Trauma-informed parenting practices: Exploring opportunities and barriers to continuing education for caregivers of young children

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Abstract

This study explores the opportunities and barriers that caregivers of young children face in accessing continuing education on trauma-informed parenting practices. While research has examined trauma-informed approaches within specific populations, little is known about family awareness of and engagement in such practices, particularly among parents of children under age five. Using a two-pronged, mixed-methods design, data was collected through surveys and semi-structured interviews with eight participants in the Twin Ports area. Thematic analysis revealed three central challenges: (1) isolation, with caregivers often relying on limited support networks such as family or church communities; (2) lack of awareness, as many participants were unfamiliar with available trauma-informed resources outside of professional training contexts; and (3) barriers to access, including cost, childcare, time, and scheduling constraints. Despite the study's limitations—particularly a small, highly educated, and relatively privileged sample—the findings underscore that even advantaged families struggle to invest in supportive programming due to competing demands. These results highlight the need for intentional outreach, structural supports (e.g., childcare, flexible scheduling), and broader consideration of social class, education, and employment status in program design. Future initiatives should address both tangible and opportunity costs to ensure equitable access to trauma-informed parenting education and meaningful caregiver engagement.

Introduction

For this project, we investigated the knowledge of, barriers to, and interest in learning about trauma-informed parenting practices among the families of young children (under age 5). This is significant to the field of education as a gap currently exists in documenting family interest in and access to trauma-informed parenting practices. There has been some research into training on trauma-informed parenting among students from specific demographic backgrounds, such as veterans (Creech et al., 2023), children in the welfare system (Sullivan, Murray & Ake, 2016), and adopted children (Morgan, 2024). However, we sought to specifically investigate the extent to which families of young children in the Twin Ports area (Duluth, Minnesota and Superior, Wisconsin) are aware that these interventions exist, and if so, what supports are needed to encourage their participation in continuing education. This study was thereby guided by the following research questions:

1. To what extent are families of young children aware of trauma-informed parenting practices, and if so, what supports do they have access to in the Twin Ports area?
2. What interest do families of young children have in getting support for trauma-informed parenting interventions designed to mitigate the effects of intergenerational trauma? What barriers exist to seeking out and obtaining help?

Literature Review

Coming as we do from an Education background (with Morgan being a student in a teacher education program at UW-Superior, and Kelsey being tenure-track faculty in the same department), we were both more or less aware of trauma-informed pedagogies and practices that are increasingly being adopted in U.S. *schools* across the country. These studies are rooted in the well-established consensus that trauma – defined by the American Psychological Association as "any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings … [including] those caused by human behavior (e.g. rape, war, industrial accidents) as well as by nature (e.g. earthquakes)" – has both short and long-term adverse impacts on a child's academic, social-emotional, and physical development (De Bellis & Zisk, 2014). Much has been written and investigated on the topic of trauma-informed teaching and learning, including studies specific to trauma amongst young children with disabilities (Chudzik, Corr & Santos, 2023), interventions amongst elementary school teachers (Alisic, 2012), and school-wide training for Head Start teachers (Guerrero et al., 2022). In response to growing awareness of the prevalence of exposure to trauma among youth, a growing number of researchers, policymakers, and practitioners have even argued for making entire schools trauma-informed (McInerney & McKlindon, 2015; Overstreet & Chafouleas, 2016), which has now happened in at least 16 U.S. states. This study is therefore predicated on the well-established consensus that trauma-informed care can help mitigate the effects of trauma in young children, something we were both familiar with based on our experience in Education.

What we were both less familiar with, however (which we found strange, given our lived experiences as caregivers for young children) was the scarcity of community-based information and learning available regarding trauma-informed *parenting* practices. Through an initial search of the literature, we found several studies about community-based interventions and supports for trauma-informed parenting practices. However, this still seems to be a relatively niche topic, as most studies concerned *specific* demographics of children demonstrated to be more statistically likely to experience trauma, such as the children of military personnel and veterans (Creech et al., 2023; Stenason & Romano, 2022); children in the welfare system (Sullivan, Murray & Ake, 2016; McWey et al., 2026); children in adoptive families (Morgan, 2024); and children in foster families (Strolin-Goltzman, McCrae & Emery, 2018; Whitt, Sprang, & Gusler, 2024).

In stark contrast, there are far fewer studies specifically investigating intergenerational trauma transmission in the general population of families without a specific high-risk demographic category: meaning, from parent to biological child. For instance, in their mixed methods pilot study of an 8-week long intervention and support program with 7 participants, Lowery et al. (2025) found that participation in this type of community-based program reduced anxiety and stress, while also improving family resilience levels. They conclude by arguing for more widespread trauma-informed group interventions for parents. Liu, Gubbels, and Orobio de Castro (2024) conducted a literature review of trauma-informed parenting programs to investigate their potential for disrupting cycles of intergenerational trauma transmission, concluding that they are highly impactful in mitigating the higher levels of stress, more aggressive parenting behaviors, and less satisfactory child-parent relationships that can often be seen in traumatized parents. As neither of us had ever heard of such a possibility for engaging in educational supports or interventions here in the Twin Ports, we thus sought out to investigate this phenomenon in our own communities.

Methods

The Twin Ports is an area on the north shore of Lake Superior that includes the adjacent cities of Duluth, Minnesota and Superior, Wisconsin. Located on the westernmost tip of the lake, they are connected by three different bridges, any of which will take you from one state to the other in under ten minutes. The combined populations of these two cities is estimated to be just over 300,000 residents, many of whom are tied to the two local public university systems: the University of Minnesota-Duluth and the University of Wisconsin-Superior. As is the case with much qualitative research broadly, we find this context to be important, as we make no claims about the implications of this study being generalizable: context is important, in space and time.

Moreover, as a research team, we make no claims of objectivity: both Morgan, as the primary investigator, and Kelsey, as the faculty mentor on this project, had a vested interest in this topic based on our lived experiences as caregivers during the COVID-19 pandemic, a time of unprecedented upheaval in the social support networks designed to help working parents. At the time, Morgan was serving as a caregiver for her niece, while Kelsey was attempting to balance her responsibilities as primary caregiver for an infant alongside her full-time doctoral studies. We thereby make no claims to objectivity in this study, as it would be impossible to separate these lived experiences from the preconceived notions that frame our understanding and interpretation of the data.

We sought out to investigate caregiver knowledge of and ability to access supports in the Twin Ports area through a two-pronged, mixed-methods approach. First, we recruited participants from our available network of friends, co-workers, and peers via snowball sampling (Mertler & Charles, 2005), with the intention of offering prospective participants two different opportunities to share their stories: either by completing a survey or via an interview, conducted and audio-recorded over Zoom. Consent was explained and signed at the time of participant recruitment, as well as reiterated at every data collection encounter.

In total, we recruited 8 participants: 4 survey respondents and 4 interviewees, of which 7 self-identified as women and 1 as a man. All self-identified as cisgender and heteronormative at the time of data collection. The parameters for inclusion in this study were two-fold: (1) that participants be the primary caregiver for a child under age 5, which we thought necessary since we aimed to investigate support for parents prior to enrollment in public, K-12 schools, and (2) that participants live in the Twin Ports area, since we aimed to limit the scope of analysis in place and time. At the time of the interviews, participants had between one and three total children, at least one of which was under the age of five at the time of data collection. All participant names referenced in our results are pseudonyms to maintain anonymity for their privacy.

We employed a malleable, unstructured interview protocol (Rapport, 2020) to foster equitable relationships between participants and researchers (Emerson, Fretz & Shaw, 2011). Both during and after each interview, Morgan (who took charge on all data collection) recorded reflexive memos (Linneberg & Korsgaard, 2019) to document emergent and recurring themes. Interviews were transcribed with the help of Otter AI, a password-protected transcription software system, after which we employed thematic coding techniques for data analysis (Bendasolli, 2013; Braun & Clarke, 2021). We share our results below.

Results

Isolation

"… a lot of my mom friends are on their own… like an island in parenting" (Alice)

"...to have people to talk to, I think is really important" (Nora)

Common throughout most of our participants' responses was some mention of either isolation or relying on family and/or church connections. Many of our participants described how grateful they were to have access to some level of support through local parents, siblings, or other chosen family such as church communities. This support was often mentioned as something they depended on in raising their child. One participant emphasized, "...without [our support system] this wouldn't work, we would be really struggling" (Joan). Similarly, another participant noted, "I have a highly supportive, large family in the area that has helped me throughout my parenting journey. I can't name any local resources I've used for parenting" (Rose). Despite this, however, these caregivers still frequently described feeling siloed in their homes, with few people to talk to and share about their experiences.

Across multiple participants, parenthood—especially in the early years—was described as an often lonely experience. Some expressed immense gratitude that they had those natural supports to turn to when they began to feel this way. Such as one participant who noted, "…when my wife and I are mentally stressed… all of our supports are right at our fingertips, because we are really lucky to have community [family and church] supports" (John). Others noted that, for either themselves or those close to them, even with their natural support systems this feeling of loneliness was still prevalent. This begged the question: where are people supposed to turn when they don't have a supportive "village" on which to rely? Participants' responses both highlight the central role these networks play in caregiving experiences and suggest that, in the absence of these informal supports, caregivers may have limited alternatives for meaningful connection and support. This raises further questions about the availability and visibility of formalized supports within the community.

Knowledge and Awareness of Resources

"[Supports are] not as advertised or out in the open.
I don't even know where I would look, or what to look for." (Jane)

"I feel like there is simply a lack of community outreach" (Mary)

We feel it is important to preface this portion of the results with additional context about our participant pool. Our shared background in Education and recruitment via snowball sampling within our existing networks resulted in a group with disproportionately high exposure to trauma-informed practices, either through their own professional or educational experiences or through close connections to individuals in related fields. Despite this increased exposure—and participants' own acknowledgment of their relative privilege in not having an immediate need for family support resources—many still struggled to name resources available in their area. Those who did report familiarity with trauma-informed parenting practices through professional training indicated this information had **not** been presented to them in their role as parents. As one participant explained, "...The only reason I know about that is because of my work." (Alice).

This raises concern, as it suggests that individuals without similar professional or educational access may be required to spend significant time and effort simply to locate or identify resources, if they are aware such options exist at all. As one participant shared, "...the mental strain of seeking information about something that already stresses me out and I have no clue about is overwhelming for me…" (John). For many caregivers, awareness itself is a limiting factor; those who could most benefit from trauma-informed parenting resources may not recognize a need for them until they are introduced to these frameworks and begin to identify patterns in their own experiences and interactions with their children. Without this initial exposure, caregivers may not realize that alternative approaches or supports exist. The necessity of intentionally seeking out these supports creates a high likelihood that many who would benefit from them never utilize them simply due to a lack of awareness.

At the same time, participants expressed general interest in learning more about trauma-informed parenting practices regardless of their relative privilege. Of the eight participants, three indicated they would not seek out additional learning primarily because they already possessed extensive professional training on the topic, though at least one noted they would be highly interested if this were not the case. The remaining five participants expressed interest in learning more; however, several noted that they did not feel a strong sense of urgency to actively pursue these resources given their existing level of knowledge.

Ability to Access Resources and Support

> "…[we] never did any childhood groups or things with her, just because I had three other older ones as well. So having childcare in place for older kids would be helpful." (Nora)

Building on these awareness gaps, participants also described barriers that impacted their ability to engage with current or future available supports. Some of the most common barriers to access that we heard from participants included cost, time, childcare, location, and time of occurrence (during the workday vs. evening, etc.). Even among participants in relatively privileged positions (i.e., having flexible work schedules due to higher levels of educational attainment and working in professional, salaried positions with paid leave), these factors created enough of a deterrent to forgo participation.

Rather than existing in isolation, these barriers were often described as compounding, making engagement feel increasingly unrealistic even when interest was present. Cost, for example, was discussed as an immediate point of decision-making, where even considering a resource could be quickly dismissed once a financial commitment was introduced. One participant spoke in reference to cost stating, "If I saw something, I'd be like, 'oh, it costs this much… we're not going to go…" (Nora). Similarly, scheduling and location posed additional constraints, as participants noted the difficulty of attending events during standard working hours or in locations that were not easily accessible.

Childcare, however, emerged as one of the most consistent and influential barriers across participants. As Nora's experience highlights, the presence of multiple children and competing caregiving responsibilities made it difficult to engage in additional programming, even when interest was present. Participants emphasized that without intentional supports such as childcare, flexible attendance options, or opportunities to bring children along, these resources remained largely inaccessible.

Importantly, participants did not necessarily describe these barriers as insurmountable within their own circumstances, but rather as deterrents that made engagement feel impractical or not worth the required effort. The time, planning, and energy required to coordinate attendance—particularly when layered with financial considerations and childcare needs—meant these opportunities were frequently deprioritized in favor of more immediate responsibilities. At the same time, participants noted that while these barriers were deterrents for them, they would likely be prohibitive for many others in the community. Together, these findings illustrate how multiple, overlapping barriers shape participants' ability to engage with available supports, even when initial interest is expressed.

Discussion

Our findings reinforce that caregiving is not an isolated practice, but one that depends heavily on access to consistent and meaningful support. Across participants, reliance on family members, local parent networks, and church communities was described as essential in navigating early parenthood, reflecting the long-standing idea that "it takes a village" to raise a child. However, our findings complicate this notion by demonstrating that not all caregivers have access to such a village, and that even when they do, these informal systems are often insufficient to fully meet their needs. This points to a broader gap in available supports, as formal resources are not currently positioned to function as a replacement for the "village" many participants described relying on in their personal lives.

In addition to this reliance on informal support, our findings highlight significant gaps in awareness of trauma-informed parenting resources. Even among a relatively privileged and highly educated sample, participants struggled to identify what resources existed or where they might access them. Those who were familiar with trauma-informed practices typically encountered this information through their professional roles rather than as parents, suggesting that awareness is not something caregivers naturally come across, but something they have to actively seek out. However, awareness alone does not guarantee engagement. Participants described a range of structural and logistical barriers—including cost, childcare, time constraints, scheduling, and location—that made participation feel unrealistic, even when interest was present. These barriers were often overlapping and compounding, reinforcing that interest alone is not sufficient when participation does not align with the realities of caregiving. This further suggests that the ability to invest time and energy into learning trauma-informed parenting practices is itself a form of privilege, rather than an expectation that can be applied equally across caregivers.

Together, these findings suggest that access to trauma-informed parenting resources is shaped less by availability or awareness alone, and more by whether these opportunities realistically fit into the demands of everyday caregiving. Participation requires time, coordination, and support that many caregivers simply do not have, especially without structures like childcare, flexible scheduling, or reduced financial burden in place. As one participant noted, "I would say that parent mental health support is a huge and ongoing need in the community…" (John), highlighting that the need for support extends beyond parenting strategies and into the broader emotional demands of caregiving. Importantly, these findings must be considered in light of the study's limitations. Despite being drawn from a relatively privileged and highly educated sample, participants still described significant barriers to awareness and access, suggesting that these challenges may be even more pronounced for caregivers with fewer resources or less flexible working conditions. This highlights the importance of considering the intersections of social class, education level, and employment status when examining access to caregiver supports.

Conclusion

While this study began as an exploration of caregiver awareness and access to trauma-informed parenting practices for caregivers in the Twin Ports area, it ultimately revealed a deeper issue: the conditions under which support is offered do not align with the realities of caregiving. Participants expressed interest in learning more, yet engagement remained limited—not because of a lack of motivation, but because of the demands placed on their time, energy, and resources. This demand was evident in both identifying resources and in being able to utilize them.

These findings suggest that expanding access to trauma-informed parenting education requires more than simply increasing availability. Efforts to support caregivers must be intentionally designed to reflect the realities of caregiving, including the need for childcare, flexible scheduling, and reduced financial and logistical burdens. This also requires a shift toward greater visibility and community outreach, so that caregivers are not required to actively seek out these resources, but instead encounter them naturally and consistently within their everyday environments. In doing so, caregivers may be better positioned to recognize patterns in their own experiences that they had previously understood as normal, but may in fact be harmful. This increased awareness can then support caregivers in accessing resources that help them make meaningful changes. Without these considerations, even well-intentioned programming will remain inaccessible to many of the families it is meant to support.

Ultimately, if participation in parenting education depends on parents' time, flexibility, and existing support systems, it becomes a privilege rather than a realistic option. Addressing this requires a shift from expecting caregivers to seek out support on their own, to creating systems that are accessible, responsive, and built around the everyday realities of caregiving, rather than expecting caregivers to adapt to systems that were not designed with them in mind.

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