). Recent scholarship stresses that TIC in schools should transcend isolated interventions and instead be embedded within the organizational culture itself. Berring et al. (2024) emphasize that lasting integration requires systemic policy reform, continuous professional development, and partnerships with external mental health and social support networks. In contexts of displacement and resettlement, Palencia-Ramírez and Mallah (2024) argue that TIC must also address challenges such as language barriers, cultural adaptation, and the provision of accelerated learning opportunities. This comprehensive perspective positions TIC not merely as an adjunct service but as an overarching framework guiding all facets of school operations serving displaced and out-of-school children.

Trauma-Informed Private School Integrated Model

The Trauma-Informed Private School Integrated Model (TIPSIM) is an innovative framework designed to embed trauma-informed care (TIC) principles comprehensively within the operational, pedagogical, and cultural dimensions of private schools. This model specifically targets the unique needs of out-of-school children resettled through government initiatives, recognizing that these learners often face complex educational, emotional, and social challenges stemming from experiences of displacement, poverty, abuse, or conflict (Palencia-Ramírez & Mallah, 2024). Guided by the core tenets of TIC, TIPSIM ensures that trauma sensitivity permeates every level of school functioning from governance and leadership decisions to classroom practices prioritizing safety, trust, and student empowerment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). TIPSIM operates through three interconnected components. The first, institutional alignment, calls for embedding trauma-informed principles explicitly into the school’s mission, policies, and physical infrastructure. This includes securing leadership commitment to ongoing staff training, developing disciplinary policies that are supportive rather than punitive, and modifying the school environment to minimize potential trauma triggers (Mullin et al., 2024).

The second component, pedagogical adaptation, emphasizes instructional strategies that integrate social-emotional learning, differentiated teaching approaches, and culturally responsive pedagogy tailored to the distinct needs of resettled students (Berring et al., 2024; Lasater et al., 2022). The third component, community and systems integration, fosters collaboration between schools, government resettlement programs, mental health providers, and family networks, establishing a holistic wraparound support system extending well beyond academic instruction (Chafouleas et al., 2021). By weaving TIC principles into the very fabric of private school operations, TIPSIM addresses both immediate and enduring challenges faced by resettled children. In the short term, it facilitates the creation of emotionally safe, predictable learning environments that enhance student engagement and reduce behavioral disruptions (Maynard et al., 2019). Over the long term, the model aims to promote improved academic outcomes, resilience, and social integration, thereby fulfilling



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education's dual protective and promotive roles for vulnerable populations (Mullin et al., 2024). The significance of integrating TIC into private schools is heightened in contexts where public educational infrastructure is overstretched and government efforts depend on private sector partnerships to accommodate displaced learners. This model advances the understanding that trauma-informed practices benefit not only individual students but also serve as a strategic, systemic approach to enhancing the inclusivity and overall effectiveness of private education in humanitarian and post-crisis settings. In doing so, TIPSIM aligns closely with global education policy imperatives that prioritize equity, quality, and psychosocial support for marginalized learners (UNESCO, 2023).

Government Implementation Roadmap of Trauma-Informed Private School Integration

A successful government-led implementation of Trauma-Informed Care (TIC) within private school systems begins with establishing a clear and authoritative policy mandate that recognizes trauma-informed practice as a fundamental public good and an integral component of resettlement strategies. Governments should formalize this commitment through an official policy statement or directive that explicitly defines TIC in the educational context, sets clear objectives for supporting resettled and out-of-school children, and outlines minimum standards for any private school receiving government placements or funding. This high-level alignment not only creates incentives and unlocks funding streams but also fosters the normalization of trauma-sensitive practices across sectors (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Nguyen et al., 2023). To ensure clarity and accountability, policy frameworks should be complemented by memoranda of understanding (MOUs) that delineate roles and responsibilities among ministries, local education authorities, and private school partners. These agreements clarify resource commitments and operational expectations from the outset (Mullin et al., 2024).

Before rolling out TIC programs, governments should commission a rapid yet comprehensive needs and capacity assessment. This assessment should map the number and demographic profile of resettled children, gauge private schools' capacity to absorb them, and evaluate existing psychosocial services and community support systems. Identifying gaps such as shortages in qualified staff, counseling availability, language assistance, and catch-up learning initiatives is critical to tailor interventions appropriately. International guidelines on education in emergencies and mental health and psychosocial support (MHPSS) emphasize that context-specific diagnostics are essential to avoid generic, one-size-fits-all approaches (UNICEF, n.d.; Lasater et al., 2022). The assessment should also examine legal or administrative barriers affecting flexible enrollment, assessment accommodations, and data-sharing, allowing early resolution of systemic obstacles. Central to the roadmap is a tiered approach to capacity building. All school staff should receive foundational trauma awareness training, while teachers are equipped with classroom-focused strategies such as predictable routines, behavioral de-escalation, and restorative practices. Counselors and designated trauma coordinators require advanced clinical and case management skills. Effective training programs combine competency-based learning modules, practical role-plays, and ongoing coaching or reflective supervision to enhance staff resilience and maintain fidelity to TIC principles (Mullin et al., 2024; Schoolsafety.gov, 2024). Governments can expedite scale-up by partnering with NGOs, academic institutions, and health services to provide training-of-trainers and clinical oversight.

Realistic and transparent financing mechanisms are vital. Governments should establish dedicated budget lines or grant programs specifically earmarked for trauma-informed integration in private schools, covering expenses such as teacher training, counselor recruitment, creation of safe spaces, intake screening tools, and catch-up learning materials. Where direct public funding is limited, blended financing models—combining government funds, donor grants, and cost-sharing with private providers—have proven effective in similar initiatives (SAMHSA, 2023; Resource Guide on State Actions, National Governors Association, 2023). Financial agreements must be formalized within MOUs and subject to regular auditing to ensure accountability and proper fund allocation. The operational rollout should be phased, beginning with pilot projects. Pilot sites enable governments and partners to test intake protocols, screening instruments, multi-tiered systems of support (MTSS), referral pathways to health and social services, and accelerated learning curricula. Intake screening should be brief, culturally sensitive, and focused on triage rather than clinical diagnosis, guiding students into universal social-emotional learning (SEL), targeted group interventions, or individualized clinical care as needed. Evidence from humanitarian settings demonstrates that MTSS frameworks and predictable classroom routines, when implemented with



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fidelity, effectively reduce distress and facilitate learning recovery (Lasater et al., 2022; Maynard et al., 2019). Data collection, monitoring, and evaluation must be integral from the outset. Governments should define a core set of process and outcome indicators such as percentage of trained staff, screening coverage, attendance and retention rates of resettled children, short-term SEL improvements, and foundational academic gains and require regular reporting from participating schools. Employing mixed-methods evaluation designs helps capture implementation fidelity, contextual influences, and student-level outcomes. Implementation science frameworks like the Consolidated Framework for Implementation Research (CFIR) can guide interpretation of variation across sites and inform adaptive management strategies (Mullin et al., 2024). Robust data protection and child safeguarding protocols should govern all information sharing. To ensure sustainability, governments should plan scale-up only after pilots demonstrate feasibility and generate actionable insights. Strategies for broader adoption include integrating TIC competencies into pre-service teacher education, mandating trauma-informed training as a licensing requirement for private schools engaged in resettlement, and aligning accreditation standards with psychosocial support benchmarks. Embedding TIC language into national education sector plans and budget cycles can institutionalize change beyond short-term projects (Trauma-Informed Organizations Implementation Roadmap, 2023). Anticipating common challenges enhances resilience. Potential barriers include stigma deterring families from accessing psychosocial support, variable commitment from private providers, workforce shortages, and overreliance on donor funding.

Mitigation strategies encompass universal, classroom-wide SEL to reduce stigma; incentive schemes for private schools (such as conditional funding or accreditation rewards); developing workforce pipelines that include paraprofessionals and community liaisons supervised by clinicians; and diversified funding streams. Strong inter-agency coordination through joint working groups, designated points of contact, and regular collaborative monitoring—is critical for maintaining functional partnerships and accountability (UNICEF, n.d.; Schoolsafety.gov, 2024). Finally, community and caregiver engagement must be central to the roadmap. Orientation programs, caregiver support groups, and transparent communication regarding educational expectations cultivate the mesosystem supports essential for sustained student recovery. Evidence from education in emergencies highlights that robust family-school-community collaboration amplifies the impact of school-based interventions and addresses broader social determinants of wellbeing (Lasater et al., 2022; UNICEF, n.d.).

Challenges of Trauma-Informed Private School Integration

Although integrating Trauma-Informed Care (TIC) within private school systems to support resettled out-of-school children presents substantial benefits, it also faces several significant challenges that impact its implementation, sustainability, and overall effectiveness. A primary obstacle is the readiness and capacity of school staff. Many private schools lack personnel trained in trauma-sensitive practices, and effective professional development demands considerable time, resources, and cultural tailoring. Without ongoing coaching and reflective supervision, the initial gains from training risk diminishing, thereby weakening adherence to trauma-informed approaches (Mullin et al., 2024; Maynard et al., 2019). Financial constraints also pose a critical challenge. Sustainable TIC implementation requires continuous investment in teacher training, hiring specialized counselors, adapting curricula, and creating safe, supportive physical environments. For many private schools reliant on tuition fees or minimal public subsidies, these costs can be prohibitive—especially in settings where trauma-informed practices lack dedicated funding or donor support (Resource Guide on State Actions, 2023). This financial strain is particularly pronounced in low- and middle-income countries, where government education budgets for psychosocial interventions remain limited (Lasater et al., 2022). Cultural and contextual adaptation represents another complex hurdle. Many trauma-informed models originate from Western contexts and may require substantial modification to align with local cultural norms, languages, and conceptions of trauma and mental health. Without thoughtful adaptation, interventions risk poor acceptance among educators, students, and families, or could unintentionally reinforce stigma and mistrust (Nguyen et al., 2023). In resettlement scenarios, cultural disconnects between school staff and students may intensify feelings of alienation rather than fostering safety and inclusion (UNICEF, n.d.). Stigma and concerns about confidentiality further complicate implementation. In numerous communities, mental health remains stigmatized, discouraging children and families from seeking support. If trauma screening and interventions are not universally framed as beneficial for all students, targeted supports may inadvertently single out resettled children,



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contributing to social exclusion (Lasater et al., 2022). Workforce burnout and secondary traumatic stress present serious threats to program sustainability.

Educators and counselors working with trauma-affected populations frequently face emotional exhaustion, decreased job satisfaction, and vicarious trauma, particularly when institutional support is lacking and workloads are high (Maynard et al., 2019). These challenges are intensified in private schools, where staffing levels tend to be lean and mental health services are often underdeveloped. Finally, gaps in policy and governance can undermine the consistent delivery of TIC. In contexts where trauma-informed approaches are not mandated within resettlement education, private school participation remains voluntary and uneven, leading to disparities in access and quality (Schoolsafety.gov, 2024). Weak coordination across education, health, and social service sectors further hampers timely referrals and disrupts integrated care networks (Mullin et al., 2024). Consequently, while the Trauma-Informed Private School Integrated Model (TIPSIM) offers a promising framework for supporting resettled children, it must overcome challenges related to staff capacity, financing, cultural relevance, stigma, workforce wellbeing, and policy coherence. Addressing these barriers calls for a systemic strategy that combines dedicated resource allocation, culturally sensitive adaptations, robust institutional support for personnel, and comprehensive policy frameworks to ensure equitable and sustainable outcomes.

Suggestions

The following suggestions have been made:

1. Governments should establish clear mandates and standards for TIC integration in private schools receiving resettled children, backed by formal agreements with stakeholders.
2. Implement ongoing, culturally tailored professional development and supervision to equip all school staff with trauma-sensitive skills.
3. Allocate dedicated and diversified funding streams (government, donors, private partnerships) to support training, counseling, safe spaces, and instructional adaptations.
4. Customize TIC models to local cultural and linguistic contexts to improve acceptance and reduce stigma among students, families, and educators.
5. Foster collaboration among education, health, and social services to ensure integrated support and timely referrals for trauma-affected children.

Conclusion

Integrating Trauma-Informed Care into private school systems via the Trauma-Informed Private School Integrated Model offers a transformative approach to supporting resettled out-of-school children. By embedding trauma sensitivity across institutional, pedagogical, and community dimensions, TIPSIM addresses the multifaceted challenges faced by displaced learners and promotes their academic and psychosocial recovery. Successful implementation hinges on robust government leadership, sustainable resources, culturally responsive practices, and multisectoral partnerships. Overcoming barriers related to staff capacity, funding, stigma, and governance requires systemic commitment and adaptive strategies tailored to local contexts. Ultimately, trauma-informed private education can significantly enhance the inclusivity, equity, and effectiveness of schooling for vulnerable children, contributing to broader goals of humanitarian resilience and social cohesion.

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