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Cross-cultural aspects and the effectiveness of a trauma-informed approach in psychosocial support for children in alternative care

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Abstract. This study aimed to identify the conditions for implementing a trauma-informed approach in psychosocial support for children in alternative care, taking into account cross-cultural aspects and their effectiveness when working with children raised in children's homes and foster families. The research methodology included a theoretical analysis of academic sources, a comparative analysis of international and regional programmes, and an analysis of statistical data on institutional and family-based care. This article substantiated the pedagogical conditions for applying a trauma-informed approach in an educational setting and suggested how teachers should behave in crisis situations. The study found that psychological trauma in children is considered a complex developmental disturbance resulting from the loss of parental care, violence, or long-term institutionalisation. The negative impact of such trauma on the formation of a basic sense of safety, which is the foundation of emotional stability, was emphasised. Summarised data show that the rate of institutional care in Central Asia is approximately 203 per 100,000 children, which exceeds the global figure of around 105 per 100,000. Meanwhile, around 69% of children in Kyrgyzstan are placed in family-based care, compared to approximately 44% in Kazakhstan and about 58% in Uzbekistan, reflecting considerable variation in alternative care

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models across countries. It was found that mechanisms of emotional regulation are consequently disrupted, manifesting as heightened anxiety and unstable responses. Difficulties in behavioural adaptation and a reduced capacity for concentration are also observed. Models of psychosocial interaction between specialists and children reflect typical situations involving emotional, behavioural and social contact in individual, group and family care contexts. This enables the analysis of emotional regulation mechanisms, manifestations of traumatic experiences and the effectiveness of supportive and trauma-informed intervention strategies. The study's practical significance lies in its potential to introduce a trauma-informed approach into educational and social practices when working with children in alternative care, with the aim of improving the effectiveness of psychological and pedagogical support

Keywords: emotional state; anxiety levels; social services; foster families; pedagogical interactions; deinstitutionalisation

INTRODUCTION

The growing number of children in the alternative care system has increased attention to issues of psychosocial support and preserving their psychological well-being. Experiencing traumatic events, undergoing changes in the social environment, losing stable emotional bonds and being exposed to cultural diversity can affect a child's emotional state, behaviour and socialisation process. In this regard, a trauma-informed approach is particularly important in supporting children, as it considers the consequences of psychological trauma and helps create a safe developmental environment. The intercultural aspects of psychosocial support are becoming increasingly relevant as they influence the effectiveness of interactions with children, taking into account their cultural experiences, values, and unique perceptions of assistance. Research into this issue can help to improve approaches to organising support for children in the alternative care system, as well as increasing the effectiveness of psychosocial work.

Psychosocial support for children in alternative care systems is increasingly trauma-informed, taking into account experiences of loss, violence or displacement; the need for a stable emotional environment; and the influence of cultural characteristics, family traditions, and local models of assistance on the perception of psychological support. A review by N.T. Arega (2023) showed that psychosocial interventions for children affected by armed conflict in low- and middle-income countries are more effective when adapted to the linguistic, social, and cultural characteristics of the relevant communities. The most effective support models were found to be those combining individual assistance, group interaction, and family or community participation. This is significant for the alternative care system since children often experience repeated trauma as a result of changes to their living environment and a lack of stable emotional bonds. A similar view is expressed by A.E. Kazak *et al.* (2024), who developed a model of the preventive function of psychosocial assistance for children and families. The researchers considered support to be a continuous process involving the early identification of emotional difficulties, risk assessment, and the development of personalised support strategies. They also emphasised the need to ensure equal access to psychological assistance for different social groups. This approach helps to create a more supportive environment in alternative care institutions, where children often experience the loss of family ties and social isolation.

M.R. Gómez-Juncal *et al.* (2025) examined the effectiveness of psychosocial interventions for children and families in at-risk groups, including those in alternative care settings. The study focused on changes in emotional state and family interaction. The authors found that trauma-informed approaches improve children's psychological adaptation and promote greater stability in family relationships. T.D. Mestre *et al.* (2024) address the issue of involving the family in the support process in their work devoted to family-centred care for children with intellectual disabilities. The researchers found that active family participation positively affects children's emotional state, level of adaptation, and social skill development. This indicates the need to focus not only on the individual needs of the child, but also on restoring social bonds to provide a sense of emotional safety. Z.H. Duraku *et al.* (2023) also confirm the importance of a supportive social environment. Their study emphasises that psychological well-being largely depends on the availability of social support and willingness to seek help. The researchers found that cultural perceptions of mental health can hinder access to psychological services. In many communities, seeking help from a psychologist can be accompanied by a fear of judgement or stigmatisation. For children in the alternative care system, this problem is exacerbated, as they often experience social rejection and distrust adults. E. Güney *et al.* (2024) further develop the topic of attitudes towards psychological help by studying gender differences in the willingness to seek psychological support in Turkey. The results show that social norms and cultural expectations directly influence openness to psychosocial assistance. This points to the need to adapt trauma-oriented programmes to the cultural behavioural models of children and adolescents, since universal methods do not always take into account the specific features of emotional self-expression in different societies.

The issue of access to support for young children is examined in B. Shabdan (2023) work, which is devoted to the child healthcare system in rural regions of Kyrgyzstan. The researcher noted that inequality in access to medical and social services increases the risk of emotional maladjustment in children. A lack of specialists, geographical isolation and traditional parenting methods make it difficult to provide psychological assistance in a timely manner. For the alternative care system, this means creating more flexible support models that consider the social

conditions in which children live. In particular, scholars emphasise the importance of emotional support in fostering psychological resilience. For example, W. Guo *et al.* (2025) demonstrated that emotional support from teachers positively impacts young people's engagement and academic confidence. Stable support from adults can help restore trust and develop the capacity for adaptation after a traumatic experience. Similar conclusions are presented in the review by T. Nonoyama *et al.* (2025) concerning support for children with special medical needs and their families. The authors emphasised the importance of an integrated approach that combines medical, psychological, and social assistance. They found that coordination between different services improves children's emotional state and contributes to stable care.

Despite the areas addressed by the above-mentioned authors, academic research still insufficiently explores the adaptation of trauma-oriented approaches to the cultural characteristics of children in the alternative care system. The influence of the ethnocultural environment, linguistic differences and family traditions on the effectiveness of psychosocial support and the formation of trusting relationships between the child and specialists remains only partially examined. The aim of this study was to investigate the impact of a trauma-informed approach on the development of children in the alternative care system. The objectives of the study were: to characterise the theoretical foundations of the trauma-informed approach in work with children raised in alternative forms of care; to examine the social and organisational practices of different states regarding the development of alternative care systems and support for children with traumatic experience; and to identify and substantiate scenarios for applying the trauma-informed approach in the context of socio-psychological support and the adaptation of children in the alternative care system.

MATERIALS AND METHODS

The study employed a theoretical analysis of academic sources, descriptive statistics, comparative analysis, modelling, and generalisation. A theoretical analysis was conducted of key aspects of childhood trauma and attachment theory, focusing on children's adaptation to alternative family environments and the emotional and behavioural challenges they face in institutional or foster care settings. The study was based on the academic works of K. Cooper *et al.* (2023), N. Vyas *et al.* (2023) and K.I. Tumlin *et al.* (2023). Additionally, it incorporated the theoretical principles of attachment theory (Cherry, 2026) and child maltreatment theory (Cicchetti & Carlson, 1989). This enabled a comprehensive analysis of the impact of traumatic experience on a child's emotional, behavioural and social development. The study used descriptive statistics to present indicators of the level of institutional care, including regional and global benchmarks, the total number of children in alternative care and the proportion in family-based and institutional care in selected countries. It also considered the impact of adverse childhood experiences (ACEs) on learning difficulties and emotional and behavioural problems. The effects of transitioning to foster care, social and emotional learning, and trauma-informed pedagogical approaches were also considered, based on analytical reports by the UNICEF Europe and Central Asia Regional Office (2024) and the U.S. Centers for Disease Control and Prevention (n.d.).

A comparative analysis was conducted of the Child Protection programme in Kyrgyzstan (United Nations Children's Fund in Kyrgyzstan, n.d.) and the Foster Care Programme in Kazakhstan (Foster care in Kazakhstan…, 2025). The Prevention of Family Separation and Childcare Reform programme in Uzbekistan (United Nations Children's Fund in Uzbekistan, n.d.) and Alternative Care in Georgia (SOS Children's Villages Georgia, n.d.) were also examined. The selection of these programmes was determined by their focus on reforming systems of alternative care for children, developing foster care, supporting children with traumatic experience, and integrating psychological mechanisms of assistance in Central Asian countries and the neighbouring region. Georgia was included in the comparative analysis as a country with one of the most successful experiences of deinstitutionalisation and the development of family-based forms of alternative care in the post-Soviet region, making it possible to use it as a reference model for comparison with Central Asian countries. The choice of Central Asian countries for comparative analysis was determined by their active implementation of reforms in the system of alternative care for children, the development of foster care, and the existence of programmes aimed at supporting children with traumatic experience and integrating psychosocial mechanisms of assistance into national child protection systems. The analysis was carried out according to the following criteria: the level of integration of the trauma-informed approach into the organisation of alternative family-based care; the presence and depth of ACEs assessment before a child is placed; the degree of preparation of foster parents for working with trauma; the interpretation of the child's behaviour; the use of mechanisms of emotional regulation; the existence of a system for preventing traumatisation; the nature of psychosocial support; and the overall focus of the child support system.

Using the modelling method, models of psychosocial interaction between specialists and children were formulated, focusing particularly on three scenarios: individual interaction between a pupil and a teacher in emotional distress, a group learning situation involving a pupil exhibiting disruptive behaviour, and communication between a child with a history of trauma and a caregiver in a foster care environment. These models were used to analyse the specific features of applying a trauma-informed approach in educational practice. Three models of psychosocial interaction were developed in accordance with three levels of social context: individual, group, and family care. This made it possible to analyse the specific manifestations of traumatic behaviour, the mechanisms of

emotional regulation, and the effectiveness of trauma-informed support strategies in different conditions of interaction between children, adults, and peers. These models were formed by generalising typical situations described in academic sources and by systematising practical experience reflected in UNICEF analytical reports. The models function as theoretical constructs representing characteristic scenarios of emotional, behavioural, and social interaction. This makes it possible to study the mechanisms of emotional regulation, the manifestations of the consequences of traumatic experiences, and the effectiveness of trauma-informed interventions in different contexts of a child's interaction with adults and peers.

The factors influencing the impact of socio-psychological support on the cognitive abilities of children who had experienced adverse childhood events were identified on the basis of the method of generalisation. These factors included emotional stability, quality of family or substitute care, and access to systematic psychological assistance. Theoretical analysis identified the pedagogical conditions for the effective application of a trauma-informed approach.

RESULTS

Psychological trauma is regarded as a complex developmental disorder arising from exposure to adverse life events, such as the loss of parental care, neglect of basic needs, violence or a prolonged stay in an institutional setting. According to psychological theories such as Attachment Theory (Cherry, 2026) and Child Maltreatment Theory (Cicchetti & Carlson, 1989), such experiences lead to a disruption in the formation of a basic sense of safety. This sense of safety constitutes the foundation of emotional stability and subsequent personality development. Consequently, changes occur in the functioning of the nervous system, manifesting as increased sensitivity to stress, difficulty self-regulating, and reduced concentration capacity. The emotional manifestations of childhood trauma are characterised by unstable emotional responses, heightened anxiety and a fear of rejection, or conversely, an avoidance of emotional contact (Bhutta *et al.*, 2023). Some children develop a distrust of adults, which can make it difficult for them to build stable interpersonal relationships. Behavioural characteristics often include impulsivity, aggressive reactions, difficulty observing social norms, and passivity and social withdrawal. These manifestations are not a conscious violation of rules, but rather reflect the adaptive strategies formed in an unstable or threatening environment.

The social development of children who have experienced trauma is complicated by the disruption of attachment mechanisms. In the case of an institutional upbringing, the absence of a permanent adult figure leads to the formation of fragmented or unstable social bonds. In foster families, however, these processes may gradually stabilise. Nevertheless, adaptation is accompanied by periods of emotional instability associated with previous experiences of loss and changes in environment. A prolonged stay in a stable family environment is important for the gradual restoration of trust and social interaction (Vyas *et al.*, 2023). Adaptation to alternative forms of upbringing occurs in stages, beginning with an initial period of emotional guardedness, followed by the formation of trust and gradual integration into a new system of social relations. Both children and the adults providing care are involved in this process. Behavioural reactions in the initial stages may include protest behaviour, withdrawal, or an increased need for control on the part of the adults involved. Once the environment is stable, anxiety levels decrease and social interaction improves.

The trauma-informed approach is based on an understanding of how traumatic experiences impact a child's behaviour and development. The approach involves creating conditions in which the child is not retraumatised, while their behaviour is interpreted in the context of previous stressful experiences. The main principles of the approach include providing a safe environment, ensuring predictability in interactions, maintaining stable adult relationships, offering emotional support, and considering the child's individual needs. The approach also involves avoiding practices that may trigger the re-experiencing of stressful situations. Methods for implementing this approach include structuring the environment, establishing clear rules, acting consistently and developing positive communication. Social and emotional learning approaches contribute to the development of skills in recognising emotions, self-regulation, and constructive interaction. A key aspect is forming stable relationships with adults who provide emotional support and serve as models of safe interaction (Hales *et al.*, 2026). Psychologists working with children who have experienced trauma must be able to identify manifestations of psychological trauma, understand the mechanisms through which it affects behaviour and development, and be proficient in supportive interaction methods. Psychologists must be able to maintain emotional stability in difficult situations, avoid reactive responses and apply individualised approaches to parenting (Tumlin *et al.*, 2023).

The way childhood trauma is perceived and the effectiveness of trauma-informed support are determined by cultural norms, family traditions, the role of the community, attitudes towards psychological help, linguistic features and the level of stigmatisation. In societies that are strongly oriented towards family and kinship values, a child's experiences are more often interpreted in terms of upbringing and discipline than as a consequence of trauma, which can make it difficult to identify psychological difficulties early on. A high level of stigmatisation surrounding psychological help, coupled with limited access to counselling services, can reduce families' and teachers' willingness to seek professional help, thereby affecting the timeliness and effectiveness of interventions. At the same time, language barriers and differences in terminology used to describe a child's emotional state can hinder communication between specialists and families, resulting

in inaccurate diagnoses and misunderstandings regarding the child's needs. The role of the community and traditional forms of social support can strengthen protective factors through collective care, but it can also limit the individualised approach required for implementing trauma-informed practices (Melamed *et al.*, 2024).

Generalising the results of the theoretical analysis enables the definition of a trauma-informed approach as a systemic model for working with children. This approach considers their previous experience and aims to create conditions that facilitate the gradual restoration of emotional balance and the development of social interaction within children's homes and foster families. Table 1 presents the specific features of the distribution of institutional and family-based care for children in Central Asian countries, demonstrating differences in the level of deinstitutionalisation and the development of family-oriented forms of support for children.

Table 1. *Indicators of institutional and family-based care for children in Central Asia*

Country/level	Indicator	Value
Central Asia (region)	Level of institutional care	203 per 100,000 children
Global level	Baseline average level of institutional care	105 per 100,000 children
Central Asia (region)	Total number of children in institutional/alternative care	60,000 children
Kyrgyzstan	Share of children in family-based care	69%
Kazakhstan	Share of children in institutional care	44%
Uzbekistan	Share of children in institutional care	58%
General international indicator (ACEs)	Risk of learning difficulties with ≥4 ACEs	2-3 times higher
International indicator (institutional care)	Increase in emotional and behavioural difficulties	30-50%
International indicator (foster care)	Reduction in behavioural problems (12-24 months)	25-35%
International indicator (foster care)	Improvement in academic achievement	10-20%
International indicator (SEL)	Improvement in academic and behavioural outcomes	11-20%
International indicator (trauma-informed approaches)	Improvement in teacher-child interaction	30-40%

Source*: compiled by the authors based on UNICEF Europe and Central Asia Regional Office (2024), U.S. Centers for Disease Control and Prevention (n.d.)*

In Central Asian countries, significant variability remains between models of family-based and institutional care. This directly affects children's socio-psychological development and the formation of their educational trajectories. Family-based forms of upbringing create a more stable emotional environment and strengthen protective developmental factors. In contrast, a higher share of institutional care is associated with an increased risk of emotional and behavioural difficulties due to limited personalisation of interactions and a lack of stable attachments. Meanwhile, international data on adverse childhood experiences shows that experiencing multiple traumas significantly increases the risk of learning difficulties and impaired social adaptation, highlighting the need for trauma-informed support models. Foster care and social and emotional learning are effective because they provide personalised interaction, stable emotional bonds and self-regulation development. Trauma-informed approaches improve pedagogical interaction quality by considering the child's individual traumatic experience. Overall, the results obtained reflect the effectiveness of psychosocial interventions depending on the degree of family integration, environmental stability and the extent to which traumatic experience is considered in educational and social practices. The centrality of the family, extended family and community in child-rearing systems in Central Asian countries highlights their role as fundamental sociocultural institutions in fostering emotional stability and social integration. In this context, a new approach is emerging that considers childhood trauma to be a consequence of adverse developmental experiences and rethinks institutional care. These findings provide a foundation for further comparative analysis of psychosocial support models for children in various alternative care settings.

In Kyrgyzstan, Kazakhstan and Uzbekistan, state- and internationally-supported initiatives are being implemented to reform the alternative care system for children. These include UNICEF programmes on deinstitutionalisation and the development of family-based care, such as the Child Protection Programme in Kyrgyzstan (United Nations Children's Fund in Kyrgyzstan, n.d.), the Foster Care Development Programme in Kazakhstan (Foster care in Kazakhstan…, 2025) and the Keeping Families Together in Central Asia programme in Uzbekistan (UNICEF Europe and Central Asia Regional Office, 2024). These initiatives aim to reduce residential care, strengthen family-based care and introduce case management in child protection. These programmes gradually regard institutional care as a temporary solution while prioritising keeping children in family environments and developing professional foster care systems. Additionally, approaches involving inter-agency coordination of social services, assessment of the child's needs, and the development of individual protection plans are employed. This increases the targeted nature of assistance and reduces the risk of retraumatisation. In Georgia, the state Child Welfare and Alternative Care Reform programme, supported by UNICEF, is implementing reform of the alternative care system. This programme provides for the deinstitutionalisation of young children, the development of foster

families and professional foster care, and the strengthening of the role of communities and social services in the early identification of family crises. This model demonstrates the most consistent transition towards a family-oriented system in which institutional care is used only as an exceptional, short-term form of support (United Nations Children's Fund in Georgia, 2024). Table 2 presents the results of a comparative analysis of alternative childcare practices in Kyrgyzstan, Kazakhstan, Uzbekistan and Georgia, reflecting the characteristics of the programmes, including models of substitute families, the level of development of family-based forms of upbringing, the degree of institutionalisation of the child protection system, the specific features of preparation and support for foster families, and approaches to integrating trauma-informed practices into national social protection systems.

Table 2. *Comparative analysis of trauma-informed practices in systems of family-based alternative care*

Aspect of analysis	Kyrgyzstan (Child Protection, UNICEF)	Kazakhstan (Foster Care Programme)	Uzbekistan (Family Preservation Reform)	Georgia (Alternative Care)
Trauma-informed organisation of family care	Reactive model: the family is involved after crisis events; trauma is taken into account fragmentarily	Partly systemic model: consideration of traumatic experience as a mandatory component of child placement	Focus on preventing separation, but without in-depth trauma-informed diagnosis	Systemic trauma-informed model: assessment of traumatic experience is a basic condition of placement
Assessment of childhood trauma (ACEs) before placement	Limited, mostly social risk assessment	Standardised tools for assessing the behavioural and psycho-emotional consequences of trauma	Mainly socio-family assessment without in-depth trauma screening	Comprehensive assessment of ACEs with psychological and behavioural profiling of the child
Preparation of foster parents (trauma competence)	General social preparation without a systemic trauma focus	Mandatory training with elements of trauma awareness: stress, behaviour, crisis	Limited preparation, focused on family support	Standardised trauma-informed preparation: emotional regulation, co-regulation, secure attachment
Approach to the child's behaviour	Behaviour is often interpreted as a disciplinary problem	Behaviour is considered as a consequence of stress and trauma	A family-normative interpretation of behaviour predominates	Behaviour is regarded as a manifestation of traumatic experience, in line with the principle of avoiding retraumatisation
Mechanisms of the child's emotional regulation	Unstructured, dependent on individual specialists	Partial implementation of psychological support and case management	Focus on family support without systemic therapeutic interventions	Integrated trauma-informed practices: stabilisation, co-regulation, safe environment
Prevention of retraumatisation	No systemic prevention model	Partly taken into account through specialist support	Focus on preserving the biological family as a protective factor	Central principle of the system: minimisation of retraumatisation
Psychosocial support for the child	Basic social support	Case management with psychological services	Socio-family support	Multidisciplinary trauma-informed support: psychologist, social worker, family
Focus of the support system	Crisis response	Combined model of support and stabilisation	Prevention of family separation	Restoration of safety, trust, attachment and self-regulation

Source*: compiled by the authors based on Foster care in Kazakhstan… (2025), United Nations Children's Fund in Kyrgyzstan (n.d.), United Nations Children's Fund in Uzbekistan (n.d.), SOS Children's Villages Georgia (n.d.)*

A comparative analysis was conducted to reveal differences between alternative childcare programmes in Kyrgyzstan, Kazakhstan, Uzbekistan and Georgia. These differences are determined by varying levels of institutionalisation within the child protection system, approaches to developing family-based forms of care, and the degree to which socio-psychological support is integrated. In Kyrgyzstan, reform is being implemented through the Child Protection in Kyrgyzstan programme, with the aim of developing family-based care and gradually reducing residential care (United Nations Children's Fund in Kyrgyzstan, n.d.). In Kazakhstan, the "What We Do in Kazakhstan" programme is being implemented, with an emphasis on establishing a system of professional foster care and standardising alternative forms of care (United Nations Children's Fund in Kazakhstan, n.d.). In Uzbekistan, the Keeping Families Together in Central Asia programme is being implemented, with the aim of preventing the separation of children from their biological families by strengthening social services and identifying risks at an early stage (UNICEF Europe and Central Asia Regional Office, 2024). In Georgia, the EU and UNICEF programme "Supporting the Government to Protect a Child's Right to a Family Environment" is operational (United Nations Children's Fund in Georgia, 2024). This programme prioritises consistent deinstitutionalisation and the development of long-term, family-based care models.

O. Nehrii (2025) noted that a reduction in the number of crisis pedagogical situations in work with children who have traumatic experience is possible provided that trauma-informed pedagogical scenarios are implemented systematically, performing not only a reactive but, above all, a preventive function. The use of such scenarios makes it possible to prevent emotional breakdowns, conflict-related behavioural reactions and the disorganisation of the learning process by creating a predictable, structured and

safe environment. The main purpose of using pedagogical scenarios is to form stable models of interaction between the adult and the child, in which the child's behaviour is regarded as a signal of their emotional state rather than as a breach of discipline.

Correcting behaviour in such situations involves recognising stress triggers early on, applying emotional regulation techniques and gradually teaching the child self-control skills. Breathing stabilisation methods, grounding techniques, visual lesson structures and co-regulation with an adult can reduce the intensity of stress responses and prevent them from escalating (Dajani *et al.*, 2025). Rather than controlling behaviour through punishment, pedagogical scenarios should aim to restore the child's internal balance, which reduces the frequency of crisis situations in the long term. Thus, the systematic application of these approaches stabilises the educational process and improves children's psychological safety. Table 3 presents modelled forms of psychosocial interaction between the specialist and the child when implementing the trauma-informed approach in individual, group, and foster care contexts involving children with traumatic experiences. It describes behavioural manifestations, pedagogical actions, tools of emotional regulation, and expected psychological and pedagogical outcomes.

Table 3. *Models of psychosocial interaction between the specialist and the child within the trauma-informed approach*

Model of psychosocial interaction between the specialist and the child	Number of participants	Type of child/group behaviour	Pedagogical actions	Tools and mechanisms	Psychological and pedagogical impact
Individual interaction between a pupil and a teacher during an emotional breakdown	1 pupil + 1 teacher	Impulsive behaviour, refusal to complete tasks, emotional outburst	Instead of punishment: a pause, lowering the voice, support, shifting the focus from the task to the child's state	Breathing exercises (4-4-6), "emotional labelling" technique, grounding, calm-down pause	Restoration of emotional balance and gradual return to learning activity. Reduction in stress activation, development of self-regulation, and formation of trust in the teacher
Group learning situation involving conflict behaviour by one pupil	5-6 pupils + 1 teacher	Conflict, noise, disorganisation, group agitation	Isolation of the conflict situation without stigmatisation, a structured pause for the class, return to rules	Calm corner, visual classroom rules, activity stop signal, short group breathing synchronisation	Restoration of discipline without escalation of the conflict. Reduction in group tension, stabilisation of the learning process, and development of collective regulation
Interaction between a child with traumatic experience and a caregiver in a foster-care environment	1 child + 1 caregiver	Rejection of the adult, distrust, verbal protest	Acceptance of emotions, calm presence, absence of pressure, gradual establishment of contact	Co-regulation, active listening, mirroring of emotions, stable interaction ritual	Gradual formation of trust and reduction of resistance. Formation of attachment, stabilisation of emotional state, and reduction of reactive behaviour

Source: *compiled by the authors on the basis of UNICEF Europe and Central Asia Regional Office (2024), United Nations Children's Fund in Kyrgyzstan (n.d.), United Nations Children's Fund in Uzbekistan (n.d.)*

The psychosocial interaction models presented in the table reflect the key mechanisms of the trauma-informed approach. This approach is aimed at stabilising the child's emotional state, restoring a sense of safety, and forming trusting relationships with adults in individual, group, and family contexts. They are significant because they replace punitive and directive practices with supportive strategies for behaviour regulation, such as providing emotional support, maintaining a structured environment and facilitating co-regulation. This reduces stress levels, prevents conflict escalation and enables the gradual restoration of learning and social activities. Such approaches are particularly important in the foster care environment, as they contribute to the formation of secure attachments, reduce reactive behavioural manifestations, and promote the long-term psychological stabilisation of children with traumatic experiences. This is consistent with the principles of alternative care and family-oriented support.

Implementing the trauma-informed approach in Kyrgyzstan requires teachers, psychologists and caregivers to be prepared to use methods for recognising childhood trauma and emotional regulation, as well as breathing exercises and visualised rules of behaviour. This will help them to create a safe and predictable educational environment. This involves interaction between schools, social services and foster families, using training cases in pilot programmes and assessing effectiveness by analysing changes in children's behaviour, anxiety levels and engagement in learning. Studies of children who have experienced adverse childhood experiences have shown that the consequences of ACEs primarily manifest as disturbances to psycho-emotional stability, self-regulation, social adaptation and the formation of trust in the surrounding environment (Malik & Marwaha, 2023). ACEs include physical or psychological violence, neglect, loss of parental care, prolonged institutional care, family conflict and emotional deprivation. Such events cause chronic stress, affecting the child's nervous system and increasing anxiety and emotional tension. This disrupts their capacity for safe interaction with others. Consequently, many children exhibit difficulties in controlling their emotions, displaying either impulsive or withdrawn behaviour, heightened vigilance, a fear of making mistakes, and a distrust of adults. This negatively impacts interpersonal relationships, the ability to achieve social integration, and the formation of stable attachments.

One of the key factors in overcoming the consequences of a traumatic experience is the quality of family or substitute care received. Children who are raised in a stable environment with consistent adult support are able to recover their sense of safety and emotional predictability more quickly. Parents, guardians or foster families play an important role in responding to a child's behavioural difficulties with understanding rather than punishment or strict control. Stable relationships with adults contribute to the formation of trust, the development of emotional self-regulation skills, and a reduction in anxiety levels. By contrast, frequent changes of residence, unstable care or an absence of support intensify feelings of danger and social isolation. It has been shown that ACEs also disrupt a child's cognitive functioning, as prolonged stress reduces their ability to concentrate, control their behavioural responses, make decisions, and interact effectively with their social environment. Children may experience difficulties planning actions, memorising information, adapting to new situations, and maintaining constructive communication. However, the extent of these impairments depends on the level of support that the child receives from their family, the educational environment and the social protection system. Access to systematic psychological and social assistance is particularly important as it ensures the early identification of emotional difficulties and provides stable support for developing skills for safe interaction (Neumann *et al.*, 2021).

The trauma-informed approach is considered an effective way of restoring psychological and emotional safety, as well as social integration, in children who have experienced ACEs. Implementing this approach involves creating a predictable and supportive environment in which the child is not exposed to traumatisation. Key components include developing emotional self-regulation, using co-regulation techniques, supporting positive attachment, forming trusting relationships with adults, and providing continuous psychological support. When working with children, it is advisable to employ safe communication strategies, visualised behavioural rules, emotionally supportive rituals and consistent forms of interaction. Comprehensive psychological and social support helps to reduce anxiety, improve social adaptation and restore a sense of safety, while gradually fostering the ability to form trusting interpersonal relationships. Consistency of support from psychologists, social workers and family members is an important factor in positive dynamics, since it is the stability of interaction that enables the child to gradually reduce internal tension and develop a sense of control over their own emotional state. Research by A.D. Stein *et al.* (2023) showed that children who regularly receive emotionally safe support demonstrate a lower tendency towards aggressive reactions, avoidance of contact, and social isolation. At the same time, a supportive environment fosters communication skills, the ability to seek help, constructive responses to conflict, and the maintenance of interpersonal relationships. Another significant component is the interdisciplinary collaboration between social and psychological services, ensuring continuity of support and a timely response to changes in the child's emotional state. Through a trauma-informed approach, children gradually restore their ability to achieve emotional stability, engage in safe social interactions, and develop trust in adults. This reduces behavioural difficulties, strengthens the sense of protection and develops more resilient psychological adaptation mechanisms in everyday life. Supportive practices also contribute to restoring the child's positive self-esteem and emotional confidence within society.

DISCUSSION

The models of psychosocial interaction presented here reflect the practical implementation of the trauma-informed approach in individual, group, and foster care environments. They aim to replace punitive pedagogical responses with supportive and regulatory strategies. The models demonstrate the multi-level interaction between intercultural factors, the trauma-informed approach, and psychosocial support for children within the alternative care system. Support is most effective when emotional sensitivity, cultural adaptation and the coordinated work of specialists from different fields are combined. This aligns with the findings of C.R.M. de Beer *et al.* (2024), who analysed peer support models for children with mental health issues and found that mutual support and social inclusion strengthened adaptive resources. The authors emphasised that the sustainability of such models depends on support being integrated into institutional practices. Analysis of the obtained data shows that the level of emotional support in the alternative care system directly correlates with the quality of children's adaptation to new social conditions. Psychological trauma in children is a complex developmental disorder arising from the loss of parental care, violence, or institutional upbringing. It leads to persistent changes in emotional, behavioural, and cognitive domains. This is consistent with the findings of K. Hettinger *et al.* (2023), who established a link between emotional support from teachers and the development of learning motivation. The researchers note that a positive emotional climate in the classroom strengthens interest in learning and reduces anxiety levels. A similar pattern is reflected in the work of G. Mudhar *et al.* (2024), who state that inclusive approaches are more effective when teachers collaborate and have professional confidence. The scholars emphasise that cooperation between teachers improves the quality of emotional support provided to pupils. The data demonstrate that the trauma-oriented approach reduces manifestations of emotional maladjustment, particularly in cases of early trauma. This is consistent with the findings of N.L. Majebi *et al.* (2024), who describe the integration of trauma-informed practices into educational systems as a means of addressing behavioural issues in vulnerable groups. Additionally, the scholars note that such approaches enhance children's capacity for self-regulation. Institutional care in Central Asian countries remains relatively high, exceeding global indicators. This indicates the uneven nature of

deinstitutionalisation processes in the region. Similar provisions can be found in the works of L. Wang *et al.* (2024) and A. Chacko *et al.* (2024), in which psychological first aid following traumatic events is considered a means of stabilising the emotional state. The researchers emphasise that timely intervention reduces the risk of developing post-traumatic disorders.

The level of trust that children have in the care system is determined by the intercultural sensitivity of specialists. This is confirmed by the findings of R. Lyons *et al.* (2024), who found that emotional support within the family influences long-term decision-making and psychological stability. It is noted that stable emotional bonds contribute to increased resilience. Similar conclusions were reached by A. Diab & E. Green (2024), who emphasised the importance of supportive systems in fostering resilience in professional and social contexts. The scholars also stressed that mentoring support reduces emotional burnout among teachers. This is also highlighted in the study by R. Hosokawa *et al.* (2024), which found that social and emotional learning from an early age improves emotional regulation. Programmes have a long-term positive effect on children's behaviour. A.W. Syakhrani & A. Aslan (2024) present similar results, identifying the role of informal family learning in determining the development of children's social competence. The family environment is emphasised as a basic factor in the formation of emotional maturity. Effective pedagogical interaction with traumatised children requires methods of emotional regulation and support to be employed. This contributes to the restoration of trust and improvement in behaviour and academic achievement. This is consistent with the conclusions of A. Tomoda *et al.* (2025), who analysed the neurobiological consequences of child maltreatment on brain structure and function, and attachment mechanisms. Notably, a correlation was identified between early traumatic experiences, disruptions in neural network development, and the development of disorganised or insecure attachment patterns in children. The authors emphasise that empathy improves the quality of interaction with patients. The study by J.D. Kliewer-Neumann *et al.* (2023) focuses on the symptoms of attachment disorders in children in foster families, examining their relationship with the level of secure attachment. The study shows that the quality of attachment substantially determines the severity of emotional and behavioural difficulties, as well as the level of a child's social adaptation. These findings are consistent with those of C.J. Wiedermann *et al.* (2023), who argue that educational policies form the basis of a mental health support system. The researchers emphasise the need for intersectoral collaboration to improve assistance effectiveness. Within the foster care environment, interaction models contribute to the development of secure attachments and the restoration of trust in adults. This is a key factor in long-term emotional stabilisation. M. Eiberg (2024) shares this view. They studied the cognitive functioning of children in out-of-home alternative care, including intelligence levels, executive functions such as attention, working memory, and cognitive flexibility, as well as the overall development of brain functions, comparing them with normative indicators.

The study revealed significant delays in most cognitive domains and an elevated incidence of cognitive challenges among this group of children. Analysis of the results obtained demonstrates the role of the educational environment in fostering psychosocial resilience. This is consistent with the findings presented in the article by N. Naeem *et al.* (2022), which examined the neurobiological mechanisms involved in the formation of early attachment in infants, as well as the impact of traumatic experience on parent-child interaction. The authors demonstrated that disrupting emotionally sensitive interactions in early childhood leads to changes in the development of the brain's stress-regulation systems, particularly the hypothalamic-pituitary-adrenal axis. This has a negative impact on the formation of secure attachments, emotional regulation, and subsequent social development. This study emphasises that early traumatic experiences can have long-term neurobiological consequences for personality development. These findings are consistent with those of R.S. Kennedy *et al.* (2023), who found that racial differences in the alternative care system influence children's level of well-being. Integrating psychological, social, and pedagogical support tools systemically increases the effectiveness of assistance for children with traumatic experiences, creating conditions for their safe social integration and emotional well-being. The need to eliminate structural inequalities is emphasised. A child's behaviour gradually changes from reactive to more controlled through stable rituals and consistent adult behaviour. This reduces anxiety levels and the sense of danger. This is consistent with a study by D. West *et al.* (2022), in which the formation of attachment in young children in foster families was analysed. It was found that the quality of attachment largely depends on the stability of care, the sensitivity of foster parents, and the length of time the child spends in the family environment. They also found that secure attachment is associated with better emotional regulation and social adaptation. Generalising the results obtained shows that combining intercultural, trauma-oriented and alternative approaches is the basis of effective psychosocial support for children in the alternative care system. It has been established that the effectiveness of such support is enhanced through emotional sensitivity, early intervention, and the use of various therapeutic and digital tools. The results confirmed that the effectiveness of psychosocial support for children in alternative care systems depends on combining a trauma-informed approach with intercultural sensitivity, emotional support, and interdisciplinary collaboration among specialists. This approach contributes to restoring trust, self-regulation, social adaptation, and psychological resilience in children.

CONCLUSIONS

Psychological trauma is regarded as a complex developmental disorder resulting from the loss of parental care,

violence, or a prolonged stay in institutional settings. It is manifested by disturbances in emotional regulation, behavioural stability, and cognitive functioning. It was also established that the average level of institutional care in Central Asia is approximately 203 per 100,000 children, which is almost twice the global benchmark of 105 per 100,000. Significant differences are observed across countries in the region. In Kyrgyzstan, for example, family-based forms of upbringing predominate at around 69%, whereas in Kazakhstan, a mixed model is emerging with around 44% of children in institutional care. In Uzbekistan, however, a higher proportion of children are in institutional care, at around 58%. This indicates uneven deinstitutionalisation processes and different levels of alternative care system development.

A comparative analysis of alternative care programmes in Kyrgyzstan, Kazakhstan, Uzbekistan and Georgia revealed different conceptual approaches to organising substitute families. In Kyrgyzstan, programmes focus on transitional forms of support and the gradual introduction of family-based upbringing. In Kazakhstan, a structured foster care system has been established, offering foster family's professional status and state support. In Uzbekistan, strengthening the biological family and preventing family separation remain priorities. By contrast, in Georgia, alternative care is regarded as a long-term family model with a developed support infrastructure. The differences between the programmes are determined by the degree of institutionalisation of the system, the role of the state in preparing foster families and the level of integration of psychological and trauma-informed support. Analysing models of psychosocial interaction between specialists and children – including individual interaction, group conflict, and the foster care environment – showed that working effectively with children who have experienced trauma depends on educators' ability to use emotional regulation, co-regulation, and structured support strategies instead of punitive approaches. Techniques for stabilising the emotional state, visual interaction structures and supportive communication contribute to reducing conflict levels, restoring trust and gradually integrating children into the learning process.

The factors influencing socio-psychological support that were identified showed that the key determinants of a child's development are their level of emotional stability, the quality of their family or substitute care, and their access to systematic psychological and pedagogical assistance. Specialists must be culturally sensitive in order to effectively implement a trauma-informed approach, since cultural norms influence how trauma is perceived, how willing people are to receive psychological help, and how trusting relationships with children are formed. These factors determine the child's capacity for concentration, learning motivation, and social interaction. The study was limited by the predominant use of secondary analytical sources and the absence of long-term empirical observation of children in real-life settings where trauma-informed pedagogical practices are implemented. Further research could involve empirically verifying the effectiveness of trauma-informed pedagogical scenarios in different educational environments, using a longitudinal design and neuropsychological methods to assess children's development.

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CONFLICT OF INTEREST

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Аннотация. Бул изилдөөнүн максаты альтернативдик камкордуктагы балдарды психосоциалдык колдоодо маданияттар аралык аспектилерди жана алардын балдар үйлөрүндө жана багып алуучу үй-бүлөлөрдө тарбияланган балдар менен иштөөдөгү натыйжалуулугун эске алуу менен травмага негизделген мамилени ишке ашыруу шарттарын аныктоо болгон. Изилдөө методологиясына академиялык булактардын теориялык талдоосу, эл аралык жана аймактык программалардын салыштырмалуу талдоосу жана мекемелик жана үй-бүлөлүк камкордук боюнча статистикалык маалыматтарды талдоо кирген. Бул макалада билим берүү чөйрөсүндө травмага негизделген мамилени колдонуунун педагогикалык шарттары негизделет жана мугалимдердин кризистик кырдаалдарда кандай жүрүм-туруму керектиги сунушталат. Изилдөөдө балдардагы психологиялык травма ата-эненин камкордугун жоготуудан, зомбулуктан же узак мөөнөттүү мекемелештирүүдөн келип чыккан татаал өнүгүү бузулушу катары каралары аныкталган. Мындай травманын эмоционалдык туруктуулуктун негизи болгон коопсуздуктун негизги сезиминин калыптанышына терс таасири баса белгиленген. Кыскача маалыматтар көрсөткөндөй, Борбордук Азияда мекемелик камкордуктун көрсөткүчү 100 000 балага болжол менен 203 балага туура келет, бул 100 000 балага болжол менен 105 балага барабар болгон глобалдык көрсөткүчтөн ашып түшөт. Ошол эле учурда, Кыргызстандагы балдардын болжол менен 69 % үй-бүлөлүк камкордукка жайгаштырылган, ал эми Казакстанда болжол менен 44 % жана Өзбекстанда 58 %, бул өлкөлөр боюнча альтернативдик камкордук моделдериндеги олуттуу айырмачылыктарды чагылдырат. Натыйжада, эмоционалдык жөнгө салуу механизмдери бузулуп, тынчсыздануунун күчөшү жана туруксуз реакциялар катары көрүнөөрү аныкталды. Жүрүм-турумдук адаптациядагы кыйынчылыктар жана көңүл топтоо жөндөмдүүлүгүнүн төмөндөшү да байкалат. Адистердин жана балдардын ортосундагы психосоциалдык өз ара аракеттенүү моделдери жеке, топтук жана үй-бүлөлүк камкордук контексттеринде эмоционалдык, жүрүм-турумдук жана социалдык байланышты камтыган типтүү кырдаалдарды чагылдырат. Бул эмоционалдык жөнгө салуу механизмдерин, травматикалык тажрыйбалардын көрүнүштөрүн жана колдоочу жана травмага негизделген кийлигишүү стратегияларынын натыйжалуулугун талдоого мүмкүндүк берет. Изилдөөнүн практикалык мааниси анын психологиялык жана педагогикалык колдоонун натыйжалуулугун жогорулатуу максатында альтернативдик камкордуктагы балдар менен иштөөдө билим берүү жана социалдык практикага травмага негизделген мамилени киргизүү мүмкүнчүлүгүндө жатат

Негизги сөздөр: эмоционалдык абал; тынчсыздануу деңгээли; социалдык кызматтар; багып алуучу үй-бүлөлөр; педагогикалык өз ара аракеттенүү; деинституционалдаштыруу

Кросс-культурные аспекты и эффективность травма-информированного подхода в психосоциальной поддержке детей в системе альтернативной опеки

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Аннотация. Целью данного исследования было выявление условий внедрения подхода, учитывающего травматический опыт, в психосоциальную поддержку детей, находящихся в альтернативных формах опеки, с учетом межкультурных аспектов, а также оценка его эффективности при работе с детьми, воспитывающимися в детских домах и приемных семьях. Методология исследования включала теоретический анализ академических источников, сравнительный анализ международных и региональных программ, а также анализ статистических данных об институциональной и семейной опеке. В статье обоснованы педагогические условия применения подхода, учитывающего травматический опыт, в образовательной среде и предложены рекомендации по поведению учителей в кризисных ситуациях. Исследование показало, что психологическая травма у детей рассматривается как комплексное нарушение развития, возникающее в результате потери родительской заботы, насилия или длительной институционализации. Подчеркнуто негативное влияние такой травмы на формирование базового чувства безопасности, являющегося основой эмоциональной стабильности. Обобщенные данные свидетельствуют о том, что показатель институциональной опеки в Центральной Азии составляет приблизительно 203 на 100 000 детей, что превышает среднемировой показатель около 105 на 100 000. Между тем, около 69 % детей в Кыргызстане находятся на попечении семей, по сравнению с примерно 44 % в Казахстане и около 58 % в Узбекистане, что отражает значительные различия в альтернативных моделях ухода в разных странах. Установлено, что в результате нарушаются механизмы эмоциональной регуляции, проявляющиеся в повышенной тревожности и нестабильных реакциях. Также наблюдаются трудности в поведенческой адаптации и снижение способности к концентрации. Модели психосоциального взаимодействия между специалистами и детьми отражают типичные ситуации, включающие эмоциональный, поведенческий и социальный контакт в контексте индивидуального, группового и семейного ухода. Это позволяет анализировать механизмы эмоциональной регуляции, проявления травматического опыта и эффективность поддерживающих и травмоориентированных стратегий вмешательства. Практическая значимость исследования заключается в его потенциале внедрения травмоориентированного подхода в образовательную и социальную практику при работе с детьми, находящимися на альтернативном попечении, с целью повышения эффективности психологической и педагогической поддержки

Ключевые слова: эмоциональное состояние; уровень тревожности; социальные службы; приемные семьи; педагогическое взаимодействие; деинституционализация