Race Equality Foundation

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PAPER 1

Understanding the development of childhood trauma and trauma-informed practice in Britain

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Background

This paper is part of a series exploring the relationship between racism, trauma, and intergenerational trauma in the lives of Black, Asian, and minority ethnic children, young people, and families in Britain. It examines how trauma-informed practice has developed and questions whether current approaches meaningfully address the unique needs and lived experiences of ethnically minoritised communities.

Introduction

Over the past two decades, trauma has become an increasingly prominent focus in research, particularly in the fields of health, social care, education, childhood development, and criminal justice (Kang and Burton, 2014; Altintas & Bilici, 2018; Isobel et al., 2019; Lai et al., 2019; UKTC, 2020; Adjei et al., 2021; Lewis et al., 2021). This expanding interest has contributed to a deeper recognition of how trauma affects all aspects of children's development, especially in relation to health, wellbeing, and educational outcomes (Arseneault et al., 2011; Isobel et al., 2019; Lacey et al., 2022).

Recent events—most notably the COVID-19 pandemic and the resurgence of the Black Lives Matter movement—have intensified this focus, especially for children and young people from Black, Asian, and minoritised ethnic backgrounds (Curtas, 2020; EIF, 2021, 2022; UKTC, 2021). These global developments drew attention to the disproportionate impacts of trauma and mental health challenges on Black, Asian, and minoritised ethnic children, highlighting long-standing structural inequalities and the cumulative effects of racism.

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Understanding childhood trauma

Childhood trauma is broadly understood as a psychological response to distressing events experienced during childhood. These experiences can have profound and lasting effects on emotional regulation, cognitive development, and long-term health outcomes (Reeder et al., 2017).

Early understandings of trauma primarily emerged from research focused on poverty and deprivation (EIF 2020; EIF, 2022). Scholars linked poor-quality housing, food insecurity, exposure to violence, and chronic stress with negative developmental outcomes (Brooks-Gunn and Duncan, 1997; McLoyd, 1998). While this correlation remains valid, such frameworks lacked explanatory power for why children exposed to similar socio-economic conditions often have differing outcomes.

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In response, the Adverse Childhood Experiences (ACE) framework was developed to identify specific childhood adversities associated with long-term negative effects (EIF, 2022; Lacey et al., 2022). Some of the major recognised ACEs include parental separation, mental ill health, alcohol and substance misuse, physical, sexual, mental, and emotional abuse, and domestic violence (Lacey et al., 2022). Later revisions proposed broader definitions, incorporating poverty, racism, and unsafe environments as additional forms of adversity (Metzler et al.,2017; Mantovani and Smith, 2021). Childhood trauma can therefore include both ACEs as well as events related to the DSM-5 trauma criteria (Sun et al., 2024). This latter criterion defines trauma as "being exposed to actual or threatened death, serious injury, or sexual violence" in one or more of the following ways: experiencing, witnessing, learning this happened to a close family member or friend and being repeatedly exposed to details about the traumatic event (NICE, 2023).

Critiques and expansions of the ACE framework

The ACE framework has been foundational, but it has also drawn criticism for being overly deterministic and insufficiently attentive to context. Critics argue that it does not account for how social, cultural, and structural factors shape individual responses to adversity (EIF, 2020; Mantovani and Smith, 2021). Additionally, it struggles to incorporate the cumulative and ongoing nature of systemic traumas, such as racism or discrimination.

Contemporary understandings now treat ACEs as one category of trauma, nested within broader frameworks that include DSM-5 trauma criteria—exposure to actual or threatened death, serious injury, or sexual violence (NICE, 2023). This expansion allows for more nuanced recognition of traumatic experience across multiple domains.

The UK Trauma Council defines trauma as "the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact". In this conceptualisation, trauma is primarily viewed as an individual, event-based experience originating from a single traumatic incident affecting one person (EIF, 2022). It is seen as having a negative and lasting impact, identified through specific symptoms or responses, with limited attention to how trauma may manifest differently across individuals.

The impact of childhood trauma on early development

The effects of trauma during early brain development are well-documented (Sun et al., 2024). Exposure to trauma can interfere with self-regulation, emotional processing, and physical health (Arseneault et al., 2011; EIF, 2022). According to the UK Trauma Council (2022), one in five children in Britain experience complex trauma (Office for National Statistics, 2020; UKTC, 2022), and 31.1% of young people aged 16–24 have had symptoms of PTSD by age 18 (Lewis et al., 2019).

The effects of childhood trauma on the outcomes and development of children and young people are also increasingly understood. Research has found that those who have experienced childhood trauma are twice as likely to experience mental ill health in comparison to peers who have not experienced trauma (Lewis et al., 2019).

Long-term outcomes include higher risks of depression, anxiety, substance misuse, cardiovascular disease, and relational difficulties (Arseneault et al., 2011; CMH, 2020; EIF, 2022). However, these outcomes are not inevitable—children's responses are shaped by contextual and structural factors, including access to support and protection.

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The rise of trauma-informed practice

In response to the growing awareness of childhood trauma, trauma-informed practice (TIP) has emerged as a prominent approach across sectors. TIP acknowledges the widespread prevalence and impact of trauma and aims to shape services to avoid re-traumatisation and promote recovery (OHID, 2020; EIF, 2022).

Recent guidance from the WHO and the UN (2023) has called for a trauma-informed approach to mental health that moves away from the rigid, numerical ACE model. Instead, it advocates for anti-oppressive and anti-pathology health models, recognising that previous approaches have caused harm, discrimination, and stigma for individuals and communities.

Trauma-informed practice aims to recognise the widespread nature and impact of trauma and seeks to better support individuals to effectively access and engage with public services and practitioners. When trauma-informed practice is delivered effectively, it should result in people feeling safe, empowered and more willing to seek support in the future (EIF, 2022). Whilst there is not an agreed upon definition of trauma-informed practice or set of principles, the Office for Health Improvement and Disparities (2021) define it as "an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development".

Key principles of TIP include safety, trustworthiness, choice, collaboration, empowerment and cultural consideration (OHID, 2021). This approach encourages professionals and service providers to be aware of the likelihood that people seeking support have experienced trauma, and to respond in ways that reduce the risk of re-traumatisation (OHID, 2022; WHO, 2023). This includes avoiding practices that may dismiss or invalidate people's experiences such as failing to acknowledge experiences of racism, or demonstrating cultural insensitivity (EIF, 2022; OHID, 2022). TIP is not a substitute for clinical treatment but serves as a complement to therapeutic models, fostering more supportive environments (EIF, 2022).

Effectiveness and limitations of trauma-informed practice

Emerging evidence shows that well-implemented trauma-informed practice can enhance engagement, reduce PTSD symptoms, and improve long-term mental health outcomes (Bryson et al., 2017; EIF, 2022; OHID, 2022). Benefits include improved engagement with children and families affected by trauma and adversity, better signposting to services, and stronger trust between individuals and service providers (OHID, 2022). Evidence also suggests that trauma-informed practice can lead to better mental health outcomes, including increased engagement from service users, improved relationships between service providers and users, and a reduced risk of re-traumatisation (Fallot et al., 2009).

The development of trauma-informed practice appears to build on previous theorisations about unequal experiences of childhood and is an increasingly used approach when addressing inequalities in health, the criminal justice system, social care and education (Becker-Blease, 2016; EIF, 2022). An EIF study (2022) found that 50 out of 58 local authorities in England who responded to an inquiry offer some kind of trauma-informed care to their community. Simultaneously, social workers, teachers, and health and care professionals are being encouraged to use a trauma-informed approach in their practice.

Despite growing adoption of TIP across health, social care, and education sectors, significant gaps remain. One issue is the inconsistent implementation of TIP principles across organisations. Studies have found that effective delivery requires whole-system change, not just individual practitioner awareness (Huo et al., 2023).

Another concern is the lack of robust, long-term evidence evaluating the effectiveness of TIP interventions. The Early Intervention Foundation (2022) highlights that few TIP programmes have been evaluated for sustained impact, especially in diverse communities.

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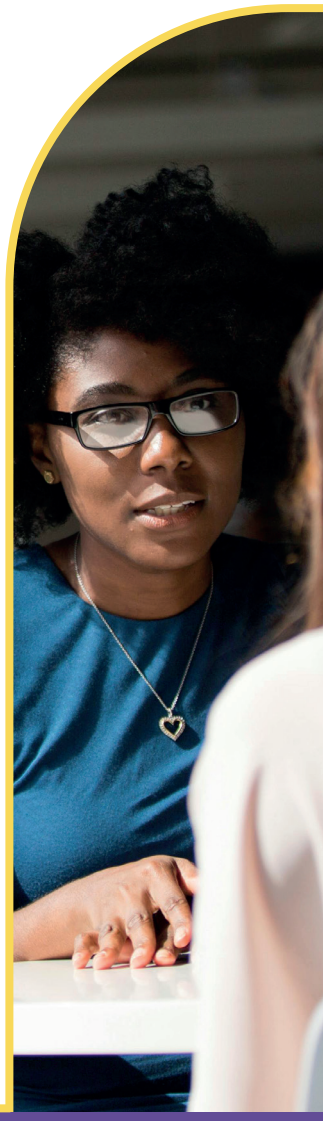
Racial equity and inclusion in trauma-informed practice



Despite calls for inclusivity, trauma-informed practice in Britain has not meaningfully addressed the specific needs of Black, Asian, and minoritised ethnic communities. Racism and discrimination are rarely acknowledged as trauma-inducing experiences, even though evidence demonstrates their profound psychological impact (Prajapati and Liebling, 2021; Castro-Ramirez et al., 2021).

Although cultural consideration is listed among TIP principles, implementation guidance remains vague. For instance, the most recent comprehensive review of trauma-informed care in England, conducted by the Early Intervention Foundation (2022), did not specifically examine how Black, Asian, and minoritised ethnic groups engage with trauma-informed practice or the role of racism and culture in their lives and experiences. While the review encourages cultural sensitivity, it offers little detail or practical guidance on how to implement this (Lester, 2021; EIF, 2021; OHID, 2022). Similarly, NHS OHID guidance includes 'cultural considerations' as a principle but lacks clear implementation steps. This suggests trauma-informed practice in Britain may not adequately reflect or address how trauma is experienced among Black, Asian, and minoritised ethnic groups.

Another concern is the lack of existing measures as to the short and long-term impact of trauma-informed practice (EIF, 2022), while fear of having experiences of racism dismissed or misunderstood continues to deter engagement with public services. Without recognition of systemic racism as a valid source of trauma, trauma-informed systems risk further harming communities they seek to support (Smith and Martin et al., 2021).

Reimagining trauma-informed support for Black, Asian and minoritised ethnic communities

Trauma-informed practice has gained traction as a promising framework for addressing the widespread impacts of childhood adversity. However, there is a notable gap in understanding whether trauma-informed approaches are accessible, appropriate, or effective for Black, Asian, and minoritised ethnic communities. The current frameworks of TIP largely omit the realities of structural racism and its traumatic effects.

This paper has highlighted the historical development of trauma theories, the evolution of trauma-informed practice, and the gaps that remain—particularly around racial inclusivity. It calls for a reimagining of trauma-informed practice that places equity, anti-racism, and structural awareness at its core. For TIP to be effective and inclusive, it must explicitly recognise the role of racism and systemic inequality in shaping trauma experiences and recovery.

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