Shodh Sari-An International Multidisciplinary Journal

2025, Vol. 04, Issue 03, 57-71
ISSN: 2959-1376
DOI: https://doi.org/10.59231/SARI7837

Addressing Childhood Developmental Trauma Disorder Through a Pastoral Counselling Framework

Ajeigbe, Olaide O.
Lecturer, Department of Practical Theology, Faculty of Theological Seminary of The Nigerian Baptist Theological Seminary, Ogbomoso

Abstract

Childhood Developmental Trauma Disorder (DTD) significantly impacts emotional, cognitive, and relational functioning, often leading to long-term psychological and behavioral challenges. This research explores the integration of pastoral counselling as a therapeutic framework for addressing DTD. Grounded in both psychological theory and spiritual care principles, the study examines how pastoral counselling can offer holistic support by addressing the emotional wounds and spiritual needs of trauma-affected children. Through a qualitative review of case studies, counselling practices, and theological insights, the paper highlights the role of empathy, active listening, and faith-based interventions in fostering healing and resilience. The research advocates for a collaborative model that bridges mental health care with pastoral sensitivity, aiming to provide a more compassionate and comprehensive approach to trauma recovery. The findings suggest that when implemented ethically and thoughtfully, pastoral counselling can serve as a valuable complement to clinical methods in supporting children with developmental trauma.

Keywords: Childhood, counselling, trauma, emotional and framework.

Introduction

Mental illness manifests in diverse forms and across varying degrees of severity, affecting individuals across all stages of life, from infancy through adulthood. Among these, Developmental Trauma Disorder (DTD) represents a complex and emergent category of trauma-related pathology, closely aligned with but distinct from Posttraumatic Stress Disorder (PTSD), occurring during the critical developmental stages of childhood. Early-life trauma imprints itself upon the

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

nervous system, exerting a profound influence on the neurobiological architecture of the developing brain, beginning as early as conception and often persisting across the lifespan. The pervasive impact of developmental trauma extends beyond neurological dimensions, significantly impairing a child's cognitive functions, language acquisition, emotional regulation, and the formation of a coherent sense of self. Given the enduring nature of such disruptions, a robust pastoral and therapeutic response becomes essential. Therefore, the article aims to explore developmental trauma's occurrence, elucidate its psychological and behavioural manifestations in children, and examine therapeutic interventions through a pastoral counselling framework.

Concept of Developmental Trauma Disorder

Childhood trauma denotes psychologically distressing experiences that may entail actual or threatened death, serious injury, or sexual violence. These events are commonly marked by profound fear, helplessness, and horror. Trauma occurs when an individual's internal and external coping mechanisms are inadequate to address the perceived threat (The American Occupational Therapy Association, Inc., 2015). When children spend more of their early life amid fear, lack of care from adults and lack of comfort, there is a great tendency for them to become easily traumatized because of fear that might have dominated their lives. In the opinion of the Guest Author,

Developmental trauma occurs when a child experiences trauma due to an attachment disruption caused by the primary caregiving system. This disruption can happen in a variety of ways; an impaired caregiver, neglect, prolonged separation, verbal or emotional abuse, or interpersonal victimization (physical or sexual assault or domestic violence). This negatively affects the child, as there is not a secure caregiver to co-regulate with. Ultimately this leads to a fragmented sense of self and internal shame. This low self-esteem often results in problematic behaviours and/or actions (Guest Author, 2019).

It may be understood as the consequence of early and repeated trauma and loss, often occurring within the child's primary relationships during the formative stages of development. Guest Author's perspective

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

aligns with the findings of Lyons, Whyte, Stephens, and Townsend (2020), who concluded from their research that severe trauma in a parent's life can rewire the genetic makeup of the unborn child. Trauma experienced during pregnancy may result in a child being born predisposed to heightened sensitivity to life's stresses. Research further suggests that experiences during pregnancy and the first four years of life, although not always consciously recalled, significantly impact subsequent development and well-being. The body may retain the memory of trauma, even in the absence of conscious awareness. Such trauma may stem from events that should not have occurred and those that should have occurred but did not (p. 3).

Childhood trauma encompasses experiences of abuse and neglect, as well as exposure to traumatic medical and surgical procedures, accidental injuries, and community violence. Parents or primary caregivers perpetrate a significant proportion of such adverse experiences. However, sociocultural taboos, particularly within African contexts, often hinder the disclosure and documentation of childhood abuse, neglect, trauma, and exposure to violence. Nonetheless, these developmental history indicators and comprehensive family medical histories are essential to medical and psychiatric assessments. The tendency to experience depression and various impulsive and self-destructive behaviours is high in children who had early exposure to parents who have alcohol use disorder or are involved in domestic violence. The challenges of such children should not be approached piecemeal; instead, they should be addressed from the expressions of a vast system of internal disorganization (Van-der-Kolk, 2005, 402).

Early childhood trauma refers to events occurring between pregnancy and approximately six years of age that result in actual harm or present a significant threat to the child's emotional or physical well-being. Trauma differs from ordinary life stressors as it elicits intense fear, terror, vulnerability, and helplessness beyond the typical range of childhood experiences. Some children experience multiple forms of trauma simultaneously or over time. Early-life trauma may manifest in severe and pervasive ways, often involving parents or other primary caregivers, and may be referred to as complex trauma. These children are more

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

likely to be exposed to abuse and neglect, drowning, burns resulting in blisters, falls, suffocation, poisoning, and environments characterized by domestic violence (Bartlett, Smith, & Bringewatt, 2017).

Early childhood trauma does not have the same effects as trauma that occurs later in life; this is because infants respond differently to trauma, unlike older children and adults. Infants and toddlers cannot describe their feelings, verbalise frightening occurrences, or even describe their nightmares. They have not developed how to verbalise feelings of being afraid and helpless. Caregivers may not readily recognise young children's responses to traumatic experiences as manifestations of trauma. These reactions can include excessive crying, heightened distress, developmental regression, aggression, social withdrawal, and the reenactment of traumatic events through play (Bartlett, Smith, & Bringewatt, 2017). Traumatic events for children can be categorised into different forms, which may include:

Acute Trauma: Trauma is considered acute when children experience it once or over less than three months (American Psychiatric Association, 1994). Such experiences are often acute and may involve natural disasters, accidents, incidents of community violence, sexual assault, or the death of a significant individual. Children exposed to these events may exhibit responses characterised by helplessness and emotional distress (Klain, 2014).

Chronic Trauma: Chronic trauma refers to sustained and recurrent exposure to traumatic conditions over an extended duration, which may include ongoing physical or sexual abuse, as well as persistent exposure to domestic violence or armed conflict. Children subjected to such prolonged traumatic stress often exhibit profound feelings of distrust, concern for their personal safety, guilt, and shame (Klain, 2014).

Complex Trauma: This refers to the increasing impact of repeated or chronic traumatic experiences during childhood. Such incidents can have enduring effects on a child's physical, sensory, emotional, cognitive, and social development (Aideuis, 2007). Exposure to multiple and varied traumatic events, often invasive and rooted in adverse interpersonal relationships, can result in extensive and long-lasting effects. Such experiences may cause significant disruption to neurodevelopment, leading to profound

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

impairments in brain functioning among affected children. (Green & Myrick, 2014). This impact pertains directly to children's exposure to traumatic events during development and the consequent long-term effects within the context of their relationships with caregivers. It is posited that such trauma disrupts neurological development, leading to extensive impairments in arousal regulation, as well as cognitive, emotional, and social functioning (Mclean, 2016).

The Risk Factors for Childhood Developmental Trauma Disorder

Early trauma may arise from events that ought not to have occurred, such as abuse, separation, and medical interventions, as well as from the absence of essential experiences, including emotional and physical neglect. Neglect is often challenging to identify, particularly when children have caregivers who are emotionally unavailable and thus lack discrete 'incidents' to report. The child's age at the time of trauma also significantly affects its impact on later well-being. Adversity, hardship, stress, and loss experienced within the first eight weeks of life have particularly profound effects. Also, the quality and availability of safe, supportive relationships play a crucial role, often exerting influence beyond other traumatic experiences (Lyons, Whyte, Stephens, & Townsend, 2020).

Occurrences that trigger DTD include separation of parents, any form of maltreatment of the children, and having unpredictable caregiver(s) around when the children are still infants (Ali, et al., 2019). The risk factors, as painted by Lyons et al. (2020) are as follows:

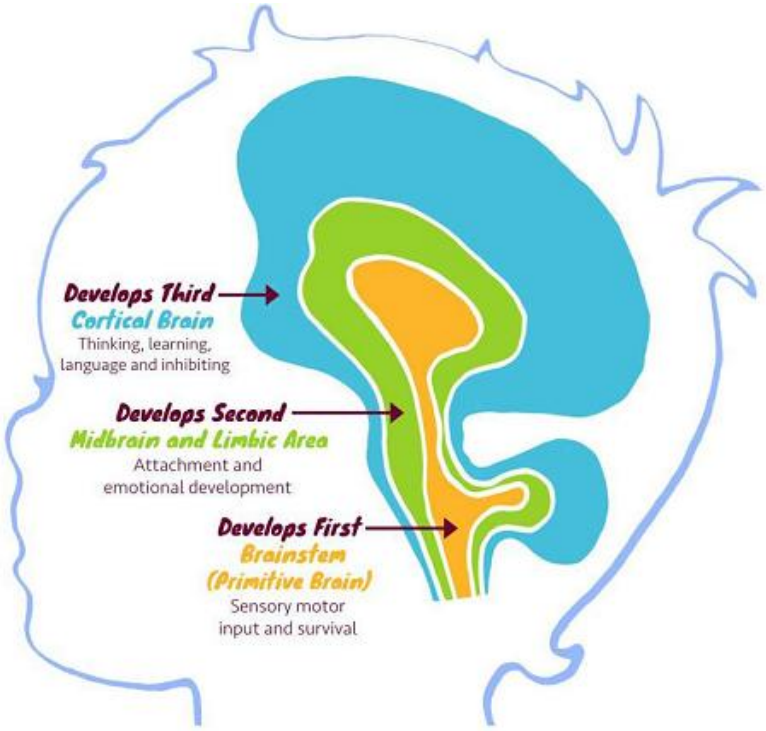
A baby or child relinquished by birth parents. A baby or child removed or relinquished from birth parents because they have been physically/sexually/emotionally abused. A baby or child who has been neglected. A child who lives between harmful birth parents and safe friends/family over a long period of time. A child removed at birth and who goes on to experience multiple adverse experiences, such as death of a carer; bullying; physical illness. A child living with a safe and loving family, but who suffers sexual abuse from outside the family from a young age. A baby or child removed from safe foster carers placed into a safe adoptive family. A child who experienced severe health problems and multiple medical

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

interventions (Lyons, Whyte, Stephens, & Townsend, 2020).

Impact of Developmental Trauma Disorder

Developmental trauma disorder influences seven areas in the brain development of children, as it is mapped out below. It impacts children across the entire brain, from the brainstem at the base to the cortical regions at the surface:



Source: (Lyons, Whyte, Stephens, & Townsend, 2020, 7)

Sensory development issue:

Infants primarily operate from the brainstem, the lower part of the brain responsible for fundamental functions such as regulating heart rate, temperature, and other vital processes essential for survival. Due to their undeveloped capacity for language and comprehension, infants encode their experiences as sensory memories. These pre-linguistic memories, known as 'implicit' memories, are stored within the sensory system, rendering the child unable to recall or articulate them consciously. Consequently, traumatised children often remain in a

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

persistent state of heightened fear, exhibiting hypervigilance towards potential threats. This heightened state may impair their ability to filter out irrelevant sensory information, resulting in sensory overload and a continuous sense of danger, even in safe environments (Frick, 2017).

Sensory flashbacks may occur when a traumatized child experiences anxiety and stress, during which they physically re-experience the sensation of imminent danger. These memories are difficult to understand or verbalise, lacking an associated linguistic component. Many traumatized children with sensory processing difficulties struggle to regulate their bodily responses to fear and basic physiological functions such as heart rate and temperature. Indicators of sensory challenges may include aversion to specific foods and textures, behaviours such as sucking or biting, and difficulties with concentration and attention. Additional signs can manifest as poor handwriting, inadequate pencil grip, and becoming overwhelmed in noisy or busy classroom environments (Lyons, Whyte, Stephens, & Townsend, 2020).

Dissociation: Dissociation refers to a disruption in the integration of thoughts, emotions, and behaviours, resulting in a separation between mind and body. It is a survival mechanism that enables a child to mentally detach from danger when physical escape or resistance is impossible. This capacity to disengage mentally from overwhelming trauma is inherent in all humans. Infants, in particular, dissociate when faced with intolerable or threatening experiences. Dissociation serves an adaptive role by allowing the mind to compartmentalize distressing memories and experiences, enabling the infant to endure extreme fear. However, dissociation can manifest in behaviours that are frequently misinterpreted by adults, such as daydreaming, dishonesty, or difficulties with concentration (Lyons, Whyte, Stephens, & Townsend, p. 10).

Dissociation in the child's brain protects them by temporarily distancing them from perceived threats in their everyday environment. It is characterized by symptoms such as amnesia, derealization, and depersonalization, which may manifest as memory gaps lasting seconds, minutes, or even hours. Children experiencing dissociation might report sensations that their surroundings and the people within them are

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

unreal or that they are detached from their bodies as if their body belongs to someone else. They may also experience a sense of being overtaken by another presence within themselves. Common behavioural indicators include forgetfulness, auditory hallucinations, frequent daydreaming, difficulties maintaining focus, and consequent underachievement (Lyons, Whyte, Stephens, & Townsend, p. 11).

Attachment Development: From as early as a few months of age, children learn that certain behaviours, such as crying or sleeping can reduce the likelihood of danger, while other behaviours may increase it. They develop various attachment strategies to minimize harm and maintain proximity to a caregiver. When the caregiver is also the source of danger, the child may seek to avoid close contact. Traumatized children often adopt a predominant attachment strategy, typically manifesting as either insecure-avoidant or insecure-preoccupied (Lyons et al., 2020).

Avoidant children believe that to remain safe and maintain relationships; they must conceal their emotions and appear as though everything is fine. Despite feeling frightened, vulnerable, worthless, grieving, and hopeless internally, they often present as cheerful, competent, and sometimes even as the 'class clown' externally. Their distress frequently goes unnoticed until they encounter a stressful trigger, at which point they may experience emotional collapse (Lyons et al., 2020).

Preoccupied children: These children always work towards keeping parents/carers so close to themselves. Consequently, these children express their emotions intensely to gain attention and maintain proximity to their parents or carers. They tend to exaggerate their behaviours and emotions, often displaying prolonged anger or distress as though they have been separated from their caregiver. Internally, they frequently experience fear, anxiety, feelings of worthlessness, and a sense of being unloved. Externally, they may present as rageful, aggressive, hostile, disruptive, and disrespectful (Lyons et al., 2020).

Emotional Regulation: Infants and toddlers depend on their parents or carers to 'co-regulate' their emotions, as they cannot do so independently. How the caregiver responds to the child's emotional expressions regulates and shapes the child's emotional development, guiding the brain's capacity to

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

manage emotions over time. If the carer hits, ignores, mocks or panics when the baby cries repeatedly, the baby learns from such experience that his feelings are dangerous. This is because, through co-regulation, the baby learns how his feelings are felt by the parent/carer – he may be thought to perceive that his feelings are okay, manageable, would not kill him, and would not push others away. If the parent/carer, instead of soothing him, makes him feel like his feelings are dangerous, hurting, and bad, it would become his "rule for emotions" that he may carry throughout his lifetime.

Children exposed consistently to harmful or hostile parenting may experience impaired development in brain regions responsible for emotional regulation. Those affected by developmental trauma, even up to the age of fifteen, may exhibit emotional regulation capacities comparable to those of a three-year-old. This can result in behaviours such as crying, shouting, sulking, thumb-sucking, stomping, door-slamming, biting, hitting, overreacting to minor incidents, and displaying sudden outbursts of anger. Such children are often mislabeled as 'naughty' or 'attention-seeking' due to the toddler-like nature of their emotional responses, which may obscure their underlying emotional needs. Furthermore, children with poor emotional regulation frequently develop maladaptive coping strategies, which may fluctuate or evolve during adolescence. These strategies may include thumb-sucking, drug abuse, headbanging, skin-picking, self-harming, alcohol misuse, and sexual risk-taking (Lyons et al., 2020).

Behavioural Regulation: Everybody has a level wherein they can tolerate and bear any emotional and physical challenges. A child who operates in the jurisdiction of his window of tolerance can think of learning, love, and a relaxed attitude. Traumatized children often fluctuate between states of hyper-arousal and hypo-arousal in their responses and behaviour. They may frequently be over- or under-aroused, resulting in behaviours that appear difficult to manage despite their efforts to control them. Research indicates that traumatized children exhibit reduced efficiency in brain activity during tasks requiring inhibitory control, suggesting an association between trauma and impaired self-regulation. Such difficulties in managing responses may also prove intervention-resistant (Mclean, 2016).

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

Signs of behavioural dysregulation include lying, stealing, hoarding, aggression, lethargy, restlessness, classroom disruption, and unresponsiveness. Central to the experience of trauma is a profound loss of control. Traumatized children often become adept at attempting to regain this control through their behaviours, which can present significant challenges for adults managing them (Lyons, Whyte, Stephens, & Townsend, 2020).

Cognition Issue: Traumatized children have problems with attention, learning, processing new information, language improvement, planning and coordination of time and space. This is because traumatized children always have issues with underdeveloped cognitive skills, as their ability to do certain things is compromised. Planning, problem-solving, self-organization, and learning from mistakes become difficult, as traumatized children often remain 'stuck' in brainstem-driven responses, focusing their cognitive resources primarily on assessing the trustworthiness of adults (Children's Services, 2012).

As a result, these children have limited resources for higher-order cognitive functions. Some may appear academically successful, driven by a belief that love and acceptance are contingent upon achievement. However, their primary difficulties are forming emotional intimacy and developing emotional literacy. In reality, children who have experienced early trauma often exhibit persistent gaps in learning and social well-being. While they may seem manageable in early childhood, challenges emerge as they approach critical developmental milestones. This is because the skills required to navigate these stages are built upon fragile or incomplete neurological foundations (Lyons, Whyte, Stephens, & Townsend, 2020).

Cognition challenges may be evident in how the child is handling issues, which may include the inability to learn from mistakes, forgetting complicated instructions, and having a challenge in problem-solving. This may also manifest as a slowed ability to process information, difficulties in interpreting social cues, challenges in organizing personal belongings, and problems articulating thoughts verbally (Majer, Nater, Lin, & Capuron, 2010). Traumatized children may experience cognitive and language delays, placing them at risk for early learning difficulties and subsequent academic challenges. Some may exhibit severe language impairments and

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

difficulties with attention, comprehension of concepts, and other cognitive skills essential for school readiness (Bartlett, Smith, & Bringewatt, 2017).

Self Concept and Identity Development: Children who experience trauma early in life often carry a deep-seated belief that they are 'bad' and 'unwanted'. This perception frequently becomes the foundation of their self-image and how they believe others view them. Despite repeated assurances from others that they are valued, they maintain contradictory beliefs about their self-worth. Their emotional state remains anchored in the traumatic past, causing them to reject cognitive processes that affirm they are lovable, worthy of companionship, and safe (Lyons, Whyte, Stephens, & Townsend, 2020).

Traumatized children often experience persistent feelings of confusion and alienation. They frequently seek validation from others to affirm their sense of normality and belonging, as they believe they do not belong to anyone or any place. This need for validation can make them vulnerable to exploitation within relationships. They commonly struggle with identity formation, finding it difficult to make even simple decisions regarding their preferences, interests, relationships, and aspirations for the future. Traumatized children do not have a sense of self.

Pastoral Counselling Therapy for Developmental Trauma Disorder

The impact of Developmental Trauma does not disappear even when the children become adults. Adults who have experienced childhood trauma frequently and continually face significant challenges, as evidenced by the enduring effects of Developmental Trauma. A pastoral caregiver should recognize that there is a solid need to assist the traumatized children, and even at any age, this is discovered. Cohen and Mannarino (2010) affirmed that there are effective treatments for children and youth who develop substantial emotional or behavioural complications following traumatic experiences (p. 605). The manner of handling or responding to traumatized affected ones may differ because of the peculiarity of the cases of each child. The ways below can be the medium through which treatment can be offered:

Repair: When a mistake occurs, it should be addressed and remedied if possible; thus, repairing disrupted attachment cycles is vital

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

for pastoral caregivers in supporting the healing of traumatized children. A pastoral caregiver can lead the parents to acknowledge to the child that things went wrong but can be repaired and should be repaired. The parent or the affected adult would be led to allow the child to understand that there were things they did or said that ought not to be said or done. The parents should be ready to communicate love to the child (Lyons, Whyte, Stephens, & Townsend, 2020).

Establishing Safety and Competence: Traumatized children require support to engage their attention in activities that avoid trauma-related triggers while fostering a sense of enjoyment and mastery. They need guidance to respond differently from habitual fight or freeze reactions and to focus on pleasurable pursuits without becoming disorganized. Ensuring safety, predictability, and enjoyment is essential, as these elements underpin the development of physiological and motor self-regulation. When children can concentrate on enjoyable activities without distress, they can cultivate the skills necessary to play with peers, participate in simple group tasks, and manage more complex challenges. (van-der-Kolk, 2005).

Dealing With Traumatic Reenactments: A child who has experienced repeated trauma carries lasting imprints of these experiences within their being. The manifestations of the trauma may surface in various manners, such as fearful reactions, violent attitudes, acting out sexually, avoidance, and unrestrained emotional responses. The environment tends to replay the original traumatized incidences if care is not taken. These children are prone to expect everybody who wants to help them as perpetrators. So, the caregiver should be conscious of this and try to lead them to correctly handle every incident and fact that can reenact the traumatic impacts (van-der-Kolk, 2005).

Integration and Mastery: Mastery involves helping children develop control, calmness, and the ability to engage in focused efforts to achieve goals. Traumatized children may experience trauma-related hyperarousal, hypo-arousal, or physical numbing. Hyper-arousal is often manifested through difficulty relaxing and heightened irritability. Conversely, children exhibiting hypo-arousal require support to rekindle their curiosity and engagement with their environment. They may avoid activities due to the risk of sudden traumatic triggers. Participating in physical

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

play can help these children experience calmness and develop a sense of bodily mastery (van-der-Kolk, 2005).

Regulation of Emotions: A therapeutic caregiver's role is to regulate a traumatized child's big emotions. This can be done by observing and trying different methods until the caregiver discovers the appropriate strategies and activities to help calm the child. Such strategies help alert and activate the child's interest when shut down. These strategies require practice, patience, and persistence. It is important to understand that no single approach works whenever a child needs regulation. Therefore, there is a need for multiple strategies and activities tailored to the child's various environments, such as home, school, church, or a friend's house. (Lyons, Whyte, Stephens, & Townsend, 2020).

Calming or Alerting the Brainstem: The neuro-sequential model suggests that children who fluctuate between fighting, freeze, and collapse often benefit from interventions that soothe hyperarousal or stimulate hypo-arousal. Incorporating activities into the child's daily routine that support their healing process is essential. These activities should be relational (facilitated by a trusted adult), developmentally relevant (matched to the child's developmental level rather than chronological age), repetitive (patterned), rewarding (enjoyable), rhythmic (aligned with neural patterns), and respectful of both the child and their family. Such activities include drumming, singing or rapping, dancing, and hopping (Lyons, Whyte, Stephens, & Townsend, 2020).

Going Backwards to Go Forwards: It is evident that children who experience developmental trauma often have significant gaps in their development. Consequently, it is necessary to revisit and address these missed developmental stages. This process is not a regression but rather an essential step to fill foundational deficits before or after acquiring age-appropriate skills. It can be helpful to consider the child's emotional age rather than chronological age. This approach may involve meeting the needs typical of toddlers, such as providing predictability, physical comfort, support, play, co-regulation, appropriate encouragement, and assistance with social relationships (Lyons, Whyte, Stephens, & Townsend, 2020).

Conclusion

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

This paper has examined the concept of Childhood Developmental Trauma Disorder (DTD) and its impact on affected individuals. It has also outlined specific pastoral therapeutic interventions for addressing the disorder. Although the effects of DTD can be deeply distressing for both children and their families, there is hope in the availability of practical therapeutic approaches. Once the symptoms of trauma are addressed, it becomes possible for the child and family to rebuild healthy relational connections. This enables the child to develop emotional responsiveness characterized by approachability and commitment, reflecting the security of a stable attachment.

References

1. Aideuis, D. (2007). Promoting Attachment and Emotional Regulation of Children with Complex Trauma Disorder. *International Journal of Behavioral Consultation and Therapy, 3*(4), 546-554.
2. Ali, R., Berhe, A., Felton, I., Harman, T., Paumen, J., & Peterson, R. (2019, April 8). Symptoms, etiology, epidemiology, psychophysiology, treatment, and outcomes of developmental trauma. *From Ianfelton*. Retrieved May 15, 2020. https://www.ianfelton.com/2019/04/08/Symptoms-aetiology-epidemiology-psychophysiology-treatment-and-outcomes-of-developmental-trauma/
3. The American Occupational Therapy Association, Inc. (2015). Childhood trauma. *From Childhood-Trauma-Info-Sheet*. Retrieved May 17, 2020. https://www.aota.org/~/media/Corporate/Files/Practice/Children/Childhood-Trauma-Info-Sheet-2015.pdf
4. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders—IV*. American Psychiatric Association.
5. Bartlett, J. D., Smith, S., & Bringewatt, E. (2017). Helping young children who have experienced trauma: Policies and strategies for early care and education. Columbia: National Center for Children in Poverty. *Children's Services*, *2012*(May). *How Trauma Affects Child Brain Development*. Retrieved May 17, 2020, from Practice Notes.

@2025 International Council for Education Research and Training
ISSN: 2959-1376
2025, Vol. 04, Issue 03, 57-71
DOI: https://doi.org/10.59231/SARI7837

http://www.practicenotes.org/v17n2/brain.htm.

6. Green, E. J., & Myrick, A. C. (2014). Treating complex trauma in adolescents: A phase-based, integrative approach for play therapists. *International Journal of Play Therapy*, *23*(3), 131–145. https://doi.org/10.1037/a0036679
7. Guest author. (2019, February 5). *5 Tips for Parenting a Child Struggling with Developmental Trauma*. Retrieved May 16, 2020, rtor.org. https://www.rtor.org/2019/02/05/parenting-a-child-with-developmental-trauma/
8. Klain, E. J. (2014, September 01). Understanding trauma and its impact on child clients. *From American Bar Association*. Retrieved May 19, 2020. https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-33/september-2014/understanding-trauma-and-its-impact-on-child-clients/
9. Lyons, S., Whyte, K., Stephens, R., & Townsend, H. (2020). *Developmental trauma close up*. Beacon Press House.
10. Majer, M., Nater, U. M., Lin, J. M., & Capuron, L. R. (2010). Association of childhood trauma with cognitive function in healthy adults: A Pliot study. *BMC Neurology*, 1–10.
11. Mclean, S. (2016). *The effect of trauma on the brain development of children*. Commonwealth of Australia.
12. van-van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, *35*(5), 401–408. https://doi.org/10.3928/00485713-20050501-06
13. Kumar, S., & Simran, S. (2024). Psychological impact of physical distancing due to covid 19 pandemic on school and higher education students. *Edumania-An International Multidisciplinary Journal*, *02*(04), 101–112. https://doi.org/10.59231/edumania/9076

Received on May 29, 2025
Accepted on June 20, 2025
Published on July 01, 2025