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Research Article

Exploring trauma-informed care in Nigerian secondary schools: The school counsellor's experiences

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Schools can be the best places for students to get the support they need after experiencing trauma, but there don't seem to be enough studies on how secondary schools handle trauma. This study investigates the experiences of school counselors providing trauma-informed care (TIC), illuminating obstacles and methods for guaranteeing successful trauma care. A qualitative methodology was chosen based on a semi-structured interview guide. The themes and patterns from the data collection were presented through a thematic analysis of the collected data. The study produced three themes to answer the research questions. According to the findings, 50% of the participants knew about the TIC approach. A few counselors exhibited techniques for assisting students who have experienced trauma, like questioning and probing the student to learn more about their life circumstances. Additional assistance, such as workshops, training, and programs pertaining to trauma-related care, was also mentioned. The research findings yielded significant insights for educational ministries and administrators regarding the necessity of psychological services within the school, ultimately enhancing the quality of support for students.

Keywords: School counsellors, students, secondary schools, trauma, trauma-informed care

1. Introduction

Trauma has become a public health issue in developing nations and has reached epidemic proportions. This is primarily because of the increased number of loved ones passing away, threats to their safety, incidents of sexual and personal violence, crimes they have been victims of, violence against intimate partners, and accidents (Amaefule et al., 2020). An adverse effect on a child's socio-emotional, cognitive, and physical development can result from exposure to a traumatic event. Developmental delays and issues with executive functioning may also become more likely. This could have an impact on the child's schoolwork as well as lead to mental health concerns, substance misuse, or delinquency (Okereke et al., 2022). An experience that a person feels could endanger their life or the lives of those around them is considered traumatic (Clark et al., 2014). According to Abiona et al. (2019), at least half of all Nigerian children have already gone through a traumatic experience. In urban environments, many children reside in child-headed households, single-parent households, or households headed by grandparents or other caregivers. Kids from these backgrounds and environments don't often have access to the help they need to get over their trauma (Hardcastle & Oteng, 2021; Thomas et al., 2019).

According to reports, between 40 and 100 percent of children in Nigeria have experienced some form of trauma (Gwaram et al., 2021). Many additional issues, including social, emotional, cognitive, academic, and learning difficulties, can arise in children and adolescents who have experienced trauma (Crosby, 2015; Maynard et al., 2019). The National Child Traumatic Stress Network (NCTSN, 2017) has emphasized that even in cases where a traumatic event does not lead to clinical symptoms like depression, anxiety, or posttraumatic stress disorder [PTSD], it can still have a significant effect on all major domains of functioning, including cognition and learning. This can affect an individual's capacity to pay attention, retain information, and interact positively (Atallah et al., 2019). Numerous tragic incidents have already been experienced by children and

adolescents, according to studies based on the traumatic experiences of children in Nigeria. These incidents include car accidents, violent crimes, sexual and physical abuse, hijackings, robberies, and acts of political, domestic, or community violence (Adeloye, 2012; Lawrence, 2019). According to Abiona et al. (2019) and Onyemah and Omoponle (2022), these experiences may negatively impact how students attribute themselves to others and their futures.

The last fifty years have seen a global evolution in trauma care owing to lessons learned from war, medical research advances in critical care and imaging technology, and the quick transfer of trauma victims to suitable facilities for final management, which has increased trauma survival (Berliner & Kolko, 2016). Teachers must support students of all ages who have experienced trauma because it is significant that children and adolescents experience trauma in different ways. Students who don't receive enough support from their families depend on their teachers to give them the help they require. While many schools do not screen for trauma or offer resources to assist children in overcoming trauma, Blaustein and Kinniburgh (2010) contend that schools are an ideal setting for children to receive mental health treatments to overcome trauma. Therefore, to begin thinking about how to respond to children who have experienced trauma, it might be necessary to think about creating a trauma-informed care system inside schools. Overstreet and Chafouleas (2016) state that awareness of the prevalence of trauma exposure is growing, especially concerning children and adolescents. Consequently, the trauma-informed care movement has gained momentum in response to the needs of the traumatically affected person. According to Overstreet and Chafouleas (2016), this movement implies that the system's policies and procedures need to be changed to respond to traumatized children. Pinnock et al. (2015) describe this approach as empowering since it considers the children's strengths, context, and resources. According to SAMHSA (2014), it also acknowledges the consequences of trauma and works to prevent children from being re-traumatized by realizing, recognizing, and responding to it.

By utilizing all facets of the educational system, including policies and procedures that create safe and supportive learning environments, trauma-informed school approaches aim to lessen the effects of trauma and support healing, growth, and change (Bosqui et al., 2017). This supports the well-being and development of all students, empowering them to successfully manage their emotions, pay attention, and thrive academically and socially (Wall, 2020). To prevent the "accumulating risks of school failure" that youth with histories of childhood adversity face, there is a strong push for trauma-informed school-wide approaches (Becker-Blease, 2017; Overstreet and Chafouleas, 2016). However, there is a great deal of variation in the way trauma-informed interventions are implemented in schools. Additionally, little is known about the components of trauma-informed care in schools, whether they vary depending on the demographic, and how these components affect outcomes.

Many teachers were unable to give students the support, attention, or interventions they needed to improve their response to Trauma because they were unaware of the existence of trauma-informed care (Teicher & Khan, 2019). Nonetheless, many educators are unaware of the part they can or should play or the kind of assistance that such students need. Thus, educators stand to gain from studying the impacts of trauma and how best to assist students. To improve the resilience of students who have experienced traumatic events, the management team and school support staff can work together to make the necessary changes to the school and pertinent policies and protocols (Jones et al., 2018). They may also introduce trauma-informed practices to assist students in coping with trauma. This study, however, aims to fill what appears to be a vacuum in the literature by investigating trauma-informed care in secondary schools in Nigeria. The researchers have determined that it is critical to carry out research from this perspective to implement or modify policies within a school system and shift practices and procedures in the direction of trauma-informed care. Therefore, this study investigated trauma-informed care in Nigerian Secondary Schools and the School Counsellor's experiences.

2. Trauma-Informed Care

The delivery of trauma-related services through trauma-informed care was initially pioneered by mental health specialists, medical professionals, and social workers. However, it has been extended and made accessible in a number of contexts, such as criminal justice facilities, schools, and child welfare agencies (Clark et al., 2014; SAMHSA, 2014; Wilson et al., 2013). In addition to intervening and rehabilitating those who have already experienced trauma, it is a strength-based approach (Rumsey & Milsom, 2019). The strategy is used in programs, organizations, or systems to understand the effects of trauma, respond to them through practices and policies, and further mitigate those effects. All organization members stand to gain from this. It acknowledges the frequency of trauma in society and aims to comprehend the impact of trauma on the nervous system, the body, the mind, and the soul (Scanlon et al., 2019). In addition to ensuring the psychological, emotional, and physical security of individuals receiving services, the organization can empower and instill a sense of control in trauma survivors (Kimberg & Wheeler, 2019).

2.1. Trauma-Informed Care in Schools

Prioritizing academic domains has long been the focus of school-based outcomes; however, in recent times, attention has shifted to the relationship between school achievement and social, emotional, behavioral, and mental health outcomes (Chafouleas et al., 2016). Because trauma is common and has an impact on children's and adolescents' brain development, learning, and behavior in addition to affecting socioemotional growth and academic achievement, schools can gain by concentrating on implementing trauma-informed practices on a school-wide basis (Maynard et al., 2019). It is acknowledged that any organization or system, like a school, should offer attention from all system levels and through all practices, even though there is disagreement on the definition of trauma-informed school practice (Luthar & Mendes, 2020). School social workers and counselors shouldn't be the only ones handling this (Wiest-Stevenson & Lee, 2016). Thus, educators and other staff members can assist students of all ages who have experienced trauma.

Programs for appropriate trauma-informed care can be implemented to assist educators in responding to trauma (Walkley & Cox, 2013). Programs and practices must consider what occurs on school property and in a child's home (Luthar & Mendes, 2020). To help educators avoid compassion fatigue or vicarious trauma, it should also assist them in managing their self-care (Isobel, 2021). In addition, traumatized children are frequently mislabeled as having conduct disorder, ADHD, ODD, or defiance (Walkley & Cox, 2013). Instructors need to start thinking differently about students who exhibit challenging behavior and try to figure out why they are acting that way (Dorado & Zakrzewski, 2013).

2.2. Principles of Trauma-Informed Care

All healthcare, mental healthcare, and social care providers are advised to abide by the six fundamental principles of the trauma-informed approach, which also adheres to set procedures or practices. Because they are founded on a comprehensive understanding of the effects of trauma on individuals, their communities, and their relationships, they act as a guide for the development of trauma-informed systems. They can be used in various contexts, including youth settings, and they also mirror the attitudes, values, and beliefs of those who employ a trauma-informed approach (Kimberg & Wheeler, 2019).

The first principle of trauma-informed care is safety, which ought to permeate every trauma-informed institution. This is done to ensure that everyone in an organization feels physically and mentally safe (SAMHSA, 2014). All members can cooperate to guarantee the physical environment and ensure these organizations' safety. This includes keeping an eye on who enters and leaves the building, employing security guards to patrol the area, lowering noise levels, utilizing friendly language and signage, making sure all areas are easily accessible to those who are a part of the organization, and making sure common areas, restrooms, entrances, and exits are safe and well-lit.

Safety concerns should also extend to the school or the socioemotional setting. Members of the organization ought to experience a sense of support, respect, and welcome. Promoting healthy interpersonal boundaries among staff members and implementing appropriate conflict resolution procedures is essential. Along with maintaining constant communication, all members should treat one another with decency and compassion. Members should also remember that perceptions of trauma, privacy, and safety are influenced by culture (Menschner & Maul, 2016).

The second tenet of trauma-informed care is transparency and trustworthiness, which implies that all internal organizational decisions and operations are transparent. People should be able to trust one another, as should their families, coworkers, and other organization members (SAMHSA, 2014). Organizations can establish transparency and credibility by clearly outlining expectations for all employees, including those with traumatic experiences. They must clarify the nature of treatments, practices, and protocols, as well as the identity and method of service providers (Menschner & Maul, 2016).

Establishing safety, trust, collaboration, and hope for trauma survivors and those involved in their recovery, including family members, is attributed to the third principle, peer support and mutual self-help (SAMHSA, 2014). Peer support is a dynamic and adaptable strategy for fostering understanding and connections. People from different backgrounds can connect, share experiences, and aid in one another's healing through it. According to Blanch et al. (2024), one way to provide peer support is through activity-focused groups, such as group expressive arts, where participants engage in healing and a sense of community while participating in an active activity. Individuals can engage in cooperative learning experiences addressing current issues while learning new things. Informally organized peer support groups are another option for individuals to work in pairs or small groups. People coming together to take the initiative and generate ideas for meaningful changes can help to advance advocacy.

Collaborative and mutuality constitute the Fourth Principle. The organization acknowledges that healing happens when individuals unite and are given the authority to make choices for themselves. Consequently, the organization recognizes that anyone can contribute to trauma-informed care and that support for others does not necessarily require professional status. To achieve this, an organization should allow its members to work together. Everyone should be allowed to make decisions, and there shouldn't be any power imbalances between staff and clients. Thus, in addition to staff members, clients can participate in organizational planning and offer first-hand knowledge to support organizational changes. Additionally, clinical and non-clinical employees who interact with clients ought to receive training on establishing a secure and friendly atmosphere (Menschner & Maul, 2016; SAMHSA, 2014).

According to the fifth principle, organizations should strive to provide every person the power of choice and acknowledge each person's unique experience. As such, approaches are individualized when responding to individuals. Rather than focusing on the shortcomings of trauma survivors, communities, and families, the organization celebrates their strengths and attributes. Consequently, the organization emphasizes change talk, concentrates on the strengths and values of the clients, uses provocative questioning, emphasizes personal choice, and gives clients autonomy. The sixth principle speaks to the historical, gender, and cultural aspects of an organization. The organization actively works to dispel prejudices based on various factors, including culture, race, ethnicity, sexual orientation, religion, age, identity, and geography. Everyone ought to have full access to responsive services. It is important to put policies, procedures, and guidelines into place so everyone is catered to, regardless of background. Lastly, the organization needs to do everything possible to address past trauma issues (SAMHSA, 2014).

3. Theoretical Framework

The constructivist theory serves as the foundation for the suggested study. Constructivist theory, popularized by Jean Piaget and Lev Vygotsky, holds that people learn new things and gain a deeper understanding of the world through action and reflection. In 1978, Vygotsky asserted that social interaction is critical to intellectual development. This theory demonstrates the significance

of context and society in comprehending and learning from social events. According to Piaget's 1954 theory, children's minds develop in phases corresponding to varying comprehension and proficiency degrees. Because it encourages critical thinking and active, hands-on learning—two crucial skills for traumatized students and teachers alike—constructivist theory has played a significant role in education (Devi, 2019).

Constructivist theory is particularly relevant to this study, as it encourages an active setting in which educators and school counselors can engage in meaningful interactions with traumatized students. Collaborative learning is a constructivist teaching approach where students and teachers (counselors) work together to solve problems and create knowledge. According to Mortimore (2008), peer-assisted learning is advantageous for traumatized learners because it provides opportunities for social interaction and group problem-solving. By helping students along the way, counselors, according to Mortimore (2008), facilitate adjustment rather than merely imparting knowledge. This approach helps traumatized students develop their critical thinking skills and understand the material more deeply. Furthermore, Mortimore (2008) contends that real-world scenarios and hands-on activities make the adjustment more relevant and engaging for traumatized learners. Constructivist theory also emphasizes how important it is to provide students with emotional and cognitive support.

According to Brooks et al. (2019), a supportive, community-building, and anxiety-relieving school atmosphere is essential for traumatized students. Counselors may use positive reinforcement and precise, consistent instructions to help traumatized learners feel more motivated and confident. The application of constructivist theory to the treatment of traumatized students highlights the importance of counselors' continuous professional development. According to McLaughlin et al. (2009), many teachers feel unprepared to help students in schools when they need it because they haven't received the necessary Training. Constructivism is a philosophy that encourages reflective practice and ongoing professional development, whereby teachers continuously assess and adjust their methods to meet the needs of their students. By participating in workshops and training programs centered on Trauma Informed Care, educators can enhance their skills and confidence in supporting traumatized students, ultimately leading to better psychological outcomes. Parental involvement is another crucial element that constructivist theory promotes. According to Omoponle (2019), parents who actively participate in their children's lives significantly improve their psychological adjustment.

Constructivist theory promotes collaboration between teachers, parents, and students to create a robust support system. Schools can organize workshops and support groups to educate parents about Trauma and provide them with doable strategies to assist their children at home. This collaborative approach assists traumatized learners in successfully transitioning out of the classroom and into an adjusted life by providing consistent support both within and outside the classroom.

The study seeks to answer the following research questions.

RQ 1) What are school counsellors' current understanding of trauma-informed care?

RQ 2) What trauma-informed care practices do school counselors implement to support traumatized students?

RQ 3) What do school counselors need to further assist them to support students who have experienced trauma?

4. Method

4.1. Research Design

The exploratory research design of the study employs a qualitative methodology. It utilizes a semi-structured interview guide to conduct extensive interviews with school counselors to gather qualitative data. Furthermore, open-ended interviews were conducted to gather qualitative information about their practices, experiences, and strategies for providing trauma-informed care. This research design aims to offer a comprehensive understanding of the dynamics of care that

trauma informs. Interviews were conducted with a variety of school counselors from various secondary schools. This was done to ensure that there was a range of viewpoints and backgrounds when it came to trauma-informed care.

4.2. Participants

The participants in this study are all school counselors in Oyo State, Nigeria's Ibadan Metropolitan City. School counselors are the target population in public secondary schools in Ibadan, Oyo State, Nigeria. The largest land-mass city in West Africa is Oyo State. Using sample random sampling techniques, which evenly distribute the chance of selection among participants, six of the eleven local government areas in Ibadan Metropolis were chosen to obtain manageable and reliable data. Due to the availability of licensed counselors, counseling facilities, and the standard operating procedure for trauma care—this study's primary area of investigation—public secondary schools were preferred over private secondary schools.

Purposively, twelve regular public schools with school counselors were chosen. Purposeful sampling was employed because the researchers found that not all schools had professional counselors. Afterward, a sample of twelve school counselors—one from each chosen school—were selected for this study based on their availability and willingness to participate in interviews. Table 1 presents the demographics of the participants who were interviewed for the study. It indicates that, of the twelve counselors surveyed, nine are female, and only three are male. Nonetheless, male counselors are older than female counselors, with an average age of 52 years and more years of teaching experience.

Of the respondents, 3 were male (25.0%) and 9 were female (75.0%). In terms of age distribution, 1 respondent was between 25 and 35 years old (8.4%), 4 were between 36 and 45 years old (33.3%), and 7 were aged 45 and above (58.3%). Regarding professional experience, 2 respondents had 0–5 years of experience (16.7%), 3 had 6–10 years of experience (25.0%), and 7 had more than 11 years of experience (58.3%).

4.3. Data Collection

A Semi-Structured Interview Guide [SSIG] was used to collect the data, allowing participants to express their perspectives and experiences on TIC. This strategy was used to ensure the participants were at ease discussing their ideas and to get various insights. In addition, the semi-structured format enabled follow-up questions to delve deeper into particular subjects, offering a more thorough comprehension of trauma-informed care. Using the study objectives as a guide, face-to-face interviews lasting an average of 16 minutes were conducted. Furthermore, the research findings were strengthened by the rich and varied responses that the SSIG's flexibility produced. Nonetheless, an analytical format was used to transcribe and record the interviews.

4.4. Data Analysis

The researchers used thematic analysis to identify recurring themes and patterns in the participant responses in the qualitative data gathered from their interviews (Braun & Clarke, 2020). This approach offers a thorough and comprehensive understanding of the problems counselors face when providing TIC and the strategies they employ to solve these problems. The researchers used open coding to find themes in addition to the text. Open coding was used to create the first coding framework. Subsequently, themes from the transcripts were examined, and similar categories were combined to make the final coding framework. We examined each data set separately after completing the coding framework. After closely reading the transcripts, we noted pertinent passages and noted any recurring themes. After the preliminary analysis, the researchers discussed discrepancies or alternative interpretations and shared their findings. After much discussion and consensus-building, we finally agreed on the final set of themes that effectively encapsulated the main points of the data.

4.5. Ethical Considerations

The University Research Ethics Committee gave ethical approval for the current study's conduct with (REC/CHDS/24/04/024). The researcher also followed the ethical standards the American Psychological Association [APA] (2019) set forth when using human subjects in research. Similarly, the participants were assured that their participation was completely voluntary and free to withdraw at any moment. Throughout the consent process, the participants' privacy and well-being were safeguarded by emphasizing the security and anonymity of their data. The participant's personal information was kept anonymous using special identification codes to keep their identities secret. The participants' concerns and questions were addressed promptly and openly, guaranteeing their comfort and understanding during the study.

5. Results

The findings of this research convey the various experiences school counselors have with TIC. The research questions and objectives are discussed. The data was subjected to a thematic analysis. The claims made by the researcher to explain the data are supported by quotes from the interviews that were conducted and transcribed.

5.1. Theme 1: School counselor's understanding

School counselors are expected to be aware of how unfavorable childhood experiences affect students' academic performance and general development. According to Participant 2, "Trauma-informed involves knowing the background information of students, asking questions about their well-being, asking if they are passing through any problems/challenges and for me to provide support for them so that they can live a normal life." School counselors should be able to identify, support, and encourage the success of traumatized students by implementing a school counseling program. From their point of view, Participants 5 and 12 had a similar understanding of TIC: "They believe TIC is a more systematic way of counseling students in the school concerning past experiences. It involves giving counseling on the experience that students have had that is affecting them at the moment. It is common among those children not living with their parents". Likewise, Participant 7 sees "TIC" as a way of helping traumatized people get over the issue. It involves serious probing and readiness on their part so that the problem will be solved once and for all. He attended an online seminar three years ago where they were taught TIC principles, which include safety, support, and empowerment". By asking the participants about their understanding of TIC, the researcher hoped to learn more about what each participant knew about the topic. According to the data gathered, six of the twelve interviewed participants knew the TIC approach. In comparison, the other six participants were unsure of its specifics and how it operated. The information demonstrates that counselors familiar with the strategy have applied it to better assist the students in the school. Participants 2, 5, 7, 8, 10, and 12 claimed they know and understand TIC in schools.

Also, some counselors reiterate their perception and knowledge of the TIC. They perceive TIC differently, and they see it through different lenses. For instance, Counselor 8, in his understanding, admits that "TIC entails getting to the root cause of trauma among these our students and navigating the recovery process through adequate care and support for the students. It can even go beyond the school interaction involving the family members back home. You might need information concerning the student's family members, and they can also be needed for the counselor to plan the care process." "TIC is a more advanced Trauma counseling interaction involving a trained counselor and the traumatized client. It is a more formal way of dealing with past traumatic experience through a systematic procedure to get a more suitable and lasting solution to traumatic events in the lives of students in the school" - Participant 10. However, participants 1, 3, 4, 6, 9, and 11 do not understand what Trauma Informed Care is all about. Participant 1 said he doesn't know what the TIC is about. He asked if it differs from the counseling they give students with various school challenges. Participants 3 and 9 also have the same views: "I

have not heard of TIC. I only know that there is trauma all over, and it is from past negative experiences."

Some teachers' training schools do not include trauma-informed care as an integral component of their programs, and few or no opportunities are provided for professional development. Meanwhile, without a program in place, school teachers will lack the appropriate skills, tools and knowledge to identify traumatized students. They will not be able to respond adequately to their challenge. "TIC is not something I have heard before now, but I am sure it can't be more than the usual trauma counseling that we give to our students who show negative behavior as a result of their horrible past. I might not know that TIC or what do you call it, but I know I have practiced it before that one, I know for sure" this is credited to Participant 4. For Participant 6, "It is believed that TIC is a new trend or concept, He has not heard anything concerning that before this moment; maybe they just propounded it." Participant 11 doesn't have any idea of the TIC and reiterated that no one knows everything in this world." The above are the different perceptions of school counselors as regards the subject matter. Counselors perceive and provide TIC in other ways, reiterating the need for a concerted effort to get the school counselors more informed on the basic tenets of TIC.

5.2. Theme 2: School Counselors' Practices

The findings from previous researchers have established that TIC requires some key components and practices expected from a trained trauma caregiver. When asked about the practices employed, the participants had different things to say. "I try to examine the students' life situation through probing and questioning. With this, all that is happening to such students will be divulged, allowing me to provide them with the necessary support and guidance to succeed in their academic journey" - Participant 7. Avoiding re-traumatization is a key component of TIC. "I have achieved this by showing care to my students the moment I discover they are traumatized. I do everything to ensure it doesn't reoccur by constantly showing them support and affection. They know me. I can do everything to make them fine" Participant 2 submitted. School counselors' practice of Trauma-informed care requires conscious, concerned and concerted efforts that center on the student's physical and emotional safety. Among the practices is the continuous bonding with the students to understand their present conditions and future needs.

These counselors collaborate with the parents and/or guardians, other family members, and their co-teachers to provide safety for these students and ensure proper learning. One of the participant affirmed not to have any serious knowledge about TIC, “definitely I can't say a particular practice, but as a trained counselor, I show empathy to students when they present their case." Another participant claimed that safety is essential in TIC. “I try to get them safe and secure. I let them be sure of the information they give me. I can't give their information outside. I can't do that"- participant 7. One primary practice of TIC is Peer group support. This is very technical because one tries to find students with similar challenges and ensure they blend. According to Participants 6 and 11, "As I said, I have no knowledge about TIC, but for trauma, I have heard of it, and the usual practice is to ask a series of questions and provide support for the client or student no matter what they have passed through, it can be treated." One of the participants has always ensured that the clients are empowered. See, the moment they are empowered, they can stand on their own and avoid the traumatic experiences from resurfacing. I sometimes give them information, tell them stories, and even give them my money". It is essential to state that the school counsellor also needs to use approaches that focus on the student's asset, strength and capabilities, integrate culturally acceptable behaviors, and provide ongoing support. Sometimes, they may need to make referrals when necessary.

5.3. Theme 3: Requirement for TIC Practice

In this theme, the participants' statements concerning what is required to strengthen TIC practices in schools were gathered. Participants 5 and 12 agreed that information is key; there is a need to inform people about this new program. The counselor should be well informed and involved.

Participant 5 agreed that the knowledge gained from the association conference attended was beneficial, and that is what constituted my expertise in terms of TIC. Trauma-informed care requires the ability of the counselors to provide follow-up, interaction and foster disclosure among the students so that students who have experienced trauma may be able to speak up, thereby receiving the assistance needed and they don't experience any harm further. Participant 2 said, "The TIC deserves national attention. A policy should be made from this perspective so that other counseling practitioners know the severity of this. Many are happening among these students. Many of them are passing through a lot, therefore Government needs to be involved".

Some other participants affirmed that training and re-training are essential to strengthen TIC and even counseling practices at school. The counselors should be sponsored to attend conferences on TIC and adequate practice methods. When you go for conferences, you will be equipped and be ready to combat trauma among the school children. Whichever problem that these students come to present, you will be prepared with the appropriate technique to use to solve the problem". The provision of facilities and amenities is also noted in the interviews. As said by two other participants, 3 and 11. The participants indicated that counseling generally needs adequate facilities for optimal functioning. A good counseling session can't be without good offices or spaces conducive to interaction. The clients should feel safe and comfortable when in counseling sessions. School counselors who are not well-versed in trauma may commit errors by mistaking trauma-related behavior for misconduct, resulting in harsh or undeserving disciplinary actions. They might also overlook the essence of collaboration between the family members of the traumatized students and other staff members and rely on inadequate or general practices that may fail to meet the student's needs at that particular time.

6. Discussion

According to school counselors' current understanding of trauma-informed care, school counselors should be aware of the ways that adverse childhood experiences impact students' academic performance and overall development. By implementing a school counseling program, school counselors should be able to recognize, assist, and promote the success of traumatized students. The researcher wanted to learn more about each participant's knowledge of the topic, so she asked them about their understanding of TIC. Based on the collected data, six of the twelve interviewed participants knew about the TIC approach, while the others did not realize its intricacies or workings. The data shows that educators who are knowledgeable about the tactic have used it to help the school's students more effectively. Participants 2, 5, 7, 8, 10, and 12 stated that they know and comprehend TIC in the classroom. The opinions expressed by the counselors in this study were corroborated by Bethel (2019), who noted that the importance of teaching through a trauma-informed lens has increased as research-based evidence about the effects of trauma continues to emerge. Seeing the world through a trauma-informed lens entails understanding the impact of trauma on both you and other people, being aware of how to use tools to help yourself and other people cope with stress, and advocating for systemic changes that will lessen the likelihood of re-traumatization (National Child Traumatic Stress Network, 2020).

The opinions of the counselors above were also supported by the research of Bell and Singh (2017), who noted that teachers frequently feel unprepared for dealing with students who have been exposed to trauma and are unsure of what to do next. They believe that teachers should receive more training and support in trauma-informed practices. Many educators believe that they are essential to meeting the needs of students who have experienced trauma. Still, they frequently think that they lack the skills necessary to identify and comprehend trauma or to comprehend the essential strategies (Reinke et al., 2011). Learning about trauma may make teachers more eager and motivated to implement strategies (Goodman-Scott et al., 2015). According to Thomas et al. (2019), teachers need trauma-informed professional development and are ill-prepared to adopt trauma-informed classroom management. They also lack knowledge about the effects of trauma and trauma-informed practice. Perfect et al. (2016) state that although the application of trauma-informed care knowledge and principles is relatively new to education, evidence supports the

positive effects these practices have on student outcomes when used in academic settings. For this reason, practitioners in the field need to be well-versed in trauma-informed care.

As a rider to the above, Chafouleas et al. (2016) investigated the views of 292 elementary and early childhood educators regarding the requirements, responsibilities, and obstacles associated with promoting kids' mental health in schools that use the TIC. Most teachers supported the school's involvement in addressing students' mental health issues (31% strongly agreed, 51% agreed). Teachers were asked to describe their roles in resolving these issues, and they saw themselves as crucial. However, just 8% of teachers agreed (strongly agreed = 4%; agreed = 4%) when asked if they had the knowledge required to meet the mental health needs of their students. Additionally, educators reported that their teacher preparation programs had not adequately prepared them to address the mental health needs of their students. As a result, they were asking for additional Training, particularly in trauma-specific strategies for working with children (McIntyre et al., 2019). According to a university, post-test results showed that students' knowledge and proficiency in providing trauma-informed care had increased due to offering three trauma-based courses to preservice students (Canon et al., 2020; Udeme et al., 2024).

The abilities and effectiveness of caregivers to counteract the effects of trauma are maintained by trauma-informed care practices. By acknowledging the pervasiveness of trauma, identifying its symptoms, responding in practice and policy, and avoiding re-traumatization through the same, trauma-informed approaches seek to enhance engagement (Campbell et al., 2019). The following guiding principles are used to achieve these goals: safety, reliability and openness, peer support, teamwork, empowerment, and considerations of gender, cultural, and historical issues (Fleming et al., 2020; National Child Traumatic Stress Network, 2017). As mentioned earlier, the research findings have demonstrated that TIC needs certain essential elements and procedures that are typical of a trauma care provider with training. When questioned about the methods used, some participants said they try to probe and ask the students about their life circumstances; others said they try to prevent re-traumatization; and two participants stressed the significance of safety. To better understand the obstacles that these children face and provide appropriate counseling services that address their mental health needs, school counselors should investigate the effects of trauma on the overall development of youth in foster care, as suggested by Kataoka et al. (2018). Developing a comprehensive school counseling program that is trauma-sensitive and responsive can be facilitated by providing school counselors with appropriate trauma-informed training (Berrick & Hernandez, 2016; Kanmodi et al., 2020; Kataoka et al., 2018).

As per the results obtained from the school counselors, Chafouleas et al. (2016) assert that establishing a trauma-sensitive school counseling program that offers professional development to educators, administrators, allied professionals, and partners in the neighboring communities will foster a common understanding of the impact of trauma on the educational achievements of youth in foster care as well as the necessary measures to develop their protective and coping skills. One way to achieve this would be to establish trauma-sensitive schools through an inquiry-based, whole-school approach. School counselors can foster cooperation between the district and the school "to create local policies that (a) support trauma-informed practices, (b) ensure adequate staffing to perform trauma screenings, (c) provide trauma-related services, and (d) create an efficient system to deliver support for youth in foster care who have experienced trauma" (NCTSN, 2017). This allows schools to accomplish the administrative tasks required for successful implementation. Teachers acknowledged the need for professional development but reported feeling emotionally and professionally torn between attending professional development and being present in the classroom. Recent research highlights that teacher confidence and commitment to trauma-informed practices are influenced by administrative support, greater trauma-informed knowledge, and trauma-informed self-efficacy (Berg-Poppe et al., 2022; Sundborg, 2019). Moreover, differences in commitment among teachers, administrators, and school mental health providers persist, with teachers often showing lower levels of dedication to students' mental health (Sundborg, 2019). Professional learning opportunities and trauma literacy

have also been found to predict the use of trauma-informed practices in the classroom (Eastman & McMaugh, 2022).

Lastly, the school counselors offered suggestions for improving the use of trauma-informed care in educational settings. Realizing that being exposed to trauma, particularly as a child, dramatically raises the chance of developing major health issues later in life, such as depression, STDs, chronic lung, heart, and liver disease, as well as alcohol, tobacco, and illicit drug abuse. There is a connection between rising social service costs and childhood trauma. Healthcare professionals may be able to engage patients more successfully by using trauma-informed approaches to care, which could lead to better outcomes and lower unnecessary costs for both medical care and social services (Fajimi et al., 2024; Lockert, 2015). Participants' statements about improving trauma-informed care practices in schools were collected for this theme. They all believed that information is essential and that they require more of it, which can be acquired from conferences, symposiums, training sessions, workshops, and other sources.

In addition, school counselors need to be aware of the various obstacles that foster youth face, as well as the different kinds of support that they require for their mental, emotional, and educational needs. This is because school counselors are integral to the school support team. In particular, the general health and well-being of this susceptible group may be enhanced by employing a trauma-informed strategy to improve social/emotional skill-building behaviors through an extensive school counseling program. In-service and preservice teacher education programs that address trauma-related topics have become more prevalent in schools as a result of increased awareness of childhood trauma and the need for trauma-informed care (Crosby, 2015; Kgatse et al., 2024).

An essential part of trauma-informed school counselors' professional development is trauma literacy. Trauma literacy, which builds on the "strong foundation of counseling and crisis management practice in schools," enables staff members to identify the range of trauma experienced by children and how it affects their development and academic achievement. The effects of trauma on the body and brain, how it affects behavior and learning in students, and the necessity of a school-wide strategy to help students learn coping mechanisms must be understood by staff and leadership (NCTSN, 2017). This data adds to the body of knowledge that identifies the warning signs of trauma and toxic stress that young people in foster care may encounter.

7. Conclusion and Recommendations

According to the study's findings, roughly half of the participants knew little to nothing about TIC and its involvement. This limited their ability to address a few of the researcher's questions adequately. The researcher recommends providing more training sessions to all secondary school teachers in Ibadan so that they are fully knowledgeable about TIC and its implementation. Peer mentorship programs may also be advantageous in educational settings. Teachers reported that this was frequently useful in identifying students who had experienced Trauma, particularly for students who felt more at ease conversing with students of a similar age. Peer mentorship programs could benefit schools where funding and resources for mental health services are scarce.

It was essential to conduct a study that informed the trauma-related care provided in schools because it described students' experiences and how educators addressed those experiences. This study offered information about how teachers and school systems can care for students who have experienced trauma because there was a dearth of knowledge about trauma response in Ibadan, Nigerian schools. In addition, the study revealed helpful strategies that educational institutions employ to support students who have suffered trauma.

The research added value by highlighting the experiences of educators and how responding to traumatized students affected them. It also provided information on how the school and educators can support each other in strengthening their trauma-related care. This gave essential details about the trauma-informed practices the chosen school already employed and ways to modify the school's system to incorporate trauma-informed practices.

The study suggests expanding the services available so that counselors can get their care to avoid compassion fatigue and secondary trauma stress. By addressing these problems, wellness programs for educators can boost their intrinsic motivation. Workshops for building capacity should be offered at the school. These workshops can be further strengthened with skill development related to responding to traumatized students, particularly in cases of sexual assault or abuse. The curriculum can be further altered to include student involvement in their education and to inform the school about programs like peer mentors and outside services.

For students who have suffered trauma, the school ought to have a support system. The study's conclusions may help the state or province's educational system, particularly the Ministry of Education, by advancing the development of trauma-informed care in classrooms. The study demonstrated the advantages of having counselors or school psychologists on school grounds, enabling a productive method for obtaining mental health services. The education ministry might want to think about putting psychological services on school grounds to enhance the trauma-related care these schools provide. These counselors will be beneficial in helping to implement multi-tiered support in educational institutions.

8. Limitations and Future Directions

This study encountered several limitations. First, school counselors showed reluctance to participate due to their demanding schedules, responsibilities, and time constraints, which resulted in a smaller sample size than anticipated—only twelve participants were available for the study. Second, there is limited existing research on secondary school teachers' experiences with Trauma-Informed Care (TIC), as most studies in Nigeria have primarily focused on students' perspectives. This lack of literature constrained the researcher's ability to explore the topic in depth. Therefore, it is recommended that further research be conducted to explore teachers' experiences with the TIC approach to better support students in managing traumatic experiences. Lastly, since the study focused solely on the experiences of twelve school counselors involved in trauma-related care, its findings are limited in terms of transferability. Although rich descriptions of the research procedures and conclusions were provided to enhance potential applicability to other school counseling contexts, the study yielded limited information about teachers' experiences with trauma, highlighting the need for more comprehensive investigations in this area.

Studies of this nature should be conducted in other settings with larger sample sizes to enhance the generalizability of the findings. Future research could also adopt a mixed-methods approach, combining both qualitative and quantitative methods, to provide a more comprehensive understanding of the construct under investigation.

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