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School and Preschool as a Place of Interpersonal Challenges for the Adopted or Foster Child. The Parents' Perspective

Szkoła i przedszkole jako miejsce wyzwań interpersonalnych dla dziecka z rodziny adopcyjnej lub zastępczej – perspektywa rodziców

KEYWORDS

early childhood trauma, adopted child, child in foster care, education, interpersonal development

ABSTRACT

The article presents the theoretical assumptions of the research which shows that early childhood trauma has an impact on the formation of relationships. The aim of the research was to show the specific interpersonal functioning of children with relational traumatic experiences in school/preschool from the perspective of adoptive or foster parents. The practical aim was to identify factors that support and challenge the interpersonal development of these children. The main research question was: what interpersonal challenges does a child with early childhood relational trauma face when attending preschool/school? In the next section, the methodology is presented. The research used a qualitative approach. The methods of data collection included focus interview and netnography. The research material consisted of statements made by 21 adoptive and foster parents about the functioning of their adopted or foster child in school or preschool. The next section presents the results of the qualitative analysis of the parents' statements (thematic sequences and identified categories). The analysis led to the conclusions of the research. The research confirmed that, in case of a child/student with early childhood relational trauma, being at school/preschool is a challenge for the child,

the teachers and the parents. The child needs extra support in forming relationships with teachers and peers. Ordinary experiences are often more stressful for such a child, so it is important to understand his/her situation, show support from adults, moderate the situation among peers, and sometimes even create an educational space different from the traditional school/preschool.

SŁOWA KLUCZE ABSTRAKT

trauma
wczesnodziecięca,
dziecko z rodziny
adopcyjnej, dziecko
z rodziny zastępczej,
edukacja, rozwój
interpersonalny

W artykule przedstawiono teoretyczne założenia badań, z których wynika, że trauma wczesnodziecięca ma wpływ na tworzenie relacji. Podjęte badania miały na celu ukazanie specyfiki funkcjonowania interpersonalnego w szkole/przedszkolu dzieci z traumatycznymi doświadczeniami relacyjnymi z perspektywy rodziców adopcyjnych lub zastępczych. Celem praktycznym było rozpoznanie czynników wspierających i utrudniających rozwój interpersonalny tych dzieci. Główny problem badawczy brzmiał: z jakimi wyzwaniem interpersonalnymi mierzy się dziecko z wczesnodziecięcą traumą relacyjną uczęszczające do przedszkola/szkoły? W kolejnej części zaprezentowano metodologię. W badaniach wykorzystano podejście jakościowe. Metodami zbierania danych były wywiad fokusowy i etnografia. Materiał badawczy stanowiły wypowiedzi 21 rodziców adopcyjnych i zastępczych na temat funkcjonowania ich dziecka w szkole lub przedszkolu. W kolejnej części zostały przedstawione wyniki jakościowej analizy wypowiedzi rodziców (sekwencje tematyczne oraz wyłonione kategorie). Analiza doprowadziła do wyciągnięcia wniosków: badania potwierdziły, że pobyt w szkole/przedszkolu dziecka/ucznia z wczesnodziecięcą traumą relacyjną jest wyzwaniem dla samego dziecka, nauczycieli i rodziców. Dziecko potrzebuje dodatkowego wsparcia w tworzeniu relacji z nauczycielami i rówieśnikami. Zwykle doświadczenia często są dla tego dziecka bardziej stresujące, więc ważne jest zrozumienie jego sytuacji, okazanie wsparcia ze strony dorosłych, moderowanie sytuacji między rówieśnikami, a czasem wręcz stworzenie innej niż tradycyjna szkoła/przedszkole przestrzeni edukacyjnej.

Introduction

A natural stage in the life of a child in civilised countries, including Poland, is to start preschool and later school education at the age of a few years. Building good relationships and supporting the development of interpersonal competences is the task of teachers. These processes also apply to children growing up in adoptive and foster families. However, early traumatic experiences dating from birth to age 6 pose a risk of serious physical and psychological problems in later life (DeBellis & Zisk,

2014; Shonkoff et al., 2009). Such young children cannot survive without adults and are completely dependent on them, so for them this trauma usually represents relational trauma (Schore, 2002; Scheeringa & Zeanah, 2005) and often also cumulative trauma, i.e. experiencing a range of adverse behaviours from close adults, including, for example, unpredictability, failure to respond appropriately to the child's needs, neglect or violence (Schore, 2002). Therefore, traumatising relationships influence the child's development of an insecure attachment style. This area is particularly vulnerable in children who have been placed in adoptive or foster families. These children often – despite being moved to a secure environment – continue to show adjustment difficulties, are sometimes described as unable to trust, having problems controlling impulses, suspicious, and seeing others as a source of fear rather than love and security (Termini & Golden, 2007). Their functioning in this way affects the rest of the family and the wider environment (O'Connor & Zeanah, 2003).

Other consequences of early childhood trauma include poor coping skills, low self-esteem, feelings of being responsible for what happened, feelings of powerlessness and helplessness, poor social skills, difficulties with self-regulation and underdeveloped executive functions (Howse et al., 2003; Nelson et al., 2011). In addition, traumatic experiences affect physical health by altering the physiology of the body (Shonkoff et al., 2009; Schore, 2002), which is mainly manifested in the stimulation of the HPA (hypothalamus-pituitary-adrenal) axis in response to even minor stress (DeBellis & Zisk, 2014; McEwen, 2007; Cicchetti et al., 2010) and results in a reduced ability to cope with stressful situations. This can manifest itself, for example, in overreactivity or unresponsiveness in stressful situations or inadequate responses in difficult situations (Perry & Szalavitz, 2011; Perry et al., 2010; Cicchetti et al., 2010). The child's behaviours include hypervigilance (long-lasting anxiety, fear, exaggerated surprise reactions – often despite the absence of an objective threat), overstimulation (tantrums and crying, irritability, difficulty falling asleep, difficulty calming down), avoidance (including disengagement, dissociations, daydreaming, emotional numbing), re-experiencing the trauma (nightmares, flashbacks, i.e. intrusive memories of traumatic experiences), as well as withdrawal from relationships and places that are unconsciously associated with the trauma (De Young & Landolt, 2018; Perlman et al., 2008). All this causes these children to experience great difficulties when entering into relationships. Moreover, they develop maladaptive interpersonal patterns that, if not properly addressed and corrected, can persist into adulthood (Tezel et al. 2015).

The long-term impact of early childhood trauma on, among other things, the formation of relationships and the development of interpersonal competences is well-known, if only from the above-mentioned studies, but there is also evidence that the formation of a social support network supports child's health and better functioning (Schneider et al., 2020; Kim et al., 2021; Berzenski, 2019). Such a support network

may also include school and preschool staff (Berardi & Morton, 2017; Berger, 2019; Cicchetti, 2017).

The research undertaken was designed to reveal the specific features of interpersonal functioning in school/preschool for children with traumatic relational experiences. The research reveals the perspective of adoptive or foster parents. The practical aim was to identify factors that support and hinder interpersonal development. The main research problem was formulated as follows: What are the interpersonal challenges faced by a child with early childhood relational trauma living in an adoptive or foster family and attending kindergarten/school?

Methodological Basis of the Author's Own Research

The research material collected came from two sources: focus interviews (Kvale, 2010) and netnography, i.e. data found in virtual space (Kozinets, 2012).

The three group interviews conducted online in May and June 2023 involved 17 people (13 women and 4 men), aged 35–62, raising children between 3–27 years. There were 13 adoptive parents and 4 foster parents. The selection of interviewees was purposive. The criterion for selection was that the child/children were raised in an adoptive and/or foster family and that the child had experienced traumatic relational events in the first stages of life: violence and/or neglect by the biological parents, separation of the child from the biological family and, in the case of adoptive families, also the breaking of this bond. The interviews were recorded and transcribed (Kamberelis & Dimitriadis, 2009; Barbour, 2011; Kvale, 2010).

The netnographic part consisted of downloading statements from a closed forum of four consenting adoptive/foster mothers. The current age of the respondents ranged from 35–56 years and the age of the children from 7–23 years. The statements were from 2012–2023 and related to the issue under study. The retrieval of these statements provided a temporal perspective on the phenomenon under study, significantly enriching the current perceptions of children's functioning in the focus groups. The triangulation of the data sources (Flick, 2011) contributed to a kind of “polyphony”. The two sources were linked by the fact that the data emerged through a process of interaction with other participants in the discussion.

The vast majority of respondents (18 people) were married; three were single parents. Most respondents had one child each (15 people); four respondents had two children; two respondents had three children. The age at which the child was adopted into the family ranged between 2 months and 9 years (the average age of the adopted child was 3 years and 2 months). Two families had biological children in addition to the adopted children.

The collected material was subject to analysis including: extracting thematic sequences, creating an open list of codes and coding the data, searching for relationships between individual codes, searching for main categories and subcategories (Gibbs, 2011). The processed research material was then subjected to interpretation: the emergence of the respondents' own interpretation, the researcher's understanding of the respondents' intentions, and theoretical interpretation (Kvale 2010). Coding was used when quoting the respondents' statements. An example is 3K or 2M, where the number indicates the number of the research participant (1–17 are focus participants, 18–21 are forum users), K – female, M – male.

The research was approved by the Research Ethics Committee of the University of Warmia and Masuria in Olsztyn (15/2023).

Results of the Author's Own Research

The results of the analysis made it possible to identify three main thematic sequences and the categories and subcategories assigned to them. The thematic sequences are: 1) the child's prior functioning in relationships, 2) interpersonal challenges in the educational setting, and 3) actions taken by parents.

Children's earlier functioning in relationships is mainly a description of relational challenges that concerned the family ground and establishing contact with the child:

I have a sense of guilt towards Janek because he came to our family in the same year as Kamil. Kamil was in January and Janek turned up in October. It was a year I don't actually remember so much happening there (K3).

When we met Ewa, you know, I felt it from the first moment... it was love. But what happened afterwards... was something negatively surprising for me. Because my child didn't want a relationship, she didn't want closeness, she didn't want anything from me. She was rejecting me; I couldn't soothe her, reassure her, and nobody understood me (K12).

The categories of description in these thematic strands addressed two issues: 1) the unusual process of family formation, i.e. the adoption of a child, 2) the establishment of the relationship of adoptive/foster parents with their child/children. The first contained a wealth of different combinations of the appearance of the child in the family. It included the category of the time approximating the parents' perspective (the moment of adoption, their readiness, the current family situation) as well as the child's perspective (e.g. his/her age, his/her moment in life). The latter showed the child's previous experiences, including relational experiences related to both the biological

family and foster care or previous foster families. Running through these descriptions was the theme of problems that were most likely the result of the child's insecure attachment style and lack of trust in adults. This was the background to understanding the next category, that of parents' difficulties in establishing relationships with children who have first relational experiences that are negative. Due to the limited size of the text above, only two parents' statements were quoted, but many others emphasized that, in addition to the joy of being parents, the respondents experienced, at the same time, frustrations resulting from the children's unusual reactions and behaviours, the lack of trust on their part, and the distance created.

The second thematic sequence concerned the functioning of the child within the educational establishment. The categories that emerged were: 1) specificities of the child's functioning (with subcategories: difference, socially unacceptable behaviour, parental explanations), 2) interpersonal challenges (with subcategories: child-teacher relationship, child-peer relationship).

Category one covers the specificity of the child's functioning. The parents spoke quite extensively (spontaneously) within the category of the child's difference. The following are example statements:

I know how Ela functions, and I know that her body will not allow her to function so called normally. This is not my croaking; just the facts. A huge problem is the sleep disorder. Very severe (K20).

Kinga is doing well at school because she has the prospect [of switching to homeschooling – author's note]. Apart from that, however, she has had two sickness interludes in one month. This shows that it is stressful for her to simply be at school (K19).

On the one hand, agitation [...]. Then a dramatic drop, something like depression, no will to live (K7).

These differences can be seen in the child's behaviour while the descriptions show a background that is, one could say, physiological. This causes the child in the role of preschooler or student to function in a specific, non-standard way due to:

- difficulties in meeting natural physiological needs (e.g. sleep, nutrition),
- significantly higher or lower than average levels of arousal,
- alternating states of agitation and withdrawal,
- conditions caused by stress reactions to average life situations.

These descriptions indicate, on the one hand, some outward manifestations of difficulties in the child, and, on the other hand, a physiological and organic basis for them, which is characteristic of post-traumatic disorders.

The second category includes socially unacceptable behaviour:

Now he's at a new school. A school of the last resort, because I can't think of anything else. At the kind of school where she doesn't have to be every day; where there are nice teachers and peers. And, at this school, she is being thrown out of lessons. The teachers are very open, but she can't take advantage of that (K6).

This is very difficult because Adam is a very aggressive child and even the family can turn away from him (K21).

There is a competition for the best class at school. The teacher said that it's the grades and attendance that count. Well, and we have a problem because Antek is constantly sick [...]. It's supposed to be against truancy, and it's against my child, because the relationships among the kids are breaking down (M9).

Some of the difficulties that were described in the earlier subcategory (child's differences), particularly high levels of agitation, influence the occurrence of unacceptable or difficult to accept social behaviours. They are a major relational challenge. They sometimes lead to the rejection of the child by peers; sometimes also by adults (expulsion from school or kindergarten) or to the child being taken out of school/preschool by parents and seeking alternative solutions. It can be said that they illustrate the great difficulty some traumatised children have in functioning in relationships with others.

The mechanism by which some of the interpersonal trajectories of children from adoptive or foster families follow is highlighted here. The initial negative relational experience influences the level of arousal (too low or too high, or alternate). This, in turn, triggers aggression or withdrawal (in the above case – into illness). These consequences also become causes of difficulties in subsequent relationships, and can result in rejection by peers and/or teachers.

The last subcategory is the parents' explanations of their children's different behaviour. It reveals the in-depth knowledge of some parents about the impact of early experiences on their child's development, their way of understanding and interpreting the situation they found themselves in at school or kindergarten:

Unfortunately, nothing is simple, what is good for a person without developmental trauma is not good for a person with trauma (K12).

Having to learn from a book drives one into dissociation. And when one is under stress, it already becomes a massacre; one cannot take it and either does nothing or becomes aggressive or leaves the house (K1).

Klaudia cannot remember names. She often has trouble telling what happened. That's when I know it was a difficult day – she switches off (K6).

Some of the parents interviewed show a deeper understanding of the mechanisms that the child's body activates as a result of the traumas experienced and the difficulties still experienced. This deeper awareness allows the parent to notice even less troublesome behaviours of the child (e.g. dissociation – a process of shutting down, cutting off, in extreme cases – fainting) that may go unrecognised by a person unfamiliar with the issue.

Naming the perceived behaviour in terms of problems independent of the child's will, in turn, allows the parent to take into account the specific functioning of the child. It also leads to specific actions being taken by the parent and also involves the teachers in understanding the child. The category of the parent's causality was very elaborate and it was singled out as a separate one.

Interpersonal Challenges at School/Preschool

Another category that emerged is interpersonal challenges. The subcategories are the different combinations of relationships occurring in the organisation. The relationships distinguished are: 1) child-teacher, 2) child-peer.

The child-teacher relationship is extremely important, as educational and relational success largely depends on it:

The examining teacher was sour. Julka was stressed and actually performed as if her knowledge was zero in the test. She could not remember anything (K11).

Laura was telling me how threatening their class teacher was. I went to the first meeting to fight, and it turned out he was such a good person. I realised that something in her had activated old fears and she was unable to function normally around him. I told him in very general terms that Laura had a grudge against men and asked him if he could help her overcome her resistance... Well, after two days there was a breakthrough (K2).

There are 25 people in the class; 20 children were read out at the end of the school year for an award. My Tośka wasn't. She was going through this all day. And this kind of lack of understanding, of appreciation of the child's efforts, is something very overwhelming for me. Even though I talk to the teacher, I explain things to her (K3).

She admitted that she forgot about our child's problem because there were a lot of other issues, students causing problems, etc. so such a child standing in the background is invisible. And she didn't notice the bullying (M9).

The analysis shows that the general attitude of a particular teacher is important. This is the starting point and the basis for creating a relationship with the child, especially as the child remains very sensitive to potential danger signals from another

person after relational trauma. The relationship between the teacher and the parent is also important, which can also ultimately lead to cooperation in order to support the child. The parents' statements included examples of open, good teachers, as well as negative examples of teachers. Teachers with a supportive attitude use the parents' guidance, become familiar with the child's difficulties, adjust (correct) their behaviour and requirements, thus creating a more favourable learning environment for the child. In some cases, this can even be seen as therapeutic (e.g. rebuilding trust in adults through a positive teacher who understands the child's problems, so that the child can experience the healing influence of another person). It was crucial to understand that the child's condition and abilities depend on his or her current, subjectively perceived sense of security, which is largely created by the teacher. Negative attitudes, on the other hand, are mainly related to the reaction (or lack of reaction) to the child's problems. They are mostly due to the teacher's unawareness and ignorance, and sometimes to a failure to take advantage of parental guidance. Just as a positive attitude can even be therapeutic, a negative one may reinforce the trauma and perpetuate the child's difficulties in interactions. It is important for the parent and teacher to recognise that adults are the dominant influence here. In turn, the teacher's failure to take appropriate action results in an additional burden on the parent to support the child outside of school.

Another subcategory is the child/peer relationship:

The group is sort of in a stupor. They don't feel like doing anything and that's the influence they have on Franek. On top of this, no one gives any advice on how to resolve conflicts. The children challenge each other, exclude each other, pit themselves against each other, etc. (K17).

Now Staś is in a private school. Here, the teachers are very attentive to what happens between students, and it is fine (M14).

Positive examples were described very briefly by the parents, so it is not possible to say what the favourable conditions for the development of the child's interpersonal competence in the peer group consist of. There was certainly an important relational aspect. Parents emphasised not so much the good relationship with the whole class, but the child's being in one good relationship, which was of particular importance for the parents themselves and probably also for the child. Difficulties were described much more extensively. The parents emphasised the negative impact of existing conflicts and violence in the group. They paid attention to the child's vulnerability and susceptibility to entering such situations and their use of necessarily adaptive coping strategies. They were particularly attentive to those violent and conflict situations that were not moderated by adults. What is revealed here is the expectation of parents

towards educators and teachers to be guides in the creation of relationships between children and young people.

The last thematic sequence is the description of the parents' actions. It appeared in many of the previous categories in the background, so to speak, so here the parents' statements will be omitted and only the results of the analysis will be presented, which show the parent's activity:

- sensitivity to the needs of the child;
- intervention response;
- being an advocate for the child (e.g. talking to teachers);
- seeking friendly educational institutions;
- use of available alternatives (e.g. homeschooling both at home and in a structured group, forest kindergartens, private or rural schools with smaller classes);
- looking for allies (teachers, educators, specialists);
- openness to change, including taking non-standard decisions to stimulate the development of interpersonal skills.

Summary

The research aimed to look at the specific features of the interpersonal functioning of children with relational traumatic experiences attending school/preschool. The parents' statements confirm the existence of greater difficulties faced by a child with relational early childhood trauma (Scheeringa & Zeanah, 2005; Shields & Cicchetti, 2001). How, then, can interpersonal challenges be met in such a case? Factors that facilitate and hinder development in this area emerge from the analysis. Among these, independent factors can be distinguished. These include the child's negative relational experiences and the resulting specific behaviour and needs. Hindering factors (which can be influenced) include: classes that are too large and difficult relationships between children/students, teachers' unawareness and, therefore, lack of adequate support. Supportive factors, on the other hand, include: drawing on the knowledge and experience of the parent, responding sensitively to the needs of the child/student with early childhood trauma, moderating peer relationships, looking for alternatives, creating safe, welcoming learning spaces where both the educational and relational needs of children can be met (Cicchetti, 2017). Early childhood trauma is relational trauma, so it affects further development in this area. The child may have more difficulties in developing interpersonal competence. However, just as relational trauma is created by people, people may heal such trauma. The right treatment can have a corrective influence on early negative experiences.

The results of the study have some limitations. The parents were recruited from among those attending support groups for adoptive and foster parents and using the peer support parent forum. The respondents were, therefore, able to present a picture of a child experiencing more problems. However, it is possible that not all problems were revealed due to the limited size of the group of respondents.

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