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An Assessment of the Impact of Trauma-Informed Care on Child Welfare Service, Case Study Bo City

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Abstract: ***Assessing the impact of trauma-informed care on children in Bo City is essential for their upbringing, as many of them are vulnerable to traumatic experiences. A significant number are growing up faced with misfortunes that place them in these traumatic situations. This study aims to understand the type of care needed for children in conflict with the law to help them reintegrate into society following such experiences.***

The study employed mixed research methods, incorporating both qualitative and quantitative approaches. The goal was to explore all possible avenues to gather quality, informed data that would yield evidence-based results.

Participants were selected from daycares, schools, and orphanages that provide self-care to children in need.

The findings highlighted critical situations that put children at risk within schools and other child-focused organizations. The results indicated that children who grow up without their biological parents often experience a lack of love, warmth, and encouragement, increasing the likelihood that they will require intensive care. Consequently, the study showed that children received trauma-informed care from Non-Governmental Organizations (NGOs) and child support agencies.

Ultimately, the study suggests that more love and care must be provided to ensure effective trauma-informed care for these children.

Keywords: Assessment, Trauma, informed care, child, Bo City.

I. INTRODUCTION

The growing body of research on the harmful effects of childhood exposure to trauma continues to spur efforts to identify trauma as a significant public health concern. Exposure to potentially traumatic events (PTEs) can comprise a range of events or conditions, including experiencing or witnessing physical abuse, sexual assault, violence, loss or separation from a caregiver, exposure to other forms of household dysfunction (e.g., parental mental illness, neglect), or exposure to different

stressful situations or events (e.g., natural disaster, community violence, a serious accident). The adverse outcomes associated with childhood trauma exposure are broad and long-term, including increased risk of mental illness, physical health problems, substance abuse, suicide, academic and occupational difficulties, and greater risk of involvement with the criminal justice system (Copeland et al., 2018; Felitti et al., 1998; Fox, Perez, Cass, Baglivio, & Epps, 2015). Understanding the experiences of adversity in childhood, such as sexual or other abuse as trauma, is now recognized to be an essential concept for human service delivery sectors. The USA has led efforts to incorporate trauma theory into mental health and other service delivery, primarily driven by the Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA funds two primary trauma-related resources, the National Center for Trauma-Informed Care (NCTIC) and the National Child Traumatic Stress Initiative (NCTSI), to provide a focus for developing a shared language and evidence base around trauma and trauma-informed approaches to service. Emerging efforts in Australia are now contributing to our knowledge of effective practice for children, young people, and adults who have experienced trauma from events such as child maltreatment, sexual assault, military service, forced adoption, and past family separation practices. (Kezelman, et al 2015).

Research suggests that exposure to adverse, potentially traumatic events in childhood is not uncommon (Anda et al., 2006). For example, the Adverse Childhood Experiences (ACE) study in the USA showed that of 17,337 respondents, 64% had experienced at least one adverse experience, and approximately 12% had experienced four or more in the first 18 years of life (Anda et al., 2006). Further to this, a recent report suggested that childhood trauma affects an estimated five million Australian adults (Kezelman, Hossack, Stavropoulos, & Burley, 2015).

Individual responses to traumatic experiences vary widely, with not all exposure leading to adverse outcomes. It is the individual response to the experience that determines whether it is considered traumatic or not (SAMHSA, 2014). If effects occur, they can be short- or long-term and may occur immediately following exposure to adversity or have a delayed onset (SAMHSA, 2014). Multiple studies have reported adverse effects associated with experiencing trauma across all facets of life. Mental ill-health, physical illness, social and relational difficulties, and poor academic and employment outcomes have all been linked to previous traumatic experiences. Anda and colleagues (2006). The study found that as the number of adverse childhood experiences increased, so did the average number of co-occurring adverse outcomes (Anda et al., 2006). Substantial evidence indicates that certain types of traumas rarely occur in isolation. His use of a common investigatory framework, this multiple-site case study approach supports comparisons across all selected research sites (Yin, 1994).

The mapping and analysis undertaken in Sierra Leone in late 2009 reveal that the existing laws, structures, and services for protecting children are not achieving their intended impact on the lives of the youngest members of society (Levenson, 2017).

Although actors at several levels are committing considerable resources to child protection initiatives, indicators demonstrate that a large percentage of children still face abuse, violence, neglect, and exploitation in their daily lives. Strong leadership is required to unite various efforts into a well-articulated and shared national vision appropriate to and accepted by multiple stakeholders, most notably children, families, and communities. The formal child protection and welfare system does not sufficiently take into account longstanding child-rearing practices and the often harsh realities faced daily by impoverished communities. In the majority of cases of abuse, neglect, or exploitation, it appears that communities are more likely to turn to local mediation structures to resolve child protection incidents. (Levenson, 2017) However, in Bo City, it is estimated that 90 percent of children involved in the child welfare system have been exposed to trauma at some point in their lives (Administration for Children and Families, 2011). Many of these children have been exposed to complex trauma, which is described as a child being exposed to multiple traumatic events (Williams-Mbengue, 2016). A child who has experienced complex trauma will often have trouble maintaining stable placement, obtaining someone they can trust for a support system, and developing attachments into adulthood. Williams-Mbengue (2016) maintains that youth who experience recurring trauma

can come from removal from their family and community and from adverse experiences while in foster care. These outcomes signal that youth who have experienced recurring trauma will likely carry their trauma into adulthood, resulting in long-term consequences.

Children in foster care are constantly faced with traumatic experiences, which hinder their wellbeing and successful transition to adulthood. The Approach is an essential technique in the child welfare system. This study tries to investigate the impact of trauma-informed care on child welfare services and a comparative analysis of different approaches. Trauma-informed care is crucial for improving outcomes in child welfare services. The key strategies and impacts are:

Trauma-informed care helps child welfare systems recognize and respond appropriately to the trauma experienced by children and families they serve. This leads to better outcomes, including:

- ❖ Fewer children requiring crisis services or residential treatment
- ❖ Decreased prescriptions for psychotropic medications
- ❖ Fewer foster home placements and reduced reentries
- ❖ Enhanced overall child functioning and wellbeing

II. Trauma-informed agencies adopt a healing-centered and culturally responsive approach that acknowledges the multigenerational effects of historical and racial trauma. This helps them authentically engage with and support parents/caregivers in building their capacity to protect and nurture their children.

III. Implementing trauma-informed practices involves workforce development through training on trauma-informed language, knowledge, and practices.

Evaluations show this improves staff knowledge, skills, and confidence.

IV. Developing trauma-informed screening processes and evidence-based trauma-focused services has also demonstrated positive results in improving the mental/emotional wellbeing of children and reducing caregiver stress/improving placement stability.

Overall, transitioning to a comprehensive trauma-informed system of care in child welfare, with cross-system collaboration, can lead to significant improvements in outcomes for children and families.

II. Literature Review

Transactional Model of Stress and Coping

Lazarus and Folkman (2018) challenged the mainstream idea that stress was generally caused by an environmental factor that linearly impacted the mind and body. Lazarus and Folkman created the transactional model of stress and coping to add that the mind and body interact with each other and the environment. Lazarus and Folkman stated that the mind's perception of the threat and the availability of assets to address the threat and ultimately cope with the stressor are all key variables contributing to the stressor's impact on the individual. Lazarus and Folkman used the term psychological stress to describe the experience of an individual who perceives a threat as needing more internal and external resources to cope with the 19 stressors than they are presently able to muster. The individual appraises the situation and takes inventory of their resources, and psychological stress occurs when they perceive a deficit between these two constructs. Lazarus and Folkman (2018) also distinguished between life events and daily hassles as potential sources of stress. Life events include all expected or unexpected events that the individual may or may not have control over, but they cause change and often stress. There are also daily hassles, which are common events that may be stressful, and usually, the stress incurred by these everyday happenings builds over time. It may lead to negative consequences physically, psychologically, and socially. Lazarus and Folkman discuss the significance and meaning of

these events as major predictors of stress and associated consequences unique to everyone. This theory posits that the more severe the individual perceives the experience to be or the more of a deficit they perceive existing between the resources needed and the resources available to process the stressor, the more they will be negatively impacted by the said event, while also perceiving a higher level of stress resulting from the event.

III. Methodology

This study explored the mixed research methods of qualitative and quantitative data collection. Studies of this nature require quality data that could better inform the article's outcome. Using the qualitative data collection method, a focused group discussion on key informants was conducted, considering the nature of the research and its ethics regarding children. The quantitative data also formed a key component, using frequencies, tables, and figures to create a quantified analysis.

The purposive sampling size selection technique was used mainly to carefully select the respondents who are children and their primary caregivers. Notwithstanding that, the trauma caregiver institution also formed a key part of the data obtained. The data was collected from a total of 92%.

IV. Discussion of Results and Findings

The study's findings and results were discussed using key variables on child development. One of those variables is the age difference in the respondents targeted. The result and discussion of the findings are presented under the following headings:

4.1 Age distribution of the respondents

Firstly, the age categorization: The reason for studying the respondents' ages is that the study needs to clarify what a child is in the context of this work. The result explains that 17(18.48%) of the respondents were under the age of 18 years. Of the rest of the respondents, 36(39.13%), 15(16.30%), 10(10.87%), and 14(15.22%) of respondents recorded under 18 years, ranging between 18-24 years, 25-34 years, 35-44 years and 44 years and above respectively See Figure 1 below)

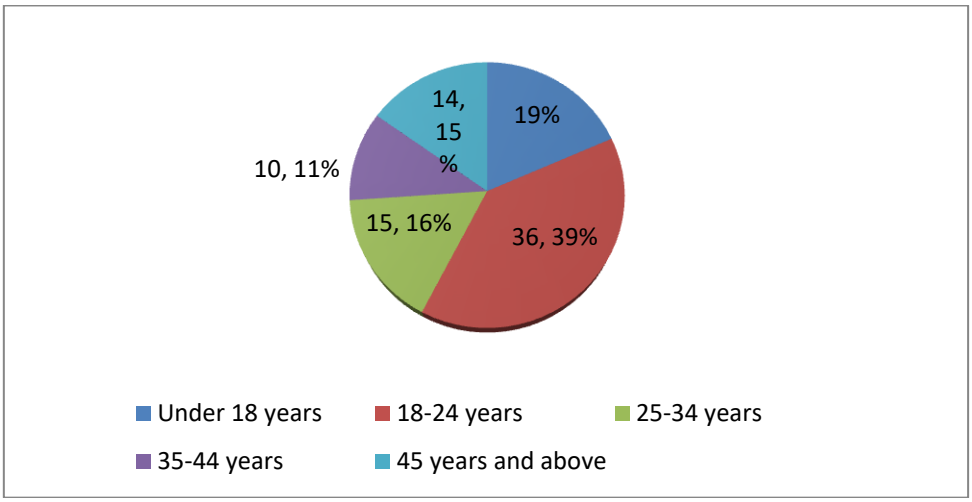

Fig. 1. Age difference of the respondents. Source: survey, 2025

4.2 Respondents' knowledge and awareness level of trauma-informed care

Secondly, the study attempted to probe whether they knew trauma-informed care since most did not know what it is, how it is given, or to whom.

According to the data obtained, a greater percentage (indicate the percentage here) of the respondents are aware that they were mindful of trauma-informed care on the welfare of children, especially at a time when drugs amongst the youthful population are the order of the day. This is evident in the date below. 45.2%, 28.6%, 17.1%, and 9.1% of our respondents said they encounter children with trauma daily, weekly, monthly, and rarely. The data suggest that children encounter trauma most frequently. (Please rephrase this section.)

Moreover, trauma-informed care is one that, when given, the beneficiaries hardly realize until they are well informed. Therefore, many factors inform social workers and other social service officers to know when, why, and how to intervene in trauma-informed issues without knowing the root cause(s) of trauma. The data below indicates that Most of the respondents, 30 (40%), said that one of the common causes of trauma is domestic violence, 15(22%) said through neglect, 27(35%) through physical abuse, and 8(5%) through emotional abuse. The data above is an indication that each child had suffered from the effects of domestic violence, family or societal neglect, or physical and emotional abuses, which are prominent in destabilizing a child's growth. The result is also shown in the chart below.

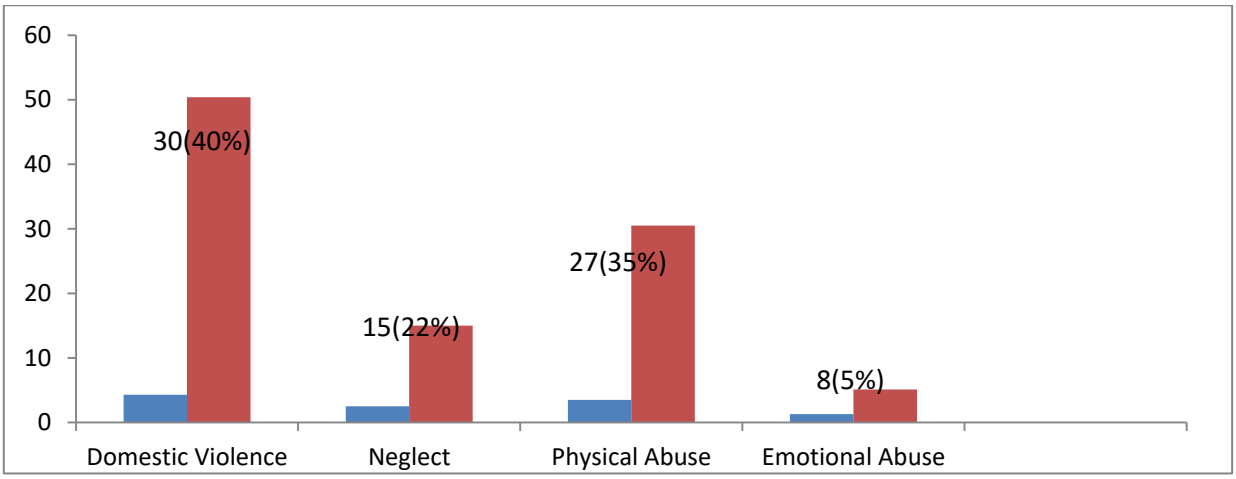

Fig.2. respondents' knowledge about trauma-informed care. Source: Field survey, 2025.

4.2.3 Observable result of the impact of trauma-informed care on children's welfare

The results furthered that if effective intervention is done on children in trauma, mostly of sociocultural factors, it is evident in their performance in and out of school. Below is data presented in tabular form, which shows the observable improvement of self-care in children suffering from traumatic conditions.

The responses from our clients indicated that the improvements observed in children receiving trauma-informed care are through behavioral improvement, emotional stability, academic performance, and social distraction. Therefore, the findings suggest that the major transformation observed by the clients is an improvement in behavior, as is noted in Table 1 below.

Table 1. Showing the observable results of the impact of trauma-informed care on children's welfare

Response	AF	RF (%)
Behavioral Improvement	78	69.6
Emotional Stability	31	22.1
Academic performance	17	6.2
Social Distraction	5	2.1
Total	**131**	**100**

Source: survey, 2025

4.3 The impact of trauma-informed care on children's mental health

Similarly, trauma-informed care affects not only the sociocultural wellbeing of children in the study area but also their mental state of being. The data explains as follows: 68(71.4%) of the respondents said trauma-informed care impacts the mental health of children positively. This is evident when children in and out of school are free from worries; there is every possibility for their performance to increase and make headway in terms of growth. However, 24(28.6%) said it hurts the mental health of children once they have faced traumatic moments or the other

Table 4.3.7 below shows that 56 (58.7%) of respondents said the training they have gained so far from trauma-informed care is through Formal education was considered by the majority, 58.7%) of our respondents to be the medium through which

they gained insight into trauma-informed care. However, workshops, online courses, and on-the-job training options were also explored as means through which they have been able to gain knowledge of trauma-informed care. **To plot a graph for this.**

Finally, no matter how effective trauma-informed care is or the willingness of the social service providers to help children with traumatic conditions. This condition mostly puts them into a state of inattentiveness. **This is evident in the table below:**

According to the table, all respondents ascertained the challenges that welfare service workers and social workers face in trauma-informed care. Many, in fact, just see it as strange to talk of children with trauma when they are still kids. This fact is not too unconnected with the African mentality of children being treated by their conditions.

According to Table 4.5.2, 61.5%, 16%, 12%, 6.2%, and 4.3% of our respondents indicated that a lack of awareness and training, time constraints, limited resources, resistance to change, and corruption causes the challenges faced by welfare service workers and social workers.

V. Conclusion and Recommendations

5.1 Conclusions

In conclusion, the study reveals an urgent need for trauma-informed care for children, which is primarily prevalent in Western countries. When such care is available, it tends to be offered by influential figures who serve as family guardian counselors and promote self-care practices. This highlights that trauma-informed care is essential for supporting children's mental health.

5.2 Recommendations

The study's recommendations came from the focused group discussion, where the respondents identified key recommendations for those concerned with improving theory and practice.

Trauma-informed care (TIC) is an approach that recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual’s life. Here are some recommendations for policymakers to enhance trauma-informed care:

5.3 Education and Training:

Mandatory training programs must be implemented for healthcare providers, educators, and social service workers to recognize and respond to trauma. Curricula must include trauma-informed medical, nursing, and social work education practices.

Furthermore, they must create policies that support trauma-informed practices across all sectors, including healthcare, education, and criminal justice.

5.4 Funding and Resources:

Allocate funding for trauma-informed care programs and research to evaluate their effectiveness and provide resources for community-based organizations to implement trauma-informed practices.

5.5 Collaboration and Integration:

Encourage collaboration between different sectors (e.g., healthcare, education, social services) to create a comprehensive trauma-informed system and integrate trauma-informed care into existing health and service systems to ensure a holistic approach.

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5.6 Community Engagement:

Involve community members in developing and implementing trauma-informed care initiatives to ensure they are culturally relevant and practical. Promote public awareness campaigns to educate the community about the impact of trauma and the importance of trauma-informed care.

5.7 Evaluation and Feedback:

Established mechanisms for ongoing evaluation and feedback to continuously improve trauma-informed care practice and use data-driven approaches to assess the impact of trauma-informed care on health outcomes and service delivery.

5.8 Supportive Environment:

Create safe and supportive environments in schools, workplaces, and communities that promote healing and resilience and implement policies that reduce re-traumatization and promote recovery and empowerment.

By adopting these recommendations, policymakers can help create a more supportive and effective system for individuals affected by trauma, ultimately leading to better health and social outcomes.

(What specific strategies can be implemented to enhance trauma-informed care in child welfare services in Bo City?

How do cultural factors in Bo City influence the perception and effectiveness of trauma-informed care for children?

What long-term outcomes can be expected for children who receive trauma-informed care compared to those who do not?)

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