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## ASSESSMENT OF THE IMPACT OF EARLY CHILDHOOD TRAUMA ON DEVELOPMENT: IMPLICATIONS FOR CAREGIVERS AND EDUCATORS IN KADUNA STATE

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### ABSTRACT :

Being the research, this paper would look into the frequency and developmental outcomes of the traumas children between the age of 0-8 years who experience as well as looking at trauma-informed strategies of caregiving and teaching. The study was conducted with three research questions as follows: (1) What are the typical experiences of traumatic events that children between 0 and 8 years of age in Kaduna State face? (2) What influence does early childhood trauma have on cognitive, emotional, and social development of Kaduna state children? How can one develop strategies to enhance trauma-informed practices of caregiving and teaching within trauma-informed early childhood development? To analyze the designed study, a descriptive survey research design was used to capture opinions of sample population of 350 caregivers and educators in different early childhood centers within Kaduna State. In the study, 320 respondents were chosen through the purposive sampling technique. The researcher designed a well-structured questionnaire called the Early Childhood Trauma Impact Assessment Questionnaire (ECTIAQ) and used it as the primary instrument of data collection. Expert validation: The questionnaire was exposed to experts in the field childhood education, psychology and measurement and evaluation so that it was content and face validated. To determine reliability of the instrument, the instrument was piloted on 30 respondents who were not part of the sample but who formed part of the population and data were then analyzed using cronbach alpha method and the reliability coefficient was found to be 0.87 which is high level internal consistency of reliability. The analysis of the data was done by the use of descriptive statistics that involves frequency counts, percentages, mean, and standard deviation. The results showed typical traumatic events in young children to involve experience of physical and emotional abuse, neglect and experiencing domestic violence. These traumas have a great impact on the cognitive capacity, emotional and social development of children. Regular training of caregivers, emotionally supportive environments also deemed to be a really strong side of the trauma-informed practices was supported in the study. Based on these findings, the study recommends structured trauma-response interventions, increased caregiver education, and the implementation of trauma-informed policies across early childhood development programs in Kaduna State.

**Keyword:** Caregivers, Child development, Early childhood education, Early childhood trauma, Educators, Trauma-informed care.

### Introduction

The early life of the child life is crucial in determining the base in emotional stability, cognitive ability and social behavior. Children are also highly vulnerable to either positive or negative experiences which occur during this critical period (Adebayo & Aluko, 2023). Trauma experienced in early childhood, which is an exposure to abuse, neglect, violence, and loss, has the significant potential to discontinue developmental pathways (Ogunyemi et al., 2025). The immediate and long-term impacts of such trauma on physical, mental wellness and academic performance are possible (Lukong et al., 2023). In case the sensitivity period is memorously impacted by trauma, the system of brain functioning and building may be changed, which results in a speech delay, learning disabilities, and bank problems with managing emotions (Nwankwo & Yusuf, 2022).

Childhood trauma is ubiquitous and normalized in socio-politically unstable regions characterized by poverty and conflict, which is the case of some regions in Nigeria (Eze & Danladi, 2023). They can be subjected to or observe domestic violence, communal unrest, sexual abuse or loss of parents through ill-health or war in such settings (Salisu et al., 2025). Nevertheless, most of these traumatic incidents remain unidentified or unattended with regard to stigma, ignorance or institutional support (Usman & Garba, 2024). In contrast, especially in low-resource environments, most caregivers and educators do not have enough training or methods to spot the signs of trauma (i.e., aggression, withdrawal, hyperactivity, or learning challenges) (Odu & Ibrahim, 2022).

Trauma-informed care (TIC) has become an alternative approach that has gained prominence across the world in early childhood development with its emphasis on safety and trust, and emotional support in care education environments (Obasi & Uzoho, 2023). Trauma-informed teaching operates with the primary purpose to establish regular, caring climates where children feel safe and comprehended in instance of early childhood instruction (Folarin & Onwudiwe, 2022). Although the amount of evidence is rapidly growing, TIC is not much present in the early learning systems of Nigeria, especially at the state level in public schools and community-based education centers (Yakubu et al., 2024). Lack of these structures

further complicates the lives of children that have undergone trauma thus eventually leading to exclusion, poor performance in school or even breakdown (Tukur & Ndoma, 2024).

With the right knowledge and tools, caregivers and educators will be in the best position to buffer children against the worst effects of trauma (Akintola et al., 2025). Nevertheless, research indicates that most of the early childhood caregivers in Nigeria do not understand trauma-sensitive strategies and depend on the use of harsh punishments (Ebong & Adebayo, 2023). By the same token, teachers usually cannot receive professional training in behavioral signs of trauma and thus fail to recognize symptoms of behavioral deficiency or aggressiveness as anything other than bad behavior (Mohammed & Yakubu, 2022). The traumatized children would, under natural circumstances, be underserved in the systems of schooling and childcare organization, further perpetuating the patterns of social deprivation, unless the systems were brought to change through deliberate system-shifting policy changes (Adegbite & Ojo, 2024).

### ***Statement of the Problem***

Childhood traumas in early childhood are the phenomena that are gaining recognition of their severe impact that may negatively affect the cognitive, emotional, and social development of young children to a large extent. Although there is an increasing global campaign on the negative consequences that trauma brings to children under the age of 8 years, mere slings and arrows still suffer because trauma affecting them continues with exposure of children and young people to abuse, neglect, displacement and exposure to violence especially in Nigeria specifically in parts of the country like Kaduna state where there has been increased cases of terror attacks, mass killing and several incidents of child abuse and neglect. Most of these traumatic events are unrecognized, underreported, or not dealt with properly, which results in a long term developmental and behavior challenges.

Also, in Kaduna State in which most communities are battling with ethno-religious conflict, poverty and insecurity, children face exposure to traumatic events. The psychosocial and developmental sequel of these experiences still has few records and it is not well addressed. Trauma-induced behaviors are most of the time misinterpreted to be signs of disobedience, laziness, or learning disability as most of the caregivers and educators are not trained in trauma recognition or trauma-informed practices. Such misconception adds to their negative reactions that may increase the emotional trauma the child has to cope with and can negatively affect education.

A distinct lack in trauma-sensitive interventions in early childhood care and educational systems can be proved in Kaduna State. Despite the focus on trauma-informed education and caregiving within the frameworks of international organizations, local institutions are currently lacking any guidelines, support systems, and associated professional development programs to aid early childhood recovery of trauma. As a result, suffering children without empathy, structure, and emotional security that helps in healing and healthy growth are the victims of trauma.

In addition, it has been observed that there is a dearth of empirical studies both in Nigeria and especially in Kaduna State that determines the level of early childhood trauma, and its consequences as regards to development. There also exists scarcity of information based policies or strategies designed to aid caregivers and educators on how to handle such challenges. The same needs of vulnerable children can go unmet without such knowledge and systems in place, and these patterns can lead to further underachievements, mental health issues, and social marginalization.

The paper hence aims to fill these gaps by evaluating the effects of early childhood trauma on the outcome of development of children in the society and whether caregivers and educators are prepared to handle the issue effectively. It will give evidence-based recommendations which will help to formulate trauma-informed interventions and enhance the developmental outcome of children affected by trauma settings.

### ***Research Questions***

1. 1. What are the common types of traumatic experiences faced by children aged 0–8 in Kaduna State?
2. 2. How does early childhood trauma affect the cognitive, emotional, and social development of children in Kaduna State?
3. 3. What strategies can be implemented to strengthen trauma-informed caregiving and teaching practices in early childhood development programs?

### ***Research Objectives***

The main objective of this study is to assess the impact of early childhood trauma on the developmental outcomes of children and examine the implications for caregivers and educators in Kaduna State.

#### **The specific objectives are to:**

1. 1. Identify the common types of traumatic experiences encountered by children aged 0–8 in Kaduna State.
2. 2. Examine the cognitive, emotional, and social effects of early childhood trauma on child development.
3. 3. Recommend evidence-based strategies to promote trauma-informed practices among caregivers and educators.

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## **Literature Review**

### ***Concept of Early Childhood Trauma***

The specific focus is the concept of early childhood trauma, meaning adverse experiences in the first six to eight years of life (which is when the brain is the most vulnerable to environmental factors) that derail the feeling of safety, attachment or growth of the child (UNICEF, 2023). The causes of the traumas in early childhood could include physical and sexual abuse, neglect, domestic violence observation, forced migration and death of parent, or floods and other factors that keep people in poverty and insecurity (Ogunyemi & Alabi, 2024). They may be acute (one traumatic event) or

chronic (repeated encounters over a long period), and they tend to be shocking in the area of care giving, so they are especially dangerous to the mental, social, growth of a child (Shonibare & Yakubu, 2022).

Neurologically, childhood trauma may have important effects on the brain in its developmental state. The early years are the period when children experience intense brain growth that preconditions their emotional control, learning of language, memory, and executive functioning (Akintunde et al., 2023). Nevertheless, its results could be changed by the exposure to toxic stress, that is, extended activation of the stress reaction system (Obasi & Lawal, 2024). The changes can be in the form of learning changes, behavioral changes, and an increase in emotional reactivity (WHO, 2024).

### ***Effects of Trauma on Child Development***

Unmanaged childhood trauma: childhood trauma left unaddressed, may affect the development of a child and his/her developmental path in a big way. Trauma does not simply influence the thoughts and understanding of children, but also their feelings, behavior and relationships with other people. Its effects to which extend to the cognitive, emotional, social, and physical sides of the development have quite serious effects that can be continued in the adolescent and adult years unless addressed in advance (Ogundele & Adeyemi, 2022).

The effects of trauma are especially dangerous to cognitive development. Historical demands of stressful situations in a newborn child can lead to impairments in the brain areas focused on memory, attention, and executive functioning most often- the prefrontal cortex and the hippocampus (Obasi & Chukwuma, 2024). This means that such children tend to have issues with concentration, language development, and problem-solving abilities (Shonibare & Bello, 2023). Researchers have established that children who experience trauma do not do well in school, possess a suboptimal working memory, and are at risk of being discovered to have learning challenges (Lukong & Usman, 2024).

It also has an impact on emotional development. When a child is traumatized, his or her stigma response system is involved especially the amygdals which alert this child when he feels a threat and control the emotions that high. Excessive activity of this system may cause an increased level of anxiety, mood swings, irritability, or depression (WHO, 2024). These children can easily scare, are overly scared, or cannot control frustrations and are usually misunderstood by the adults and the educators as stubborn or disobedient (Ajayi & Yusuf, 2023). This may also result in post-traumatic stress disorder (PTSD) that is accompanied by flashbacks, nightmares, and the lack of emotionality (Oladele & Garba, 2025).

Regarding social development, children who have borne the trauma might not be able to associate with their peers in a healthy manner. They might show a tendency to retreat, anger, hypervigilant behavior or become overly clingy; thereby affecting their ability to participate in a group, play and cooperating in a classroom (Akinlabi & Umar, 2022). Eze and Ibrahim (2023) state that traumatic experiences of children often lead to social isolation and social rejection that later causes loneliness, low self-esteem, and a distrusting attitude. These challenges are exacerbated when teachers and parents do not have the ability to be consistent in emotional support and social role modeling (Bello & Nwachukwu, 2024).

The trauma also has behavioral consequences. Traumatized children can become erratic with a change in behavior involving tantrums, regression (e.g., bed-wetting or thumb-sucking), or destructive behaviors (Sule & Omole, 2022). Activities like these ones can be misinterpreted as indiscipline, when it comes to school environment, instead of a sign of distress, like emotional one, and therefore the response would be unsupportive and punitive in nature (Olawale & Obasi, 2023). That may lead to a rise in suspensions, absenteeism or even school drop out when children do not see a positive and safe environment in which they can heal and learn (UNESCO, 2023).

### ***Role of Caregivers in Trauma Recovery***

The role of a caregiver in the recovery process is a fundamental one in the case of children who have suffered early trauma. During childhood, biological parents, guardians, or foster parents are the most important pillars of the safety, emotional stability, and developmental rigidity (UNICEF, 2023). In the cases of abuse, neglect, or loss, a responsive and nurturing caregiver may mitigate the impact of the experience and lead to a positive response of recovery and resiliency in children (Adebayo & Chukwuma, 2022).

Caregiver support is one of the roles in the trauma recovery process that involves a stable and safe environment. It has been found out that regular daily schedules, understanding care, and emotional accessibility allow children to restore the feeling of control and confidence after a traumatic experience (Ogundele & Hassan, 2022). On the other hand, disorganized or unstable situations may worsen the feelings of fear and insecurity in him/her. As Adeyemi and Folarin (2023) underline, due to trauma, children need people around them, not only physically, but also those who are emotionally sensitive to their needs.

### ***Educators and Trauma-Informed Practices***

Teachers are crucial in identifying, responding to and supporting traumatized children particularly in the school where those indicators of trauma are likely to be unveiled. Teachers as frontline professionals are well suited to provide safe, stable and responsive learning environments that impede or facilitate healing (Ogunyemi & Adediran, 2024). Early childhood education, by incorporating trauma-informed practices, is, therefore, increasingly becoming a very important strategy in preventing the adverse effects of early trauma in terms of learning and behavior.

Trauma-informed education is a style of education that focuses on the fact that students in education have experienced traumatic situations in life and that has affected how they learn and manage in the classroom. This method is based on principles of safety, trust, collaboration, empowerment, and respect of the cultural needs and developmental needs (Obasi & Yakubu, 2023). It realigns the mindset of the educator to think not, What is wrong with this child? but Instead, What has this child experienced? thus nurturing humane, non-punitive reactions to trauma-related behaviors (Okoro & Sule, 2022).

Teachers with trauma-informed training are in the best position to use early warning signs, e.g., inattentiveness, hostility, withdrawals, and behavioral dynamics, as risk indicators of underlying trauma (Ajayi & Ibrahim, 2023). Such behaviors would subsequently go overlooked and labelled

as defiance or learning disabilities resulting in disciplinary action that only exacerbates emotional distress on a child without this knowledge (Eze & Bello, 2023). Lukong and Folarin (2024) after reviewing literature claim that trauma-informed teaching does not only avoid re-traumatization, but also can help to ensure emotional safety, a sense of belonging, and trust in the classroom.

## Methodology

The research also uses a descriptive survey research design to analyse effect of early childhood trauma on development and how this could be blamed on the care givers and educators in the state of Kaduna. Its design will help the researcher to capture data of a broad category of respondents which will give an insight into the nature, cognitive, emotional, and social impact of early childhood trauma in child development and the traumatic effects and the means of how to achieve trauma-informed practices by the caregivers and the educators. The intended audience comprises parents and guardians (caregivers), educators who are early childcare professionals, employees in the healthcare sector, and child development experts. Three Senatorial Zones in Kaduna state will be covered where 350 respondents will be chosen through multi-stage sampling technique in three Local Government Areas (Zaria, Chikun and Kachia). The primary data collection method will be structured questionnaire with grading on a 4-point Likert scale with expert validation and pilot test being the additional measures, to guarantee instrument reliability and validity. To analyze the data, descriptive statistics to describe the patterns in the responses will be used and it will include frequency, percentage, mean, and standard deviation. The given methodology will allow revealing the developmental effect of early childhood trauma and providing actionable ideas in order to assist the impacted children in a home and school environments.

## Results

**Research Question 1:** What are the common types of traumatic experiences faced by children aged 0–8 in Kaduna State?

**Common types of traumatic experiences encountered by children aged 0–8**

S/N	Common types of traumatic experiences	SA	A	D	SD	Mean	StD
1	Domestic violence; children who witness frequent conflict, physical fights, or verbal abuse between caregivers often develop fear, insecurity, and emotional instability	147	113	43	17	3.2188	2.8107
2	Physical and Emotional Abuse; young children face physical abuse through beatings or harsh discipline, as well as emotional abuse like constant shouting, insults, or threats.	162	105	38	15	3.2938	2.8777
3.	Sexual abuse, including inappropriate touching or exposure to sexual content, severely affects a child's emotional and psychological well-being	135	122	45	18	3.1688	2.7625
4.	Neglect; When children are denied basic needs like food, shelter, education, or affection, they experience neglect	156	104	39	21	3.2348	2.8362
5.	Losing a parent due to death, divorce, abandonment, or imprisonment can create a deep sense of loss and confusion	137	115	38	30	3.1219	2.7443
6.	Natural Disasters; Events like floods, fires, or storms can disrupt a child's home and routine, causing fear and instability.	125	130	45	20	3.1250	2.7214
	<b>Cumulative mean</b>					<b>3.1939</b>	<b>2.7921</b>

The data analysis indicates that physical and emotional abuse, neglect, and domestic violence are the most prevalent traumatic experiences among children with ages 0–8 in Kaduna State. The highest mean value and standard deviation of 3.2938 and 2.8777 was on the physical and emotional abuse showing high concurrence that this form of trauma is prevalent among the respondents. There were 162 strong agreements and 105 agreements as opposed to only 38 disagreements and 15 strong disagreements. On the same note, neglect had a mean of 3.2348 and standard deviation of 2.8362 with 156 agreeing strongly and 104 agreeing meaning that the basics needs of children were mostly denied. Domestic violence closely trailed with average of 3.2188 and standard deviation of 2.8107 showing that most children attend or make observance of conflict or abuse between the caregivers that leads to a source of fear and loss of emotional stability.

Other traumas like sexual abuse, death of a parent and natural calamity were also noted but their mean values were less attractive. Sexual abuse has a mean of 3.1688, loss of a parent and natural disasters, each had a mean such as 3.1219 and 3.1250 respectively in regard to standard deviation that is above 2.70 and indicates major but more differentiated answers. The total accumulated mean value of 3.1939 and standard deviation of 2.7921 is more than the 2.50 agreement value and therefore, concludes that the respondents concur with the researcher in his identification of several traumatic events that affect children. This implies that there is an urgent requirement of community-based interventions, trauma-informed care plans and policy responses that are set to mitigate exposure of young children to these traumatic experiences in Kaduna State.

**Research Question 2:** How does early childhood trauma affect the cognitive, emotional, and social development of children in Kaduna State?

**Impact of cognitive, emotional, and social effects of early childhood trauma on child development**

S/N	Statements	SA	A	D	SD	Mean	StD
1	Early childhood trauma can negatively affect a child's cognitive development. Children who experience trauma may have trouble concentrating, learning new things, or remembering information.	153	118	37	12	3.2875	2.8603

2	Trauma can also cause language and thinking delays. Children might struggle to express themselves, follow instructions, or process ideas clearly.	148	123	32	17	3.2563	2.8384
3.	Emotional development, traumatized children often experience intense emotions such as fear, sadness, anger, or anxiety.	155	112	35	13	3.2469	2.8515
4.	Early trauma can damage a child's self-esteem and confidence. Children who feel unsafe or unloved may develop a negative self-image and believe they are not good enough.	143	135	27	15	3.2686	2.8395
5.	Trauma also affects social development by making it hard for children to trust others. They may become withdrawn, aggressive, or unable to make friends.	134	125	39	20	3.1531	2.7591
6.	Children who have faced trauma often show behavioral problems. They might act out, become overly clingy, or have trouble which may affect their success in school and relationships later in life	155	115	35	15	3.2813	2.8614
<b>Cumulative mean</b>						<b>3.2489</b>	<b>2.8350</b>

The information on impact of early childhood trauma on cognitive, emotional and social child development in the Kaduna State showed agreement based on analysis of the data collected that there was agreement on the influence of trauma to the children in the region. And it was ranked the highest in the mean value of 3.2875 (StD = 2.8603), i.e., 153 respondents strongly agreed, and 118 agreed that trauma has a negative impact on cognitive development, which implies that the traumatic experiences inhibit the concentration capabilities of the children, learning, and the retention of information. In the same manner, behavioral issues as an outcome of trauma had an average mode of 3.2813 (StD = 2.8614), whereby 155 participants strongly agreed with this statement, and 115 participants agreed with it, therefore, it can be reflected that as a result of the trauma, the child can develop behavioral issues in terms of acting out, clinginess, etc, including academic and social settings problems. Other impacts of trauma such as emotional and social were also strongly recognized. The effects of trauma on emotional well-being (fear, sadness or anxiety) had an average of 3.2469 whereas, that of effect on self-esteem and confidence showed 3.2686 respectively with a standard deviation of more than 2.83, and it matched consistently. Social development was also observed to be influenced, with a slightly reducing mean of 3.1531, translating to stressing that children who undergo trauma may not be able to develop trust and friendships. In total, the total mean of 3.2489 and standard deviation of 2.8350 are above the 2.50 markage threshold and thus demonstrates that of all the researcher/s, there is consensus opinion that the issue of early childhood trauma is a big setback towards the holistic development of children in the Kaduna State. This raises an urgent demand on the early interventions, favorable conditions, and trauma-informed care in the family and community, as well as at school.

**Research Question 3:** What strategies can be implemented to strengthen trauma-informed caregiving and teaching practices in early childhood development programs?

**Strategies to strengthen trauma-informed caregiving and teaching practices in early childhood development programs**

S/N	Statements	SA	A	D	SD	Mean	StD
1	Caregivers and teachers should receive regular training on trauma-informed care. This includes understanding the signs of trauma, how it affects child development, and how to respond with empathy and support	165	125	25	5	3.4063	2.9475
2	Consistency in routines, clear expectations, and calm settings help traumatized children feel safe. Classrooms and care spaces should be structured, nurturing, and free from harsh discipline or unpredictable changes, which can trigger trauma responses	162	120	23	15	3.3406	2.9101
3.	Positive, secure relationships with caregivers and teachers are essential. Adults should focus on developing strong emotional bonds with children by showing empathy, active listening, patience, and reliable presence	150	127	30	13	3.2938	2.8625
4.	Programs should teach children how to recognize, express, and manage their emotions. Activities like storytelling, drawing, mindfulness exercises, and play therapy can help children process feelings and develop healthy coping skills	145	135	28	8	3.2781	2.8537
5.	Involving families in trauma-informed practices ensures consistent support across home and school. Programs should engage caregivers through counseling, parenting workshops, and regular communication.	135	130	40	15	3.2031	2.7839
6.	Children who have experienced trauma benefit from personalized care plans. Educators and caregivers should monitor each child's behavior and development, adjusting teaching strategies and interventions to meet their specific emotional and learning needs	152	120	33	15	3.2781	2.8559
<b>Cumulative mean</b>						<b>3.3000</b>	<b>2.8689</b>

Indexing of information on suggestions on what can reinforce care giving and teaching practices within the trauma-informed approaches to early childhood development in Kaduna State reveals that there are significant agreements among the respondent who support the use of proactive and systematic interventions. The greatest averaging 3.4063 and standard deviation of 2.9475 was found in the statement where attention was placed on the significance of frequent training of the caregivers and teachers. This means that the majority of respondents (165 strongly agreed, 125 agreed) consider the provision of knowledge in relation to the signs and effects of trauma as well as empathetic reactions to trauma as elementary to trauma-informed care. Equally, the support of structured, calm, and predictable classroom environments was also very high with a mean of 3.3406 (StD = 2.9101) indicating the realization that safe, nurturing environments are necessary to lower potential chances of a trigger.

The other measures namely strong emotional ties with kids (Mean = 3.2938), employment of emotional regulation exercises including storying and play therapy (3.2781), and the formulating of individualized care plan (Mean = 3.2781) also gained ample consent, showing the faith of the respondents in more holistic and child-centered interventions. The approach to family involvement by conducting workshops and maintaining a regular communication channel received a rather high score (Mean = 3.2031), even though not a higher one, what makes the importance of continuity between home and school even clearer. Overall, cumulative mean equals 3.3000, and the standard deviation is 2.8689 which is far above agreement limit- 2.50, which also shows that the respondents highly support a multifaceted approach to traumatic informed treatment and instruction in caregiving. This highlights the relevance of training, emotional support and structured routines and family participation in intervention of the early childhood trauma.

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## Discussion of findings

The results of this study point to the pervasiveness of child trauma in Kaduna state, specially that of physical and emotional abuse, neglect and witness of domestic violence. These score means favorably lean toward the proposition that respondents have a strong sense that all these traumatic experiences are ordinary and are deeply ingrained affairs within the community. As Perry and Szalavitz (2017) stress, being traumatized at a young age can become a permanent alteration in brain development, which corresponds to the opinion of the respondents that cognitive processes, control over emotions, and reaction to others are radically disrupted when a person is affected by trauma. The information is also in line with the results of Shonkoff et al. (2012), who draw attention to the fact that adverse childhood experiences (ACEs) can have a long-term effect on learning ability, mental wellbeing and interpersonal interaction. This trend in trauma exposure urges the multi-sectoral methods of health, education, and social service integrations to focus on the diversified needs of assaulted children.

No less significant are those strategic areas that have been spotted as the means of enhancing trauma-informed care giver and teaching practice. The results provide evidence of the community awareness of the value of empowering caregivers with trauma recognition and response skills through training, emotional support, and structured learning environments by providing high levels of agreements with the statements in favor of them. According to Bath (2008), trauma-informed care seeks to promote healing in children through predictability and consistency of the environment and by giving emotionally attuned responses by the adult. In addition to that, Lieberman et al. (2015) support this statement by saying that caregiver-child bonds should be strengthened and some interventions based on therapy (play therapy) should be introduced to restore the sense of security and trust in a child. These opinions are confirmed by the cumulative average values in the research papers which indicates a high level of consensus when it comes to the significance of training, individualized treatment, and involving families in the process of reducing the adverse impact of trauma in early childhood environment.

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## Conclusion

The evaluation conducted to determine the effect of childhood trauma on development of Kaduna State proves that the incidence of traumatic childhood experiences like physical and emotional abuse, neglect and domestic violence is so high among 0-8 years children. Such experiences pose a great hindrance to the mental, emotional and social development of the children. The results indicate a high level of agreement with those willing to participate that the trauma is harmful to the learning capacity, emotional control, and social skills and most cases turning into behavioral disorders, weak academic performance, and self-esteem. Also, the research article emphasizes the necessity of trauma-informed care in care provision, as well as in the learning environment. Caregivers and educators regular training, installation of stable and nurturing environments, and emotional attachment with children were the strategies supported by the respondents. Such interventions are crucial in the processing of trauma and resilience development of children. The implication to care givers and educators in Kaduna State is very clear: urgent measures are required to embrace trauma-sensitive practices that address signs of trauma and prompt with empathy, structure and person-centred support. In the end, this community-based and holistic approach to dealing with childhood trauma will improve the well-being of children and the developmental outcomes in the state.

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## Recommendations

Based on the findings of this study on the impact of early childhood trauma on development and its implications for caregivers and educators in Kaduna State, the following recommendations are made:

Caregivers, teachers, and early childhood practitioners should undergo continuous professional development on trauma-informed care. This includes understanding the signs of trauma, its developmental impacts, and effective response strategies. Government agencies and NGOs should support the integration of trauma-sensitive modules into early childhood education programs.

Early childhood centers and homes should provide structured, calm, and emotionally supportive environments. Consistent routines, positive reinforcement, and clear expectations can help traumatized children feel secure and reduce the occurrence of triggers.

Schools and caregiving centers should adopt play-based and therapeutic activities such as storytelling, art, and group discussions to help children express emotions, build self-esteem, and improve emotional regulation.

Parents and guardians should be engaged through workshops and community outreach to raise awareness about trauma, its signs, and appropriate support methods. Strengthening the caregiver-child relationship can foster emotional healing and build resilience. The Kaduna State government, in collaboration with stakeholders, should ensure that qualified child psychologists and counselors are accessible in schools and community health centers to provide early interventions and therapy for affected children.

Policymakers should develop and enforce guidelines that promote trauma-informed education and care in early childhood institutions. These policies should ensure resource allocation, teacher training, and monitoring of compliance with best practices.

Effective response to childhood trauma requires collaboration between the education, health, and social welfare sectors. Creating a coordinated support system will ensure that children receive comprehensive care that addresses all aspects of their development.

## REFERENCES

1. Adebayo, A., & Aluko, O. (2023). The psychological effects of early childhood trauma in Nigeria: A case study of Northern regions. *Journal of Child Development Studies*, 12(3), 45-60.
2. Adebayo, A., & Chukwuma, B. (2022). Trauma-informed care in early childhood education: Perspectives from Nigerian educators. *African Journal of Educational Research*, 8(2), 112-125.
3. Adegbite, E., & Ojo, M. (2024). Early childhood trauma and cognitive development: Evidence from Nigerian primary schools. *International Journal of Psychology and Behavioral Sciences*, 14(1), 78-94.
4. Adeyemi, K., & Folarin, O. (2023). Socio-emotional challenges of traumatized children in Nigerian classrooms. *Journal of African Child Development*, 9(4), 203-218.
5. Ajayi, L., & Ibrahim, S. (2023). The role of caregivers in mitigating childhood trauma effects in Northern Nigeria. *Child Care Quarterly*, 17(2), 134-150.
6. Ajayi, P., & Yusuf, A. (2023). Educational interventions for children with adverse childhood experiences (ACEs) in Nigeria. *West African Journal of Education*, 11(3), 67-82.
7. Akinlabi, D., & Umar, H. (2022). Neurodevelopmental impacts of early trauma: A study of Nigerian children. *Journal of Pediatric Neuroscience*, 7(1), 33-47.
8. Akintola, O., et al. (2025). Community-based approaches to trauma recovery in children: Lessons from Kaduna State. *African Journal of Social Work*, 15(2), 89-104.
9. Akintunde, T., et al. (2023). Teacher preparedness in handling trauma-exposed students in Northern Nigeria. *Educational Psychology Review*, 10(4), 210-225.
10. Bello, R., & Nwachukwu, C. (2024). Cultural perspectives on childhood trauma and resilience in Nigeria. *Journal of Cross-Cultural Psychology*, 19(1), 55-70.
11. Ebong, F., & Adebayo, T. (2023). Policy gaps in addressing childhood trauma in Nigerian schools. *Journal of Policy and Development Studies*, 8(3), 145-160.
12. Eze, P., & Bello, A. (2023). Impact of domestic violence on early childhood development in Northern Nigeria. *Child Abuse & Neglect*, 47, 102-115.
13. Eze, U., & Danladi, S. (2023). Trauma-sensitive teaching strategies for Nigerian educators. *International Journal of Inclusive Education*, 12(5), 178-193.
14. Folarin, B., & Onwudiwe, E. (2022). Mental health support systems for traumatized children in Nigeria. *African Journal of Mental Health*, 6(2), 77-92.
15. Lieberman, A. F., et al. (2015). Trauma-informed early childhood interventions: Evidence-based practices. *Zero to Three Journal*, 35(3), 10-18.
16. Lukong, V., & Usman, A. (2024). Community resilience and trauma recovery in post-conflict regions: The case of Kaduna State. *Journal of African Conflict Studies*, 9(1), 45-60.

17. Lukong, V., & Folarin, O. (2024). Teacher training needs for trauma-affected classrooms in Nigeria. *Teacher Education Quarterly*, 21(2), 112-128.
18. Mohammed, K., & Yakubu, M. (2022). Adverse childhood experiences and academic performance in Northern Nigeria. *Journal of Educational Psychology*, 14(4), 201-216.
19. Nwankwo, G., & Yusuf, B. (2022). Parental attachment and trauma recovery in early childhood. *Journal of Child and Family Studies*, 11(3), 89-104.
20. Obasi, C., & Chukwuma, E. (2024). Therapeutic interventions for childhood trauma in low-resource settings. *Global Mental Health Journal*, 7(1), 34-49.
21. Obasi, M., & Lawal, F. (2024). Trauma-informed school policies in Nigeria: Challenges and opportunities. *International Journal of School Psychology*, 5(2), 67-82.
22. Obasi, O., & Uzoho, C. (2023). The impact of displacement on childhood trauma in Kaduna State. *Journal of Refugee Studies*, 8(4), 210-225.
23. Obasi, T., & Yakubu, N. (2023). Cultural trauma and child development in Northern Nigeria. *African Journal of Cultural Studies*, 12(3), 145-160.
24. Odu, K., & Ibrahim, L. (2022). Play therapy as an intervention for traumatized children in Nigeria. *Journal of Child Psychotherapy*, 18(2), 90-105.
25. Ogundele, M., & Adeyemi, S. (2022). Behavioral manifestations of trauma in Nigerian preschool children. *Early Childhood Research Quarterly*, 39, 123-138.
26. Ogundele, T., & Hassan, A. (2022). Teacher perceptions of trauma-related behaviors in Nigerian classrooms. *Teaching and Teacher Education*, 45, 156-170.
27. Ogunyemi, D., & Adediran, O. (2024). Trauma and language development delays in Nigerian children. *Journal of Speech and Language Pathology*, 9(1), 78-93.
28. Ogunyemi, F., & Alabi, R. (2024). Socioeconomic factors and childhood trauma in Northern Nigeria. *Journal of Social Development in Africa*, 19(2), 112-127.
29. Okoro, E., & Sule, A. (2022). Resilience-building programs for trauma-affected children in Nigeria. *Child & Youth Services*, 43(3), 210-225.
30. Oladele, J., & Garba, I. (2025). Long-term effects of early childhood trauma on adolescent mental health in Nigeria. *Journal of Adolescent Health*, 60(4), 456-470.
31. Olawale, S., & Obasi, K. (2023). Trauma-sensitive curriculum development for Nigerian schools. *Curriculum Studies Journal*, 14(3), 178-193.
32. Olayemi, Y., & Yusuf, M. (2025). The role of religious institutions in trauma recovery for children in Northern Nigeria. *Journal of Religion and Health*, 64(2), 567-582.
33. Perry, B. D., & Szalavitz, M. (2017). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook*. Basic Books.
34. Salisu, A., et al. (2025). Community-based mental health interventions for traumatized children in Nigeria. *African Journal of Psychiatry*, 28(1), 34-49.
35. Shonibare, D., & Yakubu, R. (2022). Child protection policies and trauma mitigation in Nigerian schools. *Journal of Child Rights*, 10(4), 201-216.
36. Shonkoff, J. P., et al. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.



- 
37. Sule, B., & Omole, O. (2022). Neurobiological impacts of early trauma: Implications for Nigerian educators. *Journal of Neuroscience and Education*, 7(2), 89-104.
  38. Tukur, M., & Ndoma, S. (2024). Psychosocial support for trauma-affected children in post-conflict Northern Nigeria. *Journal of Traumatic Stress Studies*, 12(3), 145-160.
  39. UNESCO. (2023). *Inclusive education for children affected by trauma: Global best practices*. UNESCO Publishing.
  40. Usman, H., & Garba, P. (2024). Teacher self-efficacy in managing trauma-related behaviors in Nigerian classrooms. *Teaching and Learning Journal*, 19(1), 55-70.
  41. WHO. (2024). *Mental health and psychosocial support for children in humanitarian settings: Guidelines for caregivers and educators*. World Health Organization.
  42. Yakubu, N., et al. (2024). Intersection of poverty and childhood trauma in Northern Nigeria. *Journal of Child Poverty*, 30(2), 123-138.