



ADVANCE SOCIAL SCIENCE ARCHIVE JOURNAL

Available Online: <https://assajournal.com>

Vol. 04 No. 01. July-September 2025. Page#.1806-1820

Print ISSN: [3006-2497](#) Online ISSN: [3006-2500](#)

Platform & Workflow by: [Open Journal Systems](#)

<https://doi.org/10.55966/assaj.2025.4.1.099>



Developing Trauma-Informed Early Childhood Support in Pakistan: Exploring Teacher and Parent Roles in Mitigating Adversity for Children with Special Needs

Sajjad Ahmad

Institute of Special Education, University of the Punjab, Pakistan

Sajjaddps@gmail.com

Hamayoun Shah Nawaz

Special Education Teacher, Department of Special Education, Punjab Government, Pakistan

shahnawaz.umd@gmail.com

Awais Ahmad

Institute of Special Education, University of the Punjab, Pakistan

awais0340064960@gmail.com

Abstract

This qualitative study explored how early childhood teachers and parents in Pakistan understand and respond to trauma in children with disabilities. Guided by Attachment Theory and the Trauma-Informed Care (TIC) Framework, the research aimed to uncover perceptions, challenges, and potential supports for trauma-affected children in early education settings. Using a multiple case study design, data were collected from 20 participants (10 teachers and 10 parents) through semi-structured interviews and focus group discussions in both urban and rural areas. Thematic analysis revealed that teachers had limited formal training on trauma and primarily relied on reactive behavioral strategies, though they expressed a strong desire for professional development. Parents exhibited limited awareness of trauma, often influenced by cultural beliefs and stigma, and faced significant barriers in accessing services. Cross-cutting themes included the need for community-based support, home-school collaboration, and attention to systemic issues such as poverty and neglect. The findings highlight a critical gap in trauma-informed frameworks in Pakistan and underscore the importance of culturally adapted teacher training, parent education, and integrated support systems. Recommendations include developing national trauma-informed guidelines, fostering multi-sectoral collaboration, and embedding trauma-sensitive content into teacher education programs. This study contributes to the growing global discourse on inclusive and trauma-responsive early childhood care, particularly in low-resource contexts.

Keywords: *trauma-informed care, early childhood education, disability, teacher perceptions, parental beliefs, Pakistan, inclusive education*

Introduction

Trauma in early childhood refers to experiences that overwhelm a child's ability to cope, such as abuse, neglect, domestic violence, displacement, or medical trauma. According to the Mannarino (2023), trauma during the early years can disrupt brain architecture, emotional regulation, attachment formation, and cognitive development. This is especially critical in children under five, where neurological pathways are rapidly forming, making them particularly vulnerable to adverse experiences (Denton et al., 2017). For children with special needs such as those with physical, sensory, or cognitive disabilities the impact of trauma can be compounded due to their increased dependence on others, limited communication abilities, and social exclusion (Cook & Hole, 2021).

In Pakistan, children face multiple adversities, including poverty, political instability, natural disasters, and exposure to violence (Seddighi et al., 2021). A significant number of children with disabilities also experience neglect, stigma, or abuse both at home and in educational settings (Hussain, Munir, & Ibrar, 2020). Unfortunately, comprehensive data on trauma among children with special needs in Pakistan is scarce (Waqar et al., 2024), but existing research points to high vulnerability and lack of systemic support. These realities highlight the urgent need for trauma-informed approaches that recognize and respond to the signs of trauma in children, especially those with special needs.

Trauma-informed early childhood education involves creating safe, supportive environments that prioritize emotional well-being, build strong adult-child relationships, and avoid re-traumatization (Luthar, & Mendes, 2020). Globally, such practices have been shown to improve children's behavior, learning outcomes, and resilience (Wilson & Hover, 2024). In Pakistan, however, trauma-informed frameworks are virtually absent from early childhood and special education programs (Boukhari, 2025). Integrating such practices would not only help mitigate the effects of trauma but also promote inclusive, empathetic education systems capable of meeting the diverse needs of young children with disabilities.

Problem Statement

Despite growing global recognition of the importance of trauma-informed approaches in early childhood education, Pakistan has yet to integrate such frameworks into its education or child welfare systems. Many early childhood education settings in the country are not equipped to recognize or address the complex needs of trauma-affected children, particularly those with disabilities. Teachers and caregivers often lack professional training in identifying signs of trauma and implementing supportive, healing-centered strategies (Aslam, Nawaz, & Ahmad, 2025). Consequently, children experiencing adversity such as abuse, neglect, or displacement are left unsupported, leading to further emotional, behavioral, and academic challenges (Mansha & Khanam, 2023).

Awareness about trauma and its developmental impact remains limited among both teachers and parents in Pakistan (Amin et al., 2020). Cultural stigmas around mental health, disability, and emotional expression further inhibit open conversations and effective intervention (Arzeen et al., 2023). In the case of children with special needs, this lack of awareness is especially harmful, as these children are at heightened risk of experiencing both trauma and neglect, while also having fewer tools to process or communicate their distress (Saeed et al., 2024). Additionally,

there is no standardized, systematic framework in place at the policy or institutional level to guide trauma-informed practices in early childhood education or special education settings. Without targeted efforts to develop culturally sensitive, inclusive, and trauma-responsive models, a significant segment of Pakistan's vulnerable children will continue to be overlooked in critical developmental years.

Previous Research

The Concept of Trauma and Adversity in Early Childhood

Trauma in early childhood is broadly categorized into acute (single-event), chronic (repeated exposure), and complex trauma (prolonged interpersonal trauma) (Rodriguez, 2024). These experiences can significantly disrupt a child's development by affecting brain architecture, especially areas related to memory, emotional regulation, and executive functioning (Denton et al., 2017). Children exposed to trauma often exhibit behavioral issues, impaired learning, and difficulties with attachment and social interaction, making early identification and support crucial.

Trauma and Disability: Dual Vulnerability

Children with disabilities are more likely to experience trauma due to increased dependency, limited communication skills, and societal marginalization (Sapiro & Ward, 2020). Trauma can exacerbate developmental delays, while pre-existing impairments may hinder a child's ability to process or express traumatic experiences. The dual burden of trauma and disability can have compounding effects on a child's emotional and cognitive outcomes, calling for specialized interventions (Cook & Hole, 2021).

Trauma-Informed Practices in Early Childhood

Trauma-informed care emphasizes principles such as safety, trust, empowerment, collaboration, and cultural sensitivity (SAMHSA, 2014). Internationally, successful models like the Adverse Childhood Experiences (ACEs) framework and Head Start Trauma Smart (HSTS) program demonstrate that trauma-responsive strategies can reduce behavioral issues and improve classroom engagement and emotional well-being (Olubowale, 2023; Hoffman, 2024; Campbell, 2022). These models stress the importance of systems-level change and cross-sector collaboration.

Role of Teachers in Trauma-Informed Support

Teachers play a pivotal role in identifying trauma signs and fostering healing environments. Strategies such as consistent routines, positive reinforcement, emotional coaching, and inclusive behavior management have shown to support trauma-affected children (Al-Hroub & Al-Hroub, 2024). However, most early childhood educators in low-income countries, including Pakistan, receive little or no training in trauma-informed practices, limiting their capacity to respond effectively (Hussain et al., 2020).

Role of Parents and Caregivers

Parental involvement is central to a child's recovery from trauma. Secure parent-child attachment acts as a protective buffer, while parenting education and emotional support can enhance caregivers' responsiveness to children's needs (Kisiel et al., 2013). Conversely, when parents are dealing with unaddressed trauma or mental health issues themselves, they may unintentionally perpetuate cycles of distress in the home environment (Caffo et al., 2005).

Cultural and Structural Challenges in Pakistan

Pakistan faces distinct challenges in addressing childhood trauma, especially among children with disabilities. Deep-rooted stigma around mental health and disability often prevents families from seeking help (Fatima et al., 2024). Moreover, early childhood and special education services are under-resourced, with limited capacity to provide trauma-informed care (Shah et al., 2024). There is a pressing need for culturally adaptive, community-based frameworks that integrate trauma-sensitive approaches within existing education systems.

Theoretical framework

This study is anchored in Attachment Theory (Bowlby et al., 1992) and the Trauma-Informed Care (TIC) Framework (SAMHSA, 2014), which together offer a comprehensive lens for understanding how trauma impacts early childhood development, particularly among children with special needs, and how supportive adult relationships can mitigate these effects.

Attachment Theory posits that the quality of a child's early emotional bonds especially with primary caregivers plays a fundamental role in shaping their social, emotional, and cognitive development. When caregivers are responsive and sensitive, children develop secure attachments, which foster emotional regulation, trust, and resilience (Fletcher, & Gallichan, 2016). However, trauma such as abuse, neglect, loss, or chronic stress can severely disrupt attachment patterns, particularly for children with disabilities who may already struggle with communication, mobility, or behavioral expression. Insecure or disorganized attachments are strongly linked to anxiety, aggression, developmental delays, and poor academic adjustment (Ainsworth & Marvin, 1995). In contexts like Pakistan, where families may lack awareness or resources, and teachers are rarely trained in trauma-sensitive approaches, attachment disruptions often go unrecognized and unaddressed.

The Trauma-Informed Care (TIC) Framework developed by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) complements attachment theory by offering actionable principles for supporting trauma-affected children. These include ensuring safety, building trust, and promoting collaboration, enhancing empowerment, practicing peer support, and maintaining cultural responsiveness. Applied to educational and caregiving settings, these principles help educators and parents recognize trauma symptoms, avoid re-traumatization, and provide nurturing, structured environments that rebuild children's sense of security.

Gaps in the Existing Literature

While international literature highlights the significance of trauma-informed practices in early childhood education (Sun et al., 2023), there is a noticeable lack of empirical research in low- and middle-income countries, especially in South Asia. In the Pakistani context, existing studies have primarily focused on general education or special education separately, without exploring how trauma intersects with disability during early childhood (Fatima et al., 2024; Mansha & Khanam, 2023). There is little documentation on how teachers and parents perceive or respond to trauma in children with disabilities, and almost no studies that propose culturally appropriate trauma-informed frameworks for early childhood education in Pakistan.

Furthermore, most trauma-related interventions used in high-income countries are not easily transferrable to the Pakistani context due to cultural, linguistic, and structural differences. Few studies examine the professional development needs of early childhood educators or the mental

health challenges of parents raising children with disabilities in trauma-prone environments. These critical gaps in research hinder the development of effective policies and practices, leaving both children and caregivers unsupported. This study seeks to address these gaps by exploring local experiences and proposing context-sensitive, trauma-informed strategies for early childhood support in Pakistan.

Research Objectives

This study was intended to:

1. Explore how trauma affects children with special needs.
2. Identify the role of teachers and parents in supporting trauma-affected children.
3. Propose a culturally relevant trauma-informed support framework for early childhood education in Pakistan.

Research Questions

The questions of the study were:

1. What are the common adversities experienced by young children with special needs in Pakistan?
2. How do teachers and parents currently respond to trauma in these children?
3. What barriers and opportunities exist for implementing trauma-informed care in Pakistani early childhood settings?

Methods and Materials

This study employed a qualitative research approach, suitable for exploring the experiences and perceptions of individuals involved in trauma-informed care for children with disabilities in early childhood. A qualitative approach was chosen to gain in-depth insights into how teachers and parents understood, experienced, and responded to trauma in educational and caregiving settings (Creswell & Poth, 2016).

The research design was exploratory and descriptive, using a multiple case study strategy to examine diverse contexts specifically contrasting rural and urban experiences. A case study design allowed for a holistic understanding of participants' realities within their natural settings, which was particularly important given the complex interplay between trauma, disability, and cultural context (Yin, 2018).

The study relied on two primary qualitative methods for data collection: semi-structured interviews and focus group discussions. These methods enabled the collection of rich, narrative data, allowing participants to express their thoughts in their own words while also giving the researcher the flexibility to probe further when needed (Tisdell, Merriam, & Stuckey-Peyrot, 2025).

Participants, Sampling, and Sampling Technique

The participants included special education teachers, and parents of children with disabilities. These groups were selected because they had direct, ongoing relationships with children who might be experiencing trauma, and their perspectives were essential to understanding current practices and gaps in support systems.

A purposive sampling technique was used to select participants who met specific criteria: they either worked with or cared for children aged 3–8 with physical, sensory, or cognitive impairments and were located in either urban or rural areas of Pakistan. This approach ensured

that participants had firsthand experience with the subject matter and allowed the study to capture regional contrasts. In total, 20 participants were included: 10 teachers (5 urban, 5 rural) and 10 parents (5 urban, 5 rural). Efforts were made to ensure a balance in gender and diversity in disability type, allowing the findings to reflect a range of experiences and educational contexts (Patton, Sawicki, & Clark, 2015). Below, Table 1 is presents the sample characteristics.

Table 1*Sample Characteristics*

Participant Group	Urban (n)	Rural (n)	Total (n)	Gender Distribution	Type of Disability Represented
Special Education Teachers	5	5	10	Mixed (male/female)	Physical, intellectual, sensory,
Parents of Children	5	5	10	Mixed (mothers/fathers)	Same as above
Total Participants	10	10	20	Balanced	Variety of special needs represented

Note. n = Sample of the Study

Instrumentations

For the purpose of this qualitative study, two main research instruments were used: semi-structured interview guides and focus group discussion (FGD) protocols. These instruments were designed to explore participants' understanding, experiences, and practices related to trauma-informed care in early childhood, especially in the context of children with disabilities.

The semi-structured interview guide was developed by the researcher based on a review of relevant literature, existing trauma-informed frameworks (SAMHSA, 2014), and models of inclusive early childhood education. It consisted of open-ended questions that covered key themes such as awareness of childhood trauma, signs of trauma in children with disabilities, teacher or parent responses, emotional and behavioral challenges, available support systems, and perceived needs. The format allowed flexibility for probing and follow-up questions during the interview to capture rich and contextual data.

Similarly, a focus group discussion protocol was prepared for use with groups of parents and teachers. It included broader thematic prompts to stimulate discussion, such as beliefs about trauma, cultural perceptions of disability and mental health, shared challenges, and suggestions for trauma-informed practices in Pakistani early childhood settings. Both instruments were designed in English and translated into Urdu to ensure clarity and accessibility for participants with varying language preferences.

To ensure validity and cultural relevance, both instruments were reviewed by three experts in the fields of special education, child psychology, and qualitative research. Their feedback was used to refine wording, remove ambiguities, and ensure the emotional sensitivity of the questions, particularly when discussing potentially distressing topics. A pilot test was also conducted with one teacher and one parent from outside the main study sample to assess the flow, clarity, and appropriateness of the instruments. Minor adjustments were made based on the pilot feedback.

During the interviews and FGDs, participants were informed that the sessions would be audio-recorded (with consent), and the instruments were used as flexible guides rather than rigid questionnaires, allowing for a natural flow of conversation. The use of these tools facilitated the collection of comprehensive qualitative data aligned with the study's objectives.

Data Collection Methods

Data were collected through semi-structured interviews and focus group discussions (FGDs). Individual interviews were conducted with both teachers and parents in private settings to allow participants to speak openly about sensitive issues such as trauma, behavior management, caregiving stress, and emotional support. Interview guides included open-ended questions and prompts that were pilot tested beforehand to ensure cultural appropriateness and clarity.

Additionally, focus group discussions were conducted to encourage participants to reflect collectively on their experiences, beliefs, and needs related to trauma-informed support. Separate FGDs were held for teachers and parents, each comprising 4–6 participants. Discussions lasted between 60 and 90 minutes and were audio-recorded with prior consent.

All interviews and focus groups were transcribed verbatim. Field notes were also taken during and immediately after each session to capture non-verbal cues and contextual observations. Participants were assured of their confidentiality and informed of their right to withdraw from the study at any point. Ethical approval was obtained prior to initiating the study.

Data Analysis

The data collected through semi-structured interviews and focus group discussions were analyzed using thematic analysis, a flexible and widely used method for identifying, analyzing, and reporting patterns within qualitative data (Braun & Clarke, 2006). This method was chosen because it allowed for the systematic interpretation of participants' narratives and the development of themes that captured their shared and divergent experiences related to trauma-informed care for children with disabilities.

After data collection, all audio-recorded interviews and focus groups were transcribed verbatim in the original language (Urdu or English). The researcher then reviewed the transcripts for accuracy and completeness, and anonymized any identifying information to maintain confidentiality. Transcripts were read multiple times to gain familiarity with the content before coding began.

An initial coding process was conducted manually. Segments of data relevant to the research questions such as perceptions of trauma, behavioral indicators in children, responses by teachers and parents, and challenges in caregiving were coded line-by-line. These initial codes were then grouped into broader categories through an inductive process, allowing patterns and themes to emerge organically from the data rather than being imposed by pre-existing theories.

Once initial themes were identified, the researcher refined them by reviewing their coherence, distinctiveness, and relevance to the study objectives. Themes were checked across different participant groups (urban vs. rural, teacher vs. parent) to identify similarities and contrasts. To enhance credibility and trustworthiness, peer debriefing was conducted with a qualitative research expert, and member checking was performed with a few participants who reviewed summaries of findings for accuracy and resonance with their experiences (Lim, 2025).

Finally, the findings were organized thematically and presented using descriptive narratives supported by direct quotes from participants to ensure that their voices remained central in the interpretation of results. The use of thematic analysis enabled the study to uncover meaningful insights into the social, emotional, and cultural dimensions of trauma-informed care in early childhood education settings in Pakistan.

Results of the Study

This section presents the findings of the study derived from thematic analysis of the interview and focus group data. Responses from early childhood teachers and parents of children with disabilities were coded and analyzed, resulting in the identification of key themes and subthemes. The data revealed both distinct and overlapping concerns across the two participant groups, highlighting the complex and multifaceted nature of trauma-informed care in early childhood education in Pakistan.

A. Themes from Teacher Responses

1. Limited Training on Trauma

Most teachers reported having little to no formal training on trauma-informed practices. While several participants expressed a general awareness of stress-related behaviors in children, they admitted to lacking the knowledge or confidence to identify signs of trauma, especially among children with disabilities. One rural special education teacher noted:

"We see children becoming aggressive or withdrawn, but we don't know whether it's trauma or disability—or something else."

This theme reflects a significant professional development gap, where educators are expected to manage complex behavioral and emotional needs without adequate preparation.

2. Reactive Rather than Proactive Strategies

The majority of teachers described their response to behavioral or emotional difficulties as reactive. Discipline, redirection, and silence were common strategies used, rather than preventive or emotionally supportive approaches. Teachers admitted that their responses were often shaped by institutional norms and lack of alternatives:

"When a child acts out, we try to control it. We don't have time or training to sit and understand the reason behind it."

This finding indicates that trauma remains unaddressed at a structural level, with educators resorting to short-term fixes instead of long-term emotional support strategies.

3. Desire for More Support and Tools

Despite limitations, teachers expressed a strong desire for capacity building. They requested workshops, teaching aids, and classroom strategies that would help them support trauma-affected children. One teacher from an urban early childhood center commented:

"If we are given proper tools and shown how to help these children, we will definitely try. But no one guides us."

This theme demonstrates both the willingness of educators to engage with trauma-informed practices and the urgent need for systemic training and resources.

B. Themes from Parent Responses

1. Lack of Awareness about Trauma

Many parents, especially in rural settings, had limited understanding of childhood trauma or its behavioral manifestations. Emotional distress in children was often misunderstood or minimized, with one father stating:

"He cries a lot and gets angry, but I thought it was just his disability—nothing more."

This theme suggests that without awareness, parents may unintentionally overlook or misinterpret trauma-related behaviors, delaying or preventing appropriate intervention.

2. Cultural Beliefs and Stigma

Cultural and religious beliefs deeply influenced parental interpretations of their child's condition. In some cases, trauma symptoms were attributed to supernatural causes or divine punishment. One mother remarked:

"People say he was cursed or that I did something wrong during pregnancy. We feel ashamed to talk about these things."

Such beliefs contribute to stigma and silence, making it difficult for families to seek professional help or openly discuss mental health challenges.

3. Challenges in Accessing Services

Both urban and rural parents reported difficulty accessing mental health or educational support services. Barriers included financial constraints, lack of specialists, and inadequate information. A parent from a sub-urban area shared:

"Even if we want help, we don't know where to go. Special schools are far, and private doctors are too expensive."

This finding highlights the structural challenges that prevent trauma-informed care from being a reality for many families.

C. Cross-Cutting Themes

1. Need for Community-Based Support

Participants from both groups emphasized the importance of community-level initiatives to raise awareness and support children and families. Suggestions included mobile outreach teams, parent support groups, and school-based counselors. The data clearly show that trauma cannot be addressed in isolation; it requires community engagement and shared responsibility.

2. Importance of Collaboration between Home and School

Both teachers and parents acknowledged a communication gap between homes and schools regarding children's emotional well-being. Teachers expressed a need for family involvement, while parents often felt excluded or judged by educators. A teacher noted:

"Sometimes we want to discuss things, but parents don't show up. We need to work together."

This theme underscores the need for structured collaboration models where schools and families function as partners in the child's healing journey.

3. Impact of Systemic Issues (Poverty, Neglect, Conflict)

Underlying many of the challenges discussed were systemic and socio-economic issues, including poverty, family breakdown, domestic violence, and community unrest. These factors were consistently identified as both causes and barriers to resolving trauma. Participants repeatedly

emphasized that without addressing root causes such as food insecurity, housing instability, and educational neglect, trauma-informed strategies would remain superficial.

“When families don’t have money for food, how can they think about mental health?” (Parent, from rural area)

This theme calls attention to the broader ecological conditions that must be addressed alongside training and intervention to achieve meaningful outcomes.

Table 2

Summary of Thematic Findings

Category	Key Themes Identified
Teacher Responses	Limited trauma training, reactive responses, desire for support
Parent Responses	Lack of awareness, stigma, access challenges
Cross-Cutting Themes	Community support, home-school collaboration, systemic adversity

Research Question 1: How do early childhood and special education teachers in Pakistan perceive and respond to trauma in children with disabilities?

This question was addressed primarily through the teacher interviews and focus group discussions, which revealed several key findings:

- Teachers reported limited formal training on childhood trauma, especially its manifestations in children with disabilities.
- Their responses to trauma-related behaviors were often reactive (discipline, redirection) rather than proactive or therapeutic.
- Despite their limitations, teachers expressed a strong desire for professional development, classroom tools, and emotional support strategies.

Research Question 2: What beliefs, challenges, and coping mechanisms do parents of children with disabilities in Pakistan hold regarding childhood trauma?

The findings from parent interviews and focus groups directly addressed this question:

- Parents showed a lack of awareness about trauma and often attributed their child’s behavior to disability alone.
- Cultural beliefs and stigma (associating trauma with spiritual causes or parental failure) significantly shaped how trauma was understood or ignored.
- Parents faced major barriers to accessing services, including poverty, lack of information, and limited availability of mental health resources.
- Some parents expressed feelings of helplessness but also indicated willingness to learn if culturally appropriate support systems were made available.

Research Question 3: What systemic and community-level factors influence the development of trauma-informed support for children with disabilities in early childhood settings in Pakistan?

This question was answered through the identification of cross-cutting themes from both parent and teacher data:

- Participants highlighted the absence of trauma-informed frameworks at the institutional or policy level.

- There was a strong call for community-based support systems, such as parent groups, school counseling, and outreach from NGOs or government.
- The lack of collaboration between homes and schools was a recurring barrier to effective trauma intervention.
- Broader systemic challenges such as poverty, domestic conflict, and lack of inclusive education infrastructure were cited as compounding the problem.

Table 3*Alignment of Findings with Research Questions*

Research Question	Answered Through	Key Themes & Interpretation
RQ1: Teachers' perceptions and responses	Teacher interviews & FGDs	Limited training, reactive strategies, desire for tools → aligned with TIC & Attachment Theory
RQ2: Parental beliefs and coping	Parent interviews & FGDs	Lack of awareness, stigma, service access barriers → need for culturally sensitive parent education
RQ3: Systemic and community factors	Cross-cutting themes	Lack of frameworks, poor home-school collaboration, poverty → need for multi-level support systems

Discussion**A. Interpretation of Findings**

The findings of this study reinforce the theoretical underpinnings of Attachment Theory (Bowlby et al., 1992) and the Trauma-Informed Care (TIC) Framework (SAMHSA, 2014), which emphasize the critical role of emotionally attuned adults in supporting young children affected by trauma. Teachers and parents in this study described children with disabilities exhibiting signs of emotional distress, behavioral withdrawal, or aggression, yet often lacked the conceptual tools to link these patterns to trauma. According to Attachment Theory, such behaviors may represent insecure or disrupted attachments formed in response to early adversities (Cook & Hole, 2021). The absence of nurturing and consistent adult responses especially in homes marked by poverty or stigma can exacerbate trauma's impact and hinder developmental progress.

Moreover, the study revealed that both teachers and parents commonly relied on reactive strategies and had minimal formal understanding of trauma-informed practices. This aligns with global research showing that in low-resource contexts, trauma responses are often misunderstood or neglected, particularly among children with disabilities who may struggle to articulate distress (Hoffman, 2024). In contrast, international trauma-informed models such as Head Start Trauma Smart in the U.S. or Safe Start in Australia advocate for proactive, strength-based, and relationship-centered approaches that prioritize emotional safety, predictable routines, and collaborative caregiving (Sapiro & Ward, 2020). The lack of such systemic practices in Pakistani early childhood settings highlights a critical implementation gap.

Additionally, the findings underscore the cultural and structural barriers faced by families, particularly around stigma, gender roles, and access to services. Consistent with global literature

(Sun et al., 2023), parents especially in rural areas often internalized blame, misunderstood trauma symptoms as spiritual or disciplinary issues, and lacked access to professional support. This reinforces the need for trauma-informed care to be culturally adaptive and embedded within community and family systems, rather than modeled solely on Western approaches.

Conclusion

This study explored how early childhood teachers and parents in Pakistan perceive, understand, and respond to trauma among children with disabilities. The findings revealed critical gaps in trauma awareness, training, and systemic support within both home and school environments. While teachers expressed a willingness to support trauma-affected children, they lacked formal training and tools, often resorting to reactive strategies. Similarly, parents, particularly in rural areas, struggled with cultural stigma, misinformation, and poor access to services. These insights reflect a broader systemic failure to recognize trauma as a central concern in early childhood education particularly for children with special needs, who face dual vulnerabilities due to both their impairments and exposure to adversity.

When interpreted through the lens of Attachment Theory (AT) and the Trauma-Informed Care (TIC) Framework, the study reinforces the urgent need for nurturing adult-child relationships, emotionally safe environments, and multi-level interventions. The study contributes to the limited but growing body of literature on trauma-informed practices in South Asia and offers evidence-based directions for developing culturally relevant, inclusive, and sustainable models of support for young children with disabilities in Pakistan.

Limitations

Despite its contributions, the study has several limitations. First, the sample size was relatively small and non-random, limiting the generalizability of the findings. The focus was on purposively selected participants from specific urban and rural areas, which may not fully represent the diversity of Pakistan's early childhood education landscape. Second, due to the sensitive nature of the topic, some participants may have withheld certain views or shared socially desirable responses, despite assurances of confidentiality. Third, the study relied exclusively on self-reported data; triangulation with observational data or children's own perspectives could have provided a deeper understanding. Finally, while qualitative methods allowed for rich, contextual insights, they did not measure the prevalence or severity of trauma, which may require mixed-methods approaches in future research.

Implications for Early Childhood Education

These findings hold important implications for the development of trauma-informed early childhood education (ECE) in Pakistan. First, there is an urgent need for comprehensive teacher training in trauma awareness, emotional regulation strategies, and inclusive behavior management. Teachers, as key attachment figures during early years, must be equipped not only to recognize trauma indicators but also to respond with empathy, structure, and relational support (Luthar & Mendes, 2020). Professional development programs should integrate content on both trauma and disability, reflecting the dual vulnerability of children in this group. Second, parent education and family support must become central to early childhood programs. The results suggest that most parents despite their willingness lacked awareness, guidance, and support networks. Culturally sensitive training for parents on child development, emotional

needs, and trauma recovery can strengthen caregiving capacity. Moreover, supporting parental mental health is equally essential, given the intergenerational effects of trauma and caregiver stress (Kisiel et al., 2013).

Finally, a collaborative, multi-stakeholder approach is needed to build trauma-sensitive environments for children with special needs. Early childhood teachers, special educators, mental health professionals, community leaders, and families must all be included in system-wide interventions to foster healing and resilience.

Policy and Practice Recommendations

Based on the study's findings, several actionable recommendations can be proposed for policymakers, practitioners, and institutions:

1. The government and education departments should create context-specific trauma-informed guidelines for early childhood and special education centers. These frameworks should draw on both international best practices and local realities, incorporating principles of safety, trust, empowerment, and cultural sensitivity.
2. Partnerships with non-governmental organizations, psychologists, and child protection experts can help implement school-based trauma interventions, awareness campaigns, and family support services. Mobile units or community hubs may be particularly effective in reaching rural or underserved areas.
3. Pre-service and in-service teacher education curricula should include modules on childhood trauma, attachment, emotional development, and inclusive pedagogies. These courses must be practical, locally relevant, and aligned with the unique needs of children with disabilities in Pakistan.

Future Research Directions

Building on the findings of this study, future research should aim to expand both the scope and methodology of trauma-informed early childhood research in Pakistan and similar contexts. Larger-scale, mixed-methods studies can assess the prevalence of trauma symptoms among children with disabilities and evaluate the effectiveness of trauma-informed interventions in educational settings. Longitudinal research is also needed to explore how trauma experiences and caregiving responses evolve over time and influence long-term child outcomes.

Moreover, future studies should involve child participants directly, using developmentally appropriate methods to understand their lived experiences. Another promising direction is the evaluation of teacher training modules, parent support programs, or community-based mental health initiatives designed to build trauma-sensitive ecosystems for vulnerable children.

References

- Ainsworth, M. D., & Marvin, R. S. (1995). On the shaping of attachment theory and research: An interview with Mary DS Ainsworth (Fall 1994). *Monographs of the society for research in child development*, 3-21.
- Al-Hroub, A., & Al-Hroub, R. (2024). Empowering the Vulnerable: The Impact of SEL on Traumatized Children's Academic and Social Outcomes in Crises. *Current Psychiatry Reports*, 26(12), 777–781. <https://doi.org/10.1007/s11920-024-01555-8>

- Amin, R., Nadeem, E., Iqbal, K., Asadullah, M. A., & Hussain, B. (2020). Support for students exposed to trauma (SSET) program: An approach for building resilience and social support among flood-impacted children. *School Mental Health*, 12(3), 493-506.
- Arzeen, N., Arzeen, S., Zeb, R., & Shah, M. (2023). The Role of Gender, Age and Education in the Emotional Responses of Parents of Children with Developmental Challenges. *Pakistan Journal of Humanities and Social Sciences*, 11(4), 4465-4473.
- Aslam, T., Nawaz, R., & Ahmad, M. S. (2025). Pedagogical practices of trauma-responses in ESL classrooms. *Al-Aasar*, 2(2), 1315-1331.
- Boukhari, S. (2025). The Relational Refugee Child: Trauma-Informed and Culturally Responsive Approaches to Educational Inclusion. *Education Sciences*, 15(6), 649.
- Bowlby, J., Ainsworth, M., & Bretherton, I. (1992). The origins of attachment theory. *Developmental Psychology*, 28(5), 759-775.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Caffo, E., Lievers, L. S., & Forresi, B. (2005). Impact, psychological sequelae and management of trauma affecting children and adolescents. *Current Opinion in Psychiatry*, 18(4), 422–428. <https://doi.org/10.1097/01.yco.0000172062.01520.ac>
- Campbell, D. M. (2022). *The Lived Experience of Elementary Teachers in Trauma Affected Schools* (Doctoral dissertation, Southern New Hampshire University).
- Cook, S., & Hole, R. (2021). Trauma, intellectual and/or developmental disability, and multiple, complex needs: A scoping review of the literature. *Research in Developmental Disabilities*, 115(1), 103-939.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Denton, R., Frogley, C., Jackson, S., John, M., & Querstret, D. (2017). The assessment of developmental trauma in children and adolescents: A systematic review. *Clinical child psychology and psychiatry*, 22(2), 260-287.
- Fatima, Z., Sadia, R., Khan, S., & Charkhabi, M. (2024). Childhood trauma distribution and behavioural problems among Pakistani adolescents. *International Journal of Social Psychiatry*, 70(8), 1428-1441.
- Fletcher, H. K., & Gallichan, D. J. (2016). An overview of attachment theory: Bowlby and beyond. *Attachment in intellectual and developmental disability: A clinician's guide to practice and research*, 8-32.
- Hoffman, D. S. (2024). *Educators' perceptions of implementing trauma-informed practices in a Mississippi Title I school* (Doctoral dissertation, St. Thomas University).
- Hussain, S., Munir, A., & Ibrar, M. (2020). Children with disability: Problems and challenges in Pakistan. *The Journal of Humanities & Social Sciences*, 28(1), 87-99.
- Kisiel, C. L., Torgersen, E., Stolbach, B., McClelland, G., Burkman, K., Fehrenbach, T., & Griffin, G. (2013). Constellations of Interpersonal Trauma and Symptoms in Child Welfare: Implications for a Developmental Trauma Framework. *Journal of Family Violence*, 29(1), 1–14. <https://doi.org/10.1007/s10896-013-9559-0>

- Lim, W. M. (2025). What is qualitative research? An overview and guidelines. *Australasian Marketing Journal*, 33(2), 199-229.
- Luthar, S. S., & Mendes, S. H. (2020). Trauma-informed schools: Supporting educators as they support the children. *International Journal of School & Educational Psychology*, 8(2), 147-157.
- Mannarino, A. P. (2023, October). National Child Traumatic Stress Network (NCTSN) Learning Community for Integrating Trauma-Focused CBT and Racial Socialization. In *AACAP's 70th Annual Meeting*. AACAP.
- Mansha, S., & Khanam, A. (2023). An Exploration of Trauma Handling Techniques Perceived by School Psychologists to Train Preservice Teachers. *Review of Education, Administration & Law*, 6(2), 481-500.
- Olubowale, O. (2023). *Childhood Trauma in Early Care and Education: Understanding School Administrators' Perceptions* (Doctoral dissertation, East Tennessee State University).
- Patton, C., Sawicki, D., & Clark, J. (2015). *Basic methods of policy analysis and planning*. Routledge.
- Rodriguez, S. (2024). *Adult Interpersonal Relationships Considering Early Childhood Trauma* (Master's thesis, Barry University).
- Saeed, M., Khan, Z. U., Anwar, M. N., Hayder, W., & Gulabzai, M. F. (2024). Cultivating minds: Pakistani media's influence on parental awareness regarding child sexual abuse. *Journal of Asian Development Studies*, 13(1), 41-61.
- SAMHSA. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. U.S. Department of Health and Human Services.
https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Sapiro, B., & Ward, A. (2020). Marginalized youth, mental health, and connection with others: A review of the literature. *Child and Adolescent Social Work Journal*, 37(4), 343-357.
- Seddighi, H., Salmani, I., Javadi, M. H., & Seddighi, S. (2021). Child abuse in natural disasters and conflicts: A systematic review. *Trauma, Violence, & Abuse*, 22(1), 176-185.
- Shah, S. F., Korai, A. G., & Mahessar, K. H. (2024). Child Abuse Trauma and Criminal Behavior: Legislative Gaps and Preventive Measures in Pakistan. *Pakistan Social Sciences Review*, 8(4), 509-522.
- Sun, Y., Blewitt, C., Minson, V., Bajayo, R., Cameron, L., & Skouteris, H. (2023). Trauma-informed Interventions in Early Childhood Education and Care Settings: A Scoping Review. *Trauma, Violence & Abuse*, 25(1), 648–662. <https://doi.org/10.1177/15248380231162967>
- Tisdell, E. J., Merriam, S. B., & Stuckey-Peyrot, H. L. (2025). *Qualitative research: A guide to design and implementation*. John Wiley & Sons.
- Waqar, Y., Rashid, S., Anis, F., & Muhammad, Y. (2024). Inclusive education and mental health: addressing the psychological needs of students in Pakistani schools. *Res. J. Soc. Issues*, 6, 46-60.
- Wilson, T., & Hover, A. (2024). Creating consistent learning environments with trauma-informed practices. *Childhood Education*, 100(4), 44-49.
- Yin, R. K. (2018). *Case study research and applications* (Vol. 6). Thousand Oaks, CA: Sage.