

Being Trauma-Informed in Cambodia: Practice Considerations for Professionals Working with Children and Trauma

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Abstract—There is limited research and few published studies that look specifically at how teachers are utilizing a trauma-informed approach in their classrooms. Although trauma models exist in resource rich countries, information that explores the implementation and practice of these models is largely missing in the literature concerning resource poor countries. This article explores Hagar International Cambodia's trauma-informed education model and the experiences of therapists and educators working with traumatised children.

Index Terms—Cambodia, trauma-informed education, intergenerational trauma, implications for practitioners working with trauma, social work.

I. INTRODUCTION

Much has been written about 'trauma-informed care' utilised in prisons and institutional settings that is relevant to social workers in developed countries, who are often at the front line of trauma with their clients across a broad spectrum of settings including schools [1]-[5]. However, there is a scarcity of literature in the area of trauma-informed education models, particularly trauma-informed practice in developing countries. This article explores the trauma-informed perspective more fully through Hagar International Cambodia (hereafter Hagar) who have implemented a Western trauma-informed care model in 2012 and a trauma-informed classroom model in their 'catch up' school in Phnom Penh in 2015. The non-government organisation Hagar has been operating in Cambodia for over 20 years, long enough to see some of their 'children' successfully complete their education and go on to university. This is a significant achievement for Hagar and importantly the children, as many students have experienced considerable trauma in their young lives.

Hagar delivered trauma-informed training to their primary school teachers in October 2015 [6]. This article draws on data obtained from a study conducted over a six week period in early 2016 and it explored the trauma-informed practice with 14 individuals working in Hagar's 'catch up' school in Phnom Penh and they include teachers, social workers and clinicians who work with traumatised children on a daily basis. Findings indicate a convergence of trauma-informed themes, including: encouragement and empowerment, behaviour

management strategies, collaboration and relationship with others, trauma challenges and healing from trauma. This article draws on the findings of this study and then provides a discussion about the context in which Hagar operates and the key components of Hagar's trauma-informed model and its application in their education setting.

II. TRAUMA AND EDUCATION: CAMBODIA'S SOCIO-HISTORICAL CONTEXT

Education has progressed slowly in Cambodia since its first high schools opened in the late 1930s, with higher education institutions following suit in the 50s and 60s [7]. The gains in education disintegrated during the Khmer Rouge (KR) regime in 1975 to 1979, when schools nationwide were ordered to close and teachers were among the first victims of the regime; an estimated 90% of teachers were killed by the KR regime [8]. The genocide under the KR regime was not only unparalleled, but by targeting educated adults it has resulted in a vacuum in the middle-aged population group in the current labour force; particularly evident among Cambodia's educated population including teachers [8].

The devastating outcomes of the genocide and then the twenty years of international isolation that followed continue to have broader societal implications [9], [10]. Cambodia is a vulnerable nation for human traffickers including for children and young adults and it continues to be a source, transit and destination country for human trafficking [11]. This vulnerability and the increase in human trafficking can be attributed to a number of factors including poverty and high-unemployment, increased tourism, a socio-economic imbalance between rural and urban areas and a lack of education and safe migration [12]. Child abuse and neglect needs to be seen in the context of Cambodia's history and culture, the devastation wreaked by the KR regime, intergenerational trauma and the current socio-economic climate which blends together to create a complex picture which does not lend itself to a simple explanation [9], [13].

Another consequence of the KR regime is the relatively high prevalence of post-traumatic stress disorder among survivors [10]. One national study found that 14.2% of the population continuing to suffer psychologically because of the trauma they experienced under the KR regime [14]. Given that more than 60% of present-day Cambodians were born post KR regime, there is substantial evidence of secondary traumatization in the children of KR regime survivors [9], [10], [14].

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Cambodians who experienced violence	81%
Cambodians who suffer from PTSD	28.4%
Cambodians who suffer from mood disorders	11.5%
Cambodians who suffer from anxiety disorders	40%

Sonis, 2009 [14]

Fig. 1. Prevalence of trauma and psychological disorders in Cambodia.

Among those affected by the KR trauma are parents, whose children’s attachment signals may trigger traumatic memories of their own childhood [10]. This may interfere with and compromise their ability to effectively function as parents which then impacts on their children’s psychological health and their engagement with Cambodia’s education system on various levels [15].

In relation to parents, it may be challenging to encourage those who have limited-to-no formal education to send their children to school, particularly when trauma symptoms are being manifested in the household [13], [14]. In relation to teachers, the qualified and experienced teachers in Cambodia do not receive adequate salary and many teachers have had trauma experiences themselves [10], [16]-[18]. In relation to students, it is argued that trauma is a significant cause of underachievement of children in schools worldwide, making learning even more challenging for affected children [19], [20], [21]. In Australia and the United States, trauma-informed practice in education has received growing attention as a way of responding to a range of trauma symptoms in the classroom [21]-[25]. Research on this topic and specific programs in schools has occurred in developed countries, as it has become increasingly important to identify how such trauma-informed practices are conceptualised and implemented in teaching and learning environments [26].

III. BEING ‘TRAUMA-INFORMED AT HAGAR INTERNATIONAL

The trauma-informed model developed by Hagar provides training that demonstrates to teachers how they can see students through a trauma lens, by trying to understand their student’s feelings, thoughts and behaviours as the symptoms of their trauma history [26]. The Hagar model is informed by the trauma work of American psychiatrists Perry [27], [28] and Siegel [29], but it also draws on the practical classroom models developed by Australian social worker Downey [23] from Berry Street and The Australian Childhood Institute [30] model, discussed in the next section. The overarching framework is based on the work of Scottish social workers, Happer, McCredie and Aldgate [31] who were commissioned by the Social Work Inspection Agency of Scotland to develop an understanding of what aids children in the child protection system to succeed in their studies. Hagar’s model and training materials provide a social work focus which is on the person-in-environment. For example, complex trauma is not understood by simply knowing ‘what happened’, but extended by an understanding the complexities of the trauma in relation to the lives of Hagar’s clients. This approach moves away from a purely medical model understanding of trauma and into a more holistic, strengths-based and contextual understanding of trauma. This approach takes into consideration the historical and generational trauma in

Cambodia resulting from the Khmer Rouge years, along with other factors that influence trauma such as gender, culture, age and developmental stage, personal characteristics, perception and problems faced following the trauma [8]. Hagar’s trauma-informed approach is strengths based, endeavouring to empower students in their learning and teachers in their teaching by providing an environment where they are ‘Safe, Welcomed and Supported’ [6].

IV. SAFE, WELCOMED AND SUPPORTED

The impact of abuse and neglect can be seen in the social functioning of children presenting with particular behaviours such as: the need to control, attachment difficulties and poor peer relationships [6], [25], [32]. This presents a variety of challenges for teachers at Hagar as children who have experienced trauma are often left unable to manage strong emotions, recognise and understand their emotional and physical states which, affect their judgement and ability to make rational decisions, as they lack trust in the world [21]. Recovery from trauma in childhood does not take place in isolation and is contingent upon empowerment and the formation of new social connections, with adults and young peers of the survivor [20]. For teachers, understanding the complexities of trauma can aid in seeing beyond disturbed behaviours in the classroom and the need to create connections and diffuse conflict [33], [34].

V. TRAUMA-INFORMED PRACTICE MODELS AND CLASSROOM STRATEGIES

There have been multiple models developed for the implementation of practical classroom strategies for teachers working with traumatised children in developed nations, primarily from the United States. For example, Bloom’s early work in her ‘Creating Sanctuary’ Model, looked at the classroom much like a therapeutic community [35]. Bloom encouraged teachers to provide an environment that was trauma-sensitive by being ‘trauma-organized’, redirecting the trauma-scenario (repetition of behaviours) and self-destructive habits, by changing the direction of play [35]. The National Child Traumatic Stress Network Complex Trauma Taskforce built on Bloom’s work with the ARC Model (attachment, regulatory, competencies) [33]. The Victorian State Government’s ‘Calmer Classrooms’ is a more detailed, extensive model than the model developed by the NCTSN yet the similarities are evident [23], [34]. The Calmer Classrooms booklet was designed for teachers and school personnel to assist them to understand and work with children who have been affected by trauma. Furthermore, recent research and current Australian trauma-informed models draw heavily on the work of Bruce Perry and The ChildTrauma Academy, who have produced many publications, focusing on the impact of trauma on the neurodevelopment of a child’s brain [27], [28]. The Australian Childhood Foundation (2010) draws on the literature about the neurobiology of trauma and applies it to working with children who have experienced trauma, using examples to highlight some of the actions taken through the

implementation of Strategies for Managing Abuse Related Trauma (SMART) Program; a national collaboration with the Department of Education and Children Services since 2004 [30]. The relationship-based approach in the SMART Program details how a teacher may enable a traumatised child to stay in mainstream schooling, which is consistent with several other trauma-informed models [4], [23] [30], [33], [35]. All the models contain sections on teaching children to self-regulate and they focus heavily on the teacher-student relationship within the self-regulatory process. By understanding the motives behind the behaviour and modelling appropriate behaviours – “educators may maintain an even keel during a storm” [36]. Key points to teach self-regulation include: diffusing conflict, creating connections and planning for challenging incidents, optimizing self-care for teachers and participating in school support systems [11], [23], [37]. Most importantly, the fundamental concept in teaching traumatised children to self-regulate is for teachers to be in control of the relationship without being controlling [33]. The teacher should set the “tone, rhythm and emotional quality” (2007, p.18), as eventually the child will begin to develop trust and not try to control the emotions of the teacher [23].

VI. THE TRAUMA LENS: MANAGING AND RESPONDING TO A CHILD WITH CHALLENGING BEHAVIOURS

The trauma-informed literature indicates that researchers can explain the neurobiological impact that trauma can have on learning and what many teachers have been witnessing in their classrooms for years [38]. These studies were conducted by public health experts, neurobiologists and psychologists and they have led to greater empathy and a change in perception about what may underpin the challenges certain students may face in school, a context in which ability to learn is vital to the wellbeing and empowerment of children [1], [39]. The trauma-informed lens provides an approach where students and their learning, behaviour, and relationships can be seen and understood.

Even with the best intentions, sometimes a teacher will lose patience with a student who might need it the most as “Intellectual understanding and compassion may get lost in the heat of a trying moment” (2013, p.32) [39]. This is an area where the Australian models go into great detail with suggested lesson plans, sensory activities, ‘grounding games’ and suggestions on how to ‘make space’ and respond to individual students experiencing a heightened stress response [23], [30], [33], [34], [17]. Brunzell et al advocates for the use of mindfulness techniques and breathing exercises to essentially calm a student (and responding teacher) who is experiencing a state of hyper-arousal and activated stress response [33], [34]. Once the child has been startled by a trigger, the developing brain imprints the emotion felt at the core of the trauma (as well as the defense used against it) and the child’s behaviour may cause a negative response from the teacher who feels frustrated or angry. The child is using the right hemisphere of the brain, so is not using their cortex to interpret the teacher’s response and is primed to perceive ongoing threat – which is most likely the defense state they

used at the time of the initial trauma. How a teacher responds to the child in this state is paramount, as for recovery from trauma to occur the child must learn how to trust again and build social connections with others.

VII. HAGAR INTERNATIONAL TRAUMA-INFORMED RESEARCH OVERVIEW

The researcher is a member of the Australian Association of Social Workers (AASW) and bound by the AASW Code of Ethics for culturally sensitive practice. The Code mandates that whilst engaged in research, researchers undertakes specific ethical responsibilities and observes the conventions of ethical scholarly inquiry; as per the requirements of ethical conduct in human research [40]. Informed consent was obtained from individuals and Hagar. Approval was obtained by both Deakin University Human Research Ethics Committee (DUHREC) and the Cambodian Ministry of Health (MoH) in December 2015. Informed consent was a requirement and ensured that participants fully understood confidentiality for example, returning the consent form implied consent to participate in the research.

The study conducted at Hagar used an interpretive description approach, combining a Focus Group Discussion (FGD) and ten semi-structured interviews with teachers, clinical staff and social workers who were purposively selected. The interviews were audio recorded and conducted in Khmer. Interviews were then transcribed into English and analysed using a thematic analysis approach, with field notes being used to orientate data collection and challenge or confirm the analysis [41].

This paper focuses primarily on the findings of this study, locating Hagar’s trauma-informed practice within the existing body of literature. The findings from the study contain themes of empowerment; behavioural management; relationships with others; challenges; and healing from trauma, consistent with research and models in the trauma-informed field. Overall, the research demonstrated that the teachers at Hagar had found trauma-informed training of great benefit to their teaching practices, classroom management and understanding of both themselves and their students at the Community Learning Centre (CLC).

VIII. ENCOURAGEMENT AND EMPOWERMENT

During interviews we explored CLC teachers’ trauma-informed practice and asked them all the following question: ‘If you could choose only one, what is the most important point in working with traumatised children?’ The majority of participants cited encouragement as the key to teaching traumatised children. This was the CLC’s teachers’ primary goal when they were teaching traumatised children. The teachers went on to describe and expand on the term encouragement and what it meant, by using words such as ‘patience’, ‘repetition’ and ‘love’. The theme of encouragement also fits with Hagar’s training and the overall trauma-informed approach which is strengths based, endeavouring to empower students in their learning by providing an environment where they are ‘Safe, Welcomed

and Supported' [6].

A trauma-informed approach was also evident in some of the language teachers used to describe how they understood and responded to student behaviour. Terms such as 'trauma lens', 'trauma glasses' 'triggers' 'tipping point' 'time in' strategies were used by teachers when they were talking about movement and mood regulation activities that were 'good for the brain'. How teachers utilised this information and new-found terminology was apparent when they spoke about empathy and understanding and how 'every behaviour tells a story'. This language is also present in the literature on trauma-informed practice [26], [36]. However, what was not included in the literature or Hagar training program, but was evident during field work, is Hagar's commitment to social work values and their overall approach to advocacy, empowerment and anti-oppressive practice and social justice and these practices, filters through all their activities. The link between Hagar's services is the clinical team, as all students at CLC attend counselling each week. Hagar's work continues to break the silence of abuse not only for trafficking victims, but also by empowering children in communities to get an education and be safe from violence.

IX. BEHAVIOUR MANAGEMENT STRATEGIES

Empowering children to get an education and feel safe in the educational setting requires purposeful and informed behaviour by the teachers. The co-regulation of emotions featured heavily in reflections made by participants on their practice, as many made the link between their emotional states and that of the children. Teachers spoke about maintaining calm, building trust, smiling, never raising their voice, being patient and aware of their own mood when responding to a distressed child. This calm demeanor and the ability to build a trusting and stable connection with a child, is one of the key elements in the trauma-informed literature and classroom education models [4], [26], [33], [41]. Specific strategies such as the time-in corner, where the teacher has the child sit near them, pairing the trauma and 'non-trauma' students, creates an environment that mitigates a child reaching the tipping point to begin with. This is reflective of Bloom's Creating Sanctuary Model in that teachers could develop a 'trauma-organized' classroom that redirected behaviours prior to escalation, creating a therapeutic community by changing the direction of play [35]. Also understood by Hagar teachers is the use of song and movement (even during a math class) to help students self-regulate emotions and impulses.

Language and communication techniques played an important role in responding to a child in a state of hyper-arousal or disassociation. Although these two terms were not used in any of the interviews, comments were made about the gender differences in behavioural response, outbursts, fighting and bullying, silence and crying, not 'wanting anyone near them' which are all visible behaviours often associated with trauma [27]. How a teacher understood and responded to the complexities of trauma aided in seeing beyond disturbed behaviours and diffusing conflict [23], [24]. Positive reinforcement, using sweet words, repetitive instruction, role modelling, time, persistence, love and

building of a trusting relationship, were tools teachers used to manage student behaviour and aid in the regulation of emotions. This relationship-based approach is consistent with the literature, by understanding the motives and modelling appropriate behaviours teachers may embody a trauma-centred approach [26], [30], [34], [35], [39].

X. RELICTIONS WITH OTHERS

An unexpected finding was that the trauma-informed training appeared to go some way in bridging the gap between the clinical team and the educational arm of Hagar, with some teachers suggesting a better understanding of the role of psychology and importance of counselling for clients. Participants with a social work and counselling background commented that there had been some friction between the two areas of work, as teachers lack an understanding of the role of counselling and what they did with the children. This highlights how approaches common to social work may inform education models, not just in trauma-informed practice, but also by introducing debriefing and reflective process among educational staff working with traumatised children. This allows opportunities for mindful practice to occur, as an integral part of debriefing and reflective processes.

There is no formal debrief structure or process for teachers outside of the informal meetings with the principal of CLC. Even though teachers working with traumatised children are likely to be exposed to stressful environments which can impact on their mental and physical health, it is the connections with others that are the main resilience factors [42], [43]. These connections play a big role with CLC staff and whilst on school premises, I attended one of their afternoon teas and found that the bond shared in the team is unmistakable. The clinical team is not based on CLC premises, so a coming together of these two teams to share a meal and chat informally on a regular basis may be logistically challenging.

XI. CHALLENGES IN THE TRAUMA-INFORMED CLASSROOM

The trauma-informed social work perspective highlights structural factors associated with disadvantage and vulnerability to trauma and this holistic view of trauma was also evident in the findings [3], [44]. At the beginning of the study I had made an assumption based on the trauma literature, that when participants were asked about the challenges, their responses would focus on challenging behaviour in the classroom. However, many of the examples given by teachers reflected a wider context outside of the classroom such as children's experiences of poverty and domestic violence. This expands upon the medical model of understanding trauma and the brain, into a more holistic and contextual understanding of trauma. Participants spoke of the historical and generational trauma in Cambodia and the economic hardship faced by many families, along with alcohol abuse and violence in the community and home. Counsellors talked of 'Safe Plans' with the children, teaching them what to do if an external situation

escalates and where they can go to be safe. However, teachers commented that, some students come to class and re-enact the behaviour they saw at home.

This holistic view of trauma interconnects with participants own personal experiences with trauma, as a prospective challenge to the trauma-informed classroom. If a child discloses an incident or behaves in such a way that triggers a memory of a personal experience with trauma, this may potentially be emotionally challenging for a teacher or staff member [45]. Hagar's training in 2015 opened with an activity on what constitutes trauma and provided an opportunity for teachers to reflect on their own trauma histories [6]. Furthermore, participants' were commenting in interviews about their own personal experiences with trauma, such as living in poverty and experiencing violence when they were growing up. A clinical team member spoke about how this part of the training was confronting for some team members, who were encouraged to move freely in and out of the room during the activity to allow participants to feel emotionally safe.

XII. HEALING FROM TRAUMA

Feeling emotionally safe extends beyond the training room and into the classroom. Several teachers discussed how sometimes a child would confide in them and this could cause personal distress. However, instead of a 'boundary trespass' occurring where a teacher feels the need to 'save' a child, an unexpected sub-context of spirituality began to emerge in the interviews, with many participants talking openly about their religious practice as a self-care measure [35]. Downey (2007) acknowledges the distress teachers can feel when hearing about the maltreatment of a child, which in the long-term can put them at risk of vicarious trauma and compassion fatigue [24],[36],[37],[45],[46]. Other self-care strategies used by Hagar staff are their social connections, support of colleagues, debriefing and maintaining a sense of humour. This, as well as making time for personal hobbies and quiet reflection, which is important for professionals to find something outside of work to renew their spirits and energy [27], [37].

For the children, healing from trauma is contingent upon empowerment and the formation of new social connections with others [20]. Teachers spoke at length about love and trust, with many of them likening the relationship they have with the children to that of their own children. As the literature suggests, the impact of abuse and neglect is seen in the developmental delays and social functioning of children, which can often mature into antisocial behaviour as adults and poor health outcomes [29], [33], [47]. By understanding their emotional and physical states, Hagar teachers are essentially using love and understanding to create a safe space for learning where they feel welcomed and supported [6], [35]. The relationship between a child and a teacher can be one of the most powerful relationships that a trauma survivor will have in early recovery, as it is often the stepping stone for learning how to trust again [21].

XIII. IMPLICATIONS FOR SOCIAL WORK: WHERE TO FROM HERE

The impact of trauma on children and youth is often complex, effecting their education, general health, mental health and their ability to have trusting relationships with others [48], [49]. Because trauma symptoms are not compartmentalized into one tidy domain of their lives, it is essential that social workers, and professionals in a variety of other sectors (eg. education, health, mental health) grasp the core concepts of how to best work alongside those who have experienced traumatic events in their lives to ensure sensitive and effective service delivery [50], [51]. By understanding the neurology of trauma, clinicians can make better choices in their selection of therapy based on the modality of trauma. Or by assessing chronic somatic complaints through a trauma-lens, a physician is able to determine that additional interventions and supports beyond medication that are needed by the client [32]. Trauma-informed social workers, too, are able to assess whether the individual and family challenges observed may be symptoms of a larger concern: trauma.

It is generally agreed that many professions will potentially interact with individuals who have experienced the impact of trauma. Furthermore, such professions are likely to require additional training, supervision, and standards of practice to assist them to assess, treat, or educate a traumatised individual. This necessitates that we must ask the sensitive questions, even when on face value, it appears that nothing is amiss with the individual. Trauma experienced in childhood may have significant impact throughout the lifespan [48], [51]. We need to begin to quantify the impact of trauma regarding the loss of productivity in the workplace, the extra costs from "treating" mystery somatic complaints in a medical setting, and to evaluate underperformance or failure in a school or academic setting. If we took a moment to ponder such staggering financial and performance impacts that are a result of trauma, more attention would be granted to the topic by those who are policy makers, curriculum developers, school administrators, insurance providers, and other related professionals [39]. The financial implications are tremendous, but the emotional impacts of unresolved trauma for victims across the lifespan is on an even grander scale.

XIV. CONCLUSION

Abuse, exploitation, and difficult life events happen every day, and to escape trauma for a lifetime is nearly impossible. It is incumbent upon social workers and educators to begin taking better care of those who found themselves in the path of a traumatic event [51]. It starts with an awareness that such problems exist, and then training to improve the capacity of those working alongside those who are traumatised so that victims feel comfortable to share their stories and receive help [52]. It does not require additional higher degrees, but rather, to simply learn how to safely and carefully ask targeted questions when working with a client, a patient, or a student in your classroom. We won't mitigate the events that lead to trauma, but at least we can improve the manner in which we engage with those who are suffering from it; this is a noble task worth pursuing.

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