

Review Article

Effects of Implementing Trauma-Informed Training at Child Protection Professionals

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Abstract

Trauma-informed training is essential for child protection professionals as their support and help to children, young people, and families is a significant factor in overcoming many problems and challenges, including various traumas, from early childhood to adulthood. This article aims to overview the current situation in the implementation of trauma-informed training, analyze studies regarding the effects of the implementation of this training in child protection, and provide evidence-based recommendations that indicate the need to further improve the competencies of child protection professionals for work with children, youth and families with trauma experience. The purpose of this article is to indicate the importance of implementing a trauma-informed approach in working with children and young people who have experienced some trauma, as well as significant challenges, limitations, and possible directions for improving the implementation of trauma-informed training in this area in order to provide them with more adequate and better quality support. The article is based on the analysis of existing scientific literature, and the method of work used is content analysis. The article begins by conceptualizing the trauma-informed approach, advantages, and limitations in implementing this approach in the child protection system. After that, a presentation and analysis of data on trauma-informed training and previous studies findings on the effects of this training on child protection professionals is given. This review showed a lack of more detailed and comprehensive studies on the effects of trauma-informed training in child protection, a lack of studies that deal in more detail with factors, gaps, and challenges in the implementation of this training, and a lack of data of training methods and techniques used for trauma-informed approach transferring to professionals, as well as monitoring. The implications for trauma-informed training for child protection professionals and the gaps to be covered in future studies are discussed.

Keywords

Trauma-Informed Approach, Child Protection, Professionals, Effects of Training

1. Introduction

Child protection professionals support and help children, young people, and their families to overcome a wide range of problems and challenges from early childhood and throughout adulthood. Numerous studies indicate that children who are

involved in the child protection system have experienced trauma as well as their parents and that unresolved trauma can have serious consequences on overall health and progress [1-4]. Trauma is defined as "an event, series of events, or set of cir-

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cumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" [5]. Ongoing exposure to traumatic events during childhood can adversely affect physical, cognitive, emotional, and social development, and long-term well-being and success of a person [6]. In the last ten or more years, there have been studies that deal with the implementation and evaluation of trauma-informed training in child protection professions [1], because of the importance of possessing knowledge, skills, and competencies for working with people who survived some kind of trauma and the existence of a trauma-informed approach in child protection systems is increasingly being pointed out [5, 7, 8]. From the creation of the first edition Child Welfare Trauma Training Toolkit in 2008 [9] to the present, the focus has shifted from theoretical concepts to concrete practices that can be identified, measured, evaluated, and sustained over time [10]. However, up to date, there is little available and detailed data on the effects of trauma-informed training on the competencies of professionals to work with children and families with trauma experience, as well as the outcomes and quality of support provided after participating in these training. Child protection professionals who apply a trauma-informed approach should contribute to improving the capacity of children and families to recover from trauma and prevent the negative consequences of trauma, by establishing a relationship of trust and cooperation with children and their significant others and efforts to mitigate the consequences of trauma [4]. On the other hand, the negative effects of the child protection professional's lack of education for working with children with trauma experience are recognized, among which the following are often highlighted: difficulties in establishing a relationship with the child, misunderstanding of the child's experience and misunderstanding of the child's symptoms by professionals and the negative effect of interventions on child [4, 8]. Bearing in mind the high degree of representation of various types of traumatic experiences among children and young people (such as physical or sexual abuse, neglect, violence in the family and/or community, human trafficking, labor and sexual exploitation, mistreatment or loss of loved ones, etc.) and serious consequences of trauma on the development and growth of children, it is very important for the child protection system to acquire knowledge and apply a trauma-informed approach [7]. By starting from the trauma-informed approach, child protection would include an understanding of the causes and effects of traumatic experiences, along with practices intended to support recovery rather than exacerbate vulnerabilities, education of all stakeholders engaged with children and families, systematically screening children entering care, and dedicating resources to the provision of trauma-specific interventions [7]. In this way, it is possible to improve the approach, interventions, and effects in treating child traumatic stress and recovery from trauma. However, numerous studies indicate barriers to implementing a trauma-informed approach in different settings (mental health,

social protection, justice, systems psychiatric and residential treatment settings) such as workforce development, relatively limited focus on child and family outcomes; the preponderance of research designs using small samples and lacking a control group; short follow-up periods; high attrition rates; and the inability to disentangle the effects of individual implementation components from broader project outcomes [11-15].

This article aims to overview the current situation in the implementation of trauma-informed training and analyze studies that deal with the effects of implementing this training in child protection, giving evidence-based recommendations that indicate the need for further improvement of knowledge, skills, and competence of child protection professionals for working with children, young people and families with trauma experience. The purpose of this article is to indicate the importance of applying a trauma-informed approach in working with children and young people who have experienced some trauma as well as significant challenges, limitations, and possible directions for improving trauma-informed training in this area in order to provide them with more adequate and better quality support. The article analyzed various definitions and understandings of the trauma-informed approach, including the basic elements and principles of this approach, advantages, and limitations in implementation in the child protection system. After that, an overview and analysis of data on trauma-informed training and available research findings on the implementation of this training, focusing on the advantages, limitations, and challenges in implementation at child protection professionals, as well as recommendations for further research are given. The implications for trauma-informed training for child protection professionals and the gaps to be covered in future studies are discussed.

2. Conceptualizing of Trauma-Informed Approach

The trauma-informed approach incorporates knowledge implementation regarding trauma into the provision of child and family care and support for recovery [5]. This approach includes providing services that are sensitive to the possibility that children and families have experienced past, or ongoing traumatic situations with implications for their current functioning and response to interventions ([16], page 1). Substance Abuse and Mental Health Services Administration (in further text: SAMHSA) defines a trauma-informed approach to service: "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system and responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to resist retraumatization actively" ([5], page 9), and that are primary assumptions that assist systems in

building a trauma-informed approach.

Applying a trauma-informed approach provides holistic treatment to children with the experience of various trauma, increasing the capacity for effective service provision, where the inclusion of all stakeholders in the process of development and implementation of this approach in the child protection system is significant [7]. This approach can help child protection professionals to understand trauma better, its impact on functioning, and ways to intervene to reduce the potential for future harm promoting resilience in children facing different adversity and trauma [17]. National Child Traumatic Stress Network (in further text: NCTSN) ([18], page 1) defines a trauma-informed system as one in which programs and agencies "infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies "and use the best available science to "maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive."

There are six significant principles of a trauma-informed approach: safety (that the staff and the people they serve feel physically and psychologically safe); trustworthiness and transparency (that organizational operations and decisions are transparent and trust is built); peer support; collaboration and mutuality (is about leveling power differentials between staff and clients and among organizational staff to ensure a collaborative approach to healing); empowerment, voice, and choice (emphasizes the strengths-based nature of trauma-informed care, and fosters recovery and healing); and cultural, historical, and gender issues (incorporate processes that move past cultural stereotypes and biases and incorporate policies, protocols, and processes that are responsive to the cultural needs of clients) [5, 19]. By respecting these principles, one can contribute to a more effective transformation of the child protection system into a trauma-informed system.

Domains of trauma-informed implementation in child protection systems [4, 20] involve workforce development (training and awareness raising), trauma-focused services (standardized screening measures and evidence-based practices), and organizational practices (collaboration, service coordination, and clear policies). In order to inform about trauma, child protection systems also require the application of a broader systemic approach that recognizes the important role of foster parents, adoptive parents, professional caregivers, and other important institutions/organizations in facilitating recovery after trauma [4]. Implementation of a systems approach to trauma-informed refers to that implementation goes beyond individual professionals and service organization change to extend to whole systems that people who have experienced trauma are likely to interact with [7, 21]. In the scientific literature, there are 4 stages in the adoption and application of the trauma-informed approach in the child protection system:

1. development of trauma awareness in which information is sought out about trauma;
2. being trauma-sensitive, which refers to operationalizing

concepts of trauma within the organization's work practice;

3. being trauma responsive in which one learns to respond differently, making changes in behavior; and
4. being trauma-informed, which implies that the entire culture has shifted to reflect a trauma approach in all work practices and settings [21].

In addition to the stated principles, domains and phases in the adoption and application of an approach based on trauma knowledge, safety, connection and the development of mechanisms for managing emotions and impulses are especially important [22]. A Connecticut state-wide, evaluated initiative on strategies to create a trauma-informed child welfare system included child welfare staff who completed a comprehensive assessment before ($N = 223$) and 2 years after the implementation of the trauma-informed approach ($N = 231$). This evaluation demonstrated changes in system readiness and capacity to provide trauma-informed care, as well as significant improvements in trauma-informed knowledge, practice, and collaboration in nearly all domains of child well-being assessed, suggesting system-wide improvements in readiness and capacity for providing trauma-informed care [23]. The process of working on traumatic experiences experienced by children, young people, and their families is long-term and requires knowledge and application of the trauma-informed approach, but also the specific competence of professionals, bearing in mind the complexity of the trauma itself.

In the continuation of the article, the importance of trauma-informed training for child protection professionals will be analyzed to develop competencies for working with children who are facing adversity and trauma, and the availability and adaptability of these training to professionals in the context of child protection.

3. The Importance of Trauma-Informed Training: A Brief Retrospective

Trauma-informed training that contributes to the development of a trauma-informed professional in child protection should be the first step a system takes when it commits to becoming trauma-informed [15]. Training for all staff members is essential in creating a trauma-informed system [5]. It is one important intervention for systems that want to implement a trauma-informed approach [24]. Trauma-informed training should include the signs and impact of trauma, the significance of adverse childhood experiences, the importance of avoiding retraumatization, and the possibility of secondary trauma [19]. Significantly, this training includes different topics such as knowledge regarding trauma, its impacts, including how it affects children, how to recognize trauma and children's needs who have experienced trauma, when, how, and where to refer children and their families on trauma-informed treatment, how to work with parents and care-

givers, also, who have experienced trauma [25]. This training should focus on the following essential elements: 1) maximize the child's sense of safety; 2) assist children in reducing overwhelming emotions; 3) help children make new meaning of their trauma history; 4) address the impact of trauma and subsequent changes in the child's behaviors, development and relationships; 5) coordinate services with other agencies; 6) utilize comprehensive assessment of a child's trauma experience and the impact on the child's development and behavior to guide services; 7) support and promote positive and stable relationships in the life of the child; 8) provide support and guidance to the child's family and caregivers; and 9) manage professional and personal stress [1]. The content analysis of accredited training programs available to professionals in the social protection system Republic of Serbia shows that the least represented programs are focused on the development of competencies related to work with trauma and losses along with knowledge and skills for the implementation of basic standards in the protection of children, young people and family, as well as for the development of cooperation and partnerships in the community [26] and in addition to the recognition of their importance for work in the social protection system [1, 25]. The absence of training that deals with the development of trauma-informed competencies can limit the ability of professionals to provide adequate and necessary support to people with trauma experience [1, 4].

Trauma-informed professionals are required to make paradigm shifts in areas such as perspective, goals, importance of collaboration, approach to families, awareness of intergenerational trauma, and their role. It is significant that child protection professionals timely recognize trauma and provide early and appropriate interventions for children and families who have experienced different trauma [25]. Findings of a mixed-methods study with education and community partners (N = 82) from 2017 to 2018, about understanding what it means to become trauma-informed found that participants regarded being "trauma-informed" as reframing one's perspective, being more self-reflective, and acquiring skills to respond more effectively to others who have experienced trauma and have a sense of hope for the future [6]. This study indicates the perceived benefits of trauma training and the challenges associated with getting others to buy into trauma-informed practice [6]. A study conducted with 418 child welfare workers from 11 agencies in Canada suggests the importance of workers' attitudes, and characteristics of both workers, and clients to the implementation of a trauma-informed approach, but also the need for further research to illuminate the factors that influence child welfare workers' positive attitudes towards and integration of this approach [27].

Trauma-informed training generally has for aims to advance awareness among child protection professionals of the effects of trauma on children's emotional, behavioral, academic, and social development; promote evidence-based screening, assessment, and treatment for children exposed to

trauma; and coordinate care with other service agencies to minimize the adverse effects of trauma [1].

In the scientific literature, the importance of the supervision of professionals through trauma-informed training is indicated, considering their daily witnessing of life's adversities and traumas of children and young people, as a result of which many face high rates of secondary traumatic stress [4, 28]. In trauma-informed practice supervision, in addition to trauma-informed principles, safety, reliability, choice, collaboration, and empowerment of professionals should be applied [28]. In addition to the supervision of professionals, significant follow-up activities are shown after the trauma-informed training, regular meetings, coaching, and mentoring, and periodic additional training [25]. Through training, follow-up activity, and ongoing access to educational resources, child protection professionals can learn to understand better the impact of trauma, how to address the needs of children affected by trauma, how to manage interactions more effectively to reduce the risk of retraumatization [17].

4. Review and Analysis of Previous Studies Regarding the Effects of Trauma-Informed Training

A review of previous studies regarding the effects of trauma-informed training indicates that one of the first studies was conducted between March 2008 and July 2009 in order to evaluate the impact of risking connection trauma training of 261 staff trainees in 12 trainee groups at five childcare agencies [24]. Results of this study showed an increased knowledge about the core concepts of training in both groups, an increase in beliefs favorable to trauma-informed practice over time, and improving in self-reported staff behavior favorable to trauma-informed practice [23]. However, in this study, there were no other ways of monitoring the application of knowledge acquired during training in working with clients except for self-reported staff, which is one of the limitations of this study. In Arkansas, a study conducted with 102 child welfare directors and supervisors on the evaluation of the effects of trauma-informed training (NCTSN's training program) showed that the use of trauma-informed practices increased significantly and that knowledge about trauma was improved 3 months after the training was completed [1]. The findings show that most attendees agreed that the information presented was useful, reported the quality of the materials and handouts presented was above average or excellent, and felt the presenters were knowledgeable and responsive to questions. The advantage of this study is that it included measuring pre-/post training, unlike the previous one. On the other hand, the following limitations in training implementation were identified, such as time constraints, large number of subjects, lack of staff, and limited resources [1]. A study with 147 employees showed similar limitations

in the implementation of the trauma-informed approach, but in healthcare, including employee concerns about the re-traumatization of patients and insufficiently clear information about this approach [29].

In the period 2013 to 2014, the second evaluation of NCTSN's trauma-informed training was conducted in Florida among 203 child advocacy center workers before the training, immediately after, and after 12 months [8]. The results show that knowledge about trauma and trauma-informed care increased significantly after the training that it was maintained after 12 months of follow-up, and that the majority were satisfied with the training and evaluated it as useful. Similar findings were found in a study of 277 child welfare workforces over 2 years after implementation of trauma-informed training regardless of their level of education or years of experience in child welfare [17]. Subsequent studies mostly included follow-up after training, so the results of a study conducted with Arkansas' child welfare workforce regarding the impact of the training on knowledge and use of trauma-informed care suggest that this training was highly successful in advancing knowledge of trauma-informed care, especially among staff with the least formal education and training, that there was a significant increase in staff use of trauma-informed care at the three-month follow-up with little difference observed across staff groups [2]. This study identified specific barriers in the implementation of a trauma-informed approach such as the worker's stress, hostile environment, physical fatigue from the work, time of day fatigue, and stress associated with meeting all of the policy requirements involved with the removal and residence of the child [2]. These barriers may refer to the consequences resulting from the daily witnessing of life's adversities and traumas of children and youth with trauma experience [4, 28].

A few systematic reviews indicate the findings regarding the method of implementation and effects of trauma-informed training. A systematic review conducted in 2017 showed that of 23 analyzed articles duration of trauma-informed training ranged from 1 hour to multiple days, that staff knowledge, attitudes, and behaviors related to trauma-informed practice improved significantly pre-/post training in 12 studies and 7 studies found that these improvements were retained at 1-month follow-up [15]. Eight studies assessed the effects of a trauma-informed organizational intervention on client outcomes, five of which found statistically significant improvements [15].

Second, a systematic review conducted in 2018 indicates that out of 75 relevant papers identified by searching the academic literature regarding trauma-informed, 21 papers talk about training evaluations, and all papers were created in the USA [4]. However, regardless of follow-up time or assessment measures, all studies indicated increased knowledge and awareness of trauma among professionals, the existence of a strong intention to consistently engage in trauma-informed practice, they felt that their capacity to

provide significantly increased trauma-informed care as a result of the training and that their practice became significantly more trauma-informed over time [4]. In all the studies analyzed in this systematic review, there was no independent observation of practice as a post-training measure, which is one of the limitations of these findings.

One of the few studies on the effects on clients supported by professionals with trauma-informed training was conducted in Louisiana for 335 clinicians to treat traumatized youths involved with child protection and who attended a 1-day training in youth post-traumatic stress disorder (in further text: PTSD) treatment. A total of 117 clinicians completed the one-day training, and pre-and post-treatment measures were available for 17 of the 64 clients who completed the full PTSD treatment. All 17 clients showed reductions in youth- or caregiver-reported PTSD symptoms, with 12 showing reductions in symptoms by at least half of pre-treatment scores [30]. The importance of this study is reflected in the effects of realized training on the treatment of young people with PTSD, which is a consequence of experiencing adversity and intense stress.

A review of previous studies regarding child protection professionals refers mainly to the effects of trauma-informed training, such as/which lead to the improvement of the knowledge and capacity of attendees training to use trauma-informed knowledge, and satisfaction with the training. In the analyzed studies, it was observed the existence of follow-up activity after training in the space of 2 years after training, which proved to be particularly useful for more valid measurement of training effects because the knowledge of the participants was measured pre-/post training. This analysis indicated that some of the studies identified barriers in the application of trauma-informed training such as time constraints, heavy caseloads, lack of staff, limited resources, worker's stress, hostile environment, and physical fatigue from the work. However, more detailed research of these barriers on the effects of the implementation of trauma-informed training at child protection professionals is lacking. The main limitations of the analysis-early studies are the existence of only the self-assessment of professionals about the acquired knowledge with the absence of the perspective of supervisors, trainers and, in most cases, clients with trauma experience, as well as lacking a control group.

5. Discussion

Although the literature recognizes the importance of training for improving the competence of professionals and greater efficiency in working with families [4, 7, 31-34] it lacks detailed studies that deal with the effects of trauma-informed training on work with families, including families and children affected by trauma.

Numerous review studies indicate improvement in trauma-informed knowledge among child protection profession-

als after trauma training and satisfaction with the content and manner of training. However, although most of the analyzed studies show that the training has an impact on the trainees in these domains, there is no monitoring of the effects of the training on their behavior, so it cannot be asserted with greater certainty that the training has effects on the personal and professional level of the trainees [35]. Monitoring and measuring the effects of the training program, in addition to measuring attendees' knowledge, proves to be significant for identifying differences among staff in the level of knowledge and competence development [31], which was absent in the analyzed studies. Also, there is a lack of studies dealing with the effects of trauma-informed training in other domains important for the trauma-informed approach, which were discussed earlier in the article, as well as data on the effects of trauma-informed training, direct and/or indirect, on all staff in child protection.

This review showed that for the majority of the analyzed studies, there is a lack of data on follow-up and the way supervision is implemented for training attendees and other follow-up activities, although it is recognized in the literature that through supervisory support for learning and individual readiness of professionals for learning, it is possible to achieve positive effects of training and transfer of acquired knowledge and skills to practice [32]. In addition, supervision is shown to be a very important factor in preventing secondary trauma and managing professional and personal stress among child protection professionals [36] and should be included in trauma-informed training [1, 19]. Also, supervision can help in overcoming the consequences of witnessing the traumatic experience of children on the quality of child protection professionals' service provision, and their well-being [36] together with the training that helps them to develop effective strategies for containing and coping with the traumatic experiences that they are exposed to in everyday practice [34]. However, data on promoting ways to prevent secondary trauma and manage professional and personal stress among child protection professionals through trauma-informed training are missing in the analyzed studies. Also, for the majority of analyzed studies regarding trauma-informed training lack data on methods that are used for knowledge and skills transferring to professionals, training techniques, and monitoring, which deficiencies were also identified in other studies [26].

This review indicated some of the barriers to the implementation of the trauma-informed approach in child protection, which have also proven to be a barrier to the implementation of this approach in other settings [11-14]. However, we can conclude that there are lack of studies that deal in more detail with factors (characteristics and attitudes of professionals, supervision, etc.), gaps, and challenges in the adoption and implementation of trauma-informed approach by child protection professionals.

This review indicated the importance of educating and training child protection professionals regarding trauma-

informed approach for overcoming and mitigating the harmful effects of trauma and related consequences for children, families, and society as a whole, as well as the need for further research on the effects of trauma-informed training.

6. Conclusions and Future Directions

This review of relevant studies indicated that a detailed and comprehensive evaluation of the effects of trauma-informed training in different settings, including child protection, is missing. The importance of the trauma-informed approach and its advantages in working with children and families facing different adversity and trauma is well known, the analyzed studies regarding the effects of trauma-informed training suggest that there are a lot of gaps in the monitoring and evaluation of different domains when implementing this training at child protection professionals, as well.

Future research directions refer to the need for more comprehensive research on the effects of trauma-informed training, which should investigate in more detail the effects of training on workforce development, trauma-focused services, organizational practices, collaboration, service coordination, and clear policies in this area. It would be significant to investigate in more detail the factors, training methods, and techniques, that contribute to the adoption and implementation of the trauma-informed approach by child protection professionals, but gaps and challenges in the implementation of this approach through training. Additionally, future research should focus more on the effects of trauma-informed training on promoting and nurturing strategies for the prevention of secondary trauma and managing professional and personal stress in training attendees. It would be significant to further investigate the ways and interventions by which child protection professionals promote resilience in children and families facing adversity and trauma and the effects of these interventions.

Abbreviations

SAMHSA	Substance Abuse and Mental Health Services
NCTSN	National Child Traumatic Stress Network
PTSD	Post-Traumatic Stress Disorder

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Conflicts of Interest

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References

- [1] Kramer, L. T., Sigel, B. A., Conners-Burrow, A. N., Savary, E. P., Tempel, A. A statewide in-troduction of trauma-informed care in a child welfare system. *Children and Youth Services*, 2013, Review 35, 19-24.
- [2] Conners-Burrow, A. N., Kramer, L. T., Sigel, A. B., Helpenstill, K., Sievers, C., McKelvey, L. Trauma-informed care training in a child welfare system: Moving it to the front line. *Children and Youth Services Review*, 2013, 35(11), 1830-1835. <https://doi.org/10.1016/j.childyouth.2013.08.013>
- [3] Hernandez-Mekonnen R., Konrady, D. Title IV-E Child Welfare Training and University Partnerships: Transforming State Child Protection Services into a Trauma-Informed System. *Advances in social work*, 2017, 18(1), 235-249.
- [4] Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D., Davidson, G. Trauma Informed Child Welfare Systems—A Rapid Evidence Review. *International Journal of Environmental Research and Public Health*, 2019, 16(13), 2365. <https://doi.org/10.3390/ijerph16132365>
- [5] Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
- [6] Champine, B. R., Hoffman, E. E., Matlin, L. S., Strambler, J. M., Kraemer Tebes, J. What Does it Mean to be Trauma-Informed?: A Mixed-Methods Study of a Trauma-Informed Community Initiative. *Journal of Child and Family Studies*, 2022, 31, 459-472. <https://doi.org/10.1007/s10826-021-02195-9>
- [7] Klain J. E., White, R. A.. Implementing Trauma-Informed Practices in Child Welfare. ABA Center on Children and the Law, 2013, 1-15. <https://firstfocus.org/wp-content/uploads/2014/11/Implementing-Trauma-Informed-Practices.pdf>
- [8] Kenny, C. M, Vazquez, A., Long, H., Thompson, D. Implementation and program evaluation of trauma-informed care training across state child advocacy centers: An exploratory study. *Children and Youth Services Review*, 2017, 73, 15-23. <https://doi.org/10.1016/j.childyouth.2016.11.030>
- [9] Child Welfare Collaborative Group, National Child Traumatic Stress Network, and The California Social Work Education Center. Child welfare trauma training toolkit (1st ed.). Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress, 2008.
- [10] Walsh, C. R, Conradi, L., Pauter, S. Trauma-Informed Child Welfare: From Training to Practice and Policy Change. *Journal of Aggression, Maltreatment & Trauma*, 2019, 28(4), 407-24. <https://doi.org/10.1080/10926771.2018.1468372>
- [11] Muskett, C. Trauma-informed care in inpatient mental health settings: A review of the literature. *International Journal of Mental Health Nursing*. 2014, 23, 51-59.
- [12] Branson, C. E, Baetz, L. C, Horwitz, M. S., Hoagwood, E. K. Trauma-informed juvenile justice systems: A systematic review of definitions and core components. *Psychological Trauma: Theory, Research, Practice, and Policy*. 2017, Advance online publication: <http://dx.doi.org/10.1037/tra0000255> [Accessed 29 October 2023].
- [13] Bryson, A. S, Gauvin, E., Jamieson, A., Rathgeber, M., Faulkner-Gibson, L., Bell, S., Burke, S. What are effective strategies for implementing trauma-informed care in youth inpatient psychiatric and resi-dential treatment settings? A realist systematic review. *International Journal of Mental Health Systems*. 2017, 11, Article 36.
- [14] Bailey, C., Klas, A., Cox, R., Bergmeier, H., Avery, J., Skouteris, H. Systematic review of organisation-wide, trauma-informed care models in out-of-home care settings (OoHC). *Health Social Care Community*. 2019, 27(3). e10-e22. <https://doi.org/10.1111/hsc.12621>
- [15] Purtle, J. Systematic Review of Evaluations of Trauma-Informed Organizational Interventions That Include Trainings. *Trauma Violence Abuse*. 2018, 21(4), 725-740. <https://doi.org/10.1177/1524838018791304>
- [16] Cutuli, J. J., Alderfer, A. M., Marsac, L. M. Introduction to the special issue: Trauma-informed care for children and families. *Psychological Services*. 2019, 16(1), 1-6. <https://doi.org/10.1037/ser0000330>
- [17] Kuhn, M. T, Cyperski, A. M., Shaffer, M. A., Gracey, A. K., Adams, K. M., Billings, M. G., Ebert, S. E. Installing trauma-informed care through the Tennessee Child Protective Services Academy. *Psychological Services*. 2019, 16, 143-152. <https://dx.doi.org/10.1037/ser0000320>
- [18] National Child Traumatic Stress Network (NCTSN). Creating trauma-informed systems. 2016. <https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems> [Accessed 29 October 2023].
- [19] Bugajski, E., Danielle, E., Ashley, F., Diamond, H., Jon, L., Lindsay, P., Amber, R., Joy, S., Michelle, V., Julie, B. Training in Trauma-Informed Care (TIC): An Evidence-Based Practice Project. Sophia: The St. Catherine University repository, 2019. https://sophia.stkate.edu/ot_grad/9 [Accessed 29 October 2023].
- [20] Hanson F. R., Lang, J. A critical look at trauma-informed care among agencies and systems serving mal-treated youth and their families. *Child Maltreatment*. 2016, 21(2), 95-100. <https://doi.org/10.1177/1077559516635274>
- [21] Wall, L., Higgins, D., Hunter, C. Trauma-informed care in child/family welfare services. *Child familycom-munity australi*. 2016, 37, 1- 19.
- [22] Bath, H. The three pillars of trauma-informed care. *Reclaiming children and youth*. 2008, 17(3), 17-21.

- [23] Lang, M. J., Campbell, K., Shanley, P., Crusto, C., Connell, M. C. Building Capacity for Trauma-Informed Care in the Child Welfare System: Initial Results of a Statewide Implementation. *Child Maltreatment*. 2016, 21(2), 113-124. <https://doi.org/10.1177/1077559516635273>
- [24] Brown, M. S., Baker, N. C., Wilcox, P. Risking connection trauma training: A pathway toward trauma-informed care in child congregate care settings. *Psychological Trauma: Theory, Research, Practice, and Policy*. 2012, 4(5), 507-515. <https://doi.org/10.1037/a0025269>
- [25] Child Welfare Information Gateway. The Importance of a Trauma-Informed Child Welfare System. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. 2020. https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/trauma_informed.pdf?VersionId=UC.cc nAsGhYNv.UhH4lguLaF9Jc5gMWz [Accessed 29 October 2023].
- [26] Polic Penavic, S., Maric Ognjenovic, M., Zegarac, N. Family support and positive parenting: training programs for professionals in social welfare system. *Social Policy*. 2023, No. 2-3/2022, 57, 25-44.
- [27] Collin-Vézina, D., Brend, D., Black, K., Beeman, I., Brown, S. Impacts of child welfare worker and clientele characteristics on attitudes toward trauma informed-care. *Developmental Child Welfare*. 2020, 2(4), 244-261. <https://doi.org/10.1177/2516103220963139>
- [28] Berger, R., Quiros, L. Supervision for Trauma-Informed Practice. *American Psychological Association*. 2014, Vol. 20, No. 4, 296-30. <http://dx.doi.org/10.1037/h0099835>
- [29] Bruce M. M., Kassam-Adams, N., Rogers, M., Anderson, M. K., Kerstin, P. S., Therese, S. R. Trauma Providers' Knowledge, Views, and Practice of Trauma-Informed Care. *Journal of Trauma Nursing*. 2018, 25(2), 131-138. <https://doi.org/10.1097/JTN.0000000000000356> PMID: 29521782.
- [30] Miron, D., Scheeringa, S. M. A statewide training of community clinicians to treat traumatized youths involved with child welfare. *Psychological Services*. 2019, 16, 153-161.
- [31] Jones, P. L., Okamura, A. Reprofessionalizing Child Welfare Services: An Evaluation of a Title IVE Training Program. *Research on Social Work Practice*. 2000, 10(5), 607-621. <https://doi.org/10.1177/104973150001000504>
- [32] Antle, F. B., Barbee, P. A., Van Zyl, A. M. A comprehensive model for child welfare training evaluation. *Children and Youth Services*. 2008, Review 30, 1063-1080.
- [33] Olin, S. S., Hoagwood, E. K., Rodriguez, J., Radigan, M., Burton, G., Cavaleri, M., Jensen, S. P. Impact of empowerment training on the professional work of family peer advocates. *Children and Youth Services Review*. 2010, 32(10), 1426-1429.
- [34] Denking, K. J., Windthorst, P., Rometsch-Ogioun El Sount, C., Blume, M., Sedik, H., Kizilhan, I. J., Gibbons, N., Pham, P., Hillebrecht, J., Ateia, N., Nikendei, C., Zipfel, S., Junne, F. Secondary Traumatization in Caregivers Working With Women and Children Who Suffered Extreme Violence by the "Islamic State". *Frontiers in Psychiatry*. 2018, 9(234), 11-14. <https://doi.org/10.3389/fpsy.2018.00234>
- [35] Clarke, N. The Impact of In-service Training within Social Services. *The British Journal of Social Work*. 2001, Volume 31, Issue 5, 757-774. <https://doi.org/10.1093/bjsw/31.5.757>
- [36] Burgund Isakov, A. Connected by Empathy: The silent struggle of field practitioners working with migrant and displaced children. Serbia, Belgrade: Balkans Migration and Displacement Hub, Save the Children North West Balkans, 2023.

Biography



Sanja Polic Penavic is a PhD candidate and researcher at the Faculty of Political Science, University of Belgrade, Department of Social Policy and Social Work. She participates in implementing teaching exercises in several subjects: Mental Health, Systemic Approach in Social Work, Social Work With a Group, Ethics of Social Work, Counseling in Social Work, and Social Work With The Elderly. During PhD studies, Sanja's main scope of work focuses on developing competencies for family support among professionals in social welfare. Her scientific and research interests are professional development of the workforce in social welfare, for organizing and providing quality support and services to users from vulnerable groups and families at risk including children facing adversity and trauma. She has been involved in various research on different topics such as family support, positive parenting, social welfare services for children with disabilities and children in conflict with the law, support to endangered families, support to migrant/refugee children in extreme risk, development of curriculum for protection of children affected with migrations, etc. She has attended numerous national and international workshops, conferences, and education.

Research Field

Sanja Polic Penavic: family support, professional development, child protection, positive parenting, services for overcoming adversity and trauma, and systemic family therapy.